

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	SIGN 50: a guideline developer's handbook	This is a: Output
Owning Unit/Directorate:	SIGN	
Names / job titles of assessors	Lead: SIGN Quality & Information Director 1) EQIA Facilitator, Guidance & Standards 2) Equality & Diversity Officer 3) Practice Development Project Coordinator	Date(s) of assessment: Start: 1 October 2007 Finish: 15 November 2007
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: 2009 Revision date of Output: 2009 FIA planned completion date: n/a
Agreed by Head of Unit	Name: Sara Twaddle	Date: 15 November 2007

EQIA SUMMARY

Summary of positive impacts and affected groups

It is anticipated that there will be some positive impacts across all equality groups. This output is intended to provide guidance for staff developing guidelines, which will then be implemented by NHS Boards.

Summary of adverse impacts and affected groups

There are no anticipated adverse impacts.

Summary of consultation undertaken

Consulted SIGN Methodology Development Group

Additional information and evidence required

There is a need for a reliable data set on equality target groups throughout NHS Scotland.

Recommendations

Review accessibility based on use of web based version (assessed from web site usage statistics)

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

There are no anticipated adverse impacts that would justify the work involved.

Completed by Lead Assessor

Name: Robin Harbour

Date: 2 October 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 review of an existing publication
1.2 What is the aim or purpose of the Output?	To provide a reference tool that may be used by individual members of guideline development groups as they work through the development process.
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?	Intended to benefit members of guideline development groups (GDGs) by explaining their roles and responsibilities, and by explaining the reasoning behind the methodology. Stakeholders are principally GDG members, but also healthcare workers seeking to implement the guideline and patients receiving treatment covered by the guideline. Nobody is excluded from the benefits / provisions of this output.
1.4 How have these people been involved in the development of this Output?	This has been reviewed by the SIGN Methodology Development Group, which includes clinicians and other healthcare workers, as well as members of SIGN staff (including the Patient Involvement Officer).
1.5 What outcomes are intended from this Output?	To ensure consistency in the development process followed for all SIGN guidelines, and to ensure that all appropriate stakeholders are involved / consulted at all relevant stages.
1.6 What resource implications are linked to this Output?	No foreseen resource requirements.
<i>For new policies/functions/products only:</i>	
1.7 What research or consultation has been done?	
1.8 What stage is the Output at?	
1.9 What is the target date for completion?	

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.	SIGN Methodology Development Group SIGN Patient Involvement Officer
2.2 What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?	Existing data reflects the needs of patients or carers in general, but does not specifically address issues relevant to particular equality groups.
2.3 What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?	Existing data reflects the needs of patients or carers in general, but does not specifically address issues relevant to particular equality groups.
2.4 What gaps in knowledge are there?	As 2.3.
2.5 Describe any actual or potential difficulties of accessing or complying with the Output.	This is the second revision of this publication, and there have been no complaints regarding accessibility of previous versions. As this will be the first web based version, usage and response of users will be monitored to ensure accessibility remains problem free.

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	√					This document provides guidance for people who are producing guidelines which may then be implemented at NHS Board level. There is no measurable direct impact on individual patients, and therefore no differential impact can be measured.
Minority ethnic groups inc gypsy travellers, refugees & asylum seekers	√					
Religious or faith groups	√					
Children & young people	√					
Older people	√					
People with disabilities (physical or learning)	√					
Lesbians	√					
Gay men	√					
Bisexuals	√					
Transgender/transsexual	√					
Cross-cutting issues:						
Homeless people	√					
People with mental health issues	√					
Offenders	√					
People in poverty	√					
Married and unmarried people	√					
People with language or social origin issues	√					

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: Sara Twaddle	Date: 15 November 2007
QA Approved	Name: Jeniffer Kibagendi (Equality and Diversity Officer)	Date: 5 th November 2007

SECTION FIVE: NOTES FOR OUTPUT REVIEW	
Issue	Note actions which could: minimise or remove any adverse impacts increase the positive impacts
5.1 Accessibility to all	Review usage / response to web version.
5.2	
5.3	
5.4	
5.5	