

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

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

Name of Current Service/Service Development/Service Redesign:

Cervical Screening Programme

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

Current Service

Service Development

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

The Scottish Cervical Screening Programme (SCSP) is national screening programme that invites women aged 20 to 60 to have a smear test taken every three years. The aim of the cervical screening programme is to reduce the number of women who develop invasive cancer and the number of women who die from it by detecting precancerous changes. By taking a cytological smear from the cervix, followed where necessary by a diagnostic test, it is possible to identify changes in individual cells which may mean that the woman is at risk of developing invasive cancer at a later date. Prompt treatment can result in permanent removal of affected areas of the cervix and prevent the development of cancer.

**Who is the lead reviewer and where based?**

Dr. Emilia Crighton, Public Health Screening Unit, Dalian House

**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):**

Project Officer, PHSU, Practice Manager, Alexandria, Primary Care Support Nurse, NHS GGC, Secretary, PHSU, Programme Manager Screening Department, Practice Nurse-Peel Street, Senior Health Improvement Officer -Acute Planning, Gynaecological Oncologist Glasgow Royal Infirmary, Consultant in Public Health, Dalian House, Clinical Director Sandyford, PERL Manager Dalian House.

Facilitators,

Imran Shariff- Equality & Diversity Manager  
Maggie Carey-Equality & Diversity Admin/PA

**Impact Assessment – Equality Categories**

Equality Category	Existing Good Practice	Remaining Negative Impact
<p><b>Gender</b></p>	<ul style="list-style-type: none"> <li>• Female only service</li> <li>• At practice level, transgender is recorded</li> <li>• Mostly female staff provide the service but patients are offered a choice of smear taker</li> <li>• Uptake data is utilised to help plan and develop inclusive approach.</li> <li>• Gender Based Violence policy, training and support has been rolled out across Women's and Children's Directorate.</li> <li>• Appointments can be easily re-scheduled to take into account people who have child care issues or work in most practices.</li> <li>• Sandyford Sexual Health clinic in Centre provide out of hours service.</li> </ul>	<ul style="list-style-type: none"> <li>• If a person is transgender (female to male) then they could be dropped off the CHI register, thus not included as part of the cervical screening as CHI is gender based.</li> <li>• There is no routine enquiry on Gender Based Violence as part of cervical screening programme.</li> <li>• Some women may be reluctant to divulge/impart information on transgender status as it may impact on legal issues.</li> </ul>
<p><b>Ethnicity</b></p>	<ul style="list-style-type: none"> <li>• Ethnicity is recorded in 60% of practices at present as part of enhanced service</li> <li>• Uptake data is utilised to help plan and develop inclusive approach.</li> <li>• Practices have a better understanding of ethnicity since introduction of training and collection of data.</li> <li>• Multi-lingual leaflet for cervical screening available by Scottish Cervical Screening Programme (SCSP)</li> <li>• Interpreters are booked for patients requiring language support.</li> <li>• Services are aware of groups not accessing</li> </ul>	<ul style="list-style-type: none"> <li>• CHI does not record information about ethnicity</li> <li>• Although ethnicity is recorded on GP systems and some hospital systems, language preference is not often recorded and hence this can impact on the service arranging interpreters</li> <li>• Data systems are unable to differentiate language requirement as it is a free text field.</li> <li>• GP READ codes capture ethnicity in GP systems but are not extracted through SCI Gateway Referral as it is considered a low</li> </ul>

	<p>cervical screening service. Awareness training on cultural issues/beliefs are now included as part of the smear taker training</p> <ul style="list-style-type: none"> <li>• All Colposcopy appointment letters and patient leaflets have been reviewed to include telephone number to request for sign or foreign interpreters.</li> <li>• Equality and Training undertaken by practice nurses.</li> </ul>	<p>priority against diagnosis information.</p> <ul style="list-style-type: none"> <li>• GP Contract no longer requires practices to chase up defaulters</li> </ul>
<b>Disability</b>	<ul style="list-style-type: none"> <li>• Disability is recorded.</li> <li>• Most practices have hearing loops installed</li> <li>• Staff are able to book BSL interpreters.</li> <li>• Practices often use a range of communication methods including e-mail, text and Type Talk to communicate with patients.</li> <li>• Smears can be taken at home if patient has a disability and is unable to attend the practice.</li> <li>• Appointments can be easily re-scheduled to take into account people who have child care or work issues</li> <li>• All Colposcopy appointment letters and patient leaflets have been reviewed to take account of accessibility arrangements, and offer disabled patients a telephone number to request patient transport.</li> </ul>	<ul style="list-style-type: none"> <li>• Mobile number could help for people who prefer to use text messages.</li> <li>• Some practices do not have beds that are height adjustable.</li> <li>• Some practices are inaccessible to people who use wheelchairs. Where this is the case, people are usually re-referred to a practice/ health centre that has wheel-chair accessibility.</li> </ul>
<b>Sexual Orientation</b>	<ul style="list-style-type: none"> <li>• Sexual Orientation routinely recorded at Sandyford as part of the sexual health service</li> </ul>	<ul style="list-style-type: none"> <li>• Low uptake of cervical screening service by lesbian women. This is because some women perceive screening to be linked to sexually transmitted disease so feel that</li> </ul>

		<p>they are not at risk. Research suggests that this is a common problem</p> <ul style="list-style-type: none"> <li>• Less good at recording sexual orientation in general practice.</li> </ul>
<b>Religion and belief</b>	<ul style="list-style-type: none"> <li>• Appointments can easily be altered in relation to religious events/festivals</li> <li>• Common place for some areas to have drop in-clinics available at different times</li> </ul>	<ul style="list-style-type: none"> <li>• Religion and Belief are not routinely recorded</li> </ul>
<b>Age (Children/Young People/Older People)</b>	<ul style="list-style-type: none"> <li>• Age is already recorded by practices</li> <li>• Screening is age led- age between 20 &amp; 60</li> <li>• Uptake data is utilised to help plan and develop inclusive approach.</li> </ul>	<ul style="list-style-type: none"> <li>• No remaining impact</li> </ul>
<b>Social Class/ Socio-Economic Status</b>	<ul style="list-style-type: none"> <li>• Uptake data by deprivation categories is used help plan and develop inclusive approach.</li> <li>• Traditional areas of poverty do have higher rates of uptake as often people access primary care services on a regular basis.</li> <li>• Appointments can be easily re-scheduled</li> <li>• Homeless Partnership work closely with the homeless population and have access to SCCRS to check patients smear history</li> <li>• Refugee Nurse Co-ordinator works closely with EU immigrants and has access to SCCRS to register immigrants on the programme.</li> </ul>	<ul style="list-style-type: none"> <li>• Student areas have low take-up of cervical smear . due to transient nature of student life. Unless student is registered with a GP they will not be invited for screening.</li> <li>• Homeless people tend to not engage due to transient/ chaotic lifestyles.</li> </ul>

<p><b>Additional marginalisation</b></p>	<ul style="list-style-type: none"> <li>• Training has been set up in practices to encourage those that are hard to reach. This is to respond to highlighted gaps and %Did not Attend+</li> <li>• There is additional software in GP practices (Palm/Bluebay) which helps practice teams to flag up /remind GPs/staff of clinical items /questions they may need to ask patients including if patient has had a smear or not.</li> <li>• Additional steps are taken to follow up patients who have a positive smear who have additional marginalisation e.g. homeless people.</li> <li>• SPS Healthcare staff, Homeless Partnerships and Addictions Service work with vulnerable groups such as people that are homeless have addictions or prisoners and encourage uptake.</li> <li>• Uptake data is utilised to help plan and develop inclusive approach for individuals living in the most deprived areas.</li> <li>• National Scottish Cervical Screening Programme is undertaking an accessibility review of its letter to patients.</li> </ul>	<ul style="list-style-type: none"> <li>• Due to change of national GP contract, there is less opportunistic screening has than before e.g. practices would usually chase up defaulters or catch at them at next appointment.</li> </ul>
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<b>Actions</b>	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
<ul style="list-style-type: none"> <li>• Further information required on GBV support and resources, training could be added as part of practice nurse training</li> <li>• There is a need to develop a process to help understand why people do not attend appointments and analyse this by diversity strand to examine patterns/trends.</li> <li>• Uptake group needs to meet more regularly and review/develop action plans in response to low uptake by particular groups. . Uptake is also discussed by the Cervical Steering Group which meets monthly.</li> <li>• Communications and awareness training is included in smear taker training programme</li> </ul>	November 2010	<b>KK</b>
	August 2010	<b>KB</b>
	Completed	<b>EC</b>
	Completed	<b>KK</b>
<b>Specific Actions</b> <ul style="list-style-type: none"> <li>• Need to check what information is available nationally and from other sources for patients wanting more information about cervical screening. (Information is available on the NHS Health Scotland website and issued with invitation and result letters. Information is currently being reviewed at national level to ensure it complies with EQIA legislation.)</li> <li>• Review make-up of groups at this stage make it more representative-input of forum members (membership is reviewed on annual basis)</li> <li>• To continue to work with relevant practitioners to target transient groups, e.g. travellers, students, immigrant population.</li> </ul>	Completed	DL
	Completed	EC
	ongoing	EC/CS

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

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**Lead Reviewer:**      **Name:**  
**Sign Off:**            **Job Title**  
                                 **Signature**  
                                 **Date:**

Please email copy of the completed EQIA form to [irene.mackenzie@ggc.scot.nhs.uk](mailto:irene.mackenzie@ggc.scot.nhs.uk)

**Irene Mackenzie, Corporate Information and Development Manager, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ. Tel: 0141-201-4970.**