



Equality, Good Relations and Human Rights SCREENING TEMPLATE

See [Guidance Notes](#) for further information on the 'why' 'what' 'when', and 'who' in relation screening, for background information on the relevant legislation and for help in answering the questions on this template (follow the links).

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

**Modernisation of Glaucoma Management in Northern Ireland.
Development of a new model of service for people with glaucoma or at risk of developing the condition , which is compliant with the National Institute of Clinical Excellence (NICE) Clinical Guideline no 85 , April 2009**

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 aim is to develop an appropriate pathway for diagnosis and monitoring of patients with glaucoma or at risk of developing glaucoma. This is to ensure consistent clinical standards, the targeting of low uptake and inequalities and improved outcomes for patients and carers.

Key elements of the process involve analysis of demand and capacity; the identification of best practice; the involvement of key stakeholders and redesign of the glaucoma service in NI.

The key constraints include inadequate staffing, accommodation and clinical equipment across existing services and significant review waiting lists/times. There are also problems with the existing medical records system which does not record glaucoma separately from other eye conditions. The implementation of the NICE Guideline from April 2009 has prompted a 50% increase in suspect glaucoma cases being referred to secondary care.

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

The key stakeholders include:

The NI population (prevalence of glaucoma – 2% of 40-75 age pop and 10% of 75+age pop ; 12% of blind registrations are for glaucoma ; approximately 50% of people with glaucoma remain undiagnosed) ;

Patients with glaucoma , their carers and families ;

People in families with a history of glaucoma ;

Voluntary sector organisations (eg Royal National Institute for Blind People, Guide dogs for the Blind Assoc.)

NHS hospital and community based staff across a range of relevant

professions including ophthalmology, optometry, orthoptics, nursing technicians, service managers, medical records, social workers for people with sensory impairment, rehabilitation workers, eye clinic liaison officers etc ;

Primary care practitioners including General Ophthalmic Services (GOS) optometrists and GPs;

Health and Social Care Board (HSCB) Commissioners .

Department of Health and Social Services and Public Safety NI (DHSSPSNI) policy makers.

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

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

NICE Clinical Guideline 85 Glaucoma, April 2009

DHSSPSNI proposed Regional Eye Care Strategy (draft March 2011)

Nice Quality Standards for Glaucoma (issued for consultation Nov – Dec 2010)

National Patient Safety Agency Rapid Response Report. 11 June 2009 –

“ Preventing Delay to Follow Up for Patients with Glaucoma”

World Health Organisation Vision 20:20 Strategy

(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.**

Information has been sourced from - the NICE Clinical Guideline documentation; clinical data from Trust glaucoma ophthalmologists /optometrists and from representatives of Optometry NI; performance management data; Trust medical records data on waiting lists; new referral and outpatient review clinical audit data (Oct and Nov 2010); EQIA from Sutton & Merton NHS Trust and Coventry NHS Trust .

Various approaches have been used to engage stakeholders:

- Service user workshop Aug 2010**
- Series of steering group meetings April 2010 – March 2011 involving representatives from all relevant professional groups, voluntary sector organisations and DHSSPSNI etc**
- Series of clinical sub group meetings**
- Visits to glaucoma /eye care teams in England, Scotland and Wales**
- Meetings with Optometry NI**
- Meetings with Local Commissioning Groups (LCGs)/GP reps**
- Meetings with voluntary sector**

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	<i>What is the makeup of the affected group? (%) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>
Gender	The fact should be taken into account that glaucoma is an age-related disease and the proportion of females in the older age groups is greater than males therefore it would be expected that there would be a higher percentage of women being referred to the service than men.
Age	<p>Glaucoma is an age-related disease. The affected group consists largely of people in the 40+ age group. Glaucoma is more prevalent in people over 40 years (2% 40-74 age group , 10% 75+ age group). Applying these rates to the population of NI (2010 NISRA mid year estimates) indicates that there would be expected to be 25,406 people with glaucoma in NI., of whom 11,495 would be in the 75+ age category.</p> <p>In terms of new referrals for glaucoma and glaucoma review patients in the secondary care system in NI the following data is available from 2 audits undertaken by the HSCB in 2010 :- 14.9% of all new ophthalmology referrals are for glaucoma; 31.6% of all ophthalmology review patients have glaucoma. Application of these figures to the 2009/10 DHSSPSNI statistics on new and review ophthalmology attendances in NI indicates that in that year 4,581 new and 22,744 review attendances would have been for glaucoma.</p>
Religion	There is no evidence to suggest that the religious profile of the affected group would differ materially from that of the population as a whole.
Political Opinion	There is no evidence to suggest that the profile of political opinion of the affected group would differ materially from that of the population as a whole.
Marital	There is no evidence to suggest that marital status profile of

Status	the affected group would differ materially from that of the population as a whole.
Dependent Status	Given the impact of glaucoma in causing blindness and visual impairment it would be expected that a proportion of the affected group, particularly in the older age groups, would have carers. The specific needs of carers for support, advice, information etc , would therefore need to be taken into account.
Disability	It would be expected that the affected group would have a higher % of people with disabilities than the general population. This reflects the fact that glaucoma is more prevalent in the older age groups.
Ethnicity	Glaucoma is more prevalent in people of black African Caribbean origin. This group needs to be targeted in eye health promotion campaigns and possible language barriers need to be addressed.
Sexual Orientation	There is no evidence to suggest that the profile of sexual orientation of the affected group would differ materially from that of the population as a whole.

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	As glaucoma usually affects people over the age of 40 years and women live, on average, several years longer than men, there is likely to be a higher % of women than men in the affected group.
Age	Glaucoma is an age-related disease and is more prevalent in the 40+ age groups. Consequently, the affected group will be made up disproportionately of older people whose needs in relation to disability, visual impairment, mobility etc need to be taken into account and addressed.
Religion	No specific needs or issues identified.
Political Opinion	No specific needs or issues identified.
Marital Status	No specific needs or issues identified.
Dependent Status	There is widespread lack of knowledge and awareness about glaucoma within the general population. As it is a condition which largely affects people in the older age groups it is important that information is made available for carers in accessible and easy to understand formats. As glaucoma can be hereditary it is also important that carers and others in families with a history of the disease are advised of the importance of regular eye health checks.
Disability	The affected group is likely to be made up disproportionately of people with disabilities in addition to visual impairment. Research by J Lindsay et al in Belfast and K Saunders et al in Coleraine supports the view that those with disability, including learning disability, are more likely to also have eye disease or visual impairment than the non-disabled population. There is evidence (See Ability Report) that approximately 1 in 3 people with learning disability also have sight problems. People with learning disability and glaucoma are at risk of irreversible sight loss if treatment regimes are not adhered to. In this context the communication needs of people in this category require particular attention.
Ethnicity	All evidence indicates that people of African Caribbean origin have a higher incidence of glaucoma than other ethnic groupings in the general population. The needs of this group in terms of take up of services, ability to access health promotion and other relevant services and communication of advice and information must be taken into account in planning and implementing the glaucoma service model. Issues in respect of access to interpreting services also need to be considered in relation to ethnic minority groups.

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.

The proposed new service is believed to impact positively on the NI population as a whole but particularly on people with glaucoma, those at risk of developing the disease and their families and carers . The condition is more prevalent among older people and in particular women in the much older age categories and those of African Caribbean descent so people in these groups will benefit from an improved service. There are specific issues facing people with learning disability who may be at risk of developing eye disease. Older people are more likely to also suffer from other physical and sensory disabilities so the proposal to deliver a more accessible service with enhanced support at diagnosis and on an ongoing basis will have a positive impact. The enhanced use of community optometry will improve access for patients and for the wider population in respect of assessment & monitoring.

2.5 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>
<ul style="list-style-type: none"> - used a range of alternative formats in communicating with service users with glaucoma as part of the development of the service model - ensured that the workshop facility/ transport arrangements for the service user workshop were accessible for people with visual impairment - highlighted the need to improve information, support and advice for users as a key part of the proposed new service model - developed a pathway which reflects the needs of people with glaucoma for improved accessibility to clinic settings and other service elements 	<ul style="list-style-type: none"> - will work to improve access to future services for glaucoma through a comprehensive implementation plan which takes account of the specific needs of the groups highlighted in this document – people with learning disability , older people , African Caribbean people and carers - will engage further with service users and carers - will engage with and target relevant ethnic minority groups - will support public awareness of glaucoma locally - ensure that potential communication barriers for ethnic minority groups are minimised - establish effective monitoring, evaluation and audit systems to ensure ongoing quality assurance of the new model of service.

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)

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	None	
Political Opinion	None	
Ethnicity	None	

(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	X
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	X

Please give reasons for your decisions.

- The proposed new model is thought likely to impact differently but positively on the grounds of disability
- The differential impact is likely to be positive for ethnic minority groups and older people by delivering higher quality services more locally .

(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>
<p>The improved glaucoma service for NI would be expected to enhance the treatment, monitoring and support of people with glaucoma.</p> <p>Service users have been involved in the development of the proposed new model.</p> <p>Improved services will help to optimise the way in which people affected by glaucoma manage the disease and its impact on their lives.</p>	<p>Continue to promote awareness of glaucoma and the need to have regular sight tests particularly for the population groups most at risk.</p> <p>Continue to engage with service users and carers in relation to glaucoma and visual impairment in general.</p>

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>
<p>The service promotes the effective treatment and management of glaucoma in the population and drives the shift of service towards the primary care/ community setting. It aims to raise awareness and understanding of visual impairment within the population as a whole.</p>	<p>Continue this process.</p>

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

*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?	Is it legal?* Yes/No

** 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.

<p>Human Rights approach</p> <p>Convention Rights on Physical Disability</p>
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(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
<p>Service access and take up will be monitored by age and ethnicity to ensure that it is proportionate to the expected prevalence of the condition based on the demography of NI</p> <p>The impact of any public awareness campaigns will be monitored and reviewed to identify any categories needing to be targeted specifically.</p>		

Approved Lead Officer: _____

Position: _____

Date: _____

Policy/Decision Screened by: _____

Please note that having completed the screening you will need to ensure that a consultation on the outcome of screening is undertaken, in line with Equality Commission guidance.

**Please forward completed schedule to: Anne McGlade, Equality Manager,
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