

## Equality Impact Assessment including Fairer Scotland Duty and Children's Rights and Wellbeing Impact Assessment

Discrimination is usually unintended, for example, in the design of a new policy a one size fits all approach may be applied with the intention to be fair to everyone but what this actually does in practice is apply differential impacts on different groups of people.

The **Equality Impact Assessment (EQIA)** process is an evidence based approach designed to help organisations ensure that policies, practices, procedures, service change or redesign and decision-making processes are fair, equitable and that they don't present barriers to participation or disadvantage to any protected groups. The equality impact assessment is used to identify any disadvantage and take appropriate steps to mitigate, or at least minimise, this. You should start the EQIA process at the outset and continue throughout the process; don't wait until the end when a decision has been made. Below are steps to consider to support filling in your EQIA.

**Step 1 - Identify what is being assessed.** You need to be clear what is being assessed and consider what impact this will have and on which groups.

**Step 2 - Give details about the policy.** You need to be clear of the purpose at this stage, what are the benefits and who are the stakeholders.

**Step 3 - Gather and analyse data and information and engagement.** You will need to gather evidence to inform your Equality Impact Assessment. This may come from your stakeholder group(s).

**Step 4 – Assess Impact.** You need to think about what impact it will have on different groups in our community/workforce. Continue to work with your stakeholders to gain 'lived experience' impacts.

**Step 5 – Have you identified any adverse impacts.** You need to think about what can be done to mitigate or minimise the adverse impacts.

**Step 6 – Send EQIA to Equality and Diversity Adviser for publication.** NHS Ayrshire & Arran has an obligation to publish the results of all our equality impact assessments.

In 2018, the **Fairer Scotland Duty** became law and this looks at the impact of socio-economic disadvantage. NHS Ayrshire & Arran have incorporated this into our equality impact assessment process. It should be borne in mind that some minority groups, such as disabled people, ethnic minority people, women, are at a higher risk of facing socio-economic disadvantage and this should be considered when completing the equality impact assessment. This should be considered under each of the area in section 2 with a specific section at 2.16.

In March 2021, the Scottish Parliament unanimously passed the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill. This incorporates children's rights into law and places a duty on us as a public authority to ensure children's rights are protected and promoted in all areas of their life. NHS Ayrshire & Arran are building the **Children's Rights and Wellbeing Impact Assessment** into our existing EQIA process. This is woven through the document with a specific section at 2.17.

## EQUALITY IMPACT ASSESSMENT

**This is a legal document stating you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission**

If you require advice on the completion of this EQIA, contact [elaine.savory@aapct.scot.nhs.uk](mailto:elaine.savory@aapct.scot.nhs.uk)

'Policy' is used as a generic term covering policies, strategies, functions, service changes, guidance documents, other

<b>Name of Policy</b>	Nurse Led Asthma Service (NLAS)		
<b>Names and role of Review Team:</b>	Lizzie Weir Senior Paediatric Respiratory Nurse (SPRN) Lorraine Kelly Senior Charge Nurse Paediatrics	<b><u>Date(s) of assessment:</u></b>	17/12/2024 30/12/2024 31/01/2025 03/02/2025 13/02/2025 14/02/2025 18/02/2025 21/02/2025 09/04/2025

### SECTION ONE AIMS OF THE POLICY

**1.1. Is this a new or existing Policy :** NLAS commenced January 2022

**Please state which:**      Policy ☐      Strategy ☐      Function ☐      Service Change ☒      Guidance ☐      Other ☐

**1.2 What is the scope of this EQIA?**

NHS A&A wide ☐      Service specific ☒      Discipline specific ☐      Other (please detail) \_\_\_\_\_

### **1.3a. What is the aim?**

Streamline childrens asthma services within secondary care in order to meet national standards, improve patient journey and ensure the best possible outcomes for children and young people (CYP) with asthma and associated conditions involving airway inflammation across Ayrshire and Arran.

### **1.3b. What are the objectives?**

The children's NLAS was implemented to ensure children, young people (CYP) and their families receive appropriate review, treatment and education in relation to asthma or associated conditions involving airway inflammation. A national review of asthma deaths (Royal College of Physicians, 2014) highlighted, a timely review with structured education incorporating a written action plan can promote self-management, improve quality of life and reduce hospital attendance, admission and asthma deaths. As this service seeks to accomplish these goals, ensuring appropriate referral, discharge and accessibility for those who require its input is essential to improve overall outcomes for this group of CYP.

Every CYP has the right to the best possible health, two of the most deprived local authorities in Scotland are within Ayrshire and Arran, deprivation is a known contributor to poor asthma outcomes therefore it is imperative we get things right for our local demographic. Ensuring those who require NLAS input are appropriately identified along with supporting engagement with the service will positively contribute to this.

There are many potential barriers to children and young people accessing services. We aim to ensure the NLAS is accessible, those who require its input are safe, healthy and informed in relation to their condition and all CYP and their families are supported to engage.

### **1.3c. What is the intended outcomes?**

National guidance on the diagnosis, monitoring and chronic management of asthma in CYP is followed

CYP and their families are empowered to self manage their condition

Reduce the need for oral corticosteroids, hospital presentations and admissions in this group of CYP

Improve patient journey

Improved asthma outcomes for CYP in Ayrshire

### **1.4. Who are the stakeholders?**

CYP and their families

Childrens respiratory service

Childrens assessment unit / inpatient ward

A&E departments

Primary care

**1.5. How have the stakeholders been involved in the development of this policy (this should include children and young people where appropriate)?**

Verbal feedback from CYP and their families

Work with care opinion to capture CYP and Parent / carer experience

CYP survey 2022

CP advisors meeting and comments on was not brought standard operating procedure

Discussion and meetings with stake holders from primary care, A&E, paediatric unit

**1.6 Examination of Available Data and Consultation** - Data could include: consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic or professional publications, reports etc)

- British Thoracic Society, National Institute for Health and Care Excellence and Health Improvement Scotland (2024). Asthma: diagnosis, monitoring and chronic asthma management (BTS,NICE,SIGN). Available at: [www.nice.org.uk/guidance/ng245](http://www.nice.org.uk/guidance/ng245) (Accessed 17/12/2024).
- Global Initiative for Asthma (2023). Global Strategy for Asthma Management and Prevention 2022. Available at: <https://www.ginasthma.org> (Accessed 17/12/2024).
- Royal College of Paediatrics and Child Health (2020). State of Child Health. London: RCPCH. Available at: <https://www.stateofchildhealth.rcpch.ac.uk> (Accessed 13/02/2025).
- Royal College of Physicians. (2014). Why asthma still kills: The National Review of Asthma Deaths. RCP: London.

**Piolt projects**

- Nurse led asthma education clinic
- Nurse led asthma clinic

**User feedback**

- Care opinion CYP survey and parent / carer survey
- Verbal feedback from NLA clinics

- Reviewing DNA data / locality of DNA's
- CYP family survey 2022

Paperwork to standardise practice and promote inclusion

- NLAC, standard operating procedure for referral and discharge to NLAC including pathways
- NLAC proforma
- Personalised asthma action plans (PAAP) including translated versions
- NLAC, Was not brought standard operating procedure including standardised letters with signposting and inclusion of named professionals
- Better Health Hub – prescription pad used in clinic

Data collection via business intelligence

Discussion and meeting with primary care stateholders with public health consultant, child health commissioner, Lead nurse, adult respiratory nurse specialists and also GP's, ANP's and PN's via MCN's

All Consultants, charge nurses, APNP's and Nurses within paediatric unit survey / feedback on how NLAS could best meet needs of childrens services in secondary care.

Discussion with A&E consultant regarding referral pathways

**Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues.**

Dr Connell, Consultant Paediatrician. Dr Broadis, Consultant Public Health. Kathleen Winter, Child Health Commissioner, Public Health. Joanne Anderson, Lead Nurse Primary Care. Anne Murphy, Child Protection Adviser. Consultant Paediatricians. Business intelligence. Communications. Elaine Savory, Equality and Diversity. Charge Nurses, Childrens Services. Clair Conner, Better Health Hub. Joanne Mulligan, A&E Consultant.

**What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?**

- Asthma and associated conditions involving airways inflammation are responsible for a large proportion of paediatric presentations to secondary care
- Approximately 500 nurse led appointments per year are currently available for CYP with asthma and associated conditions involving airway inflammation within Ayrshire and Arran
- The majority of professionals asked, felt 6 weeks from referral was the maximum a CYP should wait for NLAS input
- Ensuring appropriate and timely review which incorporates self management education including a PAAP empowers CYP and their families to safely and effectively self manage their condition
- Ensuring CYP and their families have the correct tools to access and understand all information given is paramount
- Ensuring consistency and continuity in the education, review and management of this group is important to CYP and their families
- Personalised asthma plans are really helpful to CYP, their families and the professionals involved in their care
- Flexability in relation to venue of consultations and time of consultations is paramount in promoting engagement
- Support from better health hub who support our CYP and their families to live healthier lives has been invaluable
- Addressing health inequalities is paramount in achieving good asthma outcomes for CYP and their families within Ayrshire & Arran

#### **What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?**

- Asthma is the most common long term condition among children and young people, it continues to be among the top 10 causes of emergency hospital admission for children and young people in the UK
- The UK has among the highest mortality rates in Europe for children and young people with asthma
- Emergency admissions and deaths related to asthma are largely preventable, NRAD (2014) found that 46% of the children who died from asthma had received an inadequate standard of asthma care
- Emergency admissions for asthma are strongly associated with deprivation

#### **What do children and young people say?**

- We need to have local hospitals who know how to look after us when we go for appointments or for emergency care
- We need care plans that help with medication doses
- We need to have a GP or specialist nurse that knows a lot about asthma
- We need more help and training for families, friends and schools
- Help us to be able to do fun stuff and stay safe

#### **What does good look like?**

- Getting the basics right in asthma care – Education, self management, access to routine asthma check-ups and up to date personal asthma action plan
- Better access to specialist care where appropriate – When specialist care is necessary there is often a lack of capacity to deliver specialist care to a high standard
- To reduce health inequality in asthma

All above taken straight from - Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. [Available at: [stateofchildhealth.rcpch.ac.uk](http://stateofchildhealth.rcpch.ac.uk)].

**1.7. What resource implications are linked to this policy?**

Clinic space and clinic location availability

Access to objective tests, FeNO monitor, spirometry

Continued professional development / Access to tier 4 asthma training for NLAC nurses

SECTION TWO		IMPACT ASSESSMENT		
<p>Complete the following table, giving reasons or comments where:</p> <p>The Programme could have a positive impact by contributing to the general duty by –</p> <ul style="list-style-type: none"> <li>• Eliminating unlawful discrimination</li> <li>• Promoting equal opportunities</li> <li>• Promoting relations within the equality group</li> </ul> <p>The Programme could have an adverse impact by disadvantaging any of the equality groups. Particular attention should be given to unlawful direct and indirect discrimination.</p> <p>If any potential impact on any of these groups has been identified, please give details - including if impact is anticipated to be positive or negative.</p> <p><b>If negative impacts are identified, the action plan template in Appendix C must be completed.</b></p>				
Equality Target Groups – please note, this could also refer to staff				
	Positive impact	Adverse impact	Neutral impact	Reason or comment for impact rating
<p><b>2.1. Age</b></p> <ul style="list-style-type: none"> <li>• <b>Infants, children and young people (IC&amp;YP)</b></li> </ul> <p>Any impact on IC&amp;YP requires additional completion of section 2.17 below.</p>	X			<p>The NLA service aims to ensure CYP and their families who require its input are:</p> <ul style="list-style-type: none"> <li>• Appropriately identified, referred and discharged</li> <li>• Ensures a safe and timely review in a clinic which can be flexible regarding alternative venues or virtual appointments</li> <li>• Aims to empower children / young people and their families to self-manage their condition.</li> <li>• Aims to contribute towards improving quality of life and overall outcomes for those who require its input</li> <li>• Input from NLA ensures access to better health hub who aim to support everyone to live healthier lives.</li> </ul> <p>The NLA is for any child or young person with asthma or associated conditions involving airway inflammation who meets referral criteria.</p>



• Adults	X			As above. The service is specifically to support CYP with asthma or associated conditions involving airway inflammation who meet referral criteria, and the service can also provide input to parents/carers to support the CYP to manage their condition.
• Older People (also consider impact on IC&YP such as kinship care)	X			As above. The service is specifically to support CYP with asthma or associated conditions involving airway inflammation who meet referral criteria, and the service can also provide input to parents/carers to support the CYP to manage their condition.
<b>2.2. Disability</b> (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health)	X			<p>Appropriately identifying CYP who require input from the NLAS -</p> <ul style="list-style-type: none"> <li>• Ensures a safe and timely review in a clinic which can be flexible regarding alternative venues or virtual appointments</li> <li>• Aims to empower children / young people and their families to self-manage their condition.</li> <li>• Aims to contribute towards improving quality of life and overall outcomes for those who require its input</li> <li>• Input from NLAS ensures access to better health hub who aim to support everyone to live healthier lives. This includes advocacy and health literacy support and support for those who care for friends or relatives</li> </ul> <p>The NLAS is for any child or young person with asthma or associated conditions involving airway inflammation who meets referral criteria, inclusive of those with physical or mental disabilities, learning disabilities or cognitive disabilities. Where support is required, for example, a BSL interpreter for a deaf child, this would be arranged.</p>
<b>2.3. Gender Reassignment</b>			X	No barriers to accessing NLAS have been identified for this group. If a child or young person is transitioning and meet the referral criteria they will be seen within the NLAS.

<b>2.4 Marriage and Civil partnership</b>	X			<p>Single parent families may find accessing the NLA clinics more challenging. Therefore, the NLA service aims to -</p> <ul style="list-style-type: none"> <li>• Ensure a process for offering alternative venues or virtual appointments. This can reduce travel time and cost as well as opportunities to attending virtual appointments closer to home which can positively impact on childcare for siblings/other children.</li> <li>• Signpost to agencies who can offer financial support</li> <li>• Highlight vulnerable family to named professional for support</li> </ul> <p>Attendance at clinic ensures access to better health hub who aim to support everyone to live healthier lives.</p>
<b>2.5 Pregnancy and Maternity</b>	X			<p>This NLAS aims to -</p> <ul style="list-style-type: none"> <li>• Ensure a process for offering alternative venues or virtual appointments. Offering virtual appointments closer to home which can positively impact on childcare for siblings/other children.</li> <li>• Highlight vulnerable families to named professional for support</li> </ul> <p>Attendance at clinic ensures access to better health hub who aim to support everyone to live healthier lives.</p>
<b>2.6 Race/Ethnicity</b>	X			<p>The NLAS ensures a process for offering alternative venues or virtual appointments. This would be clearly explained to parents/carers to ensure they understood.</p> <p>Where English is not a first language, an interpreter / language line can be arranged with written information given in own language. Where the parent/carer does not read their own or any language, the importance of attending appointments, whether in person or virtually, will be explained to them via an interpreter/language line.</p>
<b>2.7 Religion/Faith</b>			X	No barriers to accessing NLAS have been identified for this group.
<b>2.8 Sex (male/female)</b>			X	No barriers to accessing NLAS have been identified for this group.

<b>2.9 Sexual Orientation</b> <ul style="list-style-type: none"> <li>• Lesbians</li> <li>• Gay men</li> <li>• Bisexuals</li> </ul>			X	No barriers to accessing NLAS have been identified for this group.
<b>2.10 Carers including young carers</b>	X			<p>This NLAS aims to -</p> <ul style="list-style-type: none"> <li>• Ensure a process for offering alternative venues or virtual appointments. Offering virtual appointments or appointments closer to home can positively impact on carers as reduces travel cost / time.</li> <li>• Highlight vulnerable families to named professional for support</li> </ul> <p>Attendance at clinic ensures access to better health hub who aim to support everyone to live healthier lives.</p>
<b>2.11 Homeless</b>	X			<p>This NLAS aims to -</p> <ul style="list-style-type: none"> <li>• Ensure a process for offering alternative venues which can negate impact of getting to clinic.</li> <li>• Highlight the family to social work and named professional for support</li> </ul> <p>Input from NLAS ensures access to better health hub who aim to support everyone to live healthier lives.</p>
<b>2.12 Involved in criminal justice system including youth justice</b>			X	No barriers to accessing NLAS have been identified for this group.
<b>2.13 Literacy</b>	X			<ul style="list-style-type: none"> <li>• The NLAS is for any child or young person with asthma or associated conditions involving airway inflammation who meets referral criteria, inclusive of those who require support with literacy. Asthma education and resources will be delivered both verbally and visually. Where support is required, this would be arranged. Input from NLAS also ensures access to better health hub who aim to support everyone to live healthier lives. This includes advocacy and health literacy support.</li> </ul>

<b>2.14 Rural Areas</b>			X	NLAS – no satellite clinics in rural areas at present. However, no barriers to accessing NLAS have been identified for this group as clinics at alternative venues or virtual clinic can be arranged where required.
<b>2.15 Staff</b> <ul style="list-style-type: none"> <li>Working conditions</li> <li>Knowledge, skills and learning required</li> <li>Location</li> <li>Any other relevant factors</li> </ul>		X		Knowledge, skills and learning required - Tier 4 asthma module outstanding. No funding available.

**2.16. What is the socio-economic impact of this policy / service change? (The [Fairer Scotland Duty](#) places responsibility on Health Boards to actively consider how they can reduce inequalities of outcomes caused by socio-economic disadvantage when making strategic decisions)**

	Positive	Adverse	Neutral	Rationale/Evidence
<b>Low income / poverty</b>		X		No NLA clinics in North Ayrshire.
<b>Living in deprived areas</b>		X		Those in the poorest local authority must travel the furthest to access NLA clinics, increasing health inequalities, increased cost to travel to NLA clinic and more time off work required to bring their CYP to NLA clinic.
<b>Living in deprived communities of interest</b>		X		
<b>Employment (paid or unpaid)</b>		X		

**2.17. What is the impact of this policy / service change on infants, children and young people (IC&YP)? (The [United Nations Convention on the Rights of the Child \(UNCRC\)](#) places a compatibility duty on public authorities to ensure the rights of children are protected and promoted in all areas of their life). [Kathleen Winter](#) can be contacted for further support.**

	Yes	No	Not applicable	Rationale/Evidence
<b>Will this policy impact on the best interests of IC&amp;YP?</b>	X			<p>This policy supports the four core principles of the UNCRC. It is non-discriminatory; in the best interests of the child; supports their right to survival and development and the right to express their opinions and have their views considered appropriately in matters affecting them.</p> <p>Ensuring CYP with asthma and associated conditions involving airway inflammation are:</p> <ul style="list-style-type: none"> <li>• Appropriately identified, receive appropriate review, treatment and education</li> <li>• Appropriately referred into, and discharged from the NLAS</li> <li>• Supported to engage / attendance the NLAC</li> </ul> <p>Will positively contribute to improving quality of life and overall outcomes for this group of CYP and their families.</p>
<b>Will this policy impact on the developmental needs of the IC&amp;YP?</b>	X			<p>Improving asthma control and empowering self management will positively contribute towards growth, development, improved school attendance, concentration and ability to learn.</p>
<b>Will this policy impact on IC&amp;YP being able to express their views in relation to the service and have that view taken into account?</b>	X			<p>Age appropriate feedback forms using emoji's and ipads are being developed to ensure CYP's views are collected, heard and acted on.</p>
<b>Will the policy have any direct or indirect impacts on IC&amp;YP?</b>	X			<p>Yes, it aims to improve health outcomes and empower CYP and their families to safely self manage asthma and associated conditions involving airway inflammation.</p>

<b>Have you considered the impact of the policy across the wide range of IC&amp;YP, e.g. preschool children; children in hospital; children with additional support needs; care experienced children; children living in poverty?</b>	X			<p>Yes, NLA clinics are held in different locations and can be arranged at alternative venues (such as school), virtually (via attend anywhere) and over the phone if appropriate.</p> <p>There are processes (SOP's) within NLAS to identify vulnerable CYP &amp; families and ensure strategies are put in place to support their attendance and engagement.</p> <p>Access to better health hub referral via NLAS further supports CYP and their families.</p>
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<b>SECTION THREE CROSSCUTTING ISSUES</b>				
<b>What impact will the proposal have on lifestyles? For example, will the changes affect:</b>				
	<b>Positive impact</b>	<b>Adverse impact</b>	<b>No impact</b>	<b>Reason or comment for impact rating</b>
<b>3.1 Diet and nutrition?</b>	x			As required, referral to better health hub can be accessed via the NLAS for support and advice around diet and nutrition.
<b>3.2 Exercise and physical activity?</b>	x			Well controlled airways will enable CYP to fully participate in exercise and physical activity. As required, referral to better health hub can be accessed via the NLAS for support and advice around exercise and physical activity.
<b>3.3 Substance use: tobacco, alcohol or drugs?</b>	x			As required, referral to better health hub can be accessed via the NLAS for support and advice around smoking, vaping, alcohol and drugs.

<b>3.4 Risk taking behaviour?</b>	x			Adolescents are more likely to engage in risk taking behaviour. Allocated time slots in NLA clinics allow for time to discuss risk taking behaviour in relation to their condition and refer where appropriate to better health hub for support and advice around these issues (e.g smoking, vaping, alcohol, drugs or contraception).
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<b>SECTION FOUR CROSSCUTTING ISSUES</b>				
<b>Will the proposal have an impact on the physical environment? For example, will there be impacts on:</b>				
	<b>Positive impact</b>	<b>Adverse impact</b>	<b>No impact</b>	<b>Reason or comment for impact rating</b>
<b>4.1 Living conditions?</b>	x			Referral to better health hub for support and information on housing issues.  Standard damp mould letter to landlords / social housing to support families to ensure a resolution to damp, mould and poor air quality within their homes.
<b>4.2 Working conditions?</b>	x			Referral to better health hub for support and information on employment services.
<b>4.3 Pollution or climate change?</b>	x			Development of childrens asthma formulary which incorporates carbon footprint of inlaer choices.  Advice on indoor and outdoor pollution avoidance.  Referral to better health hub for support and information with housing issues.
<b>Will the proposal affect access to and experience of services? For example:</b>				
	<b>Positive impact</b>	<b>Adverse impact</b>	<b>No impact</b>	<b>Reason or comment for impact rating</b>

<b>Health care</b>	x			<p>Improving asthma control, self management and overall outcomes in this group of CYP will reduce unscheduled contacts, hospital presentations, hospital admissions and risk of asthma death</p> <p>Attending NLA clinics will increase capacity in consultant paediatrician's general clinics</p> <p>Attending NLA clinics and input from NLAS will improve patient journey</p>
<b>Social Services</b>			x	No impact anticipated
<b>Education</b>	x			Improving asthma control and empowering self management will improve school attendance, concentration and ability to learn
<b>Transport</b>			x	No impact anticipated
<b>Housing</b>	x			<p>Referral to better health hub for support and information on housing issues</p> <p>Standard damp mould letter to landlords / social housing to support families to ensure a resolution to damp, mould and poor air quality within their homes</p>

## SECTION FIVE MONITORING

### How will the outcomes be monitored?

Collecting and reviewing data from NLAC

Feedback from CYP and their families

Feedback from stakeholders

### What monitoring arrangements are in place?

Monthly data collection

CYP feedback along with parent carer feedback via care opinion



**Who will monitor?**

Buisness intelligence providing data monthly

Care opinion providing reasources to make providing feed back hassle free (Emoji feedback on ipad from kids and QR codes straight to NLAC feedback form for parents / carers)

**What criteria will you use to measure progress towards the outcomes?**

Benchmarking NLAC against National guidance on the diagnosis, monitoring and chronic management of asthma in CYP

Patient feedback to establish if CYP and their families are empowered to self manage their condition

Colate data on the need for oral corticosteroids, hospital presentations and admissions in this group of CYP

Collect data on clinic appointments saved in consultant paediatricians general clinics

**PUBLICATION**

Public bodies covered by equalities legislation must be able to show that they have paid due regard to meeting the Public Sector Equality Duty (PSED). This should be set out clearly and accessibly, and signed off by an appropriate member of the organisation.

Once completed, send this completed EQIA to the **Equality & Diversity Adviser**

**Authorised by****Title****Signature****Date**

## Identified Negative Impact Assessment Action Plan

Name of EQIA:

Nurse Led Asthma Service (NLAS)

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments
18/02/2025	Expert Knowledge	Tier 4 asthma training	NHS England	October 2025	Cost £480	LK will discuss with management
18/02/2025	Clinic space in the North	Clinic space in north x2 session per month	Lorraine Kelly	April 2025	Clinic space x2 sessions per month	LK will discuss with management

Further Notes:

Signed:

Date:

