

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/Output	The clinical and cost effectiveness of thromboelastography/thromboelastometry (Health Technology Assessment 11)	This is a: Output
Owning Unit/Directorate:	Health Services Research & Effectiveness Unit, Guidance & Standards Directorate	
Names / job titles of assessors	Lead: Senior Health Economist 1) Health Information Scientist 2) Equality & Diversity Officer 3) Project Officer	Date(s) of assessment: Start: 10.12.07 Finish: 11.12.07
EQIA results	Adverse impacts: No If adverse, indicate level of significance: Low High	Positive impacts: Yes
Recommended Action	Issue / continue using this Output: Yes Withdraw the Output from use: No Undertake a full equality and diversity impact assessment: No	Review date of Output: N/A Revision date of Output: N/A FIA planned completion date: N/A
Agreed by Head of Unit	Name: Karen Ritchie	Date: 23/4/08

EQIA SUMMARY

Summary of positive impacts and affected groups

Potential positive impact for all patients undergoing surgery that are at significant risk of high volume of blood loss.

Summary of adverse impacts and affected groups

No adverse impacts are foreseen.

Summary of consultation undertaken

NHS staff and patient representatives formed the project steering group. Information from focus groups used in the EPO HTA was also applied. These focus groups invited Jehovah Witnesses to explore their position on use of blood outputs.

Additional information and evidence required

No further information or evidence is required for the purpose of the report.

Recommendations

To publish the report. NHS Boards should assess the impact of implementation of the recommendations and monitor for any positive or negative effects on health service users.

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

No adverse implications have been identified.

Completed by Lead Assessor

Name: Joyce Craig

Date: 11:12:2007

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 OUTPUT	
1.1 Is this a new or existing Output?	This is a new output
1.2 What is the aim or purpose of the Output?	To consider the clinical and cost effectiveness of thromboelastography compared to standard care for patients undergoing surgery or in trauma and a significant risk of blood loss.
1.3 Who is this Output intended to benefit or affect? In what way? Who are the stakeholders? Who is excluded from the benefits / provisions of the Output?	This output is intended to benefit patients, NHS staff and general public by reducing blood loss and improving quality of life and bed use. Stakeholders include: patients, NHS staff, general public, Scottish Government Health Directorate, Scottish Blood Transfusion Service (SNBTS) and manufacturers. No-one is intended to be excluded.
1.4 How have these people been involved in the development of this Output?	The Scottish Government Health Directorate was involved in commissioning this piece of work. NHS staff and patient representatives formed the project steering group. Discussions were held with manufacturers. There was a public consultation period of six weeks where the public was invited to comment on the draft report. Information from focus groups used in and the HTA entitled 'The use of epoetin alfa before orthopaedic surgery in patients with mild anaemia' was also applied. These focus groups invited representatives of the Glasgow Hospital Liaison Committee for Jehovah's Witnesses to explore their position on use of blood outputs.
1.5 What outcomes are intended from this Output?	The main outcome intended from this Output is for NHS Scotland to implement the recommendations in order to reduce the delay in informing clinical staff of the results of tests to diagnose the underlying cause of unexpected bleeding. Also this should reduce demand for blood outputs.
1.6 What resource implications are linked to this Output?	In relation to equality and diversity for this output, it is recognised that NHS boards will have to take equality and diversity issues into consideration at the point of implementation.
<i>For new policies/functions/outputs only:</i>	
1.7 What research or consultation has been done?	Literature searching, advice from clinical experts and open consultation. There is no evidence from the extensive literature reviewed during the course of the development of this report which would indicate that equality and diversity groups would be differently affected by the recommendations to implement thromboelastography / thromboelastometry. This was considered within the report. Consultation also undertaken as per 1.4.
1.8 What stage is the Output at?	Awaiting publication
1.9 What is the target date for completion? March 2008	

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.	We approached Royal Colleges of Surgeons, Anaesthetists, We also approached Consultants in haematology medicine to capture the laboratory view.
2.2 What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?	The main outcome of the focus group work was to encourage clinicians in Scotland to adopt strategies that avoided recourse to allogeneic blood. The EPO HTA also identified that patients with multiple red cell alloantibodies require specific consideration, as compatible blood for transfusion may be difficult to find. The presence of multiple antibodies also increases the level of transfusion risk in these patients, who may also be at higher risk of anaemia and infection if the presence of antibodies indicates immunocompromised status.
2.3 What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?	Following the literature search, evidence showed that all patients should benefit from Thromboelastography / Thromboelastometry. ISD data by surgical procedure was obtained but this is not analysed by equality target groups.
2.4 What gaps in knowledge are there?	None. The evidence from cardiac and liver surgery can generalise to other surgery associated with high blood loss. As in 2.3 information is not collected which will allow evidence to be used according to the equality target groups.
2.5 Describe any actual or potential difficulties of accessing or complying with the Output.	This is a technical report; however, a patient guide is also available. A summary advice document is also available for NHSScotland staff. There is no statutory obligation to comply with HTA recommendations. It would be the requirement of NHS Boards to ensure that the implementation of recommendations complied with EQIA requirements.

SECTION THREE: IMPACT ASSESSMENT

- 3 Complete the following table, giving reasons or comments where:**
- a) The Output 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 Output 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					No differential impact is foreseen for any group- all patients benefit. Groups with potential high blood loss include the elderly, young adults and birthing mothers.
Minority ethnic groups inc gypsy travellers, refugees & asylum seekers	Y					
Religious or faith groups	Y					Jehovah Witnesses, and other religious groups with concerns around accepting blood transfusions, value all strategies aimed at reducing blood loss and thus exposure to transfusion
Children & young people	Y					
Older people	Y					
People with disabilities (physical or learning)	Y					
Lesbians	Y					HIV patients are more likely to have multiple red cell alloantibodies, making compatible blood for transfusion more difficult to find and this also increases the level of transfusion risk
Gay men	Y					
Bisexuals	Y					
Transgender/transsexual	Y					
Cross-cutting issues:						
Homeless people	Y					No differential impact is foreseen for any group- all patients benefit. Groups with potential high blood loss include the elderly, young adults and birthing mothers.
People with mental health issues	Y					
Offenders	Y					
People in poverty	Y					
Married and unmarried people	Y					
People with language or social origin issues	Y					

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:	Date:
QA Approved	Name: Jeniffer Kibagendi (Equality and Diversity Officer)	Date: 28 January 2008

SECTION FIVE: NOTES FOR OUTPUT REVIEW	
Issue	Note actions which could: <ul style="list-style-type: none">• minimise or remove any adverse impacts• increase the positive impacts
5.1	A review is not part of the standard process for an HTA.
5.2	
5.3	
5.4	
5.5	