

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 | Evidence note for surgery for obesity | This is a: Output |
| Owning Unit/Directorate: | Health Services Research & Effectiveness Unit, Guidance and Standards Directorate | |
| Names / job titles of assessors | Lead: Evidence Notes Co-ordinator 1) Evidence Note Author 2) Statistician 3) Health Services Researcher 4) EQIA Facilitator | Date(s) of assessment: Start: 30.8.07 Finish: 30.8.07 |
| 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: 30 th August .2007 |

EQIA SUMMARY

Summary of positive impacts and affected groups:

Positive impacts relate to people with disabilities. Evidence Note 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 output. The only potential issues were around accessibility which were considered to have a low positive impact.

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: 30th August 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? New |
| 1.2 | What is the aim or purpose of the Output? To summarise the published evidence to inform decision makers of the effectiveness and safety issues of surgery for obesity in order to promote the best use of NHS Scotland resources. |
| 1.3 | <p>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?</p> <p>The stakeholders are planners in Highlands, Orkney and Shetland Healthboards because it responds to their enquiry.</p> <p>It will be disseminated to the wider planning network, and appropriate individuals and networks.</p> <p>Other stakeholders are people with obesity, their families, clinicians and allied health professionals, NHS board budget holders.</p> <p>Nobody is excluded from the benefit of the output. The planners, who requested this information plus planners from all other Health Boards across NHS Scotland will benefit by having a current summary of available evidence to assist the planning process.</p> |
| 1.4 | <p>How have these people been involved in the development of this Output?</p> <p>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.</p> |
| 1.5 | <p>What outcomes are intended from this Output?</p> <p>It is intended that this output provides the most current evidence on the subject, enabling service decisions to be evidence based in terms of known clinical and cost effectiveness.</p> |
| 1.6 | <p>What resource implications are linked to this Output?</p> <p>The output 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.</p> <p>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.</p> |
| <i>For new policies/functions/outputs only:</i> | |
| 1.7 | <p>What research or consultation has been done?</p> <p>A literature search was performed and evidence summarised. There was consultation with the planner, clinical advisor and clinical reviewers.</p> |
| 1.8 | <p>What stage is the Output at?</p> <p>The Evidence Note is complete and is awaiting approval for publication.</p> |
| 1.9 | <p>What is the target date for completion?</p> <p>The Evidence Note is due to be published on 14 September 2007,</p> |

| 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. No specific issues were raised |
| 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 external equality data was reviewed, as the EN merely summarises published evidence. |
| 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 Output. | 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 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/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 Policy/Function/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 | | | | | | <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 | | | | | | <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 provide the information available in other languages. • |
| Religious or faith groups | | | | | | <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 | | | | | | <ul style="list-style-type: none"> • There is no reason to believe that there will be a differential impact by age. Not relevant to children, as the audience for an Evidence note is Planners, who are adults. |
| Older people | | | | | | <ul style="list-style-type: none"> • As above |
| People with disabilities (physical or learning) | | | | | | <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 | | | | | | <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 | | | | | | <ul style="list-style-type: none"> • As above |
| Bisexuals | | | | | | <ul style="list-style-type: none"> • As above |
| Transgender/transsexual | | | | | | <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 | |
| Cross-cutting issues: | | | | | | |
| Homeless people | | | | | | <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 | | | | | | <ul style="list-style-type: none"> As above |
| Offenders | | | | | | <ul style="list-style-type: none"> As above |
| People in poverty | | | | | | <ul style="list-style-type: none"> As above |
| Married and unmarried people | | | | | | <ul style="list-style-type: none"> As above |
| People with language or social origin issues | | | | | | <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 as the Note can be translated into required languages. |

| 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 | Date: 30 th .August 2007 |
| QA Approved | Name: Jeniffer Kibagendi (Equality and Diversity Officer) | Date: 10 th September 2007 |

| SECTION FIVE: NOTES FOR POLICY/FUNCTION/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 | |
| 5.2 | |
| 5.3 | |
| 5.4 | |
| 5.5 | |