Equality and Human Rights Screening Template

The Agency is required to address the 4 questions below in relation to all its policies. This template sets out a proforma to document consideration of each question.

What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)

Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)

Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

For advice & support on screening contact:

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SCREENING TEMPLATE

See Guidance Notes for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template .

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Northern Ireland Abdominal Aortic Aneurysm (AAA) Screening Programme

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**

Screening for AAA will be offered to all eligible men in their 65th year using ultrasound scanning of the aorta.

Abdominal aortic aneurysm (AAA) is found in 5% to 10% of men aged 65 to 79 years. The major complication is rupture which presents as a surgical emergency. The mortality after rupture is high with over 80% either dying in the community or following emergency AAA repair. Currently elective surgical repair is recommended for aneurysms 5.5 cm or greater as these are of a high risk of rupture. There is evidence of a significant reduction in mortality from AAA of around 50% in men aged 65 to 79 years who undergo ultrasound screening and subsequent elective repair of their aneurysm.
The UK National Screening Committee (NSC) does not recommend AAA screening for women as they get the disease less frequently and later in life.
All screening programmes have the potential to cause harm as well as benefits, and the NSC is charged with assessing the balance between harm and benefit that a specific screening programme is likely to achieve.
The implementation of a national screening programme for AAA will i) increase the detection of AAAs; ii) promote the use of cost-effective interventions to enable detection of AAAs; and iii) provide doctors and patients with the required information to enable safe treatment of AAAs.

- **how will this be achieved? (key elements)**

A project management structure is currently in place to oversee the implementation of the AAA screening programme across Northern Ireland. This includes a Regional AAA Screening Project Board and Project Management Team. A number of project sub-groups have been established to take forward work on specific issues including:

- ICT Planning & development and Call/recall Working Group.
- Screening Staff and Logistics Working Group.
- Network Development, Secondary Care & Capacity Planning Working Group.
- Quality Assurance Working Group.
- Public and Professional Information Working Group.

The AAA Screening Programme will cover the total population of Northern Ireland (1.8 million). From June 2012, all eligible men registered with a general practitioner will be invited to AAA screening during the year in which they turn 65; men over 65 will be able to self refer.
It will not be possible to invite men who are not registered with a GP as invitations will be issued based on demographic details obtained from a computerised database which underpins all GP practices in Northern Ireland.
In the first year around 11,250 invitations (including an information leaflet) will be sent out (initial invitations plus re-invitations for non-attenders). Eligible men will be invited by letter to one of the dedicated screening clinics held in a variety of locations within their community.
In order to facilitate equitable access for men it is intended to establish approximately 18 screening locations across the province within health and social care facilities in culturally neutral venues with out of hours access.
The invitation will come from the local screening office (not the GP). The local screening programme will generate and send invitations from the screening office three weeks before the clinic date, using the cohort list of subjects within the IT system.
An invitation pack will include:

- An appointment detailing a specific date, time and location. This letter should also ask men with special needs (e.g. mobility, hearing, visual) to contact the screening office in order to arrange an appointment at a separate dedicated clinic if applicable.
- The NI AAA Screening Programme invitation leaflet.
- A direction sheet with map.
- An address/phone number/email address to contact the screening centre.

Accompanying information to support the programme both prior and subsequent

to its implementation will include:

- Posters
- GP Information Packs/Awareness raising sessions
- Results Leaflets
- A publicity campaign 6 months following implementation.

Eight thousand five hundred and fifty screening scans and 225 surveillance scans will be performed.
Screening will consist of a single examination by ultrasound scan of the abdominal aorta. Screening will be carried out by teams of 2 screening technicians who will travel from home to various suitable local facilities, such as community clinics, community hospitals and primary care facilities to provide a screening clinic.
The team will carry all the equipment they need (2 ultrasound machines to undertake the screening and a laptop to enter the results of the screening onto a web based IT system).
Results will be given immediately after the scan.
Men identified as having no aneurysm (diameter of aorta less than 3cm) will be discharged from the programme; men identified with a small aneurysm (between 3 and 5.4 cm) will be kept under surveillance within the programme, and men identified with a larger aneurysm (greater than or equal to 5.5 cm) will be referred to the vascular service.

- **what are the key constraints? (for example financial, legislative or other)**

Low Risks
Funding**:** Implementation costs and recurrent funding has been made available for 2011/2012, and while a definitive start date has not yet been set by the Department individuals are working towards a start date of June 2012. The Project Team will continue to work with the Project Board and Commissioners to assess projected costs against allocated funds, and determine constraints, risks and contingencies.

Medium Risks
IT Solution**:** Having a functional IT solution to support programme management and QA is central to implementing the AAA Screening Programme. Progress on commissioning an appropriate solution will be monitored by the Project Structure.
Establishment of a Vascular Network**:** A vascular network that meets the standards set by the Vascular Society of Great Britain & Ireland (and endorsed by the National AAA Screening Programme) should be in place prior to the introduction of AAA screening. Progress is being monitored by the Project

Structure and HSC Board. In the absence of an agreed vascular network for Northern Ireland all men with large aneurysms will be referred to a vascular centre that meets the standards; the Belfast Trust currently meets the required standards.

Service Capacity and waiting lists**:** The Project Team and the Network Development and Secondary Care Working Sub-Group will assess the impact of AAA screening on radiology and surgical services. They will ensure the development of a Vascular Network required for the implementation of AAA screening in Northern Ireland in 2012.

High Risks

Timescales**:** The main constraint facing implementation of the NI AAA Screening Programme is the short timescale. Monitoring of progress against the agreed timeline is essential to ensure timely development and implementation of the Programme. Learning from experiences of implementing AAA screening in other parts of the UK will help to deliver the project on time and in budget. Central to this is the recent timely approval of the business case (August 2011) by the PHA and HSC Board.

1.3 Main stakeholders affected (internal and external)

For example staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

- Men aged 65 and over and their families
- DHSSPS, HSC Public Health Agency, HSC Board, HSC Business Service Organisation and HSC Trusts.
- Health and Social Care staff, GPs.
- Patient and Client Council
- The Vascular Society of GB and Ireland.
- British Heart Foundation
- NI Chest, Heart and Stroke Association
- Men's health support groups

1.4 Other policies or decisions with a bearing on this policy or decision

- **what are they?**
- **who owns them?**

The UK National Screening Committee which advises the four UK Health

Departments on all aspects of screening has recommended that abdominal aortic aneurysm (AAA) screening can be offered to men aged 65, provided that:

- the men invited are given clear information about the risks of elective surgery, and
- steps are taken to create networks of vascular surgical services to allow further specialisation, bigger throughput and therefore lower risk (because of the evidence relating to volume and quality).

The Committee does not recommend AAA screening for women.

In Northern Ireland, this policy was endorsed by a CMO letter dated 10th November 2009 (HSS(MD) 52/2009. The letter states that an ultrasound screening scan should be offered to all men during the year they turn 65 and, on request, for men over 65.
The Department of Health, Social Services and Public Safety in Northern Ireland has also, in Priorities for Action 2010-2011, tasked the Public Health Agency, working with the HSC Board and Trusts, to commence preparatory work for the phased introduction of screening arrangements for abdominal aortic aneurysm. AAA Screening is currently being rolled out across England. Full implementation will be achieved by the end of 2012/13. In Scotland implementation is planned for June 2012. In Wales preparatory work is underway for planned implementation in 2013.

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data Gathering

What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

There are four randomised controlled trials that have evaluated population-based screening for AAA:

- The UK Multicentre Aneurysm Screening Study (MASS)
- The Chichester Screening Study
- The Viborg County, Denmark Screening Study
- The Western Australia Screening Study.

The research evidence has indicated there is significant reduction mortality from undergoing AAA screening in men aged 65.
There is insufficient evidence to demonstrate a benefit in screening women.
In the MASS trial, screening uptake was 85% in the least deprived quartile and 75% in the most deprived quartile.
It is estimated approximately 2% of men over 65 will self-refer for screening.

Since the decision was taken to introduce AAA Screening within NI, the implementation process has actively sought input from the following stakeholders within the voluntary sector:

- Men's Health Forum in Ireland
- Men's Action Network
- Chest, Heart & Stroke
- Patient & Client Council.

During the implementation process for AAA Screening, consideration has also been given to a document produced by the PHA Strategy Group (set up in November 2010 to improve uptake with the NI Cancer Screening Programmes). Specifically, the AAA Project Structure has taken into account potential barriers to uptake in AAA Screening due to the following:

i) Ethnicity
ii) Deprivation
iii) Learning Difficulties
iv) Sexual orientation
v) Physical & Sensory Disabilities
vi) Being a member of the travelling community.

NISRA equality research information branch – equality data
http://www.equality.nisra.gov.uk/default.asp127.htm

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

Category	***What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?***
Gender	Men The programme is for men aged 65 and over only. The UK National Screening Committee (NSC) does not recommend AAA screening for women as they get the disease less frequently and later in life.
Age	65 and over The programme is aimed at men aged 65 who will receive an invitation to attend. Men who are older than 65 will be able to self-refer, but they will not automatically receive an invitation. This is in line with National Screening Committee policy. The Multicentre Aneurysm Screening Study (MASS) trial found significant differences in uptake screening with age. Compared with men aged 65-69 those aged 70-74 were less likely to attend screening, and were less likely to attend for follow up.
Religion	
Political Opinion	Data from the 2010 NI Life and Times Survey to the question "Generally speaking, do you think of yourself as a unionist, a nationalist or neither" suggests for the age group 65+ (males and female): Unionist 53% Nationalist 22% Neither 24% Other 1%
Marital Status	2006/07 NISRA data on family type for males 65-69 years suggests: single with no children 22.86% couple with no children 77.14%
Dependent Status	2006/07 NISRA data on family type for males 65-69 years suggests: single with no children 22.86% couple with no children 77.14% Data from the 2010 NI Life and Times Survey suggests amongst

	males 65+ years 18% are carers
Disability	Data from 2009-10 Continuous Household Survey suggests: Reported limiting long-standing illness amongst males 65-74 year old 40% Evidence drawn from other screening programmes suggests that uptake of screening is lower for people with disabilities. It is reasonable to expect this may also occur for AAA screening. All men aged 65 will be offered screening for AAA.
Ethnicity	no data on percentage of black and minority ethnic men within 65+ age cohort available The AAA trials reported no findings on differential access by racial group, however the UK NSC review on equality did find lower uptake in Minority Ethnic populations which was drawn from experiences of other screening programmes. It is reasonable to expect that this situation will follow for AAA screening.
Sexual Orientation	no data on percentage of gay men within 65+ age cohort available; general population estimate is 5-10% The literature on uptake of other screening programmes suggest that gay men may be less likely to take up the invitation. It is reasonable to expect that this situation will follow for AAA screening.

2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

Category	*Needs and Experiences*
Gender	There is high quality evidence from the Cochrane Review to suggest that there is a significant reduction in mortality from undergoing AAA screening in men, but not women. There is insufficient evidence to demonstrate benefit in women. The prevalence of AAA in women was 1.3% compared to 7.6% in men. AAAs are much less prevalent in women overall; occur on average 10 years later than in men, and are most likely to rupture after 80 years of age in which case the mortality rate from elective surgery would be too high. (Scott RA, Bridgewater SG, Ashton HA, Randomised controlled trial of screening for AAA in women.)
Age	Age is a significant factor when screening for AAA. The programme targets men aged 65 and over because 95 per cent of ruptured AAA occur in this group. There is no evidence to show that inviting men who are younger than 65 for screening as part of a population-based screening programme would deliver major benefits. The Cochrane Review recommended screening men between the ages of 65 to 79. The UK NSC recommended an age of 65 for the screen based on this being the age at which the risks of elective surgery following a positive screen and diagnosis were least. As age increases, the risk associated with surgery increases. However, the risk of developing an AAA also increases through close family history. If individuals have a close relative - brother, sister or parent - who has, or has had, an AAA they can receive an ultrasound scan at an appropriate age under existing NHS procedures and should speak to their GP to discuss a referral. First degree relatives of men with an AAA are advised to consider requesting a scan at an age five years younger than their relative was diagnosed.
Religion	Need to feel safe in accessing the venues - both the location of venues and access routes need to be considered.
Political Opinion	Need to feel safe in accessing the venues - both the location of venues and access routes need to be considered.
Marital Status	
Dependent Status	Men with caring responsibilities may face particular barriers in making alternative arrangements (such as respite care) to allow them to attend a screening appointment.

Disability	All men aged 65 will be offered screening for AAA. There may be accessibility difficulties within some community settings. Men with sensory impairments or a learning disability are likely to have particular needs with regards to the format in which information on the screening (leaflets, letters etc.) is presented and the way they are communicated with prior to, during and following the appointment.
Ethnicity	All men aged 65 will be offered AAA screening regardless of ethnicity. Evidence shows however that men of black African descent have a decreased risk of AAA. Men who are not fluent in English are likely to have particular needs with regards to the format in which information on the screening (leaflets, letters etc.) is presented and the way they are communicated with prior to, during and following the appointment. Need to feel safe in accessing the venues - both the location of venues and access routes need to be considered.
Sexual Orientation	Need to feel safe in accessing the venues - both the location of venues and access routes need to be considered.

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

None over and above those identified under 2.2 and 2.3

2.5 Making Changes

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you identified?	*What do you intend to do in future to address the equality issues you identified?*
To date, a number of initiatives have been put in place to encourage uptake amongst Section 75 groupings ie: i) Provision of out of hours screening where required ii) Provision of culturally neutral venues iii) Provision of wheelchair accessible venues iv) Provision of user-friendly information material and translated versions of these as appropriate. Other relevant initiatives are also being considered.	We will be using patient satisfaction surveys to ascertain any issues in relation to people with disabilities. We will also be liaising with relevant stakeholders including voluntary groups once the programme is established.

2.6 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

Group	*Impact*	*Suggestions*
Religion	The choice of a range of venues seeks to ensure that the service is accessible to all parts of the community.	
Political Opinion		
Ethnicity		

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Please tick:

Major impact	
Minor impact	√
No further impact	

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Yes	
No	√

Please give reasons for your decisions.

We consider that the measures outlined under 2.5 will serve to meet the identified needs as far as is reasonable and practicable at this stage.

By continuing to engage with patients and voluntary sector groups we will be keen to monitor whether these measures are effective or further actions will be necessary.

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

How does the policy or decision currently encourage disabled people to participate in public life?	*What else could you do to encourage disabled people to participate in public life?*
Not by making changes to the policy, but through the following initiatives as part of the overall implementation of AAA screening: i) Increased user involvement through representation from local mens' health groups within the Project Structure. ii) Ensuring screening accommodation provides disabled access, is open out of hours and located in a neutral venue iii) Ensuring all screening staff trained appropriately regarding ease of access to AAA screening for physical and learning disabled	

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

How does the policy or decision currently promote positive attitudes towards disabled people?	*What else could you do to promote positive attitudes towards disabled people?*
See 4.1	

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy or decision affect anyone's Human Rights? Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	Yes
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	Yes
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	
Article 5 – Right to liberty & security of person	
Article 6 – Right to a fair & public trial within a reasonable time	
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	
Article 8 – Right to respect for private & family life, home and correspondence.	Yes
Article 9 – Right to freedom of thought, conscience & religion	
Article 10 – Right to freedom of expression	
Article 11 – Right to freedom of assembly & association	
Article 12 – Right to marry & found a family	
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	
1st protocol Article 2 – Right of access to education	

If you have answered no to all of the above please move onto to move on to ***Question 6*** *on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues?* Yes/No
2,3,8		Requirement to be sensitive to potential needs of following: • Physically disabled • Learning disabled • Those with psychological needs Further requirement to: • be sensitive to maintaining dignity and respect of clients during screening • communicating information in the right format/appropriate medium • maintain confidentiality of patient data	

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

- Reminding screening staff of issues around articles 3) and 8) through training sessions.
- Ensuring all screening staff trained appropriately regarding ease of access to AAA screening for physical and learning disabled.

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights?

Equality & Good Relations	Disability Duties	Human Rights
Age (self referrals) Postcode Use of interpreting services or NHAIS patient registration system Qualitative and quantitative data on patient experience through user surveys.	Specific reports generated from the IT Solution database. Qualitative and quantitative data on patient experience through user surveys.	Data on patient experience through user surveys.

Approved Lead Officer: Adrian Mairs

Position: Consultant in Public Health

Date: 23 February 2012

Policy/Decision Screened by: _____

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

Please forward the completed template to:
Equality.Unit@hscni.net

Template produced February 2011