

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)

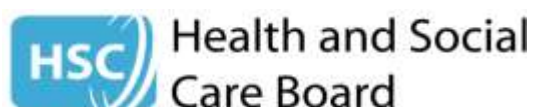
4) Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

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>



Equality, Good Relations and Human Rights SCREENING TEMPLATE

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Community Pharmacy Fees for 2021/22 (global sum fees)

1.2 Description of policy or decision

There are essentially three elements of the community pharmacy financial envelope: global sum fees, non-global sum fees and allowed retained profit. The Health and Social Care Board (HSCB) is required to set the fees for community pharmacy services each year, following consultation.

Global sum fees

The pharmacy global sum provides the core dispensing and practice fees for community pharmacy.

The global sum comprises three elements – practice allowance to cover professional services, ordinary dispensing fees and multiple dispensing fees. The practice allowance has historically been fixed at circa £18k per pharmacy per year and the dispensing fees are adjusted, based upon projections on volume of activity, to ensure that the global sum investment is at the targeted amount.

Constraints are financial – there is a limit on public sector spending; the global sum amount has historically been linked to the Doctors and Dentists pay Review Board (DDRB). The DDRB uplift for 2021/22 is not yet known, but a working assumption is that it will be between 2.5% and 3%.

Non-global sum fees

Changes to a number of fees were consulted upon at the end of 2015/16. It was decided not to implement changes at that point and this position remains.

1.3 Main stakeholders affected (internal and external)

- Community Pharmacy Contractors
- Community Pharmacy NI
- Business Services Organisation
- Health and Social Care Board
- Actual or potential service users

Community pharmacy contractors and their staff are the main parties to be affected. Pharmacists are contracted to dispense medicines and must comply with prescription orders. Therefore, patients should not be affected. However, it is recognised that some patients receive medicines packaged in a particular way to support compliance. This is not facilitated within the Drug Tariff rules but has grown up through time in the absence of a service specification. With changes to fees, pharmacists may adjust how such medicines are packaged. Such arrangements developed out-with pharmacy contractual obligations. Two additional funding streams of £4m and £3m have gone into the provision of compliance support and a service specification has been developed. It is anticipated that implementation of this specification will lead to a diminution of the rate of growth of multiple dispensing.

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

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

There has been a longstanding dispute between the DH and Community Pharmacy NI (CPNI), which represents pharmaceutical contractors, in respect of the overall financial package available to community pharmacy, linked to the development of a new community pharmacy contract. There have been three judicial reviews taken by CPNI against the DHSSPS and the HSCB with respect to elements of reimbursement.

The first Judicial Review resulted in a declaration of unlawfulness in respect of the way contractors were being remunerated through the Drug Tariff. A compensation package was subsequently negotiated, followed by intensive

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work to establish a lawful Drug Tariff, negotiate a fair and reasonable remuneration package and develop a contract framework.

A second Judicial Review was initiated in June 2011 to challenge the new Drug Tariff and the processes associated with its inception. The judgement found in favour of CPNI in relation to process, but no financial penalty.

The DH/HSCB had intended to appeal but on 7th December 2012, following a cross- appeal by CPNI, an agreement was reached which concluded the litigation process. This agreement included a payment of £7m and £6m over a two year period linked to the delivery of a Cost of Service Investigation (COSI). No further payments have been provided and as COSI has been delayed, CPNI sought a third Judicial Review which was heard in June and

September 2015. This was delivered in February 2016 and completely dismissed the claims by CPNI awarding costs to DoH. The COSI process has concluded and DOH set a financial envelope of £104m plus £3m for the period 18/19 and 19/20.

(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.

- Previous responses received to consultations on fees
- Representations made in association with the ongoing judicial review
- Ongoing discussions with Community Pharmacy NI
- Financial and prescription volume modelling taken from BSO.
- Pharmaceutical Society NI (2020)
- Census Data 2011
- Northern Ireland Statistics and Research Agency (NISRA)
- CarersNI State of Caring 2019 Annual Survey
- Health Inequalities Annual Report

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><u>Pharmaceutical Society NI (2020)</u> 68% of pharmacists registered with the PSNI are Female 32% of pharmacists registered with the PSNI are Male</p> <p><u>Population Data</u></p> <p>Census 2011: The proportion of females in 2011 is 51.00% (923, 540). The male population is 49.00% (887, 323) in 2011. Mid-year population estimate (2018; published June 2019): The size of the resident population in Northern Ireland at 30 June 2018 is estimated to be 1.88 million people. Just over half (50.8 per cent) of the population were female, with 955,400 females compared to 926,200 males (49.2 per cent).</p>

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	<p>https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/MYE18-Bulletin.pdf</p> <ul style="list-style-type: none"> • The Gender Identity Research and Education Society (GIREs) estimate the number of gender nonconforming employees and service users, based on the information that GIREs assembled for the Home Office (2011) and subsequently updated (2014): <ul style="list-style-type: none"> ○ gender variant to some degree 1% ○ have sought some medical care 0.025% ○ having already undergone transition 0.015% <p>The number who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among young people is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men). Applying GIREs figures to NI population (using NISRA mid-year population estimates for June 2018) N=1,881,600:</p> <ul style="list-style-type: none"> • 18,816 people who do not identify with gender assigned to them at birth • 470 likely to have sought medical care • 282 likely to have undergone transition.
Age	<p><u>Pharmaceutical Society NI (2020)</u> 8% of pharmacists registered with the PSNI are aged under 25 40% of pharmacists registered with the PSNI are aged 26-35 28% of pharmacists registered with the PSNI are aged 36-45 16% of pharmacists registered with the PSNI are aged 46-55 6% of pharmacists registered with the PSNI are aged 56-65 1% of pharmacists registered with the PSNI are aged over 65</p> <p><u>Population Data</u></p> <p>Mid-year population estimates published by NISRA in 2019 show that:</p> <p>0-19 yrs (inclusive) = 485,064 (25.7% of all NI population) 20 – 34 yrs = 364,623 (19.3%) 35 – 49 yrs = 366,967 (19.5%) 50 - 64 yrs = 356,790 (19.0%) 65 – 74 yrs = 169,725 (9.0%)</p>

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	<p>75 – 89 yrs = 125,334 (6.6%) 90+ yrs = 13,138 (0.7%) https://www.nisra.gov.uk/statistics/population/mid-year-population-estimates Age projections 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. https://www.nisra.gov.uk/publications/2016-based-population-projections-northern-ireland-statistical-bulletin-charts DH figures show that 70% of the population is taking medicines to treat or prevent ill-health or to enhance well-being at any one time. Three out of four people aged over 75 are taking prescribed medicines.</p>
Religion	<p><u>Pharmaceutical Society NI (2020)</u> 52% of pharmacists registered with the PSNI are Roman Catholic 38% of pharmacists registered with the PSNI are other Christian denominations 1% of pharmacists registered with the PSNI are other Religious</p> <p><u>Population Data</u></p> <p>Religion or Religion brought up in</p> <ul style="list-style-type: none"> • 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. <p>(Census 2011)</p>

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<p>Political Opinion</p>	<p><u>Pharmaceutical Society NI (2020)</u> 34% are from the Nationalist Community 25% are from the Unionist Community</p> <p><u>Population Data</u></p> <p>Nationality</p> <ul style="list-style-type: none"> • British only – 39.89% (722, 353) • Irish only – 25.26% (457, 424) • Northern Irish only – 20.94% (379, 195) • British and Northern Irish only – 6.17% (111, 730) • Irish and Northern Irish only – 1.06% (19, 195) • British, Irish and Northern Irish – 1.02% (1847) • British and Irish only – 0.66% (11, 952) • Other – 5.00% (90, 543) <p>(Census 2011)</p>
<p>Marital Status</p>	<p><u>Pharmaceutical Society NI (2020)</u> 66% of pharmacists registered with the PSNI are married 30% of pharmacists registered with the PSNI are single 3% of pharmacists registered with the PSNI are divorced, separated or widowed</p> <p><u>Population Data</u></p> <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 • 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 <p>(Census 2011)</p> <p>Northern Ireland Life and Times (2018) Single (never married) 32% Married and living with husband/wife 51% A civil partner in a legally-registered civil partnership 0% Married and separated from husband/wife 3% Divorced 6% Widowed 7%</p> <p>Civil partnerships Annual Reports of the Registrar General for NI show that Between 2005 to 2018 inclusive, there have been 1298 civil partnerships registered in NI. (Available at https://www.nisra.gov.uk/statistics/births-deaths-and-</p>

[marriages/registrar-general-annual-report](#))

Dependent Status

Pharmaceutical Society NI (2020)

43% of pharmacists registered with the PSNI report having no dependents

54% of pharmacists registered with the PSNI report having children

2% of pharmacists registered with the PSNI report having dependents with a disability

5% of pharmacists registered with the PSNI report having dependents who are older people and/or have a disability

Population Data

CarersNI

- 1 in every 8 adults is a carer
- 2% of 0-17 year olds are carers, based on the 2011 Census
- There are approximately 220,000 carers in Northern Ireland (
- Any one of us has a 6.6% chance of becoming a carer in any year
- One quarter of all carers provide over 50 hours of care per week
- People providing high levels of care are twice as likely to be permanently sick or disabled than the average person
- 64% of carers are women; 36% are men.

CarersNI State of Caring 2019 Annual survey (UK wide, including NI)

- 1) 2 in 5 carers (39%) responding reported being in paid work.
- 2) 38% of all carers reported that they had given up work to care.
- 3) 18% had reduced their working hours.
- 4) 1 in 6 carers (17%) said that they work the same hours but their job is negatively affected by caring, for example because

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	<p>of tiredness, lateness, and stress.</p> <ol style="list-style-type: none"> 5) 12% of carers said they have had to take a less qualified job or have turned down a promotion to fit around their caring responsibilities. 6) Just over 1 in 10 carers (11%) said they had retired early to care. 7) Only 4% of respondents of all ages said that caring has had no impact on their capacity to work. 8) Only one quarter (25%) of carers who aren't yet retired and had an assessment in the last year felt that their need to combine paid work and caring was sufficiently considered in their carer's assessment. 9) Carers who are not yet retired were also asked about their future plans and 53% said they are not able to save for their retirement. 10) Some carers are saving or have saved less for their retirement with 17% saying they did this because their working hours were reduced.
Disability	<p><u>Pharmaceutical Society NI (2020)</u> 2% of pharmacists registered with the PSNI report having a disability</p> <p><u>Population Data</u></p> <p>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.</p> <p>68.57% (1, 241709) of residents did not have long – term health condition.</p> <ul style="list-style-type: none"> • 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)

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	<p>(Census 2011)</p> <p>Health Survey NI (2017/18 – published 2019)</p> <ul style="list-style-type: none"> • 43% longstanding illness (32% limiting and 11% non-limiting illness) • Females (44%) were more likely than males (40%) to have a long-term condition. • Prevalence also increased with age with 22% of those aged 16-24 reporting a long-term condition compared with 70% of those aged 75 and over. • Four-fifths of respondents (81%) had contact with the Health and Social Care System in Northern Ireland • Of these, 84% were either very satisfied or satisfied with their experience • A fifth (21%) reported high levels of anxiety, while 45% reported very low levels <p>Health Inequalities Annual Report 2019 can be found here: https://www.health-ni.gov.uk/news/health-inequalities-annual-report-2019</p>
<p>Ethnicity</p>	<p><u>Pharmaceutical Society NI (2020)</u> 98% of pharmacists registered with the PSNI are White 2% of pharmacists registered with the PSNI are from other ethnic backgrounds</p> <p><u>Population Data</u></p> <p>1.8% (32,596) of the usual resident population belonged to minority ethnic groups: White – 98.21% (1, 778, 449) Chinese – 0.35% (6, 338) Irish Traveller – 0.07% (1, 268) Indian – 0.34% (6, 157) Pakistani – 0.06% (1, 087) Bangladeshi – 0.03% (543) Other Asian – 0.28% (5, 070) Black Caribbean – 0.02% (362) Black African – 0.13% (2354) Black Other – 0.05% (905) Mixed – 0.33% (5976) Other – 0.13% (2354) (Census, 2011)</p>

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Sexual Orientation	<p><u>Pharmaceutical Society NI (2020)</u></p> <p>97% of pharmacists registered with the PSNI reported a sexual orientation towards a different sex 3% of pharmacists registered with the PSNI reported a sexual orientation either towards same sex or towards same and different sex</p> <p><u>Population data</u></p> <p>In 2016, estimates from the Annual Population Survey (APS) showed that:</p> <ul style="list-style-type: none">• 93.4% of the UK population identified as heterosexual or straight and 2.0% of the population identified themselves as lesbian, gay or bisexual (LGB). This comprised of:<ul style="list-style-type: none">○ 1.2% identifying as gay or lesbian○ 0.8% identifying as bisexual• A further 0.5% of the population identified themselves as “Other”, which means that they did not consider themselves to fit into the heterosexual or straight, bisexual, gay or lesbian categories. A further 4.1% refused, or did not know how to identify themselves.• The population aged 16 to 24 were the age group most likely to identify as LGB in 2016 (4.1%).• More males (2.3%) than females (1.6%) identified themselves as LGB in 2016.• The population who identified as LGB in 2016 were most likely to be single, never married or civil partnered, at 70.7%. <p>There are no accurate statistics on sexual orientation in the community as a whole, it is however estimated that between 5% and 10% of the population would identify as lesbian, gay or bisexual.</p>
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Source: Pharmaceutical Society NI (2020)

Please note that the information above relates to all pharmacists registered with the Pharmaceutical Society Northern Ireland, not community pharmacists specifically. The information is not available for community pharmacists.

Please note also that information is not available in relation to non-pharmacist staff employed by community pharmacy contractors.

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

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issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

<i>Category</i>	<i>Needs and Experiences</i>
Gender	Whilst information in relation to gender is not readily available, there is evidence of a slight bias towards females in the age group 25-59 years from lower socio economic backgrounds in accessing health and social care services.
Age	Older people and the very young consume a greater proportion of health and social care resources than the rest of the population.
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 dependent status
Disability	There is evidence to show that people with disabilities have difficulty accessing health and social care services but there is no information available in respect of access to dispensing services. People who have certain disabilities may require documentation in alternative formats such as easy read or Braille.
Ethnicity	There is evidence to show that certain minority ethnic groups have difficulty accessing health and social care services but there is no information available in respect of access to dispensing services. People whose first language is not English may require documentation in alternative languages.
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.

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>
There is no scope to make proposals to change the structure of the global sum fees at present.	The DH and HSCB have commenced work on a needs assessment project for provision of pharmaceutical services by community pharmacy contractors..

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	No further impact.	No suggestions.

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Political Opinion	No further impact.	No suggestions.
Ethnicity	No further impact.	No suggestions.

(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:

Please tick:

Major impact	
Minor impact	
No further impact	X

Yes	
No	X

Please give reasons for your decisions.

No major adverse impacts were identified from the data and evidence available.

(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>
Pharmacy services are widely accessible and provide a primary healthcare facility for all patients. Pharmacies can provide patients with disabilities additional support such that they can participate in public life.	Further development of pharmacy services such as commissioning of compliance support services. Development of pharmacy infrastructure such that premises are fully accessible by people with disabilities.

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>
The pharmacy global sum and non-global sum fees are applicable to services available to all patients and therefore no group is excluded.	Through the development of new contract models, further services such as compliance support will be commissioned. The implementation of a Quality Assurance Framework will also offer additional assurance in relation to provision of information to and access to services for people with disability.

(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?	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
It is envisaged that the needs assessment process currently being undertaken by the DH and HSCB will inform future considerations on equality, good relations, disability and human rights.	It is envisaged that the needs assessment process currently being undertaken by the DH and HSCB will inform future considerations on equality, good relations, disability and human rights.	It is envisaged that the needs assessment process currently being undertaken by the DH and HSCB will inform future considerations on equality, good relations, disability and human rights.

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Approved Lead Officer: Louise McMahon

Position: Director of Integrated Care

Policy/Decision Screened by: Mr Joe Brogan
Assistant Director, Pharmacy &
Medicines Management

Signed:

Date:

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**

Template produced November 2011

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 90535531 (for Text Relay prefix with 18001); fax: 028 9023
2304