

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 Portal - [Screening Resources & Evidence](#).

For advice and support on screening contact:

Equality Unit/ BSO /James House/ 2-4 Cromac Avenue/ Belfast/ BT7 2JA
Tel: 028 9536 3961

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

Patient Exemptions - Small Claims Court Referrals

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**

The BSO, on behalf of the HSC Board, handles payments to contractors providing family practitioner services. The Counter Fraud and Probity Service within the BSO are responsible for checking patient entitlement to help with health costs and for taking follow-up action where a patient's claim to exemption from statutory charges for Ophthalmic and Dental care has not been confirmed.

This pilot exercise will inform the BSO Patient Exemptions Team whether the current process followed with regard to the Debt Recovery element and its associated follow up work needs to be amended.

- **how will this be achieved? (key elements)**

Every month files containing thousands of patient exemption cases are sent to the Business Services Authority (BSA) and the Department for Work and Pensions (DWP) for cross checking with their computer held information. These checks seek evidence to support the patient's claim to eligibility to entitlement to help with health costs.

Cases returned from BSA/DWP which have not been cleared following this bulk checking exercise are then forwarded to the Patient Exemptions case management system. Follow up work carried out on these cases normally involves the following key stages:

1. **Initial letter** issued to patient requesting proof of eligibility or payment of health charge due

Failure to respond, provide proof of eligibility or make payment will normally progress the case to next stage. If payment or proof is provided then the case is closed.

2. **Fixed Penalty Charge letter** is issued to patient (Penalty charge is 5 times health charge up to a maximum of £100)

Failure to respond, provide proof of eligibility or make payment will normally progress the case to next stage. If payment or proof is provided then the case is closed.

3. **Surcharge letter** is issued to patient (Surcharge is 50% of FPC)

Failure to respond, provide proof of eligibility or make payment will normally progress the case to next stage. If payment or proof is provided then the case is closed.

4. **Debt Recovery Letter 1** issued. This letter advises that this is a 'Final Demand' before commencing legal action.

Failure to respond, provide proof of eligibility or make payment will normally progress the case to next stage. If payment or proof is provided then the case is closed.

5. **Debt Recovery Letter 2** issued. This letter advises that this is a 'Notice of Intended Court Proceedings'.

Given the increasing number of patients who fail to respond to letters or make payment, Probity Services intends to carry out a pilot exercise whereby a small number of cases would be taken through the Small Claims Court process. An analysis of the outcomes of the cases referred to the Small Claims Court will be carried out to determine whether the inclusion of the Small Claims Court as

part of the process has any effect on patients acknowledging the issue and paying the health charge due.

The proposed approach would involve issuing a pre-litigation letter prior to commencing proceedings. This letter would be issued by colleagues in the Directorate of Legal Services (DLS) and will advise the patient that they (DLS) have been instructed to act on behalf of the Business Services Organisation. The patient will be afforded a short time frame (7-14 days) to respond before the case is referred to SCC. This pilot project will initially involve up to 30 cases being referred to DLS for the pre-litigation letter.

The SCC process can now be used using an online portal. On the portal an account is set up in which funds are deposited for use in this recovery process. Each referral is likely to cost in the region of £30. The claim against the patient will include the health charge plus the penalty charges plus the court cost and will likely be in the range of £200 - £400.

As patients will be required to go through this formal debt recovery process it may be the case that some of these patients will experience additional anxiety and stress levels. Patients may be required to repay monies in addition to the original health charges and failure to do so may have a negative with regard to their future credit rating.

BSO is carrying this pilot exercise to assess whether referring cases (where a patient fails to engage with the Exemptions Team or fails to repay health charges) to the Small Claims Court (SCC) is something which should be introduced as a routine part of the overall exemptions process.

This will be achieved by referring up to 30 cases to the Small Claims Court via the on-line portal. The outcomes of the referrals in terms of the monies recovered vis-à-vis their associated costs will be assessed to establish whether referring cases to the SCC would be financially feasible. In addition to the financial aspects of this pilot, other matters such as staffing resource required, complaints received, risk to BSO reputation etc. will also be considered.

With regard to the health charges being pursued, these relate to dental and/or ophthalmic treatment which the patient would have received. At the time of receiving the treatment the patient would have signed a declaration declaring that they qualify for help with these costs (e.g. they are in receipt of a qualifying benefit, in receipt of relevant tax credits or hold a relevant certificate).

The Exemptions Team are aware of the stress and anxiety that these debt recovery letters can cause and where possible will work closely with and assist the patient in establishing whether they qualify for help. The Team will consider discontinuing cases prior to reaching the stage where the case is referred to court (e.g. where it is felt that pursuing the case could adversely affect the physical or mental health of the patient due to the information relayed by the patient, or where there is information available which might indicate that it is not in the public interest to pursue the debt).

Where the small claims court judgment is in favour of the BSO and the patient fails to repay the charge this will not result in a criminal record but it may affect the patient's credit rating.

At all stages throughout the process a payment plan will be available to the patient to pay the sum owed. Patients residing in nursing homes and those aged over 80 years old are not selected for exemption checks and will therefore not form part of the sample of patients to be referred to the Small Claims Court.

- **what are the key constraints? (for example financial, legislative or other)**

There are no major constraints to carrying out this pilot exercise.

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

- Patients who receive letters from Exemption Team and fail to engage, repay or provide proof of eligibility.
- Carers and relatives of patients who may receive the letters.
- BSO Staff (Exemptions, Finance & Legal Services)
- Court Service
- Public sector checking agencies (DWP, NHSBSA, DfC)
- Community and voluntary groups

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

- **what are they? (This list is not exhaustive)**
- **who owns them?**

Health and Personal Social Services Order (Northern Ireland) 1972

Health and Personal Social Services (Penalty Charge) Regulations (Northern Ireland) 2002

The BSO currently have a Discontinuation Policy as well as Selection Rules in place. In some instances certain cases will not be progressed to SCC stage due to factors such as patient's age, address, health etc.

With regard to the selection of patients to be referred to SCC there will be a financial threshold in place (e.g. cases above £200).

(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.

- Experience and knowledge of relevant Exemptions staff
- Views of BSO Equality Department and Access to Health colleagues
- Statistics taken from a sample of patients who are at the debt recovery stage of the process
- Meetings have taken place with colleagues in Accounts Payable and Legal Services.
- The details and approach to the pilot project has been shared with and discussed with senior colleagues at BSO and HSCB
- Review of legislation.

- The Relationship between Income and Oral Health: A Critical Review. Journal of Dental Research. 2019 Jul;98(8):853-860. Available at <https://pubmed.ncbi.nlm.nih.gov/31091113/> Accessed 28 July 2022. Oral health and access to dental services for people from black and minority ethnic groups – a race equality foundation briefing paper. Available at http://raceequalityfoundation.org.uk/wp-content/uploads/2018/03/health_briefing_29-1_0.pdf. Accessed 28 July 2022.
- Health Alliance, Connecting and involving communities. Ethnic Minority Communities - NICHI Health Alliance Available at [Ethnic Minority Communities - NICHI Health Alliance - Northern Ireland \(healthalliance.ni.com\)](http://EthnicMinorityCommunities-NICHIHealthAlliance-NorthernIreland.healthalliance.ni.com) Accessed 28 July 2022.
- <https://www.nisra.gov.uk/publications/census-2021-population-and-household-estimates-for-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. Also give consideration to multiple identities.

<i>Category</i>	<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>There are no formal data collected on referrals to the Debt Recovery service. However, Gender has been assumed based on the forename of the patient.</p> <table border="1"> <thead> <tr> <th></th> <th>Total Referred to DR (105 CASES)</th> <th>Cases Referred to DR >or= £200 (86 CASES)</th> <th>No Response (63 CASES)</th> <th>Response (42 CASES)</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>58%</td> <td>57%</td> <td>51%</td> <td>67%</td> </tr> <tr> <td>Female</td> <td>42%</td> <td>43%</td> <td>49%</td> <td>33%</td> </tr> </tbody> </table> <p>The most recent (2021) census for NI shows that 51% of the population is female. This suggested that males are over-represented amongst those referred to the debt recovery service.</p>					Total Referred to DR (105 CASES)	Cases Referred to DR >or= £200 (86 CASES)	No Response (63 CASES)	Response (42 CASES)	Male	58%	57%	51%	67%	Female	42%	43%	49%	33%
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Male	58%	57%	51%	67%															
Female	42%	43%	49%	33%															
Age																			

	Total Referred to DR (105 CASES)	Cases Referred to DR >or= £200 (86 CASES)	No Response (63 CASES)	Response (42 CASES)
18-30yrs	11%	12%	13%	12%
31-50yrs	53%	50%	52%	52%
51-79yrs	35%	38%	35%	36%
Community Background	There is no data collected with regards to the community background of individuals referred to the Debt Recovery team.			
Political Opinion	There is no data collected with regards to the political background of individuals referred to the Debt Recovery team.			
Marital Status	Although there is no formal data collected with regards to marital status, it can be inferred with regards to female cases referred to the Debt Recovery service that:			
	Total Referred to DR (105 CASES)	Cases Referred to DR >or= £200 (86 CASES)	No Response (63 CASES)	Response (42 CASES)
	14 OF 44 (32%) assumed married	12 OF 37 (32%) assumed married	9 OF 31 (29%) assumed married	5 OF 13 (38%) assumed married
	Compared to the last published census, there are slightly less married people amongst those referred to the service. Population level data show:			
	<ul style="list-style-type: none"> • 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 			

	<ul style="list-style-type: none"> • 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 								
Dependent Status	<p>There is no data collected with regards to the dependent status of individuals referred to the Debt Recovery team.</p> <p>However, Census data suggests that approximately 12% of the NI population provide unpaid care to family members, friends, neighbours or others because of long-term physical or mental ill – health/disabilities or problems related to old age.</p>								
Disability	<p>There is no data collected with regards to the disability of individuals referred to the Debt Recovery team. However, population-level data suggests that 20.69% regard themselves as having a disability or long – term health problem, which has an impact on their day to day activities.</p>								
Ethnicity	<p>Census data suggests that approximately 2% of the Northern Ireland population is from an ethnic minority.</p> <p>Although there is no formal data collected with regards to ethnicity of individuals referred to the Debt Recovery team, the names of those referred suggest there is an over-representation of foreign nationals in the programme. Data below show the proportion of individuals who do not have a typically English or Irish name.</p> <table border="1"> <thead> <tr> <th>Total Referred to DR (105 CASES)</th> <th>Cases Referred to DR >or= £200 (86 CASES)</th> <th>No Response (63 CASES)</th> <th>Response (42 CASES)</th> </tr> </thead> <tbody> <tr> <td>10% of patients appear to have a foreign name and may possibly be a foreign national</td> <td>8% of patients appear to have a foreign name and may possibly be a foreign national</td> <td>8% of patients appear to have a foreign name and may possibly be a foreign national</td> <td>12% of patients appear to have a foreign name and may possibly be a foreign national</td> </tr> </tbody> </table>	Total Referred to DR (105 CASES)	Cases Referred to DR >or= £200 (86 CASES)	No Response (63 CASES)	Response (42 CASES)	10% of patients appear to have a foreign name and may possibly be a foreign national	8% of patients appear to have a foreign name and may possibly be a foreign national	8% of patients appear to have a foreign name and may possibly be a foreign national	12% of patients appear to have a foreign name and may possibly be a foreign national
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Sexual Orientation	There is no data collected with regards to the sexual orientation of patients referred to the Debt Recovery team.
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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).

<i>Category</i>	<i>Needs and Experiences</i>
Gender	Some exemptions may vary between ophthalmic and dental treatments, and in specific circumstances, such as pregnancy, the patient may need to apply for an exemption certificate to obtain help with health charges. The length of time the exemptions apply may vary – this may result in pregnant women more likely to be included in the sample, as they may wrongly assume they are automatically entitled to free treatment.
Age	Persons aged under 18 and over 80 are unlikely to be selected for Patient
Religion	There is no data to suggest that there are specific needs or experiences arising within this category.
Political Opinion	There is no data to suggest that there are specific needs or experiences arising within this category.
Marital Status	There is no data to suggest that there are specific needs or experiences arising within this category.
Dependent Status	Individuals from lower incomes tend to have greater healthcare needs, particularly with regards dental healthcare needs. Low individual/household income is associated with a higher prevalence of dental caries, tooth loss and traumatic dental injuries. Reviews also confirm that low income is associated with periodontal disease and poor oral health-related quality of life. These individuals are therefore more likely to incur greater costs associated with dental treatment.

	<p>Also, those on lower incomes are more likely to be on benefits. The introduction of universal credit replacing other benefits can change exemption status for ophthalmic and dental health charges. People may not realise their exemption status changed when they switched to universal credit.</p>
<p>Disability</p>	<p>People who have a disability may, in some cases, be less likely to understand the letters issued, they may depend on family members or carers to look after their affairs.</p> <p>Those with learning disabilities or another cognitive impairment – these individuals have been shown to have poorer oral hygiene, and therefore more likely to rack up larger dental charges.</p> <p>They may also be less likely to understand the letters issued as part of the process, and the implications of a small claims court.</p> <p>Physical Disability – people with a physical disability affecting their mobility may be unable to meet deadlines in relation to providing evidence to confirm their entitlement.</p> <p>Sensory Impairment – people with a visual impairment may have difficulty reading the correspondence and determining what action(s) they are required to take. People with a hearing impairment may be disadvantaged as they may have difficulty contacting the BSO by phone with any queries they have.</p> <p>Mental Health - The experience of receiving a letter advising of a referral to court may have a greater impact on people with mental health illnesses compared to those who have no such condition.</p>
<p>Ethnicity</p>	<p>If people from different ethnic backgrounds receive a Debt Recovery letter they may encounter difficulties understanding the content of it and what actions they are required to take if English is not their first or competent second language.</p> <p>It is possible that asylum seekers and refugees may be impacted by the pilot – these individuals may have had little or no access to dental services in their home countries, and therefore have much worse dental health, requiring more expensive treatment than the rest of the population. This could result in them being more likely to be included in the sample.</p>

	<p>Also, these individuals are less likely to have a permanent home address, and therefore less likely to receive letters and be able to respond to them, thereby increasing the possibility of action via the Small Claims Court. This may also apply to individuals from the Travelling Community.</p> <p>Poor oral health remains a significant public health problem, particularly among people living in deprived areas. While the links between oral health and ethnicity are complicated and often confounded by socio-economic status, the prevalence of certain oral diseases is higher in some ethnic groups. This may mean that individuals from certain ethnic groups may require more costly treatment, thereby increasing their possibility of appearing in the sample.</p> <p>Also, in terms of cost, while NHS dental services for children are free, adults pay for dental care unless they are exempt from payment. Those who wish to apply for exemption may need to complete a number of lengthy forms which can be difficult for patients with language and literacy difficulties. This may result in more of these individuals included in the sample.</p>
Sexual Orientation	Gender has been assumed based on the forename patient.

2.4 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>Gender:</p> <p>A Maternity Exemption Certificate will be provided for pregnant women. If a</p>	

patient provides details of the child, this must be confirmed on NHAIS. If it can be established that the patient would have been entitled to a Maternity Exemption certificate at the time of treatment then the case should be Discontinued. Each case should be assessed on its individual merits. The patient's maternity certificate will be used as evidence of eligibility, if requested the patient just needs to provide this.

Dependents:

People with caring responsibilities may have to provide information on a patient's behalf – ensure that the process supports such situations. Staff will work closely with carers to ensure that the patient/carer is fully aware of the position with regard to their case, including the criteria for eligibility and the checks carried out to date. Additional time for responses may be allowed where appropriate.

Disability:

Where a disability may cause difficulty in meeting a deadline allow additional time for this.

However, a telephone helpline has been set up for patients who have difficulty understanding letters issued as part of the debt recovery service.

Patients who have sensory impairment insert the wording below into outgoing letters:

“If you need help, or more time to respond to this letter, have a query regarding this matter, require this information in an alternative language or format (e.g. larger font) or have any special requirements, please contact the Patient Exemptions Officer, by phone on 028 9536 XXXX, or by e-mailing, xxxxxxx@hscni.net”

Ethnicity:

Patients who have difficulty understanding English, the following will be included in outgoing letters: “If you need help, or more time to respond to this letter, have a query regarding this matter, require this information in an alternative language or format (e.g. larger font) or have any special requirements, please contact the Patient Exemptions Officer, by phone on 028 9536 XXXX, or by e-mailing, xxxxxxx@hscni.net”

In the circumstances when Mail has been returned and we have advised FPS, the case goes into “Medical Audit”. If after 12 months we do not have any further information on NHAIS and the patient is still a Deducted Patient, then the case will normally be Discontinued. Each case will be assessed on its individual merits.

Ethnicity

If the project is mainstreamed into normal service provision, the team will consider translating the following paragraph into the top 10 most popularly requested languages, for inclusion on any public facing materials:

“If you require this information in an alternative language or format (e.g. larger font) or have any special requirements, please contact the Patient Exemptions Officer, by phone on 028 9536 XXXX, or by e-mailing, xxxxxxx@hscni.net”

2.5 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	None
Political opinion	As above	As above
Ethnicity	As above	As above

(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)

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

Please tick:

Major impact	
Minor impact	X
No further impact	

Please tick:

Yes	
No	x

Please give reasons for your decisions.

The Debt Recovery Team believe that this proposal will have a minor impact on the individuals included in the project. In developing this proposal the intent was for the proposal to be inclusive and arrangements will be in place to mitigate any inequality of opportunity.

It is not felt that subjecting the policy to a full EQIA will highlight any further equality issues.

(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>
Not applicable	If the pilot is mainstreamed, the team will engage with local disability groups in order to seek the views of people with disabilities on the service.

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>
Not applicable	If the pilot is mainstreamed, any public facing materials will highlight that information is available in a variety of accessible formats, thereby raising awareness of the needs of people with a range of disabilities.

(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

** 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
The Section 75 breakdown of Service users will be monitored, in order to see if there is any over or under representation of those using the service.	Engagement with individuals with disabilities will be monitored.	Any issues relating to Human Rights, including complaints will be monitored

Approved Lead Officer:

Paddy McLaughlin



Position:

Head of Probity Services

Date:

8/9/2022

Policy/Decision Screened by:

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**

Any request for the document in another format or language will be considered. Please contact the Equality Unit: Equality.Unit@hscni.net