



Equality, Good Relations and Human Rights SCREENING TEMPLATE

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

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Regional Enhanced Service For Data Quality

1.2 Description of policy or decision

One of the major benefits of computerised records has been the ability to code the information that is entered and subsequently to be able to search this. General practice systems currently use Read codes which provide a hierarchy of codes to choose from.

Historically GP's have tended to use this coded data and free text for their own internal practice purposes. However with information increasingly shared between professionals it is very important that patient records are as complete as possible and can be understood by a health care professional who may not have prior knowledge of the patient.

Where some information is on the computer record as a coded record and some on scanned files as an attachment to the record the information is fragmented and is not easily identifiable or searchable. It is therefore important that the coding used in general practice is consistent so that information is held in a similar manner in all practices.

This enhanced service is intended to resource practices to set up and deliver consistent coding of referral and emergency admission information in the first

instance. Storing relevant information in the patient's medical record remains a core service irrespective of this coding initiative. The service is in two parts:

1. Coding of Referrals to Consultant Services, A&E and some Community Services at time of referral.
2. Coding of Hospital Emergency Admissions on receipt of the final discharge letter.

Practices may sign up to deliver either or both parts of the service.

1.3 Main stakeholders affected (internal and external)

Patients of GP practices
GPs and Practice staff
Commissioning Organisations.

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

- QOF quality and productivity indicators.
- New service commissioning in primary care.

(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.

Consultation with the General practitioner Committee of the BMA as to the most appropriate service to be provided by the GMS Contractors. Consultation with other departments in the HSCB responsible for acute services including the local Commissioning groups.

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.

Category	<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>
	This relates to all patients in all categories who are registered in GP Practices in Northern Ireland
Gender	
Age	
Religion	
Political Opinion	
Marital Status	
Dependent Status	
Disability	
Ethnicity	
Sexual Orientation	

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.

Category	Needs and Experiences
	All patients with medical records held in practice will benefit from this improvement in record keeping as ultimately it contributes to better clinical benefits for all patients in all categories.
Gender	
Age	
Religion	
Political Opinion	
Marital Status	
Dependent Status	
Disability	
Ethnicity	
Sexual Orientation	

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.

No.

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>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>The policy was designed to improve record keeping and ability to access appropriate information when considering service design. No equality issues identified.</p> <p>The emphasis throughout is on improving quality of data collated in GP practices.</p>	

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	none	
Political Opinion	none	
Ethnicity	none	

(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)

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

Please tick:

Major impact	
Minor impact	
No further impact	x

Please tick:

Yes	
No	x

Please give reasons for your decisions.

The policy was designed to improve record keeping and access to accurate information when considering commissioning of services.

There will be no impact on any other group.

The service will be offered to all practices across the region.

(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?

<i>How does the policy or decision currently encourage disabled people to participate in public life?</i>	<i>What else could you do to encourage disabled people to participate in public life?</i>

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?

<i>How does the policy or decision currently promote positive attitudes towards disabled people?</i>	<i>What else could you do to promote positive attitudes towards disabled people?</i>

(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 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1 st protocol Article 2 – Right of access to education	No

*If you have answered no to all of the above please move onto to move on to **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?	Is it legal?* 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.

n/a

(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?)

Equality & Good Relations	Disability Duties	Human Rights
<p>We will monitor uptake of scheme across all practices and also make a record of patients involved in scheme. Practices are required to audit the scheme as part of the Service specification.</p>		

Approved Lead Officer: Dr Katherine MacLurg

Position: Medical Adviser

Date: 23rd August 2011

Policy/Decision Screened by: Dr Helen Rogers

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: Anne McGlade, Equality Manager, Business Services Organisation
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Telephone 028 90535577**

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