

## Equality Impact Assessment (EIA) - Evidence Form

The PCT strives to design and implement services, policies and measures that meet the diverse needs of our service population and workforce, ensuring that none are placed at a disadvantage over others. This form is designed to help you to consider the needs and assess the positive, adverse or neutral impact of your policy, protocol, proposal or service on all groups within our local communities, and to record the evidence that you have done so. Any proposal or policy submitted to the Board must have undergone EIA.

This form will be used as evidence of the assessment you have undertaken. It will need to be made available to the Board and PCT's Equality and Diversity Steering Group.

**Policy/Proposal/Service Title:** Immunisation Policy

**Name of EIA Lead:** Gail Stockford, Immunisation Manager

**Others involved in assessment:**

Mary Hardwick, Health Improvement Principal, Equality & Diversity

Tom Porter, Consultant in Public Health Medicine

Maggie Mackenzie, Designated Nurse, Looked After Children

**Date EIA commenced:** June 2010

**EIA Completed and Approved**

**Signature (Lead Director):** \_\_\_\_\_

**Name (print)** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**ONCE COMPLETED, PLEASE SUBMIT TO EQUALITY AND DIVERSITY LEAD FOR EVIDENCE AND PUBLICATION.**

## STAGE 1: Standard Screening

EIA questions	EIA Narrative	Sources of Evidence
<b>1. What is purpose and objectives of the policy, proposal or service?</b>	<ul style="list-style-type: none"> <li>• This policy is to ensure that the organisation achieves the aims of the national immunisation programme and to ensure that staff are appropriately trained to provide this service to the whole population.</li> <li>• There is no Immunisation Policy currently in place</li> </ul>	<p>Follows the guidelines of the 'Green Book' (Immunisation against infectious diseases, 2006) and subsequent national and local guidance.</p>
<b>2. Who is the policy, proposal or service aimed at?</b>	<ul style="list-style-type: none"> <li>• The policy is aimed at all staff employed by NHS Oxfordshire and provider partners.</li> <li>• The immunisation service is for the population of Oxfordshire.</li> </ul>	
<b>3. Does it affect one group less or more favourably than another (see groups below)?</b>	<ol style="list-style-type: none"> <li>3. This is an overarching policy which follows Department of Health guidelines, and as such does not favour any group.</li> <li>4. It is recognised that some groups are affected by access issues which makes receiving immunisations more difficult – these groups are discussed below.</li> <li>5. A 'User Guide' is being developed to provide practical guidance for staff</li> </ol>	
Male or Females	<ul style="list-style-type: none"> <li>• Neutral impact</li> </ul>	
People of different ages	<ul style="list-style-type: none"> <li>• Neutral impact</li> </ul>	

EIA questions	EIA Narrative	Sources of Evidence
People of different ethnic groups	<ul style="list-style-type: none"> <li>Traveller &amp; Gypsy families - research evidence demonstrates that the uptake of immunisations amongst Gypsy &amp; Traveller communities is low. This is related to accessing services rather than negative views.</li> </ul>	Ref: 'Health care needs of travellers, P Van Cleemput, Arch Dis Child 2000 82: 32-37
People of different religious beliefs	<ul style="list-style-type: none"> <li>Consideration is given to the timing of some immunisations e.g. School based immunisation programmes are timed to avoid religious festivals (such as Eid)</li> </ul>	
People who do not speak English as a first language	<ul style="list-style-type: none"> <li>Information is available in other languages and an interpreting service is available</li> </ul>	<a href="http://www.immunisation.nhs.uk/Library/Publications/Translations">http://www.immunisation.nhs.uk/Library/Publications/Translations</a>  Interpreting Services: 0845 603 79 15 Public Health Coordinator on 01865 264914
People who have a physical disability	<ul style="list-style-type: none"> <li>Neutral impact</li> </ul>	
People who have a mental disability	<ul style="list-style-type: none"> <li>Neutral impact</li> </ul>	
People with learning disabilities	<ul style="list-style-type: none"> <li>Best practice is to offer annual health checks for all people with a learning disability – this includes screening and immunisation.</li> </ul>	
Women who are pregnant or on maternity absence	<ul style="list-style-type: none"> <li>Neutral impact</li> </ul>	

EIA questions	EIA Narrative	Sources of Evidence
Single parent families	<ul style="list-style-type: none"> <li>• Neutral impact</li> </ul>	
People with different sexual orientations	<ul style="list-style-type: none"> <li>• Neutral impact</li> </ul>	
People with different work patterns (part-time, full-time, job-share, short-term contractors, employed, unemployed)	<ul style="list-style-type: none"> <li>• Neutral impact</li> </ul>	
People in deprived areas and people from different socio/economic groups	<ul style="list-style-type: none"> <li>• Neutral impact</li> </ul>	
Asylum seekers and refugees	<ul style="list-style-type: none"> <li>• Asylum seekers and refugees may have incomplete immunisation histories, and often no evidence of what immunisations they may already have received. Young unaccompanied asylum seekers have a health assessment (through the Looked After Children system) which includes their immunisation status.</li> </ul>	Health Protection Agency information Local anecdotal information
Prisoners and people confined to	<ul style="list-style-type: none"> <li>• Immunisation status is reviewed in offender institutions, and systems available to offer and provide any missing immunisations.</li> </ul>	Health Care team at Bullingdon Prison and Huntercombe.

EIA questions	EIA Narrative	Sources of Evidence
closed institutions, community offenders		
Carers	<ul style="list-style-type: none"> <li>• Neutral impact</li> </ul>	
Rural and/or isolated communities	<ul style="list-style-type: none"> <li>• Neutral impact</li> </ul>	
<p><b>4. Have you identified any potential discrimination or adverse impact that cannot be legally justified?</b></p> <p>If unsure, consult with the PCT Equality and Diversity Lead.</p>	<p>No</p> <p>As identified, some groups may have access issues which will be monitored and addressed through the action plan below.</p>	

**STAGE 2: Detailed Screening (PCT's Equality and Diversity Lead to advise)**

EIA questions	EIA Narrative	Sources of Evidence
<p><b>1. Need for early involvement/ consultation with patients, the public and representative organisations.</b> (named PPI Lead can offer advice)</p>		
<p><b>2. Consider how you are going to amend the proposal or policy to eliminate the discrimination.</b></p>	<p>Further work is necessary to overcome access issues for some members of the population – this is not specifically related to this Immunisation Policy, but to access to health care in general.</p>	
<p><b>3. Consultation with community and representatives on amended proposal.</b></p>		
<p><b>4. What processes are in place for on-going monitoring of policy or proposal implementation?</b></p>		

## EIA Action Plan Follow-up

*(for EIA of existing services, policies or projects)*

<b>EIA Recommendations</b>	<b>Key actions required</b>	<b>Officer Responsible</b>	<b>Progress Made</b>
Access to services – monitor uptake in order to identify any groups which may be disadvantaged	1. Monitor immunisation uptake at a PCT and practice level. 2. Identify trends in those not accessing services by discussion with individuals, practices, other professionals involved. 3. Consider alternative service provision.	Gail Stockford, Immunisation Manager	