

EQUALITY AND DIVERSITY RAPID IMPACT ASSESSMENT REPORT

The master copy of this report is held by the NHS QIS Equality and Diversity Officer

EQIA SUMMARY		
Name of Policy/Function/Product	HTA Scoping Report. Computed Tomography (CT) colonography.	This is a: Product
Owning Unit/Directorate:	HSRA Unit, Guidance & Standards Directorate	
Names / job titles of assessors	1) Health Services Researcher 2) Health Services Researcher 3) Interim General Manager 4) Senior Health Services Researcher	Date(s) of assessment: Start: 13/06/07 Finish: 13/06/07
EQIA results	Adverse impacts: No If adverse, indicate level of significance: Low High	Positive impacts: No
Recommended Action	Issue Product: Yes Withdraw the Product from use: No Undertake a full equality and diversity impact assessment: No	Review date of Product: N/A – will not be reviewed Revision date of Product: N/A FIA planned completion date: N/A
Agreed by Head of Unit	Name: Elaine Harrow	Date: 13.6.07

EQIA SUMMARY

Summary of positive impacts and affected groups

There are positive impacts for people with partial or no sight, people with dyslexia, and non-readers. It is available on request in large print, and large text on the website (which is w3c compliant), audiotape, CD and Braille on request.

Left justification is helpful for people with dyslexia.

Summary of adverse impacts and affected groups

No impact on any Equality Groups

Summary of consultation undertaken

No consultation required, as the purpose of the report is to review the published clinical and cost effectiveness evidence with regard to CT colonography.

Additional information and evidence required

No further equality or diversity information is required, as the purpose of this report is to compare two different modalities in their effectiveness in the detection of colorectal cancer/abnormalities.

Recommendations

None as the report is already available in different formats on request.

Give reasons to explain why a full EQIA has / has not been recommended

Not necessary due to the purpose of the report, which is aimed at Clinicians in order to provide them with evidence of clinical and cost effectiveness of CT colonography.

Completed by Lead Assessor

Name: Karen Macpherson

Date: 13 June 2007

If you would like a copy of the impact assessment report or prefer to read the report in an alternative format, please contact the Public Involvement Unit:

Phone: 0131 623 4300

Textphone: 0131 623 4383

SECTION ONE: AIMS OF THE POLICY/FUNCTION/PRODUCT	
1.1	Is this a new or existing Product? New product
1.2	What is the aim or purpose of the Product? The aim of the study was to review the clinical and cost effectiveness of CT colongraphy as a diagnostic tool compared to colonoscopy or DCBE.
1.3	Who is this Product intended to benefit or affect? In what way? Who are the stakeholders? Who is excluded from the benefits / provisions of the Product? Intended to benefit the decision makers within Health Boards and NHSScotland. The stakeholders include clinicians, radiologist and gastroenterologists and SEHD.
1.4	How have these people been involved in the development of this Product? Consulted with the Topic Proposer on the proposed scoping questions to be asked and also undertook review. Further review to be undertaken with clinicians from other areas for QA purposes.
1.5	What outcomes are intended from this Product? Evidence informed decision making by Planners and Clinicians.
1.6	What resource implications are linked to this Product? No direct resource implications.
<i>For new policies/functions/products only:</i>	
1.7	What research or consultation has been done? Consultation was carried out with the stakeholders to determine the outcome requirements as per the scope of the document. A systematic review was undertaken to consider the clinical and cost effectiveness of the technology. As the aim of the document is to inform policy decisions rather than direct decision making there was no requirement to consult more widely.
1.8	What stage is the Product at? Internal and external review for QA purposes.
1.9	What is the target date for completion? The report will be published on the web w/c 17 September 2007.

SECTION TWO: EXAMINATION OF AVAILABLE DATA	
<i>Data could include: consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic or professional publications, reports etc)</i>	
2.1	Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues. Not required as the report considered published evidence only.
2.2	What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis? Not relevant as existing secondary literature was considered only.
2.3	What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis? Not relevant as existing secondary literature was considered only.
2.4	What gaps in knowledge are there? Not relevant as existing secondary literature was considered only.
2.5	Describe any actual or potential difficulties of accessing or complying with the Product. There may be difficulties for those who are unable to use computer facilities, however, this report has been written in response to a specific request from Clinicians, so this is a highly unlikely scenario. There are no compliance issues, as no recommendations are made.

SECTION THREE: IMPACT ASSESSMENT

- 3 Complete the following table, giving reasons or comments where:**
- a) The Product could have a positive impact by contributing to the general duty by –**
- eliminating unlawful discrimination
 - promoting equal opportunities
 - promoting relations within the equality group
 - taking account of disabilities
- b) The Product could have an adverse impact by disadvantaging any of the equality groups. Particular attention should be given to unlawful direct and indirect discrimination.**

Equality target groups	Positive impact		Adverse impact			Reason or comment for impact rating
	Low	High	Low	High	Illegal	
Male / female	X		X			As the report is about clinical interventions ie the modality used, rather than the people who use it or will be treated by it, there is no foreseen impact on any equality group caused by the publication of this report
Minority ethnic groups inc gypsy travellers, refugees & asylum seekers	X		X			<ul style="list-style-type: none"> • As above
Religious or faith groups	X		X			<ul style="list-style-type: none"> • As above
Children & young people	X		X			<ul style="list-style-type: none"> • As above
Older people	X		X			<ul style="list-style-type: none"> • As above
People with disabilities (physical or learning)	X		X			There may be positive impacts for people with partial or no sight, people with dyslexia, and non-readers. It is available on request in large print, and large text on the website (which is w3c compliant), audiotape, CD and Braille on request. Left justification is helpful for people with dyslexia.
Lesbians	X		X			As the report is about clinical interventions ie the modality used, rather than the people who use it or will be treated by it, there is no foreseen impact on any equality group caused by the publication of this report
Gay men	X		X			<ul style="list-style-type: none"> • As above
Bisexuals	X		X			<ul style="list-style-type: none"> • As above
Transgender/transsexual	X		X			<ul style="list-style-type: none"> • As above
Cross-cutting issues:						
Homeless people	X		X			<ul style="list-style-type: none"> • As above
People with mental health issues	X		X			<ul style="list-style-type: none"> • As above
Offenders	X		X			<ul style="list-style-type: none"> • As above

Equality target groups	Positive impact		Adverse impact			Reason or comment for impact rating
	Low	High	Low	High	Illegal	
People in poverty	X		X			<ul style="list-style-type: none"> As above
Married and unmarried people	X		X			<ul style="list-style-type: none"> As above
People with language or social origin issues	X		X			<ul style="list-style-type: none"> As above

SECTION FOUR: IMPACT ASSESSMENT SIGN-OFF

4.1	Have any adverse impacts been identified on any equality groups which are both highly significant and illegal?	No
4.2	Has a full equality and diversity impact assessment been recommended?	No
4.3	Are you satisfied that the conclusions of the impact assessment are accurate and correct?	Yes
Agreed by Head of Unit	Name: Elaine Harrow	Date: 13 June 2007
QA Approved	Name: Jeniffer Kibagendi (Equality and Diversity Officer)	Date: 30 August 2007

SECTION FIVE: NOTES FOR PRODUCT REVIEW

Issue	Note actions which could:
	<ul style="list-style-type: none"> minimise or remove any adverse impacts increase the positive impacts
5.1	Section not relevant as this report will not be reviewed.
5.2	
5.3	
5.4	
5.5	