**Tower Hamlets GP Care Group policy**

|  |  |
| --- | --- |
| Date Issued |  |
| Date to be reviewed | Periodically or if statutory changes are required |
| Title |  |
| Supersedes | All previous Policies |
| This policy will impact on | All staff |
| Financial Implications | No change |
| Policy Area |  Governance |
| Version No |  |
| Issued By |  |
| Author |  |
| Document Reference |  |
| Effective Date |  |
| Review Date |  |

### Approval Record

|  |  |  |
| --- | --- | --- |
|  | Committees / Groups / Individual | Date |
| Consultation |  |  |
| Approved by |  |  |

**Equality Impact Assessment Tool for this Policy**

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval

Policy Name:

Name of Assessor:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes/No/Possible/Not Applicable | Comments |
|  | Does the policy/guidance affect one group less or more favourably than another on the basis of: |  |  |
|  | Race  |  |  |
|  | Religion or belief  |  |  |
|  | Disability – learning disabilities, physical disability, sensory impairment and mental health problems  |  |  |
|  | Gender  |  |  |
|  | Sexual Orientation  |  |  |
|  | Age  |  |  |
|  | Is there any evidence that some groups are affected differently?  |  |  |
|  | If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?  |  |  |
|  | Is the impact of the policy/guidance likely to be negative?  |  |  |
|  | If so can the impact be avoided?  |  |  |
|  | What alternatives are there to achieving the policy/guidance without the impact?  |  |  |
|  | Can we reduce the impact by taking different action?  |  |  |