



EQUALITY SCREENING TEMPLATE

See [Guidance Notes](#) (POL:PP:032) 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 (incl. doc. reference number) or decision :

MP:018: NORTHERN IRELAND BLOOD TRANSFUSION SERVICE POLICY FOR Haemoglobinopathy Testing Of Blood Products AND OTHER NON-MANDATORY TESTING

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)**

This policy outlines NIBTS' approach to the haemoglobinopathy testing of blood donations within Northern Ireland.

NIBTS has previously not screened donors for HbS (Hepatitis B) based on risk assessment carried out in 2012 which indicated screening was not required due to the demographics of the population within NI. However, these demographics have changed significantly with those residents from ethnic groups doubling between 2011 and 2021 (The Northern Ireland Census 2021 Report: Main statistics for Northern Ireland Statistical bulletin Ethnic group- 22 September 2022) and the data from the antenatal haemoglobinopathy screening programme undertaken in 2022 in the Belfast Health & Social Care (BHSC) indicated that the prevalence of positive sickle cell or thalassaemia carriers was 2.7% amongst total pregnancies.

These indicate that there is now potentially an increasing number of patients who require HbS negative blood and are not receiving the optimal standard of care, as an increasing number of donors may now be HbS positive and this can lead to potential patient harm.

Taking into consideration the ethnic mix of the donor population in Northern Ireland and the requirements of the Red Book, BSQR (Blood Safety & Quality Regulations) and the Donor Selection Guidelines, it is recommended that NIBTS test for HbS for all components issued as recommended by JPAC (Joint



United Kingdom (UK) Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee) “Ensures the use of donations which are HbS screen negative for the manufacture of whole blood and red cell components for intrauterine transfusion, neonatal exchange transfusion and for the transfusion of children and adults with haemoglobinopathy”.

There are not know, legislative constraints against haemoglobinopathy testing, as suggested by the Red Book, BSQR and JPAC.

Additional financial resources are required for completing of the Sickledex screening.

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

Sickledex screening will be performed by the NIBTS laboratory staff on the selected blood components for the at-risk patients to ensure these components are negative, in line with national standards.

Currently, there is no data on the ethnic groups background collected on the donors and therefore, the testing of the intended components is based on the specific standard requirements for sickle-negative blood of these patients. Where the testing of the component identifies a positive component, and if the donor is not aware, a communication will be made with the donor and their GPs.

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

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

NIBTS implemented Sickledex testing for the components intended to the specific categories of patients as mandatory, to ensure compliance with BSQR, Red Book, Donor Selection Guidelines and JPAC.



(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.

NIBTS Staff Data 2023/24

The Northern Ireland Census 2021 Report: Main statistics for Northern Ireland
Statistical bulletin Ethnic group- 22 September 2022

Data from the antenatal haemoglobinopathy screening programme undertaken in 2022 in the Belfast Health & Social Care (BHSCT)

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 issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i>														
Gender	<p>NIBTS Staff Data: 67.5% female, 32.5% male</p> <p>Data from the antenatal haemoglobinopathy screening programme undertaken in 2022 in the Belfast Health & Social Care (BHSCT) indicated that the prevalence of positive sickle cell or thalassaemia carriers was 2.7% amongst total pregnancies.</p>														
Age	<p>NIBTS Staff Data:</p> <table border="1"> <thead> <tr> <th>Age Group</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>16-24</td> <td>3%</td> </tr> <tr> <td>25-34</td> <td>20%</td> </tr> <tr> <td>35-44</td> <td>24%</td> </tr> <tr> <td>45-54</td> <td>21%</td> </tr> <tr> <td>55-64</td> <td>27%</td> </tr> <tr> <td>>=65</td> <td>5%</td> </tr> </tbody> </table>	Age Group	%	16-24	3%	25-34	20%	35-44	24%	45-54	21%	55-64	27%	>=65	5%
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Religion	<p>NIBTS Staff Data: 41% Catholic 48% Protestant 10% Neither 1% Not determined</p>																								
Political Opinion	<p>NIBTS Staff Data: 9% Broadly Nationalist 9% Broadly Unionist 16% Other 66% No answer</p>																								
Marital Status	<p>NIBTS Staff Data: 18% Unknown 29% Single 49.5% Married / Civil Partnership 1.5% Divorced 0.5% Widowed 1% Separated 0.5% Other</p>																								
Dependent Status	<p>NIBTS Staff Data: 28% Staff with dependents 31% Staff without dependants 41% Not assigned</p>																								
Disability	<p>NIBTS Staff Data: 55% No Disability 4% With Disability 41% Not Assigned</p>																								
Ethnicity	<p>NIBTS Staff Data: 67.5% White 0.5% Pakistani 0.5% Other 31.5% Not Assigned</p> <p>Census 2021 Main statistics for Northern Ireland Statistical bulletin Ethnic group Published 22 September 2022</p> <p>On Census Day 2021, 3.4% of the population, or 65,600 people, belonged to minority ethnic groups. This is around double the 2011 figure (1.8% – 32,400 people) and four times the 2001 figure (0.8% – 14,300 people);</p> <table border="1"> <thead> <tr> <th>Table 1: Ethnic group of usual residents (Census 2021) Ethnic Group</th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>1,837,600</td> <td>96.6%</td> </tr> <tr> <td>Minority Ethnic Group</td> <td>65,600</td> <td>3.4%</td> </tr> <tr> <td>Black</td> <td>11,000</td> <td>0.6%</td> </tr> <tr> <td>Indian</td> <td>9,900</td> <td>0.5%</td> </tr> <tr> <td>Chinese</td> <td>9,500</td> <td>0.5%</td> </tr> <tr> <td>Filipino</td> <td>4,500</td> <td>0.2%</td> </tr> <tr> <td>Irish Traveller</td> <td>2,600</td> <td>0.1%</td> </tr> </tbody> </table>	Table 1: Ethnic group of usual residents (Census 2021) Ethnic Group	Number	Percentage	White	1,837,600	96.6%	Minority Ethnic Group	65,600	3.4%	Black	11,000	0.6%	Indian	9,900	0.5%	Chinese	9,500	0.5%	Filipino	4,500	0.2%	Irish Traveller	2,600	0.1%
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	<p>Arab 1,800 0.1%</p> <p>Pakistani 1,600 0.1%</p> <p>Roma 1,500 0.1%</p> <p>Mixed Ethnicities 14,400 0.8%</p> <p>Other Asian 5,200 0.3%</p> <p>Other Ethnicities 3,600 0.2%</p> <p>All usual residents 1,903,200 100.0%</p> <p> </p> <p>census-2021-main-st New Microsoft Excel statistics-for-northern-i Worksheet.xlsx</p> <p>There are circa 43 patients in Northern Ireland affected by sickle cell disease, predominantly people of black heritage, and 3 patients circa affected by thalassemia predominantly individuals of Asian and Southern Mediterranean heritage. Other 3 patients with rare inherited anaemia are currently present in Northern Ireland.</p>
Sexual Orientation	<p>NIBTS Staff Data:</p> <p>49% Someone of the opposite sex</p> <p>4% Someone of the same sex</p> <p>1% Both sexes</p> <p>4% Do not wish to answer</p> <p>42% Not assigned</p>

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 more females donate, there may be a potential indirect impact on female donors, so potentially more female donors and/or patients who require HbS negative blood.
Age	There is no data to suggest that the needs and experiences of service users differ on the basis of age.
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	There is no data to suggest that the needs and experiences of service users differ on the basis of dependant's status.
Disability	Communication/accessibility needs for recipients of any information will be considered in an appropriate manner e.g. Where the testing of the component identifies a positive component, and if the donor is not aware, a communication will be made with the donor and their GPs.
Ethnicity	<p>Donors will be asked to indicate their ethnic group background by completing an ethnic monitoring screening form when attending the donation sessions. However, completing this form is voluntary. This will help to identify donors with specific background who are likely to be matched with patients requiring blood transfusion from the same background. It is more likely that positive test results will be from donors of African or Caribbean background.</p> <p>If the donor is tested and found positive on Sickledex, and if the donor is not aware, a communication will be made with the donor and their GPs for further treatment and management.</p> <p>From the data available it shows that with the increase in minority ethnic groups in NI, will come an increase in potential donors and also patients requiring treatment/management due their anaemias.</p> <p>Issues relating to accessible information for people whose first language is not English are considered in our Accessible Formats Policy.</p>
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.

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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?

<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>
<p>Disability - Issues relating to accessibility information for people with disabilities are considered in our Accessible Formats Policy.</p> <p>Ethnicity – this test is voluntary for all donors, if test is positive measures will be taken to inform the donors GP for treatment and management, this will be communicated in line with any accessibility needs of the recipient.</p>	<p>Communication will be in line with individual accessibility needs.</p>

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		



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

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	<input checked="" type="checkbox"/>

Please give reasons for your decisions.

Having screened the policy and put in place mitigation for any impacts identified it is not thought that subjecting the policy to an EQIA will further identify opportunities to promote equality of opportunity.



(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>

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>

(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	
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	
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.	
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	
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	
1 st protocol Article 2 – Right of access to education	

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

* 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.

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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



Approved Lead Officer: Dr Allameddine Allameddine
Position: Medical Director
Date: 16/02/2024
Policy/Decision Screened by: Dr Allameddine Allameddine

Please note that having completed the screening you are required by statute to publish the completed screening template, as per NIBTS 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 a copy of the completed screening template and policy/strategy to the HR Office for publishing.

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 a member of the HR department.