



## **Equality Screening, Disability Duties and Human Rights Assessment Template**

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**Guidance notes are available to assist with completing this template. For further help please contact the Equality and Human Rights Unit ext 20539.**

## Part 1. Policy scoping

### 1.1 Information about the policy / decision

1.1.1 What is the name of the policy / decision?

Individual Funding Request (IFR) process

1.1.2 Is this an existing, revised or a new policy / decision?

Current IFR policy is held by the HSCB. This is a reform of that policy.

1.1.3 What is it trying to achieve? (intended aims/outcomes)

The IFR process is intended to govern access to specialist drugs which are not normally commissioned within Northern Ireland in circumstances where clinical exceptionality can be established and where there is an agreed clinical need.

An evaluation of the process determined that a new policy should be considered to improve access to specialist medicines not routinely commissioned. The new policy has been developed by a clinically led working group and removes reference to 95% clinical exceptionality, defining the term exceptionality, and introduces thresholds on the numbers that can be considered as an IFR and the annual cost of an individual patient's treatment. It also provides an overall expenditure cap for the scheme to ensure that costs do not spiral out of control. The new policy also introduces a Regional Scrutiny Committee which will be a clinical body responsible for providing advice to the commissioner on each application.

Key constraints are primarily financial as implementation will require financial investment.

1.1.4 If there are any Section 75 categories which might be expected to benefit from the intended policy, please explain how.

No

1.1.5 Who initiated or wrote the policy?

Secondary Care Directorate

1.1.6 Who owns and who implements the policy?

The Department (Secondary Care Directorate) owns the policy. The HSCB and the HSC Trusts will implement the policy.

## 1.2 Implementation factors

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision? If yes, are they

- Financial
- Legislative
- Other

Please explain:

Key constraints are primarily financial as implementation will require financial investment.

## 1.3 Main stakeholders affected

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon?

Staff

Service users

Other public sector organisations

Voluntary/community/trade unions

Other, please specify

HSC clinicians

## 1.4 Other policies with a bearing on this policy / decision. If any:

Policy	Owner(s) of the policy
HSCB ARRANGEMENTS FOR THE CONSIDERATION OF REQUESTS FOR CARE AND /OR TREATMENT ON BEHALF OF INDIVIDUAL PATIENTS	HSCB

## 1.5 Available evidence

What evidence/information (both qualitative and quantitative\*) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

<b>Section 75 category</b>	<b>Details of evidence/information</b>
Religious belief	This is a health matter. No data is available to suggest any obvious positive or negative difference between groups of different religion.
Political opinion	This is a health matter. No data is available to suggest any obvious positive or negative difference between groups of different political opinion.
Racial group	This is a health matter. No data is available to suggest any obvious positive or negative difference between groups of different race.
Age	This is a health matter. No data is available to suggest any obvious positive or negative difference between groups of different age.
Marital status	This is a health matter. No data is available to suggest any obvious positive or negative difference between groups of different marital status.
Sexual orientation	This is a health matter. No data is available to suggest any obvious positive or negative difference between groups of different sexual orientation.
Gender (Men and women generally)	This is a health matter. No data is available to suggest any obvious positive or negative difference between groups of different gender.
Disability (with or without)	This is a health matter. No data is available to suggest any obvious positive or negative difference between groups of different ability.
Dependants (with or without)	This is a health matter. No data is available to suggest any obvious positive or negative difference between groups of different dependency.

\* Qualitative data – refers to the experiences of individuals related in their own terms, and based on their own experiences and attitudes. Qualitative data is often used to complement quantitative data to determine why policies are successful or unsuccessful and the reasons for this.

Quantitative data - refers to numbers (that is, quantities), typically derived from either a population in general or samples of that population. This information is often analysed either using descriptive statistics (which summarise patterns), or inferential statistics (which are used to infer from a sample about the wider population).

## 1.6 Needs, experiences and priorities

Taking into account the information recorded in 1.1 to 1.5, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision? Specify details for each of the Section 75 categories

<b>Section 75 category</b>	<b>Details of needs/experiences/priorities</b>
Religious belief	No difference
Political opinion	No difference
Racial group	No difference
Age	It is possible that there may be a higher uptake by older patients.
Marital status	No difference
Sexual orientation	No difference
Gender (Men and women generally)	No difference
Disability (with or without)	No difference
Dependants (with or without)	No difference

## Part 2. Screening questions

2.1 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/none)			Level of Impact
Section 75 category	Positive/Negative	Details of policy impact	minor/major/none
Religious belief			None
Political opinion			None
Racial group			None
Age			None
Marital status			None
Sexual orientation			None
Gender (Men and women generally)			None
Disability (with or without)			None
Dependants (with or without)			None

<b>2.2 Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories?</b>		
<b>Section 75 category</b>	<b>If <b>Yes</b>, provide details</b>	<b>If <b>No</b>, provide reasons</b>
Religious belief		Access to health is equal and common to all Section 75 Categories
Political opinion		Access to health is equal and common to all Section 75 Categories
Racial group		Access to health is equal and common to all Section 75 Categories
Age		Access to health is equal and common to all Section 75 Categories
Marital status		Access to health is equal and common to all Section 75 Categories
Sexual orientation		Access to health is equal and common to all Section 75 Categories
Gender (Men and women generally)		Access to health is equal and common to all Section 75 Categories
Disability (with or without)		Access to health is equal and common to all Section 75 Categories
Dependants (with or without)		Access to health is equal and common to all Section 75 Categories

<b>2.3</b> To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group? (minor/major/none)		
Good relations category	Details of policy impact	Level of impact minor/major/none
Religious belief		none
Political opinion		none
Racial group		none

<b>2.4</b> Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?		
Good relations category	If <b>Yes</b> , provide details	If <b>No</b> , provide reasons
Religious belief		no
Political opinion		no
Racial group		no



## 2.5 Additional considerations

### Multiple identity

Provide details of data on the impact of the policy on people with multiple identities (e.g. minority ethnic people with a disability, women with a disability, young protestant men, young lesbian, gay or bisexual persons). Specify relevant Section 75 categories concerned.

Access to health is equal and common to all Section 75 Categories

2.6 Was the original policy / decision changed in any way to address any adverse impacts identified either through the screening process or from consultation feedback. If so please provide details.

Yes. Feedback from public consultation of an evaluation of the current process determined that a new policy should be considered to improve access to specialist medicines not routinely commissioned. The new policy has been developed by a clinically led working group and removes reference to 95% clinical exceptionality, defining the term exceptionality, and introduces thresholds on the numbers that can be considered as an IFR and the annual cost of an individual patient's treatment. It also provides an overall expenditure cap for the scheme to ensure that costs do not spiral out of control. The new policy also introduces a Regional Scrutiny Committee which will be a clinical body responsible for providing advice to the commissioner on each application

### Part 3. Screening decision

3.1 How would you summarise the impact of the policy / decision?

No impact  
Minor impact  
Major impact

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

Consider mitigation (3.4 – 3.5)

3.2 Do you consider that this policy / decision needs to be subjected to a full Equality Impact Assessment (EQIA)?

Yes - screened in  
No - screened out

<input type="checkbox"/>
<input checked="" type="checkbox"/>

3.3 Please explain your reason for making your decision at 3.2.

The new policy has the potential to increase access to drugs not routinely commissioned, regardless of section 75 categories.

## Mitigation

If you have concluded at 3.1 and 3.2 that the likely impact is '**minor**' and an equality impact assessment is not to be conducted, you must consider mitigation (or scope for further mitigation if some is already included as per 2.6) to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

3.4 Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations?

Yes



No



3.5 If you responded "**Yes**", please give the **reasons** to support your decision, together with the proposed changes/amendments or alternative policy.

The policy is currently at public consultation stage, therefore amendments may be considered following analysis of the responses, if necessary.

## Part 4. Monitoring

Monitoring is an important part of policy development and implementation. Through monitoring it is possible to assess the impacts of the policy / decision both beneficial and adverse.

### 4.1 Please detail how you will monitor the effect of the policy / decision?

The policy is to be reviewed one year on from implementation. Further annual or bi-annual reports will be provided for analysis.

### 4.2 What data will you collect in the future in order to monitor the effect of the policy / decision?

Improved data collection on treatments, applications and outcomes will be an added value to the new process.

**Please note:** - For the purposes of the annual progress report to the Equality Commission you may later be asked about the monitoring you have done in relation to this policy and whether that has identified any Equality issues.

## Part 5. Disability Duties

5.1 Does the policy/decision in any way promote positive attitudes towards disabled people and/or encourage their participation in public life?

N/A

5.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the policy/decision or introducing additional measures?

N/A

## Part 6. Human Rights

6.1 Please complete the table below to indicate whether the policy / decision affects anyone's Human Rights?

ARTICLE	POSITIVE IMPACT	NEGATIVE IMPACT = human right interfered with or restricted	NEUTRAL IMPACT
Article 2 – Right to life			✓
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			✓
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			✓
Article 5 – Right to liberty & security of person			✓
Article 6 – Right to a fair & public trial within a reasonable time			✓
Article 7 – Right to freedom from retrospective criminal law & no punishment without law.			✓
Article 8 – Right to respect for private & family life, home and correspondence.			✓
Article 9 – Right to freedom of thought, conscience & religion			✓
Article 10 – Right to freedom of expression			✓
Article 11 – Right to freedom of assembly & association			✓
Article 12 – Right to marry & found a family			✓
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			✓

1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			✓
1 <sup>st</sup> protocol Article 2 – Right of access to education			✓

6.2 If you have identified a likely negative impact who is affected and how?

N/A

*At this stage we would recommend that you consult with your line manager to determine whether to seek legal advice and to refer to Human Rights Guidance to consider:*

- *whether there is a law which allows you to interfere with or restrict rights*
- *whether this interference or restriction is necessary and proportionate*
- *what action would be required to reduce the level of interference or restriction in order to comply with the Human Rights Act (1998).*

6.3 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/decision.

N/A

## Part 7 - Approval and authorisation

	<b>Name</b>	<b>Grade</b>	<b>Date</b>
Screened completed by	Helena Brown	DP (temp)	05/Jan/2017
Approved by <sup>1</sup>	Joe Magee	D7 (temp)	10/Jan/2017
Forwarded to E&HR Unit <sup>2</sup>			

### Notes:

<sup>1</sup> The Screening Template should be approved by a senior manager responsible for the policy this would normally be at least Grade 7.

<sup>2</sup> When the Equality and Human Rights Unit receive a copy of the final screening it will be placed on the Department's website and will be accessible to the public from that point on. In addition, consultees who elect to receive it, will be issued with a quarterly listing all screenings completed during each three month period.



## ADDITIONAL INFORMATION TO INFORM THE ANNUAL PROGRESS REPORT TO THE EQUALITY COMMISSION

**(PLEASE NOTE : THIS IS NOT PART OF THE SCREENING TEMPLATE BUT MUST BE COMPLETED AND RETURNED WITH THE SCREENING)**

1. Please provide details of any measures taken to enhance the level of engagement with individuals and representative groups. Please include any use of the Equality Commissions guidance on consulting with and involving children and young people.

2. In developing this policy / decision were any changes made as a result of equality issues raised during :
  - (a) pre-consultation / engagement;
  - (b) formal consultation;
  - (c) the screening process; and/or
  - (d) monitoring / research findings.

If so, please provide a brief summary including how the issue was identified, what changes were made, and what will be the expected outcomes / impacts for those effected.

3. Does this policy / decision include any measure(s) to improve access to services including the provision of information in accessible formats? If so please provide a short summary.

**Thank you for your co-operation.**  
Equality and Human Rights Unit.