

NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool For Public Health Screening Programmes

It is essential to follow the EQIA Guidance in completing this form

Name of Current Service/Service Development/Service Redesign:

NHSGGC Bowel Screening Programme

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

Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).

The Bowel Screening Programme is a national Programme aimed at people from the ages of 50 to 74. The invitation letter and test kit is sent out nationally. Two weeks prior to the kit being sent, NHSGGC send a introductory letter to their residents raising awareness about the purpose of the programme and to encourage uptake. Completed test kits are sent to the National laboratory for analysis. Participants are informed by National Bowel Screening Centre of their results. Positive results are also referred to appropriate Health Board using SCI Gateway Referral. On receipt of a referral, NHSGGC offer patients a telephone pre assessment before being invited to come to the hospital for a colonoscopy (this is a day treatment). A face to face assessment is offered to patients with concerning co-morbidity conditions.

Who is the lead reviewer and where based?

Emilia Crichton, Consultant in Public Health Medicine

**Please list the staff groupings of all those involved in carrying out this EQIA
(when non-NHS staff are involved please record their organisation or reason for inclusion):**

Health Improvement Senior, Acting Lead Nurse, Clinical Service Manager Endoscopy, Clinical Service Manager Medicine, Team Leader-Pre assessment Admin, Project officer PHSU, Equality Programme Lead Acute,

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
<p>Gender</p>	<ul style="list-style-type: none"> • Same Sex staff can be accommodated • Gender is recorded and analysed • The uptake from women is higher at 54% compared to men at 46.8%. • If Gender Based Violence Issues are identified only relevant staff are informed and resources and support are available 	<ul style="list-style-type: none"> • Overall screening uptake among men is lowest at 46.8% but is lower again for men aged 50-54 at 39.6%.
<p>Ethnicity</p>	<ul style="list-style-type: none"> • Interpreters are booked for patients who do not speak English and this is recorded on NHSGGC bowel screening application • .Materials sent out with the bowel screening test kit is available in different languages. The test kit is not available in different language but does have pictorial instruction. • Patient information issued to patients following a positive bowel screening test is sent out in English. However, colonoscopy leaflet can be made available in different languages if requested.. 	<ul style="list-style-type: none"> • Ethnicity is not recorded, therefore, the uptake the among BME communities is not known

<p>Disability</p>	<ul style="list-style-type: none"> • BSL interpreters are booked for patients unable to hear or speak Where appropriate staff work with carers and relatives to ensure that the screening can be conducted and the relative/carer can stay with the patient at all times, if preferred • Information is provided in 12 font plain English, Large font available on request • Simple pictorial diagrams are used to explain the colonoscopy procedure to those with learning disabilities. • If a person has been identified with a disability this is flagged up on the records to ensure that appropriate support is offered if required • If a patient requires transport this is recorded Bowel Screening IT application. • If a patient has been identified as having Learning Disability then staff would work with the relative or carer and the option to be with the patient at all appointments can be provided • Pre-colonoscopy tour of the hospital/ward is available for patients who have a learning disability (or are overly anxious). This helps patient to build up a relationship with the staff. • Patient information was sent to the Quality Department for Quality Assurance purposes 	<ul style="list-style-type: none"> • A Text Phone number is currently not available for the deaf • A mobile phone SMS appointment reminder is currently being considered but is not yet available • Disability is not recorded, therefore the uptake rate for people from the disabled community is not known. • Fecal Occult blood test (Fobt) is not suitable for people with dexterity problems.
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	<ul style="list-style-type: none"> • Web based information is available • Patients with Diabetes are given separate dietary information and are booked in for an early morning appointment. • Clinical Policies are in place for people on anticoagulants and for people with diabetes. • Assistance Dogs can be accommodated • Staff would access an induction loop if required • People with mental health problems that reside in long stay institutions are not routinely called for screening using the IT system due to CHI details not holding residence data. However, there is work in place whereby the National Bowel Screening Programme contact Nursing Leads in the long stay institutions for a list of patients that may be eligible for screening. Details are then checked and if the patient is eligible bowel screening kits are then issued to the institutions for patients to complete the test. 	
Sexual Orientation	<ul style="list-style-type: none"> • Staff are aware of being sensitive to individual needs 	<ul style="list-style-type: none"> • No negative Impact Identified
Religion and belief	<ul style="list-style-type: none"> • Staff can work around appointment times to suit various calendar festivals. • Staff in the acute setting have access to a Faith and Belief Manual 	<ul style="list-style-type: none"> • No negative Impact Identified • Religion and belief are not recorded, therefore the correlation between ethnicity and religion is not known..

<p>Age (Children/Young People/Older People)</p>	<ul style="list-style-type: none"> Age is recorded and analysed to measure which age groups access the screening programme, the positivity rate among the different groups. Data shows that the positivity rate increases with age, for example 70 to 74 years the rate is highest at 3.7% for men and 2% for women. 50 to 54 year olds the positivity rate is lower at 0.8% for women and 1.4% for men. 	<ul style="list-style-type: none"> No negative Impact Identified
<p>Social Class/ Socio-Economic Status</p>	<ul style="list-style-type: none"> Bowel Screening data is analysed to identify areas where uptake and health outcomes are poor. Data analysed by deprivation is useful to identify areas where more targeted health improvement initiatives are needed. Data has found that uptake is lowest among population groups living in most deprived areas. 	<ul style="list-style-type: none"> Uptake is lowest in most deprived areas- for example, the South East Glasgow uptake in most deprived area is 39% compared to East Dunbartonshire where uptake in the least deprived area is 63%. For more information see annual report on www.nhs.org.uk/phsu Positive rate is highest in deprived areas is 2.3% compared to least deprived areas at 1%.

<p>Additional marginalisation</p>	<ul style="list-style-type: none"> • A protocol is being developed to ensure that patients from the travelling community can be tracked and contacted for any pending results or treatment. • Prisoners are also invited to be part of the screening program. A supply of kits are sent to Prison contacts to give to eligible population. 	
<p>Cross cutting strands</p>	<ul style="list-style-type: none"> • All staff involved in colonoscopy are aware of Privacy and Dignity guidelines. • QIS audit the colonoscopy service once a year. • Patient satisfaction (relating to level of comfort during colonoscopy) is collected. 	

Actions	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions Explore with the National Programme the possibility of NHSGGC capturing equality and diversity data and address current gaps. Attempts have been made to obtain data from practices under the Local Enhanced Service Agreement for Translation Services. However, data is not complete. Requests for learning disabilities data to allow matching to screening programmes has been refused by LMC on the grounds of Data Protection restricting sharing of patient identifiable information.</p> <p>Explore with National Programme ways of improving knowledge of patient demographics of NHSGGC prior to sending the kit out. Currently IT systems do not hold this information and would require development change.</p>	<p>March 2012</p> <p>Dependent on funding being made available</p>	<p>Dr Emilia Crighton</p> <p>Dr Emilia Crighton</p>

Specific Actions		
A text number be made available for screening patients who are deaf.	Dependent on availability of financial resources	Irene Ramsay
Further Health improvement initiatives needed to improve uptake among men.	Ongoing	Claire Scott
In absence of text phone staff to be trained on how to operate BT text relay.	March 2012	Irene Ramsay

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

Lead Reviewer:	Name:	Dr Emilia Crighton
Sign Off:	Job Title	Consultant in Public Health Medicine
	Signature	Date: 31/1/2011

Please email copy of the completed EQIA form to: Catherine O'Halloran