

EQUALITY AND DIVERSITY RAPID IMPACT ASSESSMENT REPORT

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EQIA SUMMARY		
Name of Policy/Function/Product	The clinical and cost effectiveness of screening for meticillin-resistant Staphylococcus aureus (MRSA)(Health Technology Assessment 9)	This is a: Product
Owning Unit/Directorate:	Health Services Research & Effectiveness Unit, Guidance & Standards Directorate	
Names / job titles of assessors	Lead: Senior Health Services Researcher 1) Project Co-ordinator 3) Equality & Diversity Officer 4) EQIA Facilitator 5) Health Information Scientist 6) Unit Administrator	Date(s) of assessment: Start: 11.9.07 Finish: 11.9.07
EQIA results	Adverse impacts: No If adverse, indicate level of significance: Low High	Positive impacts: Yes
Recommended Action	Issue / continue using this Product: Yes Withdraw the Product from use: No Undertake a full equality and diversity impact assessment: No	Review date of Product: N/A Revision date of Product: N/A FIA planned completion date: N/A
Agreed by Head of Unit	Name: Michael Bews	Date: 11 th September 2007

EQIA SUMMARY

Summary of positive impacts and affected groups

Potential positive impact for older people those with physical disabilities who require regular admission to hospital and are therefore more susceptible to MRSA infections. The report should have a positive impact on people with language or social origin issues as one of the key recommendations is around improving communication.

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. Focus groups were undertaken with people who had recent admissions to hospital and with NHS staff. There was a formal public consultation event and a period of six weeks where any individuals were invited to comment on the draft report.

Additional information and evidence required

No further evidence is required for the purpose of this report, however, at the stage of implementation any evaluation of the impacts of implementation may inform the future work on MRSA.

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 impacts have been identified

Completed by Lead Assessor

Name: Karen Ritchie

Date: 11/09/07

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:

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SECTION ONE: AIMS OF THE PRODUCT	
1.1 Is this a new or existing Product?	This is a new product
1.2 What is the aim or purpose of the Product?	To consider different potential MRSA screening strategies and appropriate subsequent management of patients, taking into account clinical and cost effectiveness, patient and organisational issues.
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?	This product is intended to benefit patients, staff and general public. To reduce the impact of MRSA infections. Patients, staff, general public, SEHD. No-one is intended to be excluded.
1.4 How have these people been involved in the development of this Product?	SEHD commissioned this piece of work. NHS staff and patient representatives formed the project steering group. Focus groups were undertaken with people who had recent admissions to hospital and with NHS staff. There was a formal public consultation event and a period of six weeks where any individuals were invited to comment on the draft report.
1.5 What outcomes are intended from this Product?	The main outcome intended from this Product is for NHSScotland to implement the recommendations in order to reduce the prevalence of MRSA infections.
1.6 What resource implications are linked to this Product?	Not foreseen that further work will be required in relation to equality and diversity for this product, although 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/products only:</i>	
1.7 What research or consultation has been done?	Focus groups were carried out, literature searching and open public 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 any strategy for screening for MRSA, except for those groups which would be vulnerable to MRSA infections on account of their co-morbidities and associated frequent admissions to hospital i.e. Older people and those with particular disabilities. This was considered within the report.
1.8 What stage is the Product at?	Awaiting publication
1.9 What is the target date for completion?	19 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.	We approached MRSA Support and we approached a lay member of the Healthcare Associated Infection (HAI) Taskforce of SEHD via the Public Involvement Unit, NHS QIS. The patient issues section was written by Professor Margaret Reid, Professor of Women's Health, University of Glasgow. These individuals together with NHS QIS staff formed a patient issues sub-group which explored all aspects of MRSA screening which might affect patients.
2.2 What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?	None.
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 older people and other susceptible patients might be more likely to become infected with MRSA.
2.4 What gaps in knowledge are there?	There is insufficient routine data collection to allow examination of any variation between different groups.
2.5 Describe any actual or potential difficulties of accessing or complying with the Product.	This is a technical report, however a patient guide is also available. A summary advice document is also available for NHS 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						
<p>3 Complete the following table, giving reasons or comments where:</p> <p>a) The Product could have a positive impact by contributing to the general duty by –</p> <ul style="list-style-type: none"> • eliminating unlawful discrimination • promoting equal opportunities • promoting relations within the equality group • taking account of disabilities <p>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.</p>						
Equality target groups	Positive impact		Adverse impact			Reason or comment for impact rating
	Low	High	Low	High	Illegal	
Male / female						<ul style="list-style-type: none"> • No differential impact is foreseen
Minority ethnic groups inc gypsy travellers, refugees & asylum seekers						
Religious or faith groups						
Children & young people						
Older people		Y				<ul style="list-style-type: none"> • Older people are more susceptible to MRSA and more likely to be re-admitted to hospital as inpatients.
People with disabilities (physical or learning)		Y				<ul style="list-style-type: none"> • High impact for those people with disabilities who require regular readmission to hospital.
Lesbians						<ul style="list-style-type: none"> • No differential impact is foreseen.
Gay men						
Bisexuals						
Transgender/transsexual						
Cross-cutting issues:						
Homeless people						<ul style="list-style-type: none"> • No differential impact is foreseen.
People with mental health issues						
Offenders						
People in poverty						
Married and unmarried people						
People with language or social origin issues		Y				<ul style="list-style-type: none"> • At the point of implementation people with language issues need to be considered. One of the key recommendations is around communication relating to MRSA.

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: Michael Bews	Date: 11 September 2007
QA Approved	Name: Jeniffer Kibagendi (Equality and Diversity Officer)	Date: 12 September 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	
5.2	
5.3	
5.4	
5.5	