

**\*\*Completed and Signed Screening Templates are public documents posted on the Trust's website\*\***

- All policies / proposals require an equality screening
- Policy / Proposal authors / decision makers are responsible for Equality Screenings

Section 1: Information about the Policy / Proposal							
(1.1) Name of the policy/proposal	‘Home Delivery of Factor Products’ for patients who have bleeding disorders						
(1.2) Status of policy/proposal <i>(please underline)</i>	<u>New</u>		Existing		Revised		
(1.3) Department/Service Group: <i>(please underline)</i>	Corporate Services Group <i>(Please specify)</i>	Nursing and User Experience	Un-scheduled and Acute Care	<u>Surgery &amp; Specialist Services</u>	Specialist Hospitals & Women’s Health	Children’s Community Services	Adult Social & Primary Care
(1.4) Description of the policy/ proposal? State the aims and objectives/key elements of the policy/proposal. Detail the changes the policy/proposal will introduce. How will the policy/proposal be communicated to staff /service users? Describe how the policy/proposal will be rolled out/put into practice e.g. will there be changes in working patterns / changes to how services will be delivered etc.	<p><b><u>Background</u></b></p> <p>The Regional Haemophilia Comprehensive Care Centre (CCC), based at the Belfast City Hospital (BCH), provides specialist assessment and treatment for adult patients living in Northern Ireland (NI) who have Haemophilia and other inherited bleeding disorders.</p> <p>Patients known to the service require regular review and administration of factor products (clotting factor) that help their blood system to clot and to mitigate the chance of excessive bleeding. In this case, the clotting factor takes in the form of a self-administered injection.</p> <p><b><u>New Service</u></b></p> <p>In 2020, the CCC established an arrangement with a private company (“the provider) to facilitate the direct delivery of clotting factor to a patient’s home where it can be self-administered.</p>						

The rationale for this is to avoid unnecessary attendances to the BCH and to facilitate improved service-user experience by reducing travel to and from hospital and providing more flexibility with regards patients' social lives.

The policy has been introduced to ensure that patients experience a consistent quality of service that protects them from potential, avoidable harm and to facilitate improved clinical outcomes.

### **Service Development 2019 to 2020**

Home delivery of clotting factor is widely available to patients with bleeding disorders in NHS England and in Scotland.

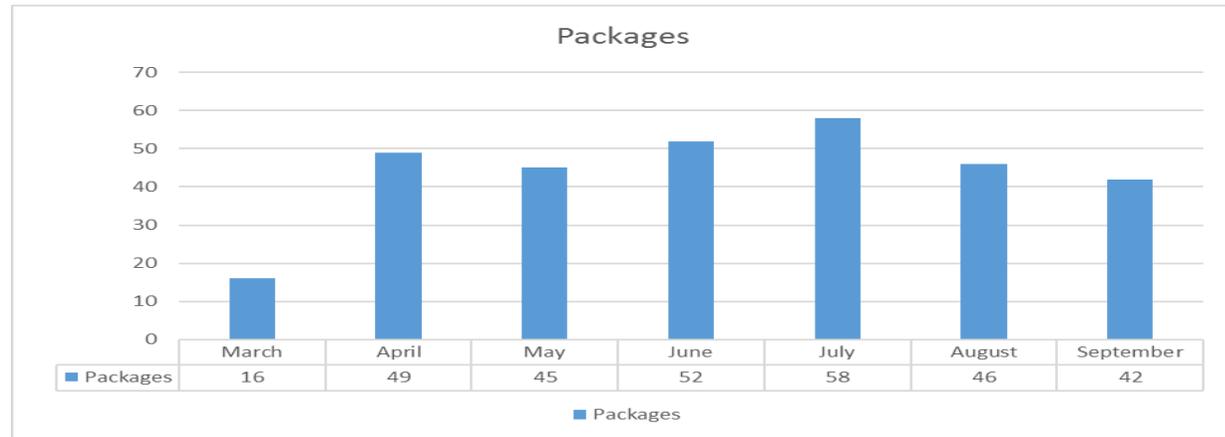
The Belfast Health and Social Care Trust (BHSCT) Haematology service, which manages the Haemophilia CCC, engaged with commissioning colleagues in 2019 about the potential for facilitating a similar service in NI, which was endorsed and supported.

Subsequently, the CCC, along with BHSCT pharmacy colleagues, commenced a procurement exercise in late 2019 to identify a suitable provider that could manage home delivery of clotting factor for patients in NI.

Following the outbreak of the Covid-19 pandemic in March 2020 the CCC was relocated from its base location on C Floor of the BCH to alternative accommodation at both the MacMillan Information and Advice Centre and the Bradbury Health & Wellbeing Centre. This necessitated a change in treatment practices as the service did not have access to its normal clinical facilities and there was an urgent need to reduce patient footfall at the BCH site in order to mitigate the chance of Covid-19 transmission.

As a result, the CCC initiated an interim home delivery solution for patients via a local taxi company that transported product from a collection point at the BCH to suitable patients' residences across NI.

In total 308 packages of clotting factor were delivered to patient homes between March and September 2020:



Following completion of the procurement exercise, the contract for the home delivery service was awarded to a licensed provider of home healthcare services ('the provider') in September 2020 and since then the CCC has been working to refer patients to the permanent service.

### **Service Overview**

As of January 2021, 87 patients with bleeding disorders in NI are eligible for home delivery of clotting factor, out of approximately 400 patients who are known to the CCC

In order to avail of the service, the patient must be deemed suitable for referral by the CCC clinical team in terms of their ability to manage the delivery and retention of clotting factor stock at home.

The home delivery service in no way alters the BHSCT's duty of care to existing patients and indeed it complements the existing services that are provided by the BHSCT CCC.

A multidisciplinary team via an assessment of the home environment (as required), as well as clinical, economic and other pertinent risk factors determines patient suitability for the home delivery service. Patient choice and consent are paramount in terms of the decision to progress with the home delivery service. Any patient that is considered suitable for home delivery is provided with comprehensive verbal and written information about the service using

	<p>inclusive forms of communication where necessary e.g. use of the Regional Interpreting Service.</p> <p>If the patient is happy to proceed, they must give consent and sign an agreement as to their expected responsibilities in terms of the home delivery service. This includes, but is not limited to, a requirement to be available at the scheduled day/time of delivery, to notify the CCC of any concerns/issues and to report usage of factor to the CCC on a monthly basis.</p> <p>Suitable patients who decide not to participate in the home delivery service, and those individuals who do not meet the eligibility criteria for referral, will be in no way disadvantaged in their care as their treatment and monitoring will continue to be delivered by the CCC.</p> <p>Once the referral is made, the CCC and BHSCT pharmacy team liaise with the provider to organise the schedule of delivery dates for the patient. The patient is notified in advance of the anticipated day and time of delivery by the provider.</p> <p>A range of materials, including videos and information leaflets, have been made available for patients to make them aware of the service and this is augmented by education offered locally by the Haemophilia CCC. These are made available in other languages/formats upon request.</p> <p>An emergency helpline number and dedicated email address have been established by the CCC and as part of the new model, patients take part in a monthly phone call with the service and are still subject to their normal review.</p>
<p><b>(1.5) Who owns the policy/proposal?</b>  <b>Where does it originate?</b>  For example: DoH / HSCB</p>	<p>Belfast Health and Social Care Trust Haemophilia CCC</p>
<p><b>(1.6) Who are the main stakeholders affected (Internal and External)?</b>  For example: actual or potential service users, carers, staff, other public sector organisations, trade unions, professional bodies, independent, voluntary or community sector or others.</p>	<ul style="list-style-type: none"> <li>• Service users known to the Haemophilia CCC</li> <li>• BHSCT pharmacy service homecare medicines team</li> <li>• Health and Social Care Board</li> <li>• The provider</li> <li>• Haemophilia CCC clinical team</li> </ul>
<p><b>(1.7) Provide details of how you involved</b></p>	<ul style="list-style-type: none"> <li>• Patient feedback on proposal collected was verbally from representatives of patient</li> </ul>

<p><b>stakeholders, views of colleagues, service users, staff side or other stakeholders when screening this policy/proposal.</b></p>	<p>support group and the results were overwhelmingly positive in terms of support for the new model.</p> <ul style="list-style-type: none"> <li>Proposed service discussed with commissioning colleagues at HSCB and funding secured</li> <li>BHSCT pharmacy homecare medicines team consulted as to the service model and alignment with BHSCT Homecare Medicines Policy</li> <li>Benchmarking undertaken with other UK Haemophilia Centres sought to compare service models and various options for service configuration</li> <li>Legal services consulted with regards development of the service user agreement</li> <li>Patient information leaflets, videos and training with patient feedback developed</li> </ul>
<p><b>(1.8 ) Other policies/strategies with a bearing on this policy/proposal</b> For example: internal or regional policies</p>	<p>BHSCT Homecare Medicines Policy Homecare Medicines. <i>Towards a vision for the Future</i>. Department of Health England, 2011 NHS Toolkit for Medicines Homecare Services, National Medicines Homecare Committee, CMU Dec 2011 Professional Standards for Homecare Services in England. Royal Pharmaceutical Society Procurement Guidance for the provision of homecare delivery service of medicines to patients at home. Commercial Medicines Unit, DH 2011</p>
<p><b>(1.9) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal?</b> For example: Financial, legislative</p>	<ul style="list-style-type: none"> <li>Transport disruption caused by extreme weather</li> <li>Potential Brexit-related issues affecting the transport of goods into NI from Great Britain and Europe</li> <li>Service constraints/capacity with the provider</li> </ul>
<p><b>Section 2: Classification of the Policy / Proposal</b></p> <ul style="list-style-type: none"> <li>The purpose of this Section is to consider the policy/proposal in terms of its <b>relevance</b> and likely <b>impact (actual/potential)</b> on <b>equality of opportunity, disability duties, good relations and human rights</b>.</li> <li>To <b>determine the impact (actual and potential)</b> of a policy/procedure on <b>equality of opportunity, disability duties, good relations and human rights</b> please <b>complete the screening questions at 2.1 – 2.6</b>.</li> </ul>	

<b>Screening Questions</b>	<u><b>Yes</b></u>	<u><b>No</b></u>
(2.1) Is there an <b>impact</b> on <b>Equality of Opportunity</b> for those affected by this policy, for each of the S75* equality categories?	<b>Yes (positive impact)</b>	
(2.2) Are there better <b>opportunities</b> to promote equality of opportunity for people within the S75 categories?		<b>No</b>
(2.3) Does the policy <b>impact</b> upon <b>Good Relations</b> between people of a different religious belief, political opinion or racial group?		<b>No</b>
(2.4) Are there <b>opportunities</b> to better promote good relations between people of a different religious belief, political opinion or racial group?		<b>No</b>
(2.5) Are there <b>opportunities</b> to encourage <b>Disabled People</b> to <b>participate</b> in public life and promote <b>positive attitudes</b> toward disabled people? (Disability Duties)	<b>Yes (positive impact)</b>	
(2.6) Does the policy/proposal <b>impact</b> on <b>Human Rights</b> ?		<b>No</b>
*S75 equality categories include : Age, Dependent Status, Disability, Gender, Marital Status Ethnicity, Religion, Political Opinion and Sexual Orientation.		

### Screening Statement

- If you have answered **Yes** to **any** of the above questions complete **Sections 3 - 9. OR**
- If you have answered **No** to **all** of the above questions the policy may be **screened out** - go to **Screening Statement** at **2.7**.

**N.B: All Staff** must complete their **mandatory equality, good relations and human rights training** once every five years. This can be booked via HRPTS or completed online at [www.hsclearning.com](http://www.hsclearning.com). The online programme is called 'Making a Difference'. Belfast Trust Staff can also access a suite of equality and diversity training including: disability awareness, human rights and embracing diversity in HSC – please contact [Lesley.Jamieson@belfasttrust.hscni.net](mailto:Lesley.Jamieson@belfasttrust.hscni.net) for more information.

**(2.7) Screening Statement :**

This policy / proposal is ‘**screened out**’ on the basis that: (please tick)

- It is a purely clinical or technical nature and has **no relevance** or **impact (actual / potential)** in terms of **equality of opportunity, disability duties, good relations and human rights.**
- It aims to standardise practice and / or achieve best practice based on current evidence.
- Reasonable adjustments** will be made for patients/service users as required including any information e.g. leaflets / letters in accessible/alternative formats

NB: Accessible/ Alternative formats can include, for example, information in easy to read formats or audio formats when the patient/service user has a learning disability or is visually impaired. For advice on making information accessible and inclusive for disabled patients/service users, click [Making Communication Accessible guidance](#). In addition, if a patient/service user does not speak English as his/her first language, an interpreter / sign language interpreter should be provided and written information should be translated as appropriate.

Any other reasons: Please detail.

Approved Lead Officer: Position: Date:		<i>Countersigned by*:</i> Equality Manager: Date:	
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Please sign / date and forward to the Equality and Planning Team for consideration - [Lesley.Jamieson@belfasttrust.hscni.net](mailto:Lesley.Jamieson@belfasttrust.hscni.net).

**\*Equality screenings are completed with information provided by the policy / proposal author subject to advice and assistance provided by the Trust’s Equality Managers.**

**Section 3: Consideration of Equality and Good Relations Issues and Evidence Used**

This section records the quantitative and qualitative data you have used to consider equality and good relations issues including:

- The assessment of impact on staff and service users
- The identification of mitigation factors to reduce/remove any adverse impact
- Opportunities to better promote equality of opportunity

Evidence to help inform the screening process may be quantitative and qualitative. For example: previous consultations and equality impact assessments (eqias), statistics, research, complaints, feedback, referrals, grievances, inspection reports, focus groups, user groups etc.

**(3.1) Quantitative and Qualitative Data: Service Users**

**SERVICE USERS**

There are currently 87 service users known to the Haemophilia CCC who are eligible for home delivery. Data relating to this group of patients has been used to undertake the screening analysis below. Where possible information has been extracted from the BHSCT Patient Administration System (PAS) or from data held by the Haemophilia CCC.

Equality Category	Service Users	Quantitative Data <i>(2011 Census Data unless otherwise stated)</i>		Qualitative Data (Needs, Experiences, Priorities)
		Belfast / Castlereagh population	Service users affected n=87 (%)	

<b>1. Age</b>	0-15 16-24 25-34 35-44 45-54 55-64 65+	22% 11% 12% 14% 14% 12% 15%	1% 30% 28% 9% 15% 10% 7%	<ul style="list-style-type: none"> <li>The data demonstrates that individuals who will be availing of the home delivery service have an age profile that is significantly different to the local population, with the overwhelming majority (67%) of service users being aged between 16 and 44</li> <li>This is predominantly due to the fact that the Haemophilia CCC accepts referrals from paediatric services from the age of 14 and therefore there are very few paediatric-aged individuals included in the analysis</li> </ul>
<b>2. Dependent Status</b>	Caring for a child dependant older person/ person with a disability	12% of usually resident population provide unpaid care - 36% of whom are male and 64% are female	28%	<ul style="list-style-type: none"> <li>It is known that 28% of eligible service users are caring for a child dependent/provide unpaid care</li> <li>There is no evidence to indicate that the planned service development would have an adverse impact in terms of dependent status and indeed may have a positive impact in terms of reducing the amount of time patients have to spend out of the home</li> </ul>
<b>3. Disability</b>	Yes No N/K	21% 79%	69% 13% 18% Unknown	<ul style="list-style-type: none"> <li>A significant proportion (at least 69%) of the service users who are eligible for home delivery have a recorded disability. This is because there is a known higher incidence of disability in individuals who have severe Haemophilia because repeated internal bleeding without prompt treatment can lead to damaged joints, subsequently causing arthritis and disability.</li> <li>The home delivery service will have a positive impact in relation to disability issues as it prevents patients having to journey to hospital to collect factor treatment, which can be more challenging for those individuals who have a disability</li> </ul>
<b>4. Gender</b>	Female Male	49% 51%	2% 98%	<ul style="list-style-type: none"> <li>The marked discrepancy in the gender breakdown of the gender population and the service user group is explained by the manifestation of Haemophilia and other bleeding disorders: <ul style="list-style-type: none"> <li>Haemophilia A and B are inherited genetic disorders on the X chromosome, meaning only males are affected (and females are carriers of these diseases only)</li> </ul> </li> </ul>

				<ul style="list-style-type: none"> <li>- Males display a more severe bleeding type/pattern and by nature require clotting factor</li> <li>- Some rarer bleeding disorders, e.g. Von Willebrand Disease, are inherited in an autosomal dominant pattern, which means one copy of the altered gene in each cell is sufficient to cause the disorder. This results in males and females being affected</li> <li>- Comparatively fewer female patients require prophylaxis treatment for their disease, compared to males</li> </ul>
<b>5. Marital Status</b>	Married/Civil P'ship Single Other/Not known	34.21% 46.6% 19.19%	28% 40% 32%	<ul style="list-style-type: none"> <li>• The results for the home factor delivery service user group included in the analysis are broadly in line with the 2011 census data</li> <li>• There is no information to indicate that the service would have an adverse impact in terms of patient marital status</li> </ul>
<b>6. Race Ethnicity</b>	White Black/Minority Ethnic	98% 2%	93% 7%	<ul style="list-style-type: none"> <li>• The racial ethnicity breakdown of the home factor delivery service users is similar to that of the general population</li> <li>• A very small number of patients known to the Haemophilia CCC are from black/minority ethnic background</li> <li>• A number of mitigations will be put in place to support those individuals from a minority racial ethnic group whose first language is not English in order to avail of the home delivery service, including: <ul style="list-style-type: none"> <li>- Provision of verbal and written information to patients in appropriate and understandable format</li> <li>- Expeditious provision of, and access to, interpreting services as required</li> <li>- Training and education for the clinical team that will provide the service with regards to equality issues</li> </ul> </li> <li>• There is no evidence to suggest that the service will negatively impact equality of opportunity in relation to service user racial background. Information will be provided in alternative languages and either face-to-face</li> </ul>

				or telephone interpreting services will be used when required.
<b>7. Religion</b>	Roman Catholic	41%	40%	<ul style="list-style-type: none"> <li>There is no reason to indicate that the religious belief profile of the service users eligible for home delivery would be different to that of the general population – it should be known that there is a high proportion of “Not Known” entries in the data</li> </ul>
	Presbyterian Church of Ireland Methodist Other Christian	42%	6% 5% 0% 1%	
	Buddhist Hindu Jewish Muslim Sikh Other None Not Known	17%	0% 0% 0% 0% 0% 0% 10% 38%	
<b>8. Political Opinion</b> Based on Council seats on Belfast City Council, October 2017. Excludes Castlereagh		<i>Based on Council seats on Belfast City Council * Excludes Castlereagh</i>	Assume political opinion broadly in line with Belfast City Council Oct 2017 results	<ul style="list-style-type: none"> <li>Data unavailable from PAS- 2011 – there is no evidence to suggest that the political opinion of individuals needing care for red cell disorders would be any different to that of the general population</li> <li>The proposal will not have any effect in terms of patient political opinion</li> </ul>

	DUP SF SDLP UUP APNI Green PBP IND PUP	13 19 4 6 8 1 1 5 3		
<b>9. Sexual Orientation</b>	Opposite sex Same sex Same and Opposite sex Do not wish to answer /Not known	Estimated 6-10% of persons identify as lesbian, gay, bisexual  <i>Source: 2012 report by Disability Action &amp; Rainbow Project</i>	Assume 6-10% identify as lesbian, gay or bisexual	<ul style="list-style-type: none"> <li>• Data unavailable from PAS – 2012 Disability Action &amp; Rainbow Project report figures used as proxy</li> <li>• The planned service development to establish a dedicated clinical service for people living in NI with red cell disorders will not have any impact in relation to patient sexual orientation</li> </ul>

**The NI Haemophilia Centre are committed to ensuring that patients, carers and staff have equality of access to services and feel welcome and safe accessing all BHSCT facilities, irrespective of Age, Dependent Status, Disability, Gender, Marital Status, Ethnicity, Religion, Political Opinion and Sexual Orientation.**

**All staff complete mandatory training in equality, good relations and human rights training once every five years**

**(3.3) Quantitative and Qualitative Data: Staff****N/A**

This information will be provided together with analysis and advice by the Employment Equality Team in the Human Resources department.

**Quantitative Data:** For staff data please contact Martin McGrath on 028 95 048353 / [martin.mcgrath@belfasttrust.hscni.net](mailto:martin.mcgrath@belfasttrust.hscni.net)

**Qualitative Data:** Consideration will be given to the different needs, experiences and priorities of each of the categories in relation to the policy / proposal.

Should any equality / modernisation related issues arise they will be managed through the Organisational Change Framework. [Click here for Framework](#)

When organisational / policy change is necessary, regardless of whether it is a permanent or temporary change, the Trust is committed to treating staff fairly and equitably. Staff can be assured that the change process will be managed. This includes consultation with staff and the opportunity for staff to discuss in one to one meetings, any adverse equality impacts resulting in changes to their employment.

This framework also works alongside other Human Resources policies including for example the Disability and Reasonable Adjustment Framework, the Work Life Balance Policy and Procedure, the Recruitment and Selection Policy and Procedure and Agenda for Change Terms and Conditions Handbook.

It is not anticipated that there will be any impact on staff. Staff in this area will have the same duties, and will now liaise with the Provider in the case of those identified for Home Delivery.

Equality Category	Groups	Quantitative Data		Qualitative Data
		Belfast Trust workforce (@January 2019)	Staff affected by the Policy/Proposal %	

1. Age	16-24 25-34 35-44 45-54 55-64 65+	4% 24% 25% 26% 18% 3%		
2. Dependant Status	Dependants No Dependants Not known	20% 16% 64%		
3. Disability	Yes No Not known	2% 63% 35%		
4. Gender	Female Male	77% 23%		
5. Marital Status	Married/ Civil P'ship Single Other/ Not known	52% 32% 16%		

<p>6. Race</p> <p>a) Ethnicity</p>	<p>BME White Not Known</p>	<p>4% 72% 25%</p>		
<p>b) Nationality</p>	<p>GB Irish Northern Irish Other Not known</p>	<p>18% 11% 2% 1% 68%</p>		
<p><b>7. Religion</b></p> <p>a) Community Background</p>	<p>Protestant Roman Catholic Neither</p>	<p>40% 49% 11%</p>		
<p>b) Religious Belief</p>	<p>Christian Other No religious belief Not known</p>	<p>28% 1% 9% 62%</p>		

<b>8. Political Opinion</b>  <i>* 2011 Assembly election</i>	Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown Not known	6% 7% 8% 79%		
<b>9. Sexual Orientation</b>	Opposite sex Same sex or both sexes Do not wish to answer	41% 2% 57%		

#### Section 4: Consideration of Impacts, Mitigation, Alternative Policies / Proposals

Given the **evidence** gathered in Section 3 please identify for each of the **nine equality categories** the level of **impact, mitigation measures** and **alternative policies / proposals** that better **promote equality of opportunity**.

##### (4.1) SERVICE USERS

Equality Category	Level of Impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact  (where Major or Minor Impact identified)
	Major	Minor	None	
<b>Age</b>			X	
<b>Dependant Status</b>			X	
<b>Disability</b>		X	X	Positive impact in terms of reducing need for travel/access to public transport for patients who have a disability

<b>Gender</b>		X		No mitigating measures required – Haemophilia and other inherited bleeding disorders predominantly affect males
<b>Marital Status</b>			X	
<b>Race (Ethnicity)</b>		X		A very small number of individuals from a minority racial background may need to have enhanced support in terms of provision of information leaflets in alternative languages and/or access to interpreting services, if English is not their first language. These will be provided when required and additional supports put in place such as advice on contacting the CCC.
<b>Religion</b>			X	
<b>Political Opinion</b>			X	
<b>Sexual Orientation</b>			X	
<b>Multiple Identity e.g. disabled minority ethnic people or young Protestant men.</b>			X	

**(4.2) STAFF**

<b>Equality Category</b>	<b>Level of Impact</b>			<b>Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact</b>  (where Major or Minor Impact identified)
	<b>Major</b>	<b>Minor</b>	<b>None</b>	
<b>Age</b>				
<b>Dependant Status</b>				
<b>Disability</b>				
<b>Gender</b>				

<b>Marital Status</b>					
<b>Race</b>	<b>Ethnicity</b>				
	<b>Nationality</b>				
<b>Religion</b>	<b>Community Background</b>				
	<b>Religious Belief</b>				
<b>Political Opinion</b>					
<b>Sexual Orientation</b>					
<b>Multiple Identity</b> e.g. female staff with caring responsibilities					

## Section 5: Good Relations

Based on the **evidence** collected in Section 3 & 4:

- To what extent is the policy/proposal likely to **impact Good Relations** i.e. between people of different religious belief, political opinion or racial group?
- Are there any **additional measures** that could be suggested to ensure the policy or proposal **promotes Good Relations**?

<b>Good Relations category</b>	<b>Level of impact</b>			<b>Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact</b>  (where Major or Minor Impact identified)
	<b>Major</b>	<b>Minor</b>	<b>None</b>	
<b>Religious belief</b>			x	All Trust staff attend mandatory Equality, Human Rights and Good Relations training

				<p>which includes reference to the Good Relations duty.</p> <p>The Trust has a clear and well defined Good Relations strategy 'Healthy Relations for A Healthy Future 2' whereby the corporate commitment to Good Relations is underlined.</p>
<b>Political opinion</b>			x	
<b>Racial group</b>			x	<p>The Trust will ensure that all services and all facilities are welcoming to all patients their carers and advocates regardless of their religious affiliation, political opinion and racial group.</p> <p>Appropriate and inclusive means of communication will be used to contact and communicate with patients, their families and carers who do not speak English as their first language. An interpreter will be booked and/or letters translated using established protocols within the Trust as appropriate.</p>

## Section 6: Disability Duties

<p>How does the policy / proposal:</p> <ul style="list-style-type: none"> <li>• <b>encourage disabled people to participate in public life and</b></li> <li>• <b>promote positive attitudes towards disabled people?</b></li> </ul> <p>Consider what <b>other measures</b> you could take to meet these <b>duties</b>.</p> <p><i>For example, have staff received disability equality training.</i></p>	<p>At least 69% of all patients currently eligible for home delivery have a known disability, which is a higher proportion than in the general population.</p> <p>The home delivery service will have a positive impact in this regard as patients will have treatment delivered directly to their place of residence, thereby avoiding the need for transit to and from hospital locations, which could be challenging for some individuals with a disability.</p> <p>The Haemophilia CCC will assist patients in co-ordinating the home delivery service but will encourage independence in communicating with the homecare provider directly.</p> <p>The Haemophilia CCC has a specialist team of clinicians to provide holistic care. The team includes support from a specialist Social Worker, Clinical Psychologist, Occupational Therapist, Physiotherapist, as well as clinical Medical and Nursing input.</p>
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	<p>All staff complete mandatory training in equality, good relations and human rights training once every five years.</p> <p>Disability Awareness Training is provided throughout the year, available on HRPTS. Bespoke Disability awareness training sessions can also be provided for staff teams on demand, when it is feasible to do so.</p> <p>The Trust has produced a suite of guidance for increasing access to services and information. These are all available on the hub or on request from the Planning &amp; Equality team.</p>
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## Section 7: Human Rights

Belfast Health and Social Care Trust is committed to providing the **highest attainable standard of health** within our resources.

### Does the policy/proposal affect human rights in a positive or negative way?

Article	Positive impact	Negative impact (Human Right has been interfered with or restricted)	Neutral impact
A2: Right to life	X		
A3: Right to freedom from torture, inhuman or degrading treatment or punishment			X
A4: Right to freedom from slavery, servitude & forced or compulsory labour			X
A5: Right to liberty & security of person			X
A6: Right to a fair & public trial within a reasonable time			X
A7: Right to freedom from retrospective criminal law & no punishment without law			X
A8: Right to respect for private & family life, home and correspondence.	X		
A9: Right to freedom of thought, conscience & religion			X
A10: Right to freedom of expression			X
A11: Right to freedom of assembly & association			X
A12: Right to marry & found a family			X

A14: Prohibition of discrimination in the enjoyment of the convention rights			X
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X
1st protocol Article 2 – Right of access to education			X
<p>Please outline: any actions you will take to <b>promote awareness of human rights</b> and</p> <ul style="list-style-type: none"> <li><b>evidence</b> that human rights have been taken into consideration in <b>decision making</b> processes.</li> </ul>	<p>This proposal will have a positive impact on Article 2 as it aims to improve patient health outcomes by providing timely access to medicines. It may also positively impact upon Article 8 as it promotes patient choice and autonomy. The concept of personal autonomy is an important principle underlying the interpretation of the guarantees provided for by Article 8 of the 1998 Human Rights Act, which encompasses the concepts of dignity and the physical and psychological integrity of the person.</p> <p>The Trust is committed to promoting, protecting and respecting human rights in all aspects of its work and will ensure that human rights are considered as an integral part of its actions and decision-making processes. The Trust acknowledges the importance of taking a human rights based approach and will endeavour to ensure that the principles of human rights underpin all areas of work across the organisation.</p> <p>Human rights training is available throughout the year for any staff member who wishes to attend. Bespoke human rights training sessions can be delivered for staff groups on demand and a large number of resources relating to human rights in health and social care can be made available by the Equality and Planning team. As referenced earlier, mandatory Equality training for staff and Managers also covers the area of human rights.</p>		

Section 8: Screening Decision	Major	Minor	<u>None</u>
<p><b>(8.1) How would you categorise the impacts of this policy / proposal?</b> (Please underline one category)</p>	<p>(Screened In for an Equality Impact)</p>	<p>✓ (Screened Out with mitigation)</p>	<p>(Screened Out)</p>

		Assessment)			
<b>(8.2)</b> If you have identified any impact, what <b>mitigation</b> have you considered to address this?		Whilst the proposal will impact more males than females, and will differentially impact on people with a disability, the impacts in both cases will be positive, contributing to improved health outcomes.			
<b>(8.3)</b> Do you consider the policy/proposal needs to be subjected to <b>on-going screening</b> ?		<b>Yes</b> ✓	<b>No</b>	<b>Reasons</b> In line with Service evaluation and adjusted implementation. As this is a new way of working, it is recommended that the proposal is revisited after a period of 6 months to assess any unforeseen equality impacts which may have arisen.	
<b>(8.4)</b> Do you think the policy/proposal should be subject to an <b>Equality Impact Assessment (EQIA)</b> ?  NB: A full Equality Impact Assessment (EQIA) is usually confined to those policies or proposals considered to have <u>major</u> implications for equality of opportunity/good relations/human rights.		<b>Yes</b>	<b>No</b> ✓	<b>Reasons</b> No major equality impacts identified; proposal does not meet the threshold of requiring an EQIA.	
<b>Section 9: Monitoring</b>  <b>(9.1)</b> Please detail how you will <b>monitor</b> the effect of the policy/proposal for impact in terms of <b>equality of opportunity, good relations, disability duties</b> and <b>human rights</b> ?		Verbal Patient feedback Feedback Questionnaires to evaluate running of service Screening monitoring form to be completed by Service Lead and Equality Manager			
Please sign /date and forward to the Equality and Planning Team for consideration - <a href="mailto:Lesley.Jamieson@belfasttrust.hscni.net">Lesley.Jamieson@belfasttrust.hscni.net</a> .					
<b>Equality screenings are completed with information provided by the policy / proposal author subject to advice and assistance from the Trust's Equality Managers.</b>					
<b>Please note that Completed and Signed Screening Templates are public documents and are posted on the Trust's website.</b>					

<b>Approved Lead Officer</b>	Nick Henry <i>N → Henry</i>	<b>Countersigned by:</b>	
<b>Position</b>	Assistant Service Manager for Haematology	<b>Equality Manager</b>	Louise Neeson
<b>Date</b>	03/02/2021	<b>Employment Equality Manager</b>	