

## **Equality, Good Relations and Human Rights SCREENING**

The Health and Social Care Board is required to consider the likely equality implications of any policies or decisions. In particular it is asked to consider:

- 1) What is the likely impact on equality of opportunity for those affected by this policy, for each of the section 75 equality categories? (minor, major or none)
- 2) Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?
- 3) To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor, major or none)
- 4) Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

See [Guidance Notes](#) for further information on the 'why' 'what' 'when', and 'who' in relation to screening, for background information on the relevant legislation and for help in answering the questions on this template.

For advice on screening please contact: Anne McGlade: Equality Manager, Business Services Organisation, Equality Unit [anne.mcglade@hscni.net](mailto:anne.mcglade@hscni.net) or Telephone 028 90535577

As part of the audit trail documentation needs to be made available for all policies and decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

**For information (evidence, data, research etc) on the Section 75 equality groups see the Equality and Human Rights Information Bank on the BSO website:**  
<http://www.hscbusiness.hscni.net/services/1798.htm>

The majority of policies or decisions need to be screened using the full template. There are some policies or decisions where it is obvious that there is no impact on people. If this is so please confirm using the screening assurance statement pro-forma below.

## Equality, Good Relations and Human Rights **SCREENING** **Assurance Statement**

**Complete Page 2 only** if you have considered the relevance of the policy or decision in relation to the 4 screening questions and conclude that there is:

*“No scope to promote equality of opportunity”*

Approved Lead Officer: \_\_\_\_\_

Position: \_\_\_\_\_

Policy/Decision Screened by: \_\_\_\_\_

Signed  
Date \_\_\_\_\_

**Please forward this completed Screening Assurance Statement to:**  
[Equality.Unit@hscni.net](mailto:Equality.Unit@hscni.net)

**Otherwise please complete full screening template pages 3-11.**

# Equality, Good Relations and Human Rights SCREENING TEMPLATE

## (1) INFORMATION ABOUT THE POLICY OR DECISION

### 1.1 Title of policy or decision

Strategic Framework for GP Out-of-Hours

### 1.2 Description of policy or decision

The objectives of the Strategic Framework are as follows:

- **simplify access to GP Out-of-Hours** – to simplify the process of contacting GP Out-of-Hours for patients by reducing the current seven phone numbers to one and a text-phone number thus improving access. This may mean sharing workload at busy times and reducing call centres at quiet times. This will require appropriate technology and telephony and enhance communication with the public.
- **to improve operational efficiency** – to continue to develop standards, governance, working processes and accountability including equality and human rights considerations such as equality of service access and uptake for all. To use technology to facilitate mobile working.
- **to improve alignment with other healthcare services** – to align with other services such as the Northern Ireland Ambulance Service and Unscheduled Care services to ensure increased effectiveness and appropriate response for patients. To consider the expansion of GP Out-of-Hours to perhaps include call handling for other services.

### Constraints

- There is a need to ensure that the core service continues to operate robustly and that the potential for delivering other services is fully explored and developed. Maximising the development and use of technology, telephony and the skills of staff, will be a particular challenge, given funding constraints. Recruitment, retention, training and development of

staff are ongoing issues for a workforce that mainly works Out-of-Hours and on a part-time basis.

### **1.3 Main stakeholders affected (internal and external)**

- Actual or potential service users
- Health and Social Care Trusts
- Northern Ireland Ambulance Service
- Dalriada Urgent Care
- Western Urgent Care
- Health and Social Care Board
- Department of Health, Social Services and Public Safety (DHSSPS)

It is anticipated that the impact on staff in the provider organisations will be minimal and will mainly involve the use of new technology and transferring calls to and from other organisations such as Northern Ireland Ambulance Service or dealing with and referring calls for other services. The service for patients should be enhanced with the single number and a co-ordinated response or referral pathway for their calls.

### **1.4 Other policies or decisions with a bearing on this policy or decision**

GP Out-of-Hours may be included as one of the services in the non-geographic single telephone number being considered for urgent care in the “Transforming your care” review so it may be useful to await a decision on using this urgent care number for GP Out-of-Hours.

## (2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

### 2.1 Data Gathering

**What information did you use to inform this equality screening? For example previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.**

- Review of other screening
- Comprehensive stakeholder engagement over a number of years including provider organisations and user views via the Patient Client Council via workshops, project groups and other meetings which would have taken account of user issues or complaints.

### 2.2 Quantitative Data

**Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.**

<b>Category</b>	<b><i>What is the makeup of the affected group? ( %) Are there any issue or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</i></b>
Gender	The Mid Year estimate June 2010 for the Population of Northern Ireland was 1,799,400 (NISRA, June 2011)  Male 884,400 (49.15%) Female 915,000 (50.85%)
Age	Children (under 16) - 382,000 (21.2%) Working Age (males 16-64, females 16-59) 1,109,400 (61.6%) Males 65+ Females 60+years - 308,300 (17.1%) (NISRA, June 2011)  Older People Between 2009 and 2010 the very elderly population (85+) has increased by 3.5% (from 28,680 to 29,665). Between 2009 and 2010 the pensioner population has increased

	by 2.1% (from 301,900 to 308,300).
Religion	43.8% of population from a Catholic background 53.1% of population from Protestant and other Christian background (2001 Census)
Political Opinion	First preference votes per party in NI Assembly Elections 2011:  DUP -198, 436 Sinn Fein – 178,222 UUP – 87,531 SDLP – 94,286 Alliance – 50,875 Other - 52,384 (Electoral Office NI, 2011)
Marital Status	Single never married 33.11% Married 48.45% Remarried 2.67% Divorced 4.12% Separated 3.84% Widowed 7.81% (2001 Census)
Dependent Status	Based on the most recent information from Carers Northern Ireland, the following facts relate to carers: - 1 in every 8 adults is a carer - There are approximately 207,000 carers in Northern Ireland - One quarter of all carers provide over 50 hours of care per week - People providing high levels of care are twice as likely to be permanently sick or disabled than the average person - Approximately 30,000 people in Northern Ireland care for more than one person - 64% of carers are women; 36% are men (This information was accessed at <a href="mailto:info@carersni.org">info@carersni.org</a> – June 2011.)
Disability	Over one-fifth (21%) of adults in Northern Ireland have at least one disability. Amongst children, 6% are affected by a disability. Approximately 1 in 7 people have some form of hearing loss. It is estimated that there are 3,500 British Sign Language users, 1,500 Irish Sign Language Users and approximately 40 deafblind people per 100,000 of the population.
Ethnicity	White 99.15% Irish Traveller 0.10% Mixed 0.20%

	Indian 0.09% Pakistani 0.04% Bangladeshi 0.01% Other Asian 0.01% Black Caribbean 0.02% Black African 0.03% Other Black 0.02% Chinese 0.25% Other Ethnic 0.08% (Census, 2001)
Sexual Orientation	Whilst there are no accurate statistics on sexual orientation in the community as a whole, it is estimated that between 5% and 10% of people are from lesbian, gay, bisexual or transgender groups.

### 2.3 Qualitative Data

**What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.**

<b>Category</b>	<b>Needs and Experiences</b>
Gender	<p>There is generally a lower uptake of the service by men and a higher uptake by women and mothers for their children.</p> <p>Most Medical Managers or Directors are men.</p>
Age	<p>Older people and the very young consume a greater proportion of health and social care resources than the rest of the population.</p> <p>Older patients such as those in nursing homes and terminally ill patients are more likely to need visits in the home.</p> <p>Carers may have difficulty attending a centre for treatment for themselves if they have sole responsibility of care for someone whom they could not take with them to the Out-of-Hours centres.</p>
Religion	None anticipated in respect of this particular service.
Political Opinion	None anticipated in respect of this particular service.
Marital Status	None anticipated in respect of this particular service.
Dependent Status	<p>Those with dependents will access the service more than those who do not have dependents.</p> <p>Some people may have difficulty accessing the service possibly due to transport problems or if a lone parent, issues such as other dependents possibly sleeping at home.</p>
Disability	There is evidence to show that people with disabilities have difficulty accessing health and social care services but there is no information in respect of GP Out-of-Hours. Accessing the service via telephone may be difficult for some people. Text Relay is available.
Ethnicity	There is evidence to show that certain ethnic minority or racial groups have difficulty accessing health and social care services but there is no information in respect of GP Out-of-Hours. An interpretation service and multi-lingual phrasebooks are available.
Sexual Orientation	None anticipated in respect of this particular service.

## 2.4 Multiple Identities

**Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.**

There is no information available to identify the potential impact on people with multiple identities. However, when there are combined issues of age, disability and ethnicity there may be additional issues for accessing services.

## 2.5 Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

<i><b>In developing the policy or decision what did you do or change to address the equality issues you identified?</b></i>	<i><b>What do you intend to do in future to address the equality issues you identified?</b></i>
All GP Out-of-Hours providers are aware of how to use Text Relay.  GP Out-of-Hours provider organisations received Deaf Awareness and Equality Awareness training.  An Easy Read version of the consultation was developed.	Continue to work with any issues identified via complaints, patient satisfaction surveys or other ways.  Ensure that providers proactively review their service and ensure that any disability or equality issues are addressed.

## 2.6 Good Relations

**What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)**

<i>Group</i>	<i>Impact</i>	<i>Suggestions</i>
Religion	No further impact	No suggestions
Political Opinion	No further impact	No suggestions
Ethnicity	No further impact	No suggestions

### **(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?**

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

**How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)**

**Please tick:**

Major impact	<input type="checkbox"/>
Minor impact	<input type="checkbox"/>
No further impact	<input checked="" type="checkbox"/>

**Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?**

**Please tick:**

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Please give reasons for your decisions.

- The introduction of the Strategic Framework is designed to improve the Out-of-Hours service, pathways and communication about the out-of-hours service.
- It appears that it will improve equality and human rights through greater accessibility and equity of services.
- The introduction of the Strategic Framework is unlikely to impact negatively on any of the equality groups.

#### **(4) CONSIDERATION OF DISABILITY DUTIES**

##### **4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?**

<b><i>How does the policy or decision currently encourage disabled people to participate in public life?</i></b>	<b><i>What else could you do to encourage disabled people to participate in public life?</i></b>
GP Out-of-Hours services are used by over half a million patients a year and are widely accessible. GP Out-of-Hours organisations can provide additional support to patients with disabilities thus enabling them to participate in public life.	Assess patient satisfaction surveys and work with disability organisations to see if there are any further issues and if so to work towards resolution.

##### **4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?**

<b><i>How does the policy or decision currently promote positive attitudes towards disabled people?</i></b>	<b><i>What else could you do to promote positive attitudes towards disabled people?</i></b>
GP Out-of-Hours services are available to all patients and therefore no group is excluded.	Assess patient satisfaction surveys and work with disability organisations to see if there are any further issues and if so to work towards resolution.

## (5) CONSIDERATION OF HUMAN RIGHTS

### 5.1 Does the policy or decision affect anyone's Human Rights? Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life	No
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	No
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	No
Article 5 – Right to liberty & security of person	No
Article 6 – Right to a fair & public trial within a reasonable time	No
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	No
Article 8 – Right to respect for private & family life, home and correspondence.	No
Article 9 – Right to freedom of thought, conscience & religion	No
Article 10 – Right to freedom of expression	No
Article 11 – Right to freedom of assembly & association	No
Article 12 – Right to marry & found a family	No
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights	No
1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 <sup>st</sup> protocol Article 2 – Right of access to education	No

*If you have answered no to all of the above please move onto **Question 6** on monitoring*

**5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?**

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise any legal issues?*
			Yes/No

*\* It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

**5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.**

**(6) MONITORING**

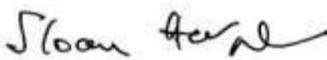
**6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights?)**

<b>Equality &amp; Good Relations</b>	<b>Disability Duties</b>	<b>Human Rights</b>
Patient satisfaction surveying and the complaints process should seek to monitor if there are other issues.	Daytime GP practices will be encouraged to inform Out-of-Hours if any of their patients have particular needs. Patient satisfaction surveying and the complaints process should seek to monitor if there are other issues.	Patient satisfaction surveying and the complaints process should seek to monitor if there are other issues.

Approved Lead Officer: Dr Sloan Harper

Position: Director of Integrated Care

Policy/Decision Screened by: Dr O'Brien, Assistant Director of Integrated Care, HSCB

Signed: 

Date: 31<sup>st</sup> May 2012

**Please note that having completed the screening you will need to ensure that a consultation on the outcome of screening is undertaken, in line with Equality Commission guidance.**

**Please forward completed schedule to:**

**Please forward completed template to:**

**[Equality.Unit@hscni.net](mailto:Equality.Unit@hscni.net).**

**If you have any queries contact: Anne McGlade, Equality Manager,  
Business Services Organisation Email:  
[anne.mcglade@hscni.net](mailto:anne.mcglade@hscni.net) Telephone 028 90535577**

**Template revised August 2011**