

**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:

Pre-School Vision Screening Programme, Public Health Screening Unit, NHS Greater Glasgow and Clyde's (NHSGG&C).

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).

Pre-School Vision Screening is offered to all pre-school children (3 ½ - 5 ½ years old) living in NHS Greater Glasgow and Clyde. The aim of the screening programme is to detect any visual impairment such as Amblyopia. Amblyopia is a condition where the vision in an eye is poor because of lack of use of the eye in early childhood. In most cases, only one eye is affected, but it sometimes affects both eyes. Amblyopia is often called a lazy eye. The visual loss in Amblyopia cannot be corrected by wearing glasses. Emerging evidence suggests that good screening and treatment result in a lower incidence of significant permanent vision loss.

The screening takes place in the child's nursery setting as experience has shown that it greatly improved screening uptake. For children not registered with a nursery they are offered an appointment to be screened at the local hospital such as, Southern General Hospital, Gartnavel Hospital, New Victoria Hospital, or Glasgow Royal Infirmary. Any children not screened at the nursery will also be offered an appointment at a hospital.

In 2008 – 2009, 76.9% of eligible children were screened at the nursery. 4.6% of eligible children were already attending an eye clinic, 0.8% of parents refused consent. Children that could not be screened in the programme at the end of the school year were invited to a hospital Orthoptic department to be screened this represented 14% of the total eligible screening population.

This screening programme takes cognisance of Health for All Children 4: Guidance on Implementation in Scotland (April 2005).

Who is the lead reviewer and where based?

Emilia Crighton, Consultant in Public Health Medicine, Public Health Screening Unit, NHS GG&C, Gartnavel Royal Hospital

**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):**

Programme Support Officer; Head Orthoptist, South Glasgow; Orthoptist, Glasgow Royal Infirmary; Orthoptic Assistant, Gartnavel General Hospital; Head Orthoptist, Gartnavel General Hospital; Head Orthoptist, Royal Alexandra Hospital; Project Officer; Assistant Programme Manager; Head Orthoptist, Stobhill Hospital; Equalities Programme Lead; Equality and Diversity Assistant.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
<p>All</p>	<ul style="list-style-type: none"> • All parents and guardians are given an information leaflet about the Pre-School Vision Screening Programme. Nurseries are also given posters to advertise the Pre-School Vision Screening Programme. • Parents and guardians can contact the Pre-School Vision Screening Team if they have any questions or require further information about the screening test. • If a child is referred to hospital, the child will initially be referred to the hospital designated by screening department. The parent/carer can then request transfer to another hospital if more convenient. • Information about the Pre-School Vision Screening Programme is available on NHS Greater Glasgow and Clyde's website • If a child needs glasses, the parent or guardian are given a voucher to help pay for the glasses, and the cost of repairs are free. 	<ul style="list-style-type: none"> • Not all staff have attended equality and diversity training due to staff shortages. • Under the contract terms, GOS funding for a second pair of glasses is not available to children attending hospitals. Hospitals are unable meet the funding costs either. • The time taken to make replacement glasses would have a negative impact on the child's vision. A number of opticians have their own labs on site and glasses can be made very quickly if the treatment is not complex
<p>Gender</p>	<ul style="list-style-type: none"> • Gender data is recorded. Analysis by gender can be undertaken. • Where possible, the service will try to accommodate requests for same sex staff. 	

<p>Ethnicity</p>	<ul style="list-style-type: none"> • The parent information leaflet on the Pre-School Vision Screening Programme is available in 8 languages. (French, Turkish, Russian, Kurdish, Urdu, Chinese, Mandarin, Hindi). • The screening orthoptist can request interpreters for parents or guardians who are referred to the hospital if the nursery can inform them of the language required. • If an interpreter is needed at nursery then a referral is made to the hospital and the screening is delayed. 	<ul style="list-style-type: none"> • Ethnicity data is not recorded. • The referral letter to the hospital does not always state that an interpreter is required. • For children whose first language is not English there can be a higher number of referrals to hospital for repeat tests. (known as false referrals as there has been a communication issue).
<p>Disability</p>	<ul style="list-style-type: none"> • Children with sensory impairment issues who attend a child development (CDC) centre are offered a full eye examination by an orthoptist and optometrist within the centre in their pre-school year. • No pre-school visual screening service is provided at nurseries for children with special educational Needs. Additional clinics are arranged to screen children who were not screened in nursery. This will include children with special educational needs who attend Child Development Centres. .. • A child with a known sensory impairment who attends a mainstream nursery and, whose parents have given consent, would be routinely screened by the orthoptist, unless it is indicated that they already attend an hospital eye department or child development centre where Orthoptists/optometrists perform a more detailed screening assessment. • If a child has a medical problem, eg epilepsy, that causes frequent falls and results in broken glasses then, under GOS, a spare pair may be funded if the 	<ul style="list-style-type: none"> • Information about the Pre-School Vision Programme is not available in other formats such as audio. • Not all parents/guardians tick the box on the consent form that their child attends Child Development Centres The impact of this means that their child could be screened twice. • In Glasgow, the Pre-School Vision team do not visit special needs nurseries. • Children with albinism cannot get Photochromic lenses as these are not funded by NHS General Ophthalmic Services (GOS). A voucher value for the tint is allowed. If the voucher does not cover the cost, the parents will need to pay the difference. • The GOS contract does not apply to children attend Hospital Optometry and therefore unable to receive funding for a second pair of glasses. • Orthoptist would record any known disability disclosed on the visual

	prescription is significant	screening return in the IT application in a comments box. As it is a text field, it is not possible to extract data on disability.
Sexual Orientation	<ul style="list-style-type: none"> All correspondence refers to parents and guardians which takes into account different family structures 	<ul style="list-style-type: none"> No negative impact identified.
Religion and belief	<ul style="list-style-type: none"> The dates for the screening programme are planned in conjunction with the nurseries to avoid conflicting with any festivals or holidays. Equally, hospital appointments can be flexible to be on a date that suits the parent and child. The screening test does not involve any eye drops or medications which may affect religious beliefs. Appointments can be made to suit the needs of the patient around religious festivals. 	<ul style="list-style-type: none"> No negative impact identified.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> The screening programme is aimed at all pre-school children (aged 3 ½ - 5½). The screening test is specifically designed for pre-school children and involves the child being asked to identify rows of specially designed pictures of different sizes, or matching letters by pointing to them on a card. Screening tests in the nursery provides a familiar surrounding for the child. The children are given stickers as a reward after the screening tests. Children who do not attend a nursery, are given an appointment to attend the local hospital for a screening test. All Orthoptists and Orthoptic Assistants have attended Child Protection Training. 	<ul style="list-style-type: none"> Not all sites have child friendly waiting areas.
Social Class/Socio-Economic Status	<ul style="list-style-type: none"> By providing the screening tests in the nursery there are no travelling costs incurred for the parents or guardian. Evidence has shown that this 	<ul style="list-style-type: none"> Although parents/guardians can claim travel expenses to hospital this is not well advertised.

	<ul style="list-style-type: none"> • has greatly increased the screening uptake. • The Pre-School Vision Public Health Screening Annual Report includes breakdown of data on the number eligible for screening split by Community Health Care Partnerships and deprivation area. • If a child has a medical problem, eg epilepsy, that causes frequent falls and results in broken glasses, then under the GOS contract, a spare pair may be funded if the prescription is significant. • 	<ul style="list-style-type: none"> • The time taken to make replacement glasses would have a negative impact on the child's vision. A number of opticians have their own labs on site and glasses can be made very quickly if the treatment is not complex. GOS contract only applies to community optometry visits and not to children attending hospital optometry. • Children with albinism cannot get Photochromic lenses as these are not funded by NHS General Ophthalmic Services (GOS). A voucher value for the tint is allowed. If the voucher does not cover the cost, the parents will need to pay the difference.
<p>Additional marginalisation</p>	<ul style="list-style-type: none"> • All correspondence refers to parents and guardians, which takes into account different family structures. • The analysis of uptake by location and deprivation area can be carried out as uptake is recorded by Community Health (Care) Partnership and deprivation area. (The uptake rate varies across the geographical location from 67.2% in East Glasgow to 81.1% in Clyde. (Annual Report February 2010). This inequality should be significantly reduced in the year 2010-11 as all east Glasgow nurseries who asked to participate will be screened. 	<ul style="list-style-type: none"> • Children who do not regularly attend nursery may miss the screening test. In these cases, they would be offered a screening appointment at the local hospital. However, there is an increased possibility that they will not attend the hospital appointment either. • There may be a lack of consistency in applying NHS GG&C's protocols in other Health Boards • Staff were unsure about the validity of third party verbal consent.

Actions	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions</p> <ul style="list-style-type: none"> Contact the Learning and Education Department for advice on-line equality and diversity courses 	30 October 2010	Joan Ballantyne Diane Russell
<p>Specific Actions</p> <ul style="list-style-type: none"> Consider analysing data by gender Data on ethnicity is not recorded on CHI. Continue to explore ways to capture this information Review the referral letter to ensure that any communication needs are identified e.g. if an interpreter is required. Ensure that any requests for information in other formats are available. (NHS Greater Glasgow and Clyde's Accessible Information Policy). This is provided on request. Clarify protocols for screening children in special needs nurseries – this is being progressed Explore nationally ways in which children that have photochromic prescriptions can be supported by making prescriptions available. This is being raised by Area Optometry Committee Representative at national meetings. Review waiting areas for children in adult hospitals Check with infection control to see if any toys are permissible. Explore ways of highlighting that people on benefits are entitled to reclaim travel expenses. 	<p>complete</p> <p>30 November 10</p> <p>Ongoing</p> <p>complete</p> <p>30 August 2011</p> <p>ongoing</p> <p>November 2010</p> <p>30 November 10</p> <p>30 November 2010</p>	<p>Dr E Crighton</p> <p>Pre-school Vision Screening Operational Group</p> <p>Pre-school Vision Screening Operational Group</p> <p>Screening Team</p> <p>Steering Group</p> <p>Angela Carson</p> <p>Susan Groom/Donna Wilson</p> <p>Joan Ballantyne/Diane Russell</p> <p>Susan Groom/Donna Wilson</p>

<ul style="list-style-type: none"> • Investigate if there are alternative sources of funds available for second pair of glasses • Investigate why DNAs occur. • Check the Service Level Agreement with Highland to ensure that all optometrists adhere to NHS Greater Glasgow and Clyde protocols. • Clarify if third party verbal consent is acceptable. (Third party verbal consent is acceptable) • Implement DNA and Child Protection policies for children participating in pre-school vision screening. 	<p>September 2010</p> <p>complete complete January 2011</p>	<p>Susan Groom/Donna Wilson</p> <p>Dr E Crighton Dr E Crighton</p> <p>Susan Groom/Donna Wilson/Lead Orthoptists</p>
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Ongoing 6 Monthly Review Please write your 6 monthly EQIA review date:

Emilia Crighton date 14 April 2011

Lead Reviewer: **Name:** **Dr Emilia Crighton**
Sign Off: **Job Title** **Consultant in Public Health Medicine**

Emilia Crighton

Signature
Date: **14 April 2011**

Please email copy of the completed EQIA form to CITadmin@ggc.scot.nhs.uk

Corporate Inequalities Team, NHS Greater Glasgow and Clyde, Dalian House, JB Russell House Gartnavel Hospital Glasgow