



Equality and Human Rights Screening Template

The BSO is required to address the 4 questions below in relation to all its policies.

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?

As part of the audit trail documentation needs to be made available for all policies and decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

For information (evidence, data, research etc.) on the Section 75 equality groups see the Equality and Human Rights Information Bank on the BSO website:

<http://www.hscbusiness.hscni.net/services/1798.htm>

For advice and support on screening contact:

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Business Services Organisation

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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

Implementation of the Ophthalmic Claiming System

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example financial, legislative or other)**

The Ophthalmic Claiming System is a new development that will facilitate the submission of electronic claims by optometrists to BSO Family Practitioner Services. This system allows practices to connect securely to the HSC network and make claims in real time. Some of the system’s key benefits are:-

- Real time claim processing
- Errors are automatically highlighted and can be rectified immediately
- Reduction in postage for claim forms
- Improved cash flow through faster payments
- Electronic monthly payment reporting
- Ability to view monthly payments on line
- Increased security of data

In addition to the key benefits there are the following additional benefits:

- View drug alerts/urgent HSC communications in real time
- Look-up facility for patients’ Health & Care Numbers_(HCN)

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

External stakeholders

Opticians and their staff

Internal stakeholders

BSO Optical payments team

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

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

The HSC Business Services Organisation Family Practitioner Services Service Delivery Plan 13/14 required the implementation of electronic claims by ophthalmic contractors in order to support the delivery of corporate objective no 2: To grow and develop.

The General Ophthalmic Services Regulations have been recently amended and require all ophthalmic claims to include the patient's health and care number¹. The Ophthalmic Claim System (OCS) provides a real time look-up facility for patients' HCNs and therefore will be of extremely useful for contractors in complying with these Regulations. Contractors are still able to contact BSO directly to obtain health and care numbers.

¹ The General Ophthalmic Services (Amendment) Regulations (Northern Ireland) 2014

(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.

HSCB Ophthalmic Survey - Electronic Claims and Reporting

The Health and Social Care Board carried out a survey of opticians to determine attitudes to electronic claim submission. There were 247 respondents from 266 total practices, representing an approximate response rate of 93%

The majority of respondents have positive attitudes to electronic reporting, with 76% of respondents in the HSCB survey indicating positive interest in the system.

BSO Ophthalmic Survey - Electronic Claims and Reporting – December 2012

A survey was sent to all Optometry practices in Northern Ireland to assess the perceived advantages and disadvantages of electronic claims and reporting, and to assess the level of existing capability within practices for supporting such a system.

There were 164 respondents to the survey from 266 total practices, representing an uptake of approximately 62%. The majority of respondents to this questionnaire indicated that they would be interested in using a system that would facilitate electronic claims and reporting. Of those respondents who were not interested in making electronic claims the reasons stated were:

- Satisfied with the existing postal service
- Lack of IT equipment/connectivity
- Cost of IT equipment

Whilst the questionnaire revealed a number of issues but none of these related to an inability to use the system because of an equality issue.

Neither survey provided any details regarding how the system would operate and therefore some respondents did not respond positively or negatively as they felt they needed to know more about the system.

Based on the results of the survey FPS undertook and OCS pilot with 13 opticians across Northern Ireland from October 2013 to March 2014. The results of the evaluation are detailed below.

BSO OCS Pilot Evaluation

Ophthalmic Contractor Survey

The results of the contractor survey indicate broadly positive reactions to OCS, whilst highlighting a few areas for concern. Responses indicated the most common scenario within each practice was multiple users accessing OCS using different PCs more than once daily, showing that most practices are using the system frequently (as recommended by BSO) and suggests that the system is providing a convenient and flexible method of checking Health and Care Numbers and submitting claims as it is required to do.

Feedback regarding the service provided by FPS staff involved in the OCS Pilot was very positive and provided evidence of the effort and resources that have been focused on providing a high level of support to contractors involved. A key concern in any further rollout of the project beyond pilot stage will be maintaining this high standard of service and customer satisfaction, and how to achieve this with the resources available.

Most of the contractors responded positively to using the system. Some of the important results are outlined below:

- 88% of respondents either strongly agreed or tended to agree with OCS being described as “easy to use”.
- 100% of respondents either strongly agreed or tended to agree with the statements: “the system is of benefit to the practice”; “the system has made claiming simpler”; “the system has made claiming faster”; “the cryptotoken log-on is easy to use” and “I would recommend the system to other users”.
- Approximately 47% of respondents felt the ability to access OCS using multiple computers was an essential requirement.

When asked for their favourite things about the system, the two most popular answers were the HCN search facility and the speed of making claims. When asked for their least favourite things about the system, the inability to find some patients using the HCN search facility was commonly cited. Future communication with practices will emphasise the necessary limitations on the HCN search to comply with data protection requirements.

Suggestions for future improvements included improvements to the Reports facility and integration with practice management systems. Where possible, such suggestions will be considered for future implementation and some of these are already being explored for future implementation. Some of the suggestions will not be possible as they would conflict with BSO’s requirements for the system, e.g. enhanced search facilities or editing of claims after submission. The reasons why these cannot be facilitated will be communicated to contractors.

FPS Ophthalmic Staff Survey

The results of the Ophthalmic staff survey highlighted a range of views on OCS. The consensus was broadly positive, with 100% of respondents stating that they would prefer to use OCS if offered a choice between OCS and the old paper claim processing system. Ophthalmic staff were also quite positive about the domiciliary and prior approval functions of the new system, which has been their main reason for using the system thus far. However, there were some notable concerns regarding the reliability of OCS and some respondents found it time consuming to use. In any further rollout of the system, close communication and engagement with Ophthalmic staff will be essential in maintaining their confidence in and support for OCS.

Summary

In conclusion, the OCS Pilot Evaluation has provided some valuable statistics and feedback, supporting the benefits of the system and providing evidence to support continued rollout to more practices. However this will require a resourced and managed IT Helpdesk and support system to be in place to ensure this can be achieved. Failure to resource this will risk inaccurate payments or interruption of connectivity to OCS, which could result in significant loss of confidence in OCS amongst contractors and reputational risk to BSO.

Impact on FPS Ophthalmic Payments Staff

OCS will reduce the number of claims which need to be manually processed by staff in the ophthalmic payments team and it is estimated that this will reduce the number of staff needed to carry out this function by 2 WTE. However, it is anticipated that contractors will require support to access and to use the portal therefore staff may be redeployed to provide this support.

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. Also give consideration to multiple identities.

Category	<i>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?</i>	
	Optometrists and Dispensing Opticians ^{2, 3}	Payments Staff
Gender	43% male: 57% female	36% male:64% female
Age	5% 18 -24 32% 25 – 34 26% 35 – 44 22% 45 – 54 11% 55 -64 3% 65+ 1% not stated	28 - 53
Religion	N/A	N/A
Political Opinion	N/A	N/A
Marital Status	N/A	N/A
Dependent Status	N/A	N/A
Disability	2%	N/A
Ethnicity	White 73% Black 1% Asian 23% Mixed 1% Chinese/Other 1% Not stated 1%	N/A

² Figures taken from the General Optical Council Equality and Diversity Report 2009. Note: these figures are for the whole of the UK and are not specific to Northern Ireland.

³ No data available on non-professional staff employed by optometrists or dispensing opticians

Sexual Orientation	N/A	N/A
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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. Also give consideration to multiple identities (such as single parents for example).

Category	Needs and Experiences
Gender	N/A
Age	There is a potential issue with older BSO staff or ophthalmic contractors and their ability to make electronic claims based on their IT skills.
Religion	N/A
Political Opinion	N/A
Marital Status	N/A
Dependent Status	N/A
Disability	No issues have been raised regarding any difficulties accessing OCS due to a disability. BSO is happy to consider any modifications needed.
Ethnicity	N/A
Sexual Orientation	N/A

2.2 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?

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
Ability to use IT systems	All BSO staff currently use IT to carry out their existing roles and training on the use of the system will be provided Ophthalmic contractors will be able to continue to submit paper claims as the electronic OCS is optional. Systems will be developed within the ophthalmic payments team to be able to facilitate both methods of claiming. The OCS has been configured within Internet Explorer accessibility criteria

2.3 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)

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	N/A	
Political Opinion	N/A	
Ethnicity	N/A	

(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	<input type="checkbox"/>
Minor impact	<input type="checkbox"/>
No further impact	X

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

Please tick:

Yes	<input type="checkbox"/>
No	X

Please give reasons for your decisions.

The OCS is a new method of claiming payment however use of the system is not mandatory and contractors can continue to submit paper claims to FPS. Contractors and their staff will be provided with comprehensive training and support, including training sessions delivered in each Board area to ensure geographical spread of support.

FPS staff will be provided with training to process electronic claims. There will be ongoing work processing paper based claims from those contractors not utilising OCS.

(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?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>
N/A	

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?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>
N/A	

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

*If you have answered no to all of the above please 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
N/A			

** 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.

N/A

(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
The number of claims submitted via OCS and on paper. The number of telephone queries for H+C numbers The number and nature of support queries received.		

Approved Lead Officer: P.Sheils

Position: Acting Director of Operations

Date: 28/05/2014

Policy/Decision Screened by: Melissa McCarter

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 completed template to:
Equality.Unit@hscni.net**

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If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English) please contact the Equality Unit:

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phone: 028 90535531 (for Text Relay prefix with 18001); fax: 028 9023
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