

EQIA Report For
Management of acute upper and lower
gastrointestinal blood loss

Date: 24-Apr-08

Policy, Function or Output Details

Section One:	Ownership / Commitments	
1.1 Organisation NHS Quality Improvement Scotland Including SIGN	1.2 Directorate SIGN	
1.3 Person Responsible: Dr Moray Nairn	1.4 Unit: SIGN	
1.5 Output Title: Management of acute upper and lower gastrointestinal blood loss	1.6 Target Completion Date: 1-Jun-08	
1.7 What stage is it at? Review	1.8 Status: New	
1.9 Associations		
Own Organisation	Partner Organisations	
a) Status New works output NB If you selected multiple then include the breakdown in the titles list above	b) Status Select works Select NB If you selected multiple then include the breakdown in the titles list above	
1.10 Assessment Knowledge		
a) Summary of the knowledge level of the assessor team in relation to the Output and Equality and Diversity? average	b) What data are you aware is available? mortality increases generally with age across all age groups. OR for mortality is from 1.8 to 3 (for age >60yrs), and from 4.5 to 12 (for age >75yrs).	

Section Two:	The Output Background
2.1	What is the purpose of this Output? The guideline provides recommendations based on current evidence for best practice in the management of acute upper and lower GI bleeding, in order to reduce mortality and the need for major surgery.
2.2	Which NHS QIS work themes does this relate to? Other projects Give details: This relates to general medicine
2.3	Who are the stakeholders? Medical professionals including acute physicians, gastroenterologists, gastrointestinal surgeons, endoscopists, pharmacists, anaesthetists, nurses and primary care professionals. It will also be of interest to patients and carers.
2.4	Who is it to benefit or affect? It will benefit patients by providing current evidence based care. It will affect medical professionals in the way that they provide care. In what way?

Stage 1

Section Three:	Initial Checklist	
Equality target groups		
Please check the relevant boxes, where it is anticipated that there will be an impact on the equality group-either positive or negative		
Age: consider children, young people and older people		<input checked="" type="checkbox"/>
Disability eg. physical, sensory impairment and learning disability.		<input type="checkbox"/>
Gender: men, women, transgender and transsexual people		<input type="checkbox"/>
Race/ethnic groups including minorities eg. gypsy travellers, refugees & asylum seekers.		<input type="checkbox"/>
Religion or belief: religious or other groups with a recognised belief system		<input type="checkbox"/>
Sexual orientation eg. lesbian, gay, bisexual		<input type="checkbox"/>
Cross Cutting Strands		
People in poverty		<input type="checkbox"/>
Homeless people		<input type="checkbox"/>
Language or social origins issues		<input type="checkbox"/>
People in Criminal Justice System		<input type="checkbox"/>
People with mental health issues		<input type="checkbox"/>
Marital status including civil partnership		<input type="checkbox"/>

Section Four:		Initial Checklist - Summary Sheet
4.1	Have actual/potential positive impacts been identified for one or more equality target groups? Yes The guideline identifies that due to increased risk by age, older people will be treated differently e.g. admitted to hospital	
4.2	Have actual/potential negative impacts been identified for one or more equality target groups? No	
4.3	Additional information and evidence required: none required	
4.4	Assessment status: <ul style="list-style-type: none"> • Data collection was sufficient for the initial checking Yes • If not what can / should be done to improve it: • The assessor team's knowledge was appropriate for the initial checking Yes • If not give details and recommendations: 	
4.5	What are the resource implications of: Gathering the relevant data already held on equality target groups? none Identifying the gaps in the data? Collecting the missing data?	
4.6	This has been subjected to EQIA before Date: Give details of outcomes etc.	
4.7	What efforts will be made/ have been made to include representatives from the relevant equality target groups? patient representatives were included as per SIGN's standard methodology	
4.8	How have they been/will they be involved in the development? Meetings Give details: Patient representatives attended group meetings, and helped to formulate key questions.	
4.9	What research or consultation has been/requires to be carried out with regard to the impact on equality target groups? Literature searches were carried out which determined levels of risk by age and appropriate management.	
Initial Checklist		Recommended actions and sign off
4.10	Further initial checking <input type="checkbox"/> If yes what should be undertaken?	

4.11	Rapid impact assessment <input type="checkbox"/> If not what are the reasons? because no negative impacts were identified in any target equality group, no further impact assessment is required.	
4.12	Full impact assessment <input type="checkbox"/> If not what are the reasons? see 4.11	
4.13	Recommendations summary: to publish the guideline as planned	
4.14	No further action is recommended and the conclusions of the initial checklist are accurate and comprehensive <input checked="" type="checkbox"/> If not give reasons:	
Name:	Moray Nairn (Lead Assessor)	Date: 24-Apr-08

Stage 2

Section Five:		Rapid Impact assessment
Examination of Available Data		
Data collection may include: consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic or professional publications, consultants' reports etc		
5.1	Referring to the above list, who has been consulted with regard to the equality target groups?	
5.2	What do you know from existing in-house quantitative/qualitative data, research, consultations, focus groups and analysis?	
5.3	What do you know from existing external quantitative/qualitative data, research, consultations, focus groups and analysis?	
5.4	What knowledge gaps were identified with regard to the equality target groups?	
5.5	Describe actual/potential difficulties – with availability of information?	
5.6	Subjected to EQIA before Select Give details of impact on data availability/any further recommendations:	

Section Six:**Equality target groups**

Complete the following table, recognising that positive and adverse impacts (whether intended or unintended) could apply to each equality target group.

a) examples of positive impacts are:

Eliminating unlawful discrimination

Promoting equal opportunities

Promoting good relations

Taking account of different needs of equality target groups :

b) examples of negative impacts are:

Disadvantaging particular equality target groups

Examine for unlawful direct and indirect discrimination.

Equality target groups	Positive impact	Adverse impact	Reason or comment for impact rating
(i) Age: consider children, young people and older people	Select	Select	
(ii) Disability eg. physical, sensory impairment and learning disability.	Select	Select	
(iii) Gender: men, women, transgender and transsexual people	Select	Select	
(iv) Race/ethnic groups including minorities eg. gypsy travellers, refugees & asylum seekers.	Select	Select	
(v) Religion or belief: religious or other groups with a recognised belief system	Select	Select	
(vi) Sexual orientation eg. lesbian, gay, bisexual	Select	Select	
Cross Cutting Strands			

(vii) People in poverty	Select	Select	
(viii) Homeless people	Select	Select	
(ix) Language or social origins issues	Select	Select	
(x) People in Criminal Justice System	Select	Select	
(xi) People with mental health issues	Select	Select	
(xii) Marital status including civil partnership	Select	Select	

Section Seven:		Rapid Impact Assessment Findings	
7.1	Summary of positive impacts on affected equality target groups:		
7.2	Summary of negative impacts on affected equality target groups:		
7.3	Summary of consultation undertaken with relevant equality target groups:		
7.4	This has been subjected to EQIA before <input type="checkbox"/> Date: Give details of findings versus expected outcomes:		
7.5	(i) The Select is directly discriminatory? Select (under any discriminatory legislation eg. Sex Discrimination Act, Race Relations Act, Disability Discrimination Act, Religion or Belief Regulations, Sexual Orientation Regulations or relevant policy)	(ii) It is indirectly discriminatory? Select Is it objectively justifiable or proportionate in meeting a legitimate aim Select If Yes selected please give details	(iii) It is intended to increase equality of opportunity by permitting positive action to redress disadvantage? Select Please give details
7.6	Recommendations:	Select	
7.7	Additional information and evidence required to fill any knowledge gaps?		
7.8	What steps can be taken to influence this work?		
7.9	Explanation why full EQIA has been recommended or not:		
Assessment of impact and significance:	Positive: Select	Adverse: Select	Amendments required: Select
Recommended action:	Issue/continue use <input type="checkbox"/>		Withdraw from use <input type="checkbox"/>
	Review date:		Revision date:
	Full EQIA (FIA): <input type="checkbox"/>		Planned completion of FIA: NA

Section Eight:	Notes For Review Where Applicable	
8.	<p>Where gaps in knowledge or adverse impacts have been identified with regard to how this Select effects the relevant target equality groups, please identify what steps could be taken when it is reviewed. Consider actions which could: provide missing data on relevant equality target groups, minimise or remove adverse impacts or increase the positive impacts</p>	
	<p>For each option consider it's significance for equality of opportunity:</p> <ul style="list-style-type: none"> • Impact on stereotypes (challenge/reinforce) • Consequences for (groups, organisation) of not adopting something else • Social and economic costs and benefits (for the group/organisation) • Equality of opportunity risks in terms of cost benefits. 	
8.1		
8.2		
8.3		
8.4		
8.5		
8.6		
8.7		
8.8		

Section Nine:		Summary of Impact Assessment and sign off	
9.1 Adverse impacts found Select		9.2 Amended to reduce/stop adverse effect Select	
9.3 Consultation conducted Select		9.4 Positive impacts found Select	
9.5 (a) Who will approve or authorise the recommendations? (Essential to consider also in partnership developments).			
9.5 (b) Following the consultation, what is the decision? <input type="checkbox"/> Reject <input type="checkbox"/> Introduce <input type="checkbox"/> Amend the Select <input type="checkbox"/> Other – please explain N.B. An impact assessment should be made of any amended Select.			
9.6 Person responsible for publishing results of impact assessment:			
9.7 Person responsible for arranging review:			
9.8 Due for review		9.9 Results due to be published	
Decision-making and reports to line management / board (Repeat this section for each stage of the decision-making process.)			
Directorate	Select	Assessment dates	
Assessors	1:	Start:	
	2:	Finish:	
	3:		
	4:		
I confirm this report is an accurate account of the EQIA findings for this Select <input type="checkbox"/>			
Name:	(Lead Assessor)		Date:
Agreed by Manager/Head of Unit	Name/Job Title: /		Date:
Quality approved	Name:		Date: