

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

Equality Impact Assessment is a legal requirement and may be used as evidence for referred cases regarding legislative compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014817.

Name of Current Service/Service Development/Service Redesign:

Sandyford Sexual Health Services

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

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

What does the service do?

Sandyford provides NHS Greater Glasgow and Clyde's specialist sexual, reproductive and emotional health service across the board area. Sandyford Central provides a core, integrated specialist centre; nine Sandyford hubs operate as integrated sexual and reproductive health units providing a broad range of sexual and reproductive health services in a variety of community settings targeted at specific populations; and access to more generic sexual and reproductive health services, information and onward referral is provided in local Satellite services. This tiered model of service ensures that inequalities focussed services are provided to meet the needs of local populations.

Throughout Sandyford, services have been developed for men, women and young people, and made more accessible through expanding service delivery and extensive partnership working. Robust leadership, role development and skills building of staff, and multi-disciplinary team working have also contributed to this. Alongside integrated sexual health and complex contraception and Genito Urinary services, services such as menopause, gynaecology, colposcopy, psychosexual medicine, ultrasound scanning, termination of pregnancy counselling and referral, and counselling services are also provided. There are also specialist services provided for men who have sex with men, young people, homeless people, the transgender population, and women and men involved in prostitution.

Sandyford Counselling & Support Service (SCASS) is an important dimension of patient care at Sandyford and provides an NHS Greater Glasgow and Clyde Board wide service. SCASS has a major role in ensuring that emotional and mental health are key factors in positive sexual and reproductive health. Placing such an extensive and therapeutically robust counselling service within the context of sexual health remains unique in the UK.

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

Equality issues are enshrined in NHS Greater Glasgow & Clyde's transformational themes and hence all planning processes and committees in relation to sexual health and HIV. Sandyford was therefore launched in 2000 with equality issues at the centre of its guiding principles. These continue to be publicly promoted on Sandyford materials and on the website (<http://sandyford.org/sandyford-services/sandyford-way-of-working.aspx>):

- We will apply a social model of health, in which the determinants of health are recognised and taken into account
- We will be co-ordinated and effective in both our clinical and non-clinical work
- We will consult with current and potential service users to ensure equity and access in the delivery of service
- We will recognise and actively address the various needs of different groups within the population
- We will be gender sensitive and anti-discriminatory in our practice
- We will take the needs of individuals into account in our service delivery

In more recent years, ongoing staffing shortages have made it impossible to maintain the appropriate level of service across all of Sandyford's services. The Sandyford Senior Management Team has refocused its efforts to address the unprecedented challenges ahead and, in order to continue to provide a high quality, integrated, accessible and equalities sensitive sexual health service within existing resource, has brought forward proposals to inform a major reconfiguration of services over the next 3 years. It is essential that any changes in service delivery maintain and enhance the quality and effectiveness of the service while ensuring that the inequalities gap does not widen, as well as delivering maximum value.

It is recognised that services need to be as efficient as possible and targeted in approach. Our objective is to create a sustainable service model that can be delivered within the resource we have currently (ie already reduced staff numbers), while continuing to prioritise the most vulnerable individuals and populations.

Equality Impact Assessment is being undertaken on all areas of service provision where service changes are being proposed.

Who is the lead reviewer and where are they based? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Fiona Noble, General Manager. Based at Claremont House, North Claremont Street, Glasgow

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):

Sandyford Senior management team - Fiona Noble, Rak Nandwani, Lorraine Forster, Pauline McGough, Jennifer Schofield, Andy Winter.
Other staff – Colin MacKillop, Nicky Coia

Lead Reviewer Questions	Service Evidence Provided (please use additional sheet where required)
<p>1. What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?</p>	<p>Activity at all Sandyford locations is closely monitored and a range of useful reports have been developed to demonstrate good access to local services and appropriate targeting of particular groups.</p> <p>An example of a locally available geographic report for Sandyford Renfrewshire shows that the Hub is:</p> <ul style="list-style-type: none"> • used by local people, with 80% of activity by people living in the CHP area • successfully targeting young people, • increasing the proportion of men seen overall • increasing the proportion of men who have sex with men seen, • seeing a more deprived population than the local average, with 38% attendees from the most deprived quintile • has a good range of activity between contraception, procedures, core STI and specialist work. <p>All new patients across the whole service at all Sandyford sites are registered using a specific proforma which collects DoB, self-assigned ethnic origin, disability status and gender. This is recorded on our computerised record (NaSH). Follow-up / repeat patients are asked to re-complete the proforma on rebooking so that changes in their equalities status can be noted. We use a postcode lookup or CHI lookup (dependent on specific consent) to accurately locate the patient, and can match this for reporting purposes to Board, CHCP and SIMD quintile.</p> <p>Ethnic origin has been updated to reflect the 2011 census categories. Recording has significantly improved in the last two years from 53% of new patients in Aug 09 to 87% in May 11, due to staff training and revision of the paper-based registration form.</p>

	<p>Gender in NaSH can be recorded as Male/Female or Other Specific. The NaSH system itself also permits recording of employment status, carer support, and religion. However we do not routinely ask about or record religious adherence, which is because we believe it will put people off seeking non-judgemental health care (eg for men who have sex with men or for abortion or contraception services)</p> <p>For all patients attending Q2 2011 (n=27,393)</p> <ul style="list-style-type: none">• 80% had a CHI recorded• 91% had ethnicity recorded• 94% had a matchable postcode <p>Sexual orientation is NOT asked about at registration – we have considered this but do not feel that such a sensitive subject should be enquired about by clerical staff or that our patients should be required to label themselves at this initial use of the clinic. We use instead data recorded as part of the routine sexual history taking, where sexual preference, experience and desire is enquired about. Not all patients who attend our service require a full sexual history (for example, patients attending for vasectomy, counselling clients). For new patients attending in Quarter2 2011 (July - September), 68.9% of women and 81.5% of men had the gender of their partner recorded in the correct place on the electronic patient record (EPR). Of these, 3.1% of women and 11.2% of men reported ever having same sex partners. We do not routinely record marital status at registration for similar reasons: people often seek our help at times of acute relationship stress, fluidity and breakdown and it would not be helpful to confront them with a question about their legal status.</p> <p>Gender reassignment surgery can be documented formally using the medical history procedure drop-down page, although the OPCS4 codes are insufficiently detailed to record the exact nature of the reassignment surgery. We see many hundreds of trans patients who usually have a partial paper record in any case due to the legal process involved.</p> <p>Disability status is recorded in NaSH (according to the NCDDP specification at the time of system specification in 2007), firstly as a yes / no / prefer not to answer amplified by specific disability groups. All patients registering are asked about disability on the registration form as shown. Specific alerts can be placed on the system that remind staff of any special needs. We can only access the disability</p>
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		<p>status via the system-based AdHoc reporting tool as the disability status was not included in the specification for the West of Scotland Data View, which is used to produce almost all of our service activity data. Adding this to the West of Scotland view would require a change request and would be chargeable work. In financial year 2010/11 (April10 – March11) 472 of 61,363 (0.7%) individuals attending were recorded as having a disability (see attached). This is likely under-recorded, barriers to this might include:</p> <ul style="list-style-type: none"> (a) registration already being complicated enough with many patients presenting at times of acute sexual health crisis (b) disability status not being updated on patients who have registered in the past (c) staff omission – training ongoing <p>Evidence list:</p> <ol style="list-style-type: none"> 1. Registration sheet 2. Screen shot of NaSH registration pages 3. Data from Clinical Governance report Apr-Jun 2011 showing completeness of ethnic status recording and its improvement 4. Pan-health Board data split by location, showing use of equalities items to split data 5. Disability recording for FY 10/11
2.	<p>Can you provide evidence of how the equalities information you collect is used and give details of any changes that have taken place as a result?</p>	<p>Extensive partnership working helps us identify particular local needs, for example Inverclyde CHP drew attention to high sexually transmitted infection (STI) rates in young people, sexual health needs in Greenock prison, and unprotected sex amongst men who have sex with men (MSM) (informed by a local Inverclyde Gay Men’s survey) as key local priorities. Specific interventions have been proposed and the Hub activity reports (see question 1) will help monitor the success of these interventions.</p> <p>Uptake of services by those residing in the more deprived areas is monitored; our Hubs place specialist integrated sexual health services in the heart of such communities. Regular review of deprivation of area of residence of attendees ensures that our services are truly reaching those most in need. Recent evaluation of hub attendances since a service redesign incorporating more walk-in services show that it has not had a marked effect on those attending from areas of deprivation.</p>

		<p>Ethnicity is recorded at registration (data available for 91% of attendances April-June 2011). Information about ethnicity has been used to plan specific interventions, for example a series of events aimed at involving local African communities (see question 4)</p> <p>Due to locally identified need Sandyford South East has some male-only and female-only clinic appointments and a weekly appointment clinic for women staffed by an Urdu and Punjabi speaking female doctor.</p> <p>Sandyford uses data about most commonly requested languages from the Glasgow Interpreting Service to review interpreting needs, allowing us to plan translation of leaflets and other resources. From April 2010 to March 2011we made 1,299 requests for interpreters for 40 languages, most commonly requiring Mandarin, Slovakian, and Polish.</p> <p>Further detail on these and other examples can be seen in question 8 below.</p>
3.	<p>Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service.</p>	<p>Host Helpers at the Steve Retson Project The Steve Retson Project was established as a specialist sexual health clinic for men who have sex with men, in partnership with the gay community. At that time they wanted peers from the community to 'meet and greet' clients accessing the service, in order to break down barriers and provide a safe and welcoming environment for service users. Host Helpers were initially used as volunteers, until the Health Board's policy on volunteering changed at which point they became employees of Sandyford. They still provide a welcoming service to clients accessing the service.</p> <p>Feeling Good service This service was developed for people living with a learning disability (LD) as a result of a piece of work called 21st Century Health Checks which was produced for the LD community by LD nurses. This report identified that there was no sexual health services input for people with a learning disability. LD nurses initially worked in Sandyford alongside sexual health nurses; however, the establishment of the Feeling Good service at Sandyford saw the appointment of a specialist nurse for LD.</p>

		<p>All Sandyford nurses have the knowledge and skills to undertake a consultation with an individual presenting with learning disability. Individual specialist sexual health nurses have undertaken specific knowledge and skills training to support more complex consultations. Sandyford now also has a Consultant with a lead for Vulnerable Adults (including LD), and specialist sexual health nurses in each of the hubs are also trained in dealing with patients with a learning disability. This development in the Hub settings was to facilitate local access to services and provide continuity of care.</p> <p>Transgender Hair Removal Service Sandyford worked in collaboration with acute services to open up a Transgender Hair Removal Service which went live in Spring 2011. The demand for the service was highlighted via the following:</p> <ol style="list-style-type: none"> 1. Transgender support group (hosted within Sandyford) 2. The need to support surgery for Male to Female (MtF) patients 3. Patient demand/complaints dealt with locally to Sandyford and at corporate level in NHSGGC 4. Variances amongst services – other boards within Scotland paid for patients to have permanent hair removal. <p>A Hair Removal Practitioner is now in post and the service began in July 2011. To date, 10 patients have been assessed, and 6 have started treatment.</p>
4.	<p>Can you give details of how you have engaged with equality groups to get a better understanding of needs?</p>	<p>Sex Sandyford's Vulval Pain support group meets monthly, and enables women suffering from this condition to gain peer support, and to feed back key messages about their condition to Sandyford. All group attendees since the group was established were recently given the chance to complete a survey commenting on their condition, and stating any benefits they have gained from attending the group.</p> <p>Gender reassignment Sandyford Transgender Women's Support Group meets monthly at Sandyford. The facilitator feeds back any concerns or suggestions to Sandyford management – leading to developments such as the Sandyford Gender Identity Services Information Booklet. Sandyford also hosted the Scottish Trans Alliance 'Life Skills Course' in January 2011.</p>

		<p>Age</p> <ul style="list-style-type: none">• Sandyford is currently looking at the ongoing issues associated with older adults (50+) and their sexual health needs. We are currently consulting via a questionnaire about 50+ service use, and are working with a Masters student researching the sexual health needs of people aged over 50 who use our services. Sandyford continues to build on previous projects such as the collaborative work which led to the development of the 'Sandyford 50 plus – a brief introduction for people aged 50 plus' booklet.• In 2010 Sandyford marked its 10th anniversary by undertaking a range of consultations. This included the 'Sandyford Young people Survey' which asked people aged 16 to 21 about their knowledge and use of Sandyford services. This allowed a comparison with a similar survey undertaken at the time of Sandyford's launch.• Sandyford consulted with young people attending The Place service at Sandyford to understand the impact of this service being run alongside services for older adults. <p>Ethnicity</p> <p>Sandyford is currently working with Waverley Care to develop consultation mechanisms for people from Sub-Saharan Africa who have used Sandyford services. It is planned that this will lead to staff training to attend to any concerns or learning points which arise through the user consultation.</p> <p>Sexual orientation</p> <ul style="list-style-type: none">• The Gay Men's Involvement Project ran for three years up to 2009. This was a joint initiative between the Health Improvement Team for Sexual Health, and Sandyford. The group were consulted on a range of relevant issues such as service redesign, Steve Retson Project feedback, consultation on resource development etc.• Sandyford undertook an LGBT audit and mystery shopper scheme in 2008; the report findings are generally favourable. (included in appendix) <p>Disability</p> <p>Sandyford produced the 'Feeling Good' card in 2010 at the suggestion of service users with a learning disability, in order to publicise and fast track service-users attending Sandyford. The service was re-launched and widely publicised throughout partner services.</p>
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5.	<p>If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?</p>	<p>Sandyford works closely with external partners and NHS colleagues, notably NHSGGC Board's Health Improvement Team for Sexual Health, to address social determinants of health. In practical terms, this has resulted in services being targeted at individuals and/or populations at greatest risk of inequality. Initially, Sandyford provided services for lesbian, gay, bisexual and transgender (LGBT) people and young people with appropriate multicultural support such as interpreters. Sandyford input was also provided to deliver HIV care with increasing numbers of MSM and black and minority ethnic (BME) individuals (partly as a result of increased numbers of asylum seekers and refugees to Glasgow from 2005 onwards). The practical experience gained by Sandyford by implementing actions to address the role of inequality in relation to sexual health has influenced external work with the Scottish Government, NHS Quality Improvement Scotland (QIS), local authorities and the West of Scotland sexual health Managed Clinical Network. Sandyford, through both the NASH system, and its practitioners, is able to systematically synthesise the experiences and broader trends of services users, and bring them to the Boards' planning forums which then informs NHSGGC planning and health improvement policy.</p>

		<p>Changes were made in subsequent years to target those in vulnerable populations (such as the homeless and people with learning disability) or in geographical locations with high levels of deprivation. Initially, a crèche was provided in Sandyford central to support adults caring for children, but this had to be discontinued in 2005 as a result of changes to regulations for staff providing childcare. Outreach services including a near-patient testing service in a gay sauna have been piloted.</p> <p>In 2003, the “Sandyford health screen” was introduced. This involved the addition of routine questions on a range of social determinants as part of history taking by trained staff. Apart from enquiries on factors directly relevant to sexual health, men and women were asked about issues such as involvement in paid sex, coercion, domestic violence, housing status, eating disorders and alcohol/tobacco/drug use. Facilitated referral pathways were established for positive responses requiring intervention. Smoking cessation was supported by Sandyford staff and in 2009, an open access alcohol brief intervention was established for young people, in partnership with Glasgow City Council.</p> <p>In 2011, a new condom distribution scheme was launched in conjunction with sexual health improvement colleagues (“Free Condoms”) to ensure access to people at greatest risk of sexual ill-health and HIV transmission. Sandyford provides one third of all free condoms distributed throughout the Board area.</p> <p>There is also a cognitive behavioural therapy intervention to support safer sex in MSM (“SRP Choices”) to be piloted from August 2011.</p> <p>Enhanced sexual and reproductive health support for individuals within penal institutions is currently under review.</p>
6.	<p>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</p>	<p>We have systematically focussed on a planned and significant programme of investment to make improvements to our estate since moving into the old Eye Infirmary building in 2000. This has included refurbishment of existing buildings (such as the Eye Infirmary which now houses Sandyford Central, the Russell Institute in Paisley which until August 2011 housed Sandyford Renfrewshire),</p>

		<p>inclusion in redevelopments of health centre refurbishments / new builds (such as Sandyford South West in the new Pollok Health Centre, Sandyford East Renfrewshire in the new Barrhead Health Centre), or commissioning of new build projects (such as Sandyford East in Parkhead). We commissioned a disability audit at Sandyford Central which led to the introduction of electronic doors at the main entrance, and the lowering of the reception desk. We also campaigned for pot-hole work on the road outside Sandyford as this was problematic for disabled people getting out of their cars to access the building. We also ensured that the disabled bay lines were re-painted after contacting the Council.</p> <p>In 2009/10, an audit tool for facilities was launched by the West of Scotland MCN and all 53 locations in the West of Scotland were audited by the MCN Manager and Sandyford Operations Manager. The audit covered accessibility issues including accessible toilets, ramps, signage, parking and public transport. A blank proforma is attached at the appendices. Sandyford Central and all but two of our hubs were judged to be in good accommodation. Full details of the individual site audits are available on request.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Sandyford Renfrewshire – this relocated to new premises in August 2011, and this should overcome some of the barriers to access i.e. wheelchair access, as there will be improvements made to entrances and a purpose built lift. • Sandyford Inverclyde – areas of concern have been highlighted to the CHP Director and Senior Facilities Managers. Health and Safety issues for staff have been improved and other issues affecting staff working in this area have been acknowledged by Facilities and by the CHP. Sandyford is now on the strategic plan for facilities in that area with a view to the service being relocated in the longer term. <p>Appendix – all audits of Sandyford premises plus overview document of key themes.</p>
7.	<p>How does the service ensure the way it communicates with service users removes any potential</p>	<p>All Sandyford public information falls under the auspices of the Sexual Health Communication & Media Governance Committee which takes a strategic overview of content and format, as well as supporting proactive and reactive media coverage. These arrangements are underpinned by a written local</p>

<p>barriers?</p>	<p>strategy and supporting pathways. This structure enabled NHS GGC to fully meet the externally reviewed NHS QIS standard on sexual health information in 2011.</p> <p>There is an approved core list of written information and leaflets to ensure high quality and consistency of message. This information is available in a number of translated formats and also supported by interpreters. Sandyford services use interpreters when needed, in compliance with the NHS GGC Interpreting Service Booking Procedures and Guidance (October 2011). Sandyford staff are also available to provide verbal information for individuals with literacy issues or visual impairment. There is a hearing induction loop fitted at many Sandyford sites and there are some staff members trained in British Sign Language. Many service users attend with a friend, carer, relative or partner, who may support communication and information needs. Therefore rooms have been designed with sufficient space to permit this.</p> <p>Every individual who attends for care at Sandyford is registered with specific information sought (with the assistance of a receptionist if required) on how best to communicate with them. These preferences are documented on the "Permissions" section on the NaSH electronic record. This helps to reduce potential barriers; for example not sending letters from which others may infer behaviours. The majority of results are communicated using an automated text system increasing confidentiality.</p> <p>In addition to the usual mechanisms such as clinical governance reports, customer feedback and surveys, Sandyford has had a Community Access Co-ordinator in post since 2001, facilitating public input to ensure effective communication means with actual and potential service users. This function has been enhanced by the availability of a professionally staffed public library at Sandyford Central as part of the City Council's "Access Glasgow" project from 2000. According the annual Ofcom communications market report, Glasgow has one of the lowest urban uptake rates of broadband. Free provision to the net and email at Sandyford with the support of librarian is sometimes the first experience the service user has had of this technology. The Sandyford website at www.sandyford.org was first established in 2003 in response to service user feedback suggesting that this would be the first choice communication medium for health information, providing direct access without the need to approach anyone else and thus avoid potential embarrassment.</p>
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		<p>The website was redesigned and relaunched in 2010, and is now the largest sexual health website in Scotland. It provides comprehensive information on Sandyford and its services for the public, parents/carers and professionals. There is provision of adjustable text size, Google translate and Text Help/BrowseAloud software. A virtual tour video is available. Leaflets can be downloaded in a variety of formats and languages. For example, a guide "HIV-what you need to know" is available in Arabic, French, Kurdish, Farsi, Mandarin, Somali, Tigrinian, Urdu and English. There is also a move to provide additional information in Gaelic. There are hyperlinks to partner colleagues which work with specific populations (eg the African Health Project and Gay Men's Health).</p> <p>There are a variety of other activities to help address inequality. With colleagues from the Health Improvement Team for Sexual Health, curriculum support booklets and materials have been produced that cover topics such as questions on being LGBT, domestic abuse and sexual assault. Sandyford and the Health Improvement Team are jointly providing awareness raising sessions to the newly recruited language interpreters at the Health Board as part of their induction training. To reduce stigma and counteract prejudice, factual and current affairs coverage of Sandyford services and its inclusive approach have been produced on a variety of media including national TV, radio newspapers and the internet.</p>
8.	<p>Equality groups may experience barriers when trying to access services. The Equality Act 2010 places a legal duty on Public bodies to evidence how these barriers are removed. What specifically has happened to ensure the needs of equality groups have been taken into consideration in relation to:</p>	<p>Please see QIS submission questions extracts that are relevant across all this</p>
(a)	<p>Sex</p>	<p>Gender split for attendance is monitored and reported for all sites. The proportion of attendances by men in financial year 2010/11 was 27%, up slightly from 25% in calendar year 2009. This proportion varies between sites from below 10% Sandyford Johnstone, Easterhouse, Castlemilk) to 38%</p>

		<p>(Sandyford Central). The main Sandyford Hubs have male attendance of between 17% (Sandyford East Renfrewshire) to 29% (Sandyford South East, West Dunbartonshire). The data shows that Sandyford Satellite sites are not used significantly by male clients, reflecting their historic origins as community family planning clinics. Sandyford Hubs have had more success in offering integrated sexual health that is attractive to male clients, with East Renfrewshire and South West having the lowest proportion. Specific initiatives to support male attendance include:</p> <ul style="list-style-type: none">• Specific service at Sandyford Central for MSM (see (e) sexual orientation below)• Vasectomy counselling and procedure service at Sandyford Central• At Sandyford South East, a specific male-only session on Friday afternoons that has proved attractive to men from minority ethnic groups with sexual difficulties.• At Sandyford East Renfrewshire a male-only clinic was established on Friday afternoon. The proportion of males attending the service overall has subsequently risen from 13% in Q2/10 to 20% in Q2/11.• Promotion of very long acting, reversible contraception (vLARC) and moves to supply 12month pack of combined contraception per visit require women to attend the service less often, compared to 3 monthly visits required for Depo-Provera injections. This frees up staff time to deliver male sexual health services• Revision of the counselling services in 2007 removed the previous women-only restriction, with the re-launched SCASS services being available for both women and men. Male counsellors are now available• Delivering integrated sexual health required further training of large numbers of staff from historic backgrounds in women's health. Male sexual problems and presentations are included in competency assessments, masterclasses and staff training events. <p>Women-specific services are also supported in Sandyford.</p> <ul style="list-style-type: none">• Reproductive health and complex consultation clinics with gynaecology specialists are available in Central and five of the Sandyford Hubs• Our termination referral service (TOPAR) sees nearly half of those women requesting termination in GGC and is available in Central and five of the Sandyford Hubs
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(b)	Gender Reassignment	<p>Sandyford hosts the largest service for transgendered people in Scotland, with over half of our patients coming from outside NHSGGC. We run a monthly gender drop in clinic at Sandyford Central, which greatly reduces barriers to access and contributes to the significant import from other Board areas. Clinicians with a specialist interest in gender issues contribute to masterclasses and staff training. Sandyford Library services have specific materials for gender patients. Quarterly multidisciplinary meetings and clinics are held with visiting gender surgeons. Sandyford supports an independent TransWomens' support group which meets monthly at Sandyford. Our service leaflet was developed closely with user groups.</p> <p>Our Community Access worker was involved in developing the 2010 NHSGGC Transgender Policy. However this has not been clearly disseminated to Sandyford staff with adequate teaching time.</p>

		<p>Threats/ Barriers</p> <p>Over 50% of the gender clinic patients attend from out of Board area. This service is under pressure as the child and adolescent psychiatrist with a special interest has resigned to take up a more senior post. This will certainly reduce service access for adolescents with gender identity who will now have to travel out of Scotland to have a psychiatric assessment. There is no identifiable replacement.</p> <p>We have not recently undertaken more general staff training in gender issues and awareness, partly due to the loss of the senior equalities post and pressure on the decreasing clinical team delivering the front-line service.</p>
(c)	Age	<p>Young people:</p> <ul style="list-style-type: none"> • Strong focus on young people’s services both through the branded ‘Place’ sessions and open access walk-in clinics. • All staff have regular child protection training quarterly and attendance reviewed at appraisal or as part of Agenda for Change. • Dedicated senior nursing and consultant staff to review and manage complex and vulnerable young clients • Dedicated young person’s alcohol and addiction worker • Dedicated young peoples’ service nurse support peer group <p>Threats/ Barriers:</p> <ul style="list-style-type: none"> • Retirement of the Young People’s Service Outreach Co-ordinator which has been included in efficiency savings. She maintained our ‘presence’ with many partnerships, including: Good Shepherd; Young Women’s Project GGC Social Work Intensive Care Services Unit; Glasgow Life Youth Services; Right Track; Princes Trust; Youthbuild; TIGERS (Training initiatives generating effective results); Apex Scotland (works with young ex-offenders and those at risk) and Fairbridge training agencies; Abercorn (School for pupils with additional support needs); Glasgow Life; Blue Triangle Housing association (housing support across several local authorities); Fare (Family action in Rogerfield and Easterhouse, a local community charity); Crossroads; Urban Fox (voluntary project for young people in the East of Glasgow); PEEK (Possibilities for East End Kids); Supported Learning Departments at Cardonald & Reid Kerr Colleges.

		<ul style="list-style-type: none"> Partnership with co-located youth workers at our Hubs is under severe threat or withdrawn unilaterally due to cost savings by local authority. Less opportunity for youth worker input to those using clinical services makes the service less holistic. <p>Older people Sandyford completed specific work to produce older person's service information. This is available as a service leaflet. There is clear information on the Sandyford web site http://www.sandyford.org/adults/ageing-well.aspx A project is nearing completion to audit older people's access to the service.</p>
(d)	Ethnicity	<p>Staff awareness</p> <p>There has been no focussed training of clerical staff in minority ethnic issues since 2009. However we have planned 2 x 2 hr sessions on Cultural Awareness with the 'Curious' project for Oct 2011 for 40 staff. We record 'self-assigned' ethnic status but have not had specific training for frontline staff in doing this accurately. There was an intended national demonstrator project with ISD but this has not come to fruition. This has suffered from reduced hours of the Community Access Worker.</p> <p>There has been some training for clinicians related to ethnic minority medical issues, for example Female Genital Mutilation.</p> <p>Non-English Speakers</p> <p>Sandyford regularly reviews interpreting needs, allowing us to plan which languages to translate leaflets. From April 2010 to March 2011 we made 1,299 requests for interpreters for 40 languages, most commonly requiring Mandarin, Slovakian and Polish. NHSGGC ensures key information leaflets are translated. The Sandyford Library offers an information translation service, and our website integrates with Google Translate.</p> <p>Other work</p> <p>In 2009 we assisted with the Board wide production of new materials to promote sexual health services and HIV testing to those from an African background.</p>

		<p>The Sandyford Community Access Co-ordinator is a member of the NHS GGC African Health Project Steering Group, a partnership with the Health Improvement Team for Sexual Health, Public Health, Waverley Care, Brownlee and Primary Care services.</p>
(e)	<p>Sexual Orientation</p>	<p>Men Who Have Sex With Men (MSM)</p> <p>Specific Gay Men's services commenced in 1997, with the launch of the Steve Retson Project one evening per week at the Glasgow Royal Infirmary. In 2010, the Steve Retson Project now provides an evening service at Sandyford Central. Due to the closure of the Glasgow LGBT centre in January 2009 we had to withdraw our weekly outreach clinic and relocate the service to Sandyford Central. However, a pilot service providing full sexual health screening including near patient testing in one of the commercial gay men's saunas was established, and won a WISH award in 2010. Many MSM also use core Sandyford services, and MSM uptake of services across all our geographic sites is carefully monitored as detailed in Q1. Overall just over 20% of all male attendances at Sandyford are by men who have disclosed sex with another man.</p> <p>We undertook an LGBT Mystery Shopper Audit in 2009 with generally favourable results for MSM.</p> <p>The SRP has 'Host Helpers' who facilitate an easy attendance, reducing anxiety for those attending the service.</p> <p>MSM issues are very visible at Sandyford and staff proactively seek training, with a recent popular masterclass in gay men's health well attended.</p> <p>Threats/ barriers</p> <ul style="list-style-type: none"> • Retirement of the Community Outreach worker, who was a very visible and public face of the Steve Retson Project and the Sandyford, engaged in partnership work and links to colleges and universities, the gay scene and third sector groups. He also assisted in training in LGBT awareness internally. It is planned to review and replace this post. <p>Women who have sex with women</p> <p>Sandyford had a branded service 'Sappho' for WSW but case numbers were very small; in practice patients wishing a specific service are invited to call to arrange to see an SRH consultant with a</p>

		<p>special interest in this area by personal arrangement and are slotted into a mutually convenient clinic session. This is clearly advertised on the Sandyford web site (http://www.sandyford.org/sexual-orientation/women-who-have-sex-with-women/sappho-service.aspx). The LGBT audit report from 2009 reported some good experiences from a lesbian 'mystery shopper' attending services both at Central and one of our Hubs, for example stressing the non-judgemental attitudes and friendly staff. Attention was drawn to lack of staff experience in lesbian issues, relationships and sexual practice, eg about seeking help with conception and staff assuming heterosexuality. These concerns continue to be addressed through staff training, although more recently this has had less impetus than previously. Overall 2.2% of existing and 3.1% of new female patients in Apr-Jun 2011 reported ever having sex with another woman.</p> <p>Staff issues An anonymous staff audit conducted in 2008 showed that 5.6% of the staff identified as lesbian, 15.5% as gay and 5.6% as bisexual. Over 90% of staff thought that Sandyford was an LGBT-friendly place of work. However some staff reported concerns over the lack of basic awareness and training.</p>
(f)	Disability	<p>Physical disability: mobility All of Sandyford services' locations were included as part of a facilities audit for the West of Scotland MCN in 2010. The audit highlighted variations within the standard of facilities provided but on the whole highlighted that Sandyford services are based or hosted within accessible buildings with quality provisions. In those areas highlighted as in need of attention, work has begun to address this. For example, plans for the new service in Renfrewshire opening Aug 2011 have incorporated changes to improve wheelchair access informed by the audit.</p> <p>Threats/ barriers</p> <ul style="list-style-type: none"> • Due to restrictions of space, there are no hoists in any of our SF services, staff are therefore not trained or equipped to lift or move clients who have a physical disability or impairment, and therefore patients may at times need to be referred on to other services.

		<p>Learning Disability</p> <p>Building on feedback from partner organisations, a new Learning Disability protocol was developed by Sandyford nursing staff, and was launched in 2009. This was accompanied by staff training to promote the protocol. The aim was to ensure that the Sandyford 'Feeling Good' service for people with a learning disability is offered from all Sandyford hubs, as well as throughout the Sandyford Central service. Sandyford launched the 'Feeling Good' card for use by people with a learning disability to make it easier to access sexual and reproductive health services. The card is designed to be distributed by partner organisations within CHCPs, and to be shown at any Sandyford service, thus ensuring vulnerable people with a learning disability are fast tracked, and offered the appropriate services. An audit in Oct 2010 showed a 350% rise in clients with a recorded learning disability attending the service with over 50% attending one of our community hubs or satellites. The LD nurse gave a comprehensive update to clinical staff in May 2011 and a vulnerable adults clinical masterclass is planned for Nov 2011.</p> <p>Literacy</p> <p>Although attending a Sandyford service involves reading information and completing registration forms there are always staff on hand who are sensitive to patients who may not be able to understand or complete forms. Patients are registered privately one-to-one with a receptionist. Patient-centred consultations are emphasised including checking patient understanding of diagnoses and therapies. The Sandyford website has an introductory video which illustrates the patient pathways without the need to read anything, as well as videos with information on TOPAR, Archway, Vasectomy and Counselling services.</p> <p>Auditory disability</p> <p>We are in process of producing a BSL signed version of the Sandyford introductory video which will be featured on the website, and other organisations such as Deaf Connections will be invited to host it on their own websites.</p> <p>Several staff have received formal training in deaf awareness and BSL from Deaf Connections.</p>
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(g)	Faith	<p>We undertook faith group consultation as part of the preparation for the development of the Hubs, but there has been no further focus in this area. This was a deliberate decision, and due to the nature of Sandyford services. Many people would find being asked about faith or religion a barrier to their accessing the services – contraception, termination services, STI checks, LGBT services, etc, could be embarrassing and sensitive for people and may be a source of fear or guilt depending upon their religious beliefs.</p> <p>We are not aware of any issues from service users. We do not provide a prayer or quiet room area for religious purposes for the public, mainly due to considerations of space, and the fact that Sandyford Central is located within walking distance of many places of worship – Sikh Temple, Gurdwara, Christian churches, and Synagogue. We do provide a quiet / prayer room for staff at our Sandyford Central location.</p> <p>We have mixed waiting areas in the majority of our services, again for space reasons.</p> <p>Threats/ barriers</p> <ul style="list-style-type: none"> • There has been no specific recent staff training relating to faith and sexuality. • Any barriers to accessing services caused by faith are addressed within PFPI initiatives such as partnership work to encourage people from sub-Saharan Africa to access Sandyford.
(h)	Socio – Economic Status	<p>The hub/satellite model has ensured services are accessible to people from the most deprived backgrounds. Across our entire service 39% of individuals attending in 2010/11 were known to be from the most deprived SIMD quintile. This varied by location from 2% at Sandyford Clarkston youth service to 73% at the Easterhouse satellite. Key Sandyford hubs with highly deprived caseloads include East (68%, n=5203), North (63%, n=3632) and South West (56%, n=3067). Hubs seeing a middle range of highly deprived people include Inverclyde (42%), Southeast (37%), Renfrewshire (36%), and West Dunbartonshire (31%). Two remaining hubs have the lowest proportion of people attending from highly deprived areas; East Renfrewshire (30%) and East Dunbartonshire (14%).</p> <p>Clinical staff rotate between sites so that expertise and experience of working in more highly deprived areas is shared and expected.</p>

		<p>Prescriptions for all treatments and contraception are free at point of access and there is no need to go to a local pharmacy. Patients who do attend our Central service can often have follow-up closer to home due to the common records system and expertise of the local hub staff.</p> <p>There has been no recent specific staff training on living in poverty, and general issues relating to health and poverty. This was previously part of the remit of the senior equalities post. (See Q9)</p>
(i)	<p>Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers</p>	<p>Homeless Sexual Health Service This service began in 2005 operating out of the Hunter St Homeless Health Centre. This service now provides facilitated in-reach with fast track appointments for contraception and STI testing, as well as outreach visits. There is very strong partnership working with external organisations such as SAY women, Simon Community as well as the families and physical health social work teams. Sandyford has a dedicated nurse for homeless patients. Travellers would also fall under the remit of this specialist nurse, although to date there has been no specific work or demand to work with this group.</p> <p>Women Involved in Prostitution Base 75 provides a range of community safety services for women involved in prostitution run in partnership with Glasgow City Council. Sandyford staff provide sexual and reproductive clinical and counselling sessions on site one day per week. The service works closely with TARA (Traffic Awareness Raising Alliance) and the addictions service, with the specialist sexual health nurse also working with the Drug Court Addictions Team.</p> <p>Asylum seekers / refugees Sandyford has extensive experience seeing this group of patients, particularly for support following sexual assault and for HIV testing and support if HIV positive. We do not routinely enquire and record current immigration status as we believe this to be counterproductive and off-putting for people who are already potentially frightened to engage with statutory bodies. However, staff have undergone awareness training as there are occasions when clients disclose their immigration status. We work closely with the Medical Foundation, referring for support and receiving referrals.</p>

		<p>Addictions Formal co-working to set up a sexual health project with CAT teams across GGC ran as a pilot in 2009/10 but did not continue due to the withdrawal of funding. However excellent informal links were created and have been maintained between senior hub nurses and the local CAT teams. Staff have regular addictions awareness training assisted by the dedicated young persons addiction worker, with recent rollout of routine FAST screening for young attenders. Sandyford has trained over 30 frontline nurses in sexual health advising competencies, including high risk BBV discussion which allows someone disclosing previous or current drug injecting use to receive informed BBV testing and referral to an appropriate support organisation. In 2010 we placed an outreach nurse in specific Drug Court sessions and this has evaluated favourably</p> <p>Suicidal Key personnel in Sandyford have completed SafeTALK and ASSIST training to improve front-line confidence in handling suicidal patients.</p> <p>Sandyford met the HEAT target in December 2010 to have more than 50% of staff trained in either ASSIST or SafeTALK (dependent upon particular role). This equates to 53 trained staff out of 93 identified as required. We were one of the few organisations which met their target at that time. Staff have continued to attend training since then, and there are now less than 20 who are still required to attend ASSIST training.</p> <p>On top of this, there are an additional 45 staff trained in SafeTALK, who do not meet the requirements for the mandatory training.</p> <p>Prisoners Sandyford receives referrals from both local prisons in Glasgow and Greenock and we have a clear protocol for dealing sensitively with them within the confines of what is allowed (eg prisoners are not permitted to know of their appointments). Specific work has happened in Inverclyde with the move to a mixed prison. We are engaged with the NHSGGC team overseeing transition to the NHS care to ensure that sexual health is on their agenda. We have an identified consultant lead for vulnerable adults and this falls in her remit. Engagement with prison work was noted as an area for improvement</p>
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		<p>at the Jan 2011 QIS review of sexual health services and progress here is reportable to the Board's Clinical Governance Group.</p> <p>Ex-Service personnel We have undertaken no specific training on this although one of the consultants previously served with the forces and has given some staff updates on issues facing the military. We do not routinely enquire about previous military service.</p>
9.	<p>Has the service had to make any cost savings or are any planned? What steps have you taken to ensure this doesn't impact disproportionately on equalities groups?</p>	<p>Cost Savings Since 2008 Sandyford has made savings of over £500,000 to contribute towards the Health Board's overall Efficiency Savings programme. Much of this has been achieved by reducing staff costs through a recruitment freeze and taking advantage of natural turnover (ie not replacing leavers or retirees). However, this has created unacceptable distortions as around 60% of the savings have come from front-line clinical staff reductions.</p> <p>The savings delivered have not been made in areas where services are specifically funded, ie Steve Retson Project, Thrive (male survivors of sexual abuse), Archway (rape and sexual assault centre). However, funding has also been withdrawn from some specific areas by partners, eg Archway, Base 75 (for women engaged in prostitution), Counselling, and Homelessness services. Despite funding withdrawal, we have maintained a level of service in all these areas.</p> <p>There is an expectation that we will be required to continue to make efficiency savings each year for the foreseeable future.</p> <p>Steps Taken A redesign of the Sandyford Central clinic opening times and service delivery was undertaken in Autumn 2009, as a way of addressing the gaps created by reduced frontline staff. A reorganisation of hub services was implemented in Autumn-Winter 2010, with a move toward a walk-in model of service delivery in hubs and satellites, in an attempt to deliver the most efficient service possible with the available resource. Despite this, it has proved impossible to maintain the staffing model across all services throughout Sandyford.</p>

	<p>It is recognised that services need to be as efficient as possible and targeted in approach. We have developed a Sandyford Service Reconfiguration paper which contains specific proposals to create a sustainable service model that can be delivered within the resource we have currently (ie already reduced staff numbers), while continuing to prioritise the most vulnerable individuals and populations.</p> <p>There are several reviews of specialist services based at Sandyford Central underway, including Colposcopy (Boardwide review which includes Sandyford service), SCASS, Sexual Problems service, and Archway Rape and Sexual Assault service.</p> <p>Equalities Impact</p> <p>Sandyford was established to have a strong equality focus, and take into account social determinants of health. The original Senior Management structure included an Associate Director of Health Inequalities (Rosie Ilett) whose role included:</p> <ul style="list-style-type: none">• Promoting social inclusion, community access and user participation;• Focussing on health inequalities and barriers to health care;• Developing and leading on internal and external training. <p>This post evolved over time as Sandyford services developed and in 2009 the postholder left. A management decision was taken to divert the funding for this post (on a temporary basis) to frontline clinical medical staff (as efficiency savings had already been made in this area), and the post was not replaced.</p> <p>Since that time we have had reduced capacity to develop staff training on equalities issues. An example of this is the integrated induction process with a strong focus on equalities sensitivity for new staff which was developed in 2008 as a result of the LGBT Audit, but which has not been kept updated or implemented as comprehensively as originally planned.</p> <p>In 2009 The Communications Manager left Sandyford and was not replaced. The funding for this post was diverted into medical funding, to cover clinical sessions lost through the withdrawal of</p>
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		<p>partner funding for Base 75, and also to ensure the management of external communications, and press and media management was picked up by Consultant.</p> <p>In 2010, we lost 18 hours (0.48wte) of Community Access worker time. This was included in efficiency savings. Work streams affected included response to the 2009 LGBT audit, interpreter training, and minority ethnic awareness for staff.</p> <p>In 2011, the Young People's Outreach Co-ordinator retired. She had maintained our 'presence' with many partnerships (see Q8c), and had worked with disenfranchised young people. This post was included in efficiency savings.</p> <p>The loss of the senior level post for inequalities and significant reduction in staff hours for communications and community access / PFPI work has inevitably reduced our focus in this area. This came at a time of acute service crisis and the ill-health leave of the Sandyford Director and the establishment of temporary management arrangements, which have had to focus on maintaining the clinical and counselling services.</p> <p>In spite of that Sandyford has many areas of excellent equalities sensitive practice. We have a Consultant with a lead for Vulnerable Adult services, and Senior Manager with remit for GBV, Archway, Base 75 and Counselling services. The challenge for us in the future is to maintain clinical services while re-emphasising the previous commitment to equalities practice.</p>
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10.	<p>What does your workforce look like in terms of representation from equality groups e.g. do you have a workforce that reflects the characteristics of those who will use your service?</p>	<p>Our workforce is mainly female (87% female 13% male), which is slightly more pronounced than the rest of NHS GGC (79% female 21% male).</p> <p>Other than some differences in certain professions, eg Allied Health Professionals have a younger profile, the age profile of Sandyford staff is broadly reflective of NHS GGC as a whole. 23% age 30-40 (n=59), 36% age 40-50 (n=92), 32% age 50-60 (n=81).</p> <p>An anonymous staff audit conducted in 2008 showed that 5.6% of the staff identified as lesbian, 15.5% as gay and 5.6% as bisexual.</p>
11.	<p>What investment has been made for staff to help prevent discrimination and unfair treatment?</p>	<p>Sandyford has an established tradition of education and training to support staff in recognising discrimination and preventing unfair treatment. This applies to all staff groups.</p> <p>There are equalities specific competencies that must be attained during nursing development within the service e.g. NES S&RH career Framework and NES S&RH route to enhanced competencies.</p> <p>Health care assistant training and development includes competencies in relation to equalities awareness. This forms part of new Scottish Government Mandatory Induction Standards for Healthcare Support Workers.</p> <p>Personal Development Planning for all non medical staff (Agenda for Change) includes a core dimension on Equality and Diversity. This requires to be evidenced during PDP.</p> <p>There is currently no mandatory requirement for medical staff to undertake equalities training other than for interview panellists. Awareness of equalities issues would be service dependent and is reviewed as part of staff appraisal in reviewing the CPD log. For Sandyford we would want current staff to have awareness of legally protected groups, MSM, gender and GBV issues.</p> <p>Gender Based Violence specific knowledge and skills training is provided in a systematic way as part of CEL 41. There has been development of on-line equalities training at Board level</p>

Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible? (initials)
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p> <ul style="list-style-type: none"> • There is a need to reintroduce basic awareness training for all levels of staff on all equalities and related issues, specifically ethnicity, faith and religion, health and poverty, LGBT, gender issues, and disability issues. It is recommended that the Learning and Education Group review core induction training (which would include most of the above), and clarify what is and what is not mandatory training. A schedule of all equalities and related issues should be worked back into the training schedule for all staff. • Specific training for front-line staff to ensure accuracy in recording 'self-assigned' ethnicity status • Explore feasibility of providing prayer room / quiet space at Sandyford central for use by patients attending the service who are perhaps required to wait long periods of time before being seen. • Ensure dissemination of Transgender Policy to all staff, supported by relevant training • Ensure specific actions from 2008 LGBT Audit and Mystery Shopper exercise are taken forward, and consider repeating the exercise in 2011/12 • Review the Community Liaison Worker vacancy, with a view to reintroducing elements from previously lost posts, in particular the Community Access Co-ordinator, and including the Young People's Outreach Co-ordinator. This will allow the Equalities agenda to become more prominent and prioritised throughout Sandyford. 		<ul style="list-style-type: none"> • L&E Group • L&E Group • Operations Group • Comms group / L&E Group • Comms Group • SMT

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<ul style="list-style-type: none">• Work with NHS colleagues to identify potential replacement (and funding) for child and adolescent psychiatrist with a special interest.• Take forward proposals contained with Sandyford Service Reconfiguration paper, once approved		<ul style="list-style-type: none">• SMT• SMT
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Ongoing 6 Monthly Review Please write your 6 monthly EQIA review date:

Lead Reviewer: Name Fiona Noble
EQIA Sign Off: Job Title General Manager
Signature
Date 12th October 2011 (submitted 7th November 2011)

Quality Assurance Sign Off: Name Alastair Low
Job Title Planning & Development Manger
Signature
Date 7th November 2011

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