Health and Social Care Board

Equality, Good Relations and Human Rights SCREENING

The Health and Social Care Board is required to consider the likely equality implications of any policies or decisions. In particular it is asked to consider:

1) 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 or none)

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

3) 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 or none)

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

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.

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

Health and Social Care Board

Equality, Good Relations and Human Rights
SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Post-operative cataract review in community optometry

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 of this piece of work is to enable patients to attend their post-operative cataract review appointment in their local optometry practice rather than in a hospital, to make the patient journey easier and to relieve pressure on hospital eye services.

The regional cataract service aims to carry out 10,000 cataract procedures annually. If 5,000 of the post-operative reviews are carried out by community optometrists, this will free up 5,000 hospital appointments which will go some way to closing the significant demand/capacity gap this service faces, particularly following the Covid pandemic and its impact on hospital waiting lists.

The key constraints will be:

- any complications during surgery - such patients will attend post-operative review in hospital.
- any complex patient needs (physical, social or emotional) including certain disabilities – such patients will attend post-operative review in hospital where more appropriate to their needs.

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

- Main patient group – primarily aged 65+ (see section 2.2)
- Cataract Services delivered in all 5 HSC Trusts via two provider Trusts, BHSCT and WHSCT.
- Primary care/community optometrists – 271 practices regionally
- Community optometrists who will be delivering the post-operative reviews

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

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

This decision arises from the new cataract pathway for Northern Ireland, a priority of the Daycase Elective Care Centre Programme of the Department of Health. It is managed by the NI Eyecare Network via its Clinical Pathways Workstream.

(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.

- Analysis of cataract waiting lists in NI
- Analysis of Ministerial Priorities for eyecare in NI
- Discussions with Optometry NI, the representative body for primary care optometrists
- Census 2011
- Northern Ireland Pooled Household Survey (NIPHS) tables, published 2017
- Northern Ireland Life and Times Survey, 2016
- NI Health Survey (published 2018)
- NISRA mid-year population estimates
- HSC Northern Ireland Workforce data (2018)
- https://www.health-ni.gov.uk/publications/tables-health-survey-northern-ireland

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.

HSC Northern Ireland Workforce by Trust, September 2018 - Headcount (HC) and Whole Time Equivalent (WTE)
Belfast HSC Trust - HC 20,386 WTE 17,856.4
Northern HSC Trust - HC 10,940 WTE 9,211.5
South Eastern HSC Trust - HC 9,621 WTE 8,310.4
Southern HSC Trust - HC 10,311 WTE 8,799.8
Western HSC Trust - HC 10,212 WTE 9,054.4
Trusts Total - HC 62,734 WTE 54,461.4

Category	***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?***
Gender	**Patients**: No gender differential in terms of cataract occurrence **Workforce:** The UK-wide gender breakdown from the 2018 Royal College of Ophthalmologists census shows that 69% of the consultant workforce are male and 31% female.
Age	**Patients**: Cataract disproportionately affects the 65+ age group **Workforce**: the 2018 Royal College of Ophthalmologists Census outlines that there is are 35.89 Whole Time Equivalent consultant ophthalmologists in NI. At a UK wide level, the census shows that 25% of all consultants are aged between 55 and 64 i.e. nearing probable retirement age. Only 2% of all consultants are aged 65 or over. 13% of all consultants are aged less than 39 years. NISRA estimated and projected population by age, mid-2016 to mid-2041 show that in 2016, 20.8% of the NI Population were aged 0-15 years, and this is projected to decrease 18.2% in 2041. The proportion of adults aged 16-64 in 2016 was 63.2% of the whole population, set to decrease to 57.2 by 2041. However, the proportion of people aged 65 years and over is projected to rise from 16.0% in 2016 to 24.5% in 2041, overtaking the numbers of children.
Religion	There is no data collected on the religious breakdown of cataract patients. However population data suggests that shows that of the population in NI: • 45.14% (817, 424) of the population were either Catholic or brought up as Catholic. • 48.36% (875, 733) stated that they were Protestant or brought up as Protestant. • 0.92% (16, 660) of the population belonged to or had been **brought up** in other religions and Philosophies. • 5.59% (101, 227) neither belonged to, nor had been brought up in a religion. (Census 2011)
Political Opinion	Data on the political opinion of service users is not routinely collected. Data from the Northern Ireland Life and Times Survey (2016) show that the general political opinion of the Northern Ireland population is: Unionist 29%; Nationalist 24%; Neither 46%; Other/ don't know 2%.

Marital Status	Currently, no information is collected on the marital status of cataract patients. However, the last Northern Ireland Census found that • 47.56% (680, 840) of those aged 16 or over were married • 36.14% (517, 359) were single • 0.09% (1288) were registered in same-sex civil partnerships • 9.43% (134, 994) were either divorced, separated or formerly in a same – sex partnership • 6.78% (97, 058) were either widowed or a surviving partner. Given that the age profile of service users is older, it can be assumed that a larger proportion of these will be either widowed, or a surviving partner of a marriage/ partnership than the general population.
Dependent Status	There is no data collected on the dependent status of current service users Data from the NI Health Survey (2018) show that 17% respondents were carers: 21% of women and 13% of men. Census data (2011) shows that 238,094 households (33.9% of all NI households) have responsibility for dependent children.
Disability	All cataract patients have a sight impairment. They may also have additional disabilities. Census data shows that: 20.69% (374, 668) regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities. These include: • Deafness or partial hearing loss – **5.14% (93, 078)** • Blindness or partial sight loss – **1.7% (30, 785)** • Communication Difficulty – **1.65% (29, 879)** • Mobility or Dexterity Difficulty – **11.44% (207, 163)** • A learning, intellectual, social or behavioural difficulty. **2.22% (40, 201)** • An emotional, psychological or mental health condition - **5.83% (105, 573)** • Long – term pain or discomfort – **10.10% (182, 897)** • Shortness of breath or difficulty breathing – **8.72% (157, 907)** • Frequent confusion or memory loss – **1.97% (35, 674)** • A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy. – **6.55% (118, 612)** • Other condition – **5.22% (94, 527)**

	• No Condition – **68.57% (1, 241, 709)** (Census 2011) **Health Survey NI (2019/20)** 43% longstanding illness (30% limiting and 12% non-limiting illness) • Males: limiting longstanding illness 28%; non-limiting longstanding illness 12% • Females: limiting longstanding illness 33%; non-limiting longstanding illness 12% • Prevalence of disability increases with age. Limiting longstanding illness increases from 18% among young adults aged 25 -34 years to 52% among those who are 75 plus years.
Ethnicity	The most recently published population-based data (Northern Ireland Pooled Household Survey (NIPHS) tables; published 2017) suggests that in 2014/15 the ethnic breakdown in Northern Ireland was: Ethnicity White 98.2% (1,409,000); All other Ethnicities 1.8% (26,000)
Sexual Orientation	Although there are no accurate population statistics on sexual orientation, it is however estimated that between 5% and 10% of the population would identify as lesbian, gay or bisexual.

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 no data to suggest that the needs and experiences of service users differ on the basis of gender.
Age	Older people are more likely to need a cataract procedure carried out. Older people might find it easier to attend a review appointment with their local optometrist rather than in hospital.

Religion	There is no data to suggest that the needs and experiences of service users differ on the basis of religion
Political Opinion	There is no data to suggest that the needs and experiences of service users differ on the basis of political opinion.
Marital Status	There is no data to suggest that the needs and experiences of service users differ on the basis of marital status.
Dependent Status	It may be easier for those who care for someone who needs to attend a cataract post-op review to attend their local optometrist rather than a hospital.
Disability	All cataract patients have a sight impairment, but they may also have additional disabilities. Given the age profile of the service user group, and that the likelihood of having a disability increases with age, those engaged with the services are more likely to have additional disabilities compared to the general population. Patients with additional issues such as deafness, learning disability, dementia, mobility issues may find it easier to attend an appointment with their local optometrist than at the hospital. People with certain disabilities such as dementia, hearing loss or learning disabilities can have communication difficulties and may need information presented in an alternative format. It is recognised that some people with disabilities such as dementia or certain learning disabilities may lack capacity to fill out forms or consent to information about themselves being passed on and may need the help of a relative, partner, friend, carer or advocate.
Ethnicity	If the hospital identifies that language issues could be a greater barrier to post-op review in the community than in the hospital they will have the patient attend the hospital for their review instead. It is recognised that for patients whose first language is not English, information may need to be presented in a different language or an interpreter used.
Sexual Orientation	There is no data to suggest that the needs and experiences of service users differ on the basis of sexual orientation.

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.

There is no data to suggest that the needs and experiences of service users differ on the basis of multiple identities.

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?

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?***
The equality issues identified supported the decision – patients should find it easier to access post-op review appointments with their local optometrist rather than having to travel back to the Daycase Elective Care Centre where their surgery was carried out. **Disability:** Issues relating to accessible information for people with disabilities are considered in our Accessible Formats Policy The HSCB Accessible Formats Policy outlines how those developing information should consider alternative formats, and how information and	No further action required in respect of equality issues.

publications can be requested in alternative formats. **Ethnicity** Issues relating to accessible information for people whose first language is not English are considered in our Accessible Formats Policy As part of HSCNI, HSCB can access the regional contract for translation and interpreting.	

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		
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	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. All equality issues have been incorporated into planning as far as possible.

(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?***
The cataract service restores sight and is therefore a significant service in reducing disability. This decision will reduce waiting times for cataract patients and will therefore restore their ability to participate in public life more quickly.	Patients with poor visual outcomes will be connected to the Eyecare Liaison Service, managed by RNIB, which encourages all people who experience sight loss to participate fully in public life.

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?***
The decision promotes the attitude that services closer to home are more accessible for disabled people.	The NI Eyecare Network has a Prevention of Sight Loss and Early Intervention Workstream which aims to raise awareness of the prevalence of sight impairment, which may be invisible to others, and develop better public understanding of the needs of people with sight impairment.

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Are Human Rights relevant? 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
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1st 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 have a potential positive impact or does it potentially interfere with anyone's Human Rights?

List the Article Number	Positive impact or potential interference?	How?	Does this raise any legal issues?* 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.

(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 • Gender • Disability	N/A	N/A

Approved Lead Officer: Máire Gallagher

Position: NI Eyecare Network Manager Health and Social Care Board

Policy/Decision Screened by: Máire Gallagher

Signed:

Date: 19 July 2021

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:

2 Franklin Street; Belfast; BT2 8DQ; email: Equality.Unit@hscni.net; phone: 028 95363961 (for Text Relay prefix with 18001); fax: 028 9023 2304