

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	Management of cervical cancer	This is an: Output
Owning Unit/Directorate:	SIGN	
Names / job titles of assessors	Lead: Programme Manager 1) Programme Manager 2 2) Equality & Diversity Officer 3) EQIA Facilitator	Date(s) of assessment: Start: 6 November 2007 Finish:
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: 2010 Revision date of Output: 2010 (if any new evidence) FIA planned completion date:
Agreed by Head of Unit	Name: Sara Twaddle	Date: 11 December 2007

EQIA SUMMARY

Summary of positive impacts and affected groups

This guideline should have a positive impact on access to and experience of health care for those suffering from cervical cancer and their families and carers.

Summary of adverse impacts and affected groups

None

Summary of consultation undertaken

The full range of health care professionals involved with individuals affected by cervical cancer and their families and carers were represented on the guideline development group, along with organisations representing cancer patients. Further opportunities to comment on the content of the guideline were provided at a national open meeting, through publication of an early draft of the guideline on the SIGN web site, a peer review process that included other patient / carer representatives.

Additional information and evidence required

None

Recommendations

Data on the relationship between E&D groups and all aspects of incidence and management of cervical cancer should be identified, if possible.

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

No adverse impacts were anticipated

Completed by Lead Assessor

Name: Roberta James

Date: 4/12/2007

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?	The aim of this guideline is to present evidence based recommendations to cover the presentation, referral, diagnosis, staging, treatment, psychosocial care and support of women with cervical cancer.
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?	The guideline is intended to inform healthcare professionals across Scotland who are involved in the care of women with squamous cell cervical cancer, to the ultimate benefit of these patients, their families, and carers. All of the above, plus service planners, have a stake in this guideline. The only people not covered by this guideline are patients with small cell and large cell neuroendocrine carcinomas of the cervix, which is managed in a different way.
1.4 How have these people been involved in the development of this Output?	Guideline was produced by a multidisciplinary team including representation from all professional groups with an interest in this condition, as well as patients and carers. There was a period of open consultation during development of the guideline, as well as review by invited peer reviewers.
1.5 What outcomes are intended from this Output?	To reduce variations in practice and ensure equal access to optimum treatment for all patients treated for this condition across Scotland.
1.6 What resource implications are linked to this Output?	None.
1.7 What research or consultation has been done?	A wide range of organisations involved in the delivery of health care (both as providers and users) for women with cervical cancer were consulted before establishing the remit of the guideline. A literature review was carried out and evidence summarised. The following key issues for patients, their families, and carers were identified from this review: <ul style="list-style-type: none"> • After treatment for cervical cancer, body image, sexuality, dyspareunia, fecal leakage, reduced orgasm frequency, stigma, psychological well-being and infertility are all issues for women. • Barriers to attending follow-up (demographics, lack of social support, lack of understanding, fear. Women who are HIV positive less likely to attend. • Financial help and benefits information. • Access to services in rural areas. <p>Two lay representatives participated in the peer review process.</p>

1.8 What stage is the Output at?

Ready for publication

1.9 What is the target date for completion?

14 December 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.	Maggie's Centres, Macmillan Cancer Research, Tak Tent, SCAN, Scottish Partnership for Palliative Care, Cancer BACUP, Cancer Research UK, various cancer support groups, Marie Curie Cancer Care, Cancer Care Research Centre, Women's Health, Women's Health Concern, WELLBEING, Gynae C, Jo's Trust
2.2 What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?	No internal information was available prior to commencing work on this guideline.
2.3 What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?	Recognised risk factors include smoking; human papilloma virus infection; socioeconomic deprivation. There is no evidence that would allow stratification for investigation.
2.4 What gaps in knowledge are there?	No evidence was identified to relate risk to sexual orientation, ethnicity, religion, transgender people.
2.5 Describe any actual or potential difficulties of accessing or complying with the Output.	The guideline will be distributed to all NHS boards and organisations with an interest in this topic in Scotland. It will also be published on the SIGN web site for free download. Implementation / compliance with the guideline is an issue for individual Health Boards.

SECTION THREE: IMPACT ASSESSMENT						
<p>3 Complete the following table, giving reasons or comments where:</p> <p>a) The Output 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 Output 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"> • Will have a positive impact on women with cervical cancer. Impact on males will be limited to those caring for partners / family members with this condition.
Minority ethnic groups inc gypsy travellers, refugees & asylum seekers		√				<ul style="list-style-type: none"> • Will have a positive impact on women with cervical cancer. Impact on males will be limited to those caring for partners / family members with this condition.
Religious or faith groups		√				<ul style="list-style-type: none"> • Will have a positive impact on women with cervical cancer. Impact on males will be limited to those caring for partners / family members with this condition.
Children & young people	√					<ul style="list-style-type: none"> • Carers and family need to be aware of available support services.
Older people		√				<ul style="list-style-type: none"> • Will have a positive impact on women with cervical cancer. Impact on males will be limited to those caring for partners / family members with this condition
People with disabilities (physical or learning)		√				<ul style="list-style-type: none"> • Will have a positive impact on women with cervical cancer. Impact on males will be limited to those caring for partners / family members with this condition. Recommendations have been made on implementation that people's needs are taken into account and information offered in a variety of media.
Lesbians		√				<ul style="list-style-type: none"> • Will have a positive impact on women with cervical cancer. Impact on males will be limited to those caring for partners / family members with this condition
Gay men	√					<ul style="list-style-type: none"> • Carers and family need to be aware of available support services.
Bisexuals		√				<ul style="list-style-type: none"> • Will have a positive impact on women with cervical cancer. Impact on males will be limited to those caring for partners / family members with this condition
Transgender/transsexual		√				<ul style="list-style-type: none"> • Will have a positive impact on female to male transgender people who develop cervical cancer. Impact on males will be limited to those caring for partners / family members with this condition.

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"> Will have a positive impact on women with cervical cancer. Impact on males will be limited to those caring for partners / family members with this condition
People with mental health issues		√				<ul style="list-style-type: none"> Will have a positive impact on women with cervical cancer. Impact on males will be limited to those caring for partners / family members with this condition
Offenders		√				<ul style="list-style-type: none"> Will have a positive impact on women with cervical cancer. Impact on males will be limited to those caring for partners / family members with this condition
People in poverty		√				<ul style="list-style-type: none"> Will have a positive impact on women with cervical cancer. Impact on males will be limited to those caring for partners / family members with this condition
Married and unmarried people		√				<ul style="list-style-type: none"> Will have a positive impact on women with cervical cancer. Impact on males will be limited to those caring for partners / family members with this condition
People with language or social origin issues		√				<ul style="list-style-type: none"> Will have a positive impact on women with cervical cancer. Impact on males will be limited to those caring for partners / family members with this condition
						<ul style="list-style-type: none">

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: 11 December 2007
QA Approved	Name: Jeniffer Kibagendi (Equality and Diversity officer)	Date: 12 December 2007

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	It would be helpful if data on the relationship between the equality groups and all aspects of incidence and management of cervical cancer were available by the review stage.
5.2	
5.3	
5.4	
5.5	