

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	Detoxification and vitamin supplementation for alcohol dependence.	This is a: Product
Owning Unit/Directorate:	HSRE	
Names / job titles of assessors	Lead: Evidence Notes Co-ordinator 1) Health Services Researcher 2) Statistician 3) Information Scientist	Date(s) of assessment: Start: 07/09/07 Finish: 07/09/07
EQIA results	Adverse impacts: No If adverse, indicate level of significance: Low High	Positive impacts: Yes
Recommended Action	Issue / continue using this Policy/Function/Product: Yes Withdraw the Policy/Function/Product from use: No Undertake a full equality and diversity impact assessment: No	Review date of Policy/Function/Product: N/A Revision date of Policy/Function/Product: N/A FIA planned completion date: N/A
Agreed by Head of Unit	Name: Karen Ritchie	Date: 11/09/07

EQIA SUMMARY

Summary of positive impacts and affected groups

Positive impacts relate to people with disabilities. Evidence is in contrasting colours and available in large print, or large text on the website (w3c compliant), which is helpful for partially-sighted people. It is available in Braille on request, which is helpful for people who do not have sight. The text is left justified, which is helpful for people with dyslexia. Audiotape and CD formats are available on request, which are helpful to people who do not have sight or cannot read. Translations are also available on request for those whose first language is not English.

Summary of adverse impacts and affected groups

None, since the purpose of the Evidence Note is to answer a request from an individual planner for factual information and not to make any recommendations. The affected groups for the purpose of this Evidence Note are planners who requested this product.

Summary of consultation undertaken

It is not believed that any consultation with Equality Groups is required as the purpose of the Evidence Note is to summarise current published evidence to inform Health Board Planners, without making recommendation.

Additional information and evidence required

None required

Recommendations

To publish the Evidence Note. If any NHS Boards take the decision to change practice as a result of the evidence summarised within this Evidence Note, they should undertake an EQIA assessment at the point of implementation to see how any changes to the services may impact on any of the Equality Groups.

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

There were no adverse impacts identified as explained above, therefore no requirement to undertake a full Impact Assessment.

Completed by Lead Assessor

Name: Ailsa Brown

Date: 07/09/07

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

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File reference: EQRIA0073

Version: 1.0

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SECTION ONE: AIMS OF THE POLICY/FUNCTION/PRODUCT	
1.1	Is this a new or existing Policy/Function/Product? A new product
1.2	What is the aim or purpose of the Policy/Function/Product? To summarise the published evidence to inform decision makers of the effectiveness and safety issues of detoxification and vitamin supplementation for alcohol dependence in order to promote the best use of NHSScotland resources.
1.3	Who is this Policy/Function/Product intended to benefit or affect? In what way? Who are the stakeholders? Who is excluded from the benefits / provisions of the Policy/Function/Product? The stakeholders are planners in Fife because it responds to their enquiry. It will be disseminated to the planners who requested this information plus planners from all other Health Boards across NHS Scotland who will benefit by having a current summary of available evidence to assist the planning process.
1.4	How have these people been involved in the development of this Policy/Function/Product? The proposing Planner and a Clinical Advisor were involved at the Initiation Meeting to ensure that the key concerns on this subject would be known.
1.5	What outcomes are intended from this Policy/Function/Product? It is intended that this product provides the most current evidence on the subject, enabling service decisions to be evidence based in terms of known clinical and cost effectiveness information.
1.6	What resource implications are linked to this Policy/Function/Product? The production of an Evidence Note takes a period of 12 weeks from the Initiation Meeting through to completion. The Initiation Meeting was with the proposing Planner and a Clinical Advisor as well as the Co-ordinator, the Author and the Information Scientist. The author was a Health Services Researcher, as was the QA Reviewer. A Project Officer disseminates the EN to the Planning Community, as well as ensures it is published on the website. After the 12 week period, the only resource implications would be if a request were made for the EN to be produced in another language or format.
<i>For new policies/functions/products only:</i>	
1.7	What research or consultation has been done? A literature search was performed and evidence summarised. There was consultation with the planner, clinical advisor and clinical reviewers. Equality and diversity issues were specifically raised at the initiation meeting.
1.8	What stage is the Policy/Function/Product at? QA stage.
1.9	What is the target date for completion? Mid October 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.	None, since the purpose of the Evidence Note is to answer a request from an individual planner for factual information and not to make any recommendations. At the Initiation meeting attendees were asked to identify any potential equality and diversity issues. The planner identified differences in prevalence of alcohol problems among equality groups.
2.2 What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?	Nothing existing, as not relevant to the type of publication.
2.3 What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?	No issues relating to equality and diversity relevant to the specific research question were found through the literature search.
2.4 What gaps in knowledge are there?	Any gaps in the knowledge are reflective of the published literature on which the Evidence Note is based.
2.5 Describe any actual or potential difficulties of accessing or complying with the Policy/Function/Product.	No difficulties are foreseen as the Evidence Note will be disseminated to the NHS Scotland Planners. The document will also be published on our website, which is W3C compliant and is also available in other formats. The Evidence Note makes no recommendations; therefore compliance is not an issue.

SECTION THREE: IMPACT ASSESSMENT

3 Complete the following table, giving reasons or comments where:
a) The Policy/Function/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 Policy/Function/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	Y					<ul style="list-style-type: none"> The Evidence Note has no differential impact on gender and is accessible regardless of gender.
Minority ethnic groups inc gypsy travellers, refugees & asylum seekers	Y					<ul style="list-style-type: none"> There is no reason to believe that planners from ethnic minorities would have difficulty accessing the Evidence Note since NHS QIS can make the information available in other languages.
Religious or faith groups	Y					<ul style="list-style-type: none"> There is no reason to believe that there would be a differential impact on any religion/belief or faith group.
Children & young people	Y					<ul style="list-style-type: none"> Not relevant to children, as the audience for an Evidence Note is Planners, who are adults.
Older people	Y					<ul style="list-style-type: none"> There is no reason to believe that there will be a differential impact by age.
People with disabilities (physical or learning)		Y				<ul style="list-style-type: none"> The Evidence Note is in contrasting colours and available in large print, or large text on the website (w3c compliant), which are helpful for partially-sighted people. It is available in Braille on request, which is helpful for people who do not have sight. The text is left justified, which is helpful for people with dyslexia. Audiotape and CD formats are available on request, which are helpful to people who do not have sight or cannot read.
Lesbians	Y					<ul style="list-style-type: none"> There is no reason to believe that there would be a differential impact by sexual orientation of stakeholders.
Gay men	Y					<ul style="list-style-type: none"> There is no reason to believe that there would be a differential impact by sexual orientation of stakeholders.
Bisexuals						<ul style="list-style-type: none"> There is no reason to believe that there would be a differential impact by sexual orientation of stakeholders.
Transgender/transsexual						<ul style="list-style-type: none"> There is no reason to believe that there would be a differential impact by sexual orientation of stakeholders.

Equality target groups	Positive impact		Adverse impact			Reason or comment for impact rating
	Low	High	Low	High	Illegal	
Cross-cutting issues:						
Homeless people	Y					<ul style="list-style-type: none"> There is no reason to believe that there would be a differential impact by homelessness, as Planners access Evidence Notes at work.
People with mental health issues	Y					<ul style="list-style-type: none"> There is no reason to believe that there would be a differential impact on those with mental health issues.
Offenders	Y					<ul style="list-style-type: none"> There is no reason to believe that there would be a differential impact on offenders.
People in poverty	Y					<ul style="list-style-type: none"> There is no reason to believe that there would be a differential impact on those living in poverty.
Married and unmarried people	Y					<ul style="list-style-type: none"> There is no reason to believe that there would be a differential impact by marital status.
People with language or social origin issues	Y					<ul style="list-style-type: none"> There is no reason to believe that there would be a differential impact on those with language or social origin issues. NHS QIS can make Evidence Notes available in other languages on request.

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: Karen Ritchie on behalf of Lesley Holdsworth	Date: 11 September 2007
QA Approved	Name: Jeniffer Kibagendi	Date: 22 October 2007

SECTION FIVE: NOTES FOR POLICY/FUNCTION/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	Not relevant as Evidence Note is not reviewed.
5.2	
5.3	
5.4	
5.5	