



**Devon**

**EQUALITY IMPACT NEEDSASSESSMENT FORM**

**Race, Religion/Belief, Disability, Age, Gender**

**SCREENING SUMMARY EVIDENCE AND CONSULTATION**

Name of the Policy Erythropoietins for management of anaemia during antiviral treatment for hepatitis C

|                                  | <p><b>Does the Function/Policy/Project</b></p> <p>1. Eliminate discrimination?<br/>2. Promote equal opportunities?<br/>3. Promote good community relations?<br/>4. Not applicable</p> | <p><b>Is there evidence or reason to believe that some groups could be negatively affected?</b></p> <p><b>How much evidence do you have?</b></p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Little</td></tr> <tr><td>2</td><td>Some</td></tr> <tr><td>3</td><td>Substantial</td></tr> </table> | 0 | None | 1 | Little | 2 | Some | 3 | Substantial | <p>Is there any public concern that the function or policy is being carried out in a discriminatory way?</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Little</td></tr> <tr><td>2</td><td>Some</td></tr> <tr><td>3</td><td>Substantial</td></tr> </table> | 0 | None | 1 | Little | 2 | Some | 3 | Substantial | <p><b>Priority</b></p> <p>(add columns 2 &amp; 3)</p> |
|----------------------------------|---|---|---|------|---|--------|---|------|---|-------------|---|---|------|---|--------|---|------|---|-------------|---|
| 0                                | None  |   |   |      |   |        |   |      |   |             |   |   |      |   |        |   |      |   |             |   |
| 1                                | Little  |   |   |      |   |        |   |      |   |             |   |   |      |   |        |   |      |   |             |   |
| 2                                | Some  |   |   |      |   |        |   |      |   |             |   |   |      |   |        |   |      |   |             |   |
| 3                                | Substantial   |   |   |      |   |        |   |      |   |             |   |   |      |   |        |   |      |   |             |   |
| 0                                | None  |   |   |      |   |        |   |      |   |             |   |   |      |   |        |   |      |   |             |   |
| 1                                | Little  |   |   |      |   |        |   |      |   |             |   |   |      |   |        |   |      |   |             |   |
| 2                                | Some  |   |   |      |   |        |   |      |   |             |   |   |      |   |        |   |      |   |             |   |
| 3                                | Substantial   |   |   |      |   |        |   |      |   |             |   |   |      |   |        |   |      |   |             |   |
|                                  | 1   | 2   | 3 | 4    |   |        |   |      |   |             |   |   |      |   |        |   |      |   |             |   |
| RACE                             | 4   | 0   | 0 | 0    |   |        |   |      |   |             |   |   |      |   |        |   |      |   |             |   |
| DISABILITY                       | 4   | 0   | 0 | 0    |   |        |   |      |   |             |   |   |      |   |        |   |      |   |             |   |
| GENDER male/female               | 4   | 0   | 0 | 0    |   |        |   |      |   |             |   |   |      |   |        |   |      |   |             |   |
| Lesbian Gay Bisexual Transsexual | 4   | 0   | 0 | 0    |   |        |   |      |   |             |   |   |      |   |        |   |      |   |             |   |
| RELIGION / BELIEF                | 4   | 0   | 0 | 0    |   |        |   |      |   |             |   |   |      |   |        |   |      |   |             |   |
| AGE                              | 4   | 0   | 0 | 0    |   |        |   |      |   |             |   |   |      |   |        |   |      |   |             |   |

**IF THE PRIORITY SCORE IS GREATER THAN OR EQUAL TO 3 THEN PLEASE COMPLETE A LEVEL 2 EINA ASSESSMENT**

**Please sign and date this form. One copy should be attached to the original policy/strategy/service change.**

Signed: *Ruth Airdrie*

Date: 14<sup>th</sup> September 2011

## SCREENING FORM ONE – To be completed for all Policies, Strategies & Service Development

Name of policy **Erythropoietins for management of anaemia during antiviral treatment for hepatitis C**

Locality and service area covered:

- Employees
- Patients/clients/service users
- Partnerships/organisations
- Visitors
- Staff from other organisations

Name and contact details of officer completing assessment: Ruth Airdrie

Telephone no: 01392 267767

Email address: [ruth.airdrie@nhs.net](mailto:ruth.airdrie@nhs.net)

1. What is the main purpose of the strategy/policy/project (or the changes you want to make to it)?

To define place of erythropoietins in the treatment of patients with anaemia during antiviral treatment for hepatitis C in a commissioning policy

2. What are the main activities of the strategy/policy/project?

Commissioning policy for the treatment of treatment of patients hepatitis C

3. Who is intended to benefit from the strategy/policy/project, and how?

Clinicians with an interest in, and patients with hepatitis C should have clarity on how erythropoietins for the management of anaemia during antiviral treatment will be commissioned by the Primary Care Trusts in the South West Peninsula

4. Is the policy consistent with the Trust's equality policies?

e.g. Acceptable Behaviour, Whistle Blowing, Zero Tolerance, Equal Opportunities

- Yes
- No

5. Is responsibility for the policy shared with another service, Trust or organisation?

- Yes
- No

6. If yes, what responsibility and which bodies?

Shared policy with NHS Cornwall & IOS, NHS Plymouth & Torbay Care Trust

7. Have they completed an EINA? **Please provide a copy**

This EINA is to cover all the organisations as a Peninsula wide policy

8. What impact is the strategy/policy/project likely to have on different sections of the community or employees? **Please use the table below**

|                                      | Impact – ✓ box   | Reason | Are there additional factors that could contribute to the negative impact? If so, what are they? | Evidence/Consultation |
|--------------------------------------|--|--------|--|-----------------------|
| Gender                               | +   -   none   |        |  |                       |
| • Women                              | ✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |        |  |                       |
| • Men                                | ✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |        |  |                       |
| Ethnic Group                         |  |        |  |                       |
| • Asian or Asian British people      | ✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |        |  |                       |
| • Black or Black British people      | ✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |        |  |                       |
| • Chinese people                     | ✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |        |  |                       |
| • Gypsy or Roma People               | ✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |        |  |                       |
| • Irish People                       | ✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |        |  |                       |
| • People of Mixed Heritage           | ✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |        |  |                       |
| • White People                       | ✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |        |  |                       |
| • People of other ethnic backgrounds | ✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |        |  |                       |
| Asylum Seekers and Refugees          | ✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |        |  |                       |

|   |  |               |   |                              |
|---|--|---------------|---|------------------------------|
| People with physical disabilities                                   | √ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |               |   |                              |
| People with sensory or learning disabilities                        | √ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |               |   |                              |
| Deaf People who use British Sign Language                           | √ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |               |   |                              |
| People with mental health needs                                     | √ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |               |   |                              |
|   |  |               |   |                              |
|   | <b>Impact – ✓ box</b>  | <b>Reason</b> | <b>Are there additional factors that could contribute to the negative impact? If so, what are they?</b> | <b>Evidence/Consultation</b> |
| Lesbians, gay men and bisexual people                               | √ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |               |   |                              |
| Trans people  | √ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |               |   |                              |
| Age   | √ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |               |   |                              |
| • Older people (60+)  | √ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |               |   |                              |
| • Younger people (17-25) and children                               | √ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |               |   |                              |
| People of different faith groups or beliefs including non-believers | √ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |               |   |                              |
| Travellers  | √ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |               |   |                              |
| Other (please specify)  | √ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |               |   |                              |

|        |                            |                          |                          |  |  |  |
|--------|----------------------------|--------------------------|--------------------------|--|--|--|
| Carers | √ <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |
|--------|----------------------------|--------------------------|--------------------------|--|--|--|

**Notes:**

- Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when assessing positive and negative impacts.
- The categories relating to ethnicity include those used in the 2001 census. Consideration should be given to the needs of specific communities within the broad categories such as Bangladeshi people and to the needs of other communities such as Turkish/Turkish Cypriot, Greek/Greek Cypriot and Polish that do not appear as separate categories in the census.
- An adverse impact does not necessarily require action to be taken. Actions must remain in proportion with the benefits that could be achieved and resources available to complete them. If adverse impacts are identified and actions for improvement are not proportionate, the reasons for not taking action should be detailed and open to challenge.

9. Will this policy/service consultation be available in other formats, other languages? Braille, British Sign Language. Audio/video tape or statement acknowledging services are available in other formats. **Please detail formats that are available**

Available on request

10 a) Could you minimise or remove any negative impact?

Explain how:

N/A

10 b) Could you improve the strategy, project or policy's positive impact?

Explain how:

Review appropriately in light of new evidence and guidelines produced or biannually

*You may wish to use the action sheet at the end of Section Two.*

**Please sign and date this form. One copy should be attached to the original policy/strategy/service change and published on the Trust website and Infopoint. An electronic copy should be e-mailed to Sue Moreton, Head of Integrated Governance at [susan.moreton@nhs.net](mailto:susan.moreton@nhs.net) If you need any further assistance please call 01392 267873..**