

Equality and Fairer Scotland Impact Assessment: Scottish Equity in Screening Strategy 2023-26

Background

EFSIA Process

On 18 April 2023, National Screening Oversight (NSO) chaired an Equality and Fairer Scotland Impact Assessment (EFSIA) meeting via MS Teams with NHS colleagues and third sector partners. The purpose of the meeting was to consider the potential impact of a new 'Scottish Equity in Screening Strategy 2023-26' on under-served groups. A list of organisations invited to participate in the meeting is included in the meeting presentation slides (link embedded in 'supporting evidence' section).

Prior to the meeting, two documents were circulated for pre-reading - the draft Strategy and additional background information (see 'supporting evidence'). At the meeting, the chair worked through the presentation slides (see 'supporting evidence') and invited stakeholders to comment and discuss the potential impact of the Strategy on different groups. Following the meeting, these comments were captured in a draft EFSIA document and circulated via email to those invited to join the meeting for any final comments. No further comments were received. The EFSIA was then shared with the Equity in Screening Strategy Reference Group for awareness and comment on the content or any omissions. The email highlighted that no response would be taken as agreement of the document, and the single response received agreed that the EFSIA was well considered and helpful.

What is the aim of the Strategy?

The vision of the 'Scottish Equity in Screening Strategy 2023-26' is for equity in access for all eligible people, across the full screening pathway.

We will achieve our vision by delivering on six long-term outcomes:



- **Outcome 1a:** All eligible people are aware of the relevant national screening programmes, understand the benefits and harms of screening, and can make an informed personal choice with regards to their engagement across the screening pathway.
- **Outcome 1b:** Professionals working within the national screening programmes are knowledgeable of the inequalities that exist across the screening pathway and use effective interventions to reduce inequalities.
- **Outcome 2:** We have a strategic approach to identifying, addressing, and removing barriers to participants across the screening pathway.
- **Outcome 3:** We collect and use data on a wider range of person characteristics to strengthen our understanding of where inequalities exist across the screening pathway.
- **Outcome 4:** We ensure action to reduce inequalities in screening is evidence-based and have a robust and consistent approach to evaluating the impact of interventions.
- **Outcome 5:** We have a whole system approach to tackling inequalities in screening. Reducing inequalities is recognised by all as a priority and is supported by the screening governance groups and the commitment of all partners.

A strategic action plan will support the delivery of the above outcomes – due to be shared in summer 2023. Over the first few years of the action plan, the main aim is to improve our understanding of where inequalities exist in the screening pathway and for which population groups. An impact assessment will be undertaken for these actions where required.

Potential Impact of the Strategy

The group considered the potential impact – positive, differential, negative - of the Strategy on each protected characteristic group, socio-economic status and other under-served groups. These are captured below, along with any mitigating actions identified. In general, the impact of the Strategy was considered overwhelmingly positive with no unintended impact on any under-served group.



Group	Impact of the Strategy
<p>Age</p>	<p>There is no unintended impact on Age and a positive impact is intended.</p> <p><u>Positive</u></p> <p>By continuing to collect, analyse and report age related data we can identify where age associated inequalities exist. This will inform the screening system of where barriers need to be understood and addressed.</p> <p>The development of IT systems to capture people’s communication needs and respond with accessible invites to screening should help to address age related barriers. For example, information in larger print or non-digital options.</p> <p><u>Differential</u></p> <p>Some differential impacts were discussed as follows and should be considered as the Strategy is implemented. The overall impact is still considered positive.</p> <p>The Strategy seeks to progress more digital communication options for screening, although this is not exclusive, and it will also continue to support non-digital options, capturing and responding to people’s communication needs be they digital or non-digital. With potential for younger age-groups to benefit more than older age-groups.</p> <p><u>Negative</u></p> <p>No negative impacts were identified for age.</p>
<p>Disability</p>	<p>There is no unintended impact on Disability and a positive impact is intended.</p> <p><u>Positive</u></p>



	<p>The Strategy will work to collect disability data for the first time, and support identification of disability associated inequalities with work to explore the issues and positively address barriers for this group.</p> <p><u>Differential</u></p> <p>Some differential impacts were discussed as follows and should be considered as the Strategy is implemented. The overall impact is still considered positive.</p> <p>Some disabilities may still not be captured in future disabilities data, for example some people with a disability do not have a formal diagnosis. Suggestion to consider capturing ‘additional needs’ as well as disability.</p> <p>For people with the same broadly termed disability, individuals will have different needs. For example, within the deaf community people may have different specific needs, such as being able to lip read or to use sign language etc. Suggestion to consider capturing ‘additional needs’ as well as disability.</p> <p>Disability is a broad term, and when analysing disability data, it would be useful to break this down further e.g., learning disabilities, different types/groupings of physical disabilities.</p> <p><u>Negative</u></p> <p>Some negative impacts were discussed as follows and should be considered as the Strategy is implemented. The overall impact is still considered positive.</p> <p>Some people may not want this data to be recorded about them.</p> <p><u>Action</u></p> <ul style="list-style-type: none">• Research should be undertaken to determine a comprehensive list of disabilities, with an ‘other’ option for free text answers.• Provide clear communications on why this information is being recorded and how the data will be used.
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	<ul style="list-style-type: none"> • ‘Additional needs’, e.g., requirement for a BSL interpreter or hoist should also be captured alongside disability data.
<p>Faith/Religion/Belief</p>	<p>There is no unintended impact on faith/religion and a positive impact is intended.</p> <p><u>Differential</u></p> <p>Some differential impacts were discussed as follows and should be considered as the Strategy is implemented. The overall impact is still considered positive.</p> <p>The group recognised that there is little or no research regarding religion or belief groups and a link with inequalities in screening. The Strategy seeks to highlight gaps in the research for academic institutions and other organisations to consider addressing over the length of the Strategy, such as faith/religion/belief.</p> <p><u>Action</u></p> <ul style="list-style-type: none"> • Highlight the limited research into faith/religion/belief and screening inequalities to the NSO Research & Innovation Group (RIG) for academic institutions and other organisations to consider addressing over the length of the Strategy. To also highlight to NHS Boards to consider exploring through local activities, such as through their screening inequalities plans or work funded by the SG screening inequalities fund.
<p>Race¹</p>	<p>There is no unintended impact on race and a positive impact is intended.</p> <p><u>Positive</u></p>

¹ “Race” is specified in legislation, but in practice, what is monitored is ethnic group, which is ‘the social group a person belongs to, and either identifies with or is identified with by others, as a result of a mix of cultural and other factors including language, diet, religion, ancestry and physical features traditionally associated with race’ (Bhopal 2004).



	<p>The Strategy will work to collect ethnicity data for the first time, and support identification of race associated inequalities with work to explore the issues and positively address the barriers for different groups. Within the Scottish vaccination programme, collection of this data has enabled targeting of under-served groups not previously engaged.</p> <p><u>Differential</u></p> <p>Some differential impacts were discussed as follows and should be considered as the Strategy is implemented. The overall impact is still considered positive.</p> <p>It is unlikely that every ethnic group can be identified, meaning some ethnic groups may not be captured accurately.</p> <p><u>Negative</u></p> <p>Some negative impacts were discussed as follows and should be considered as the Strategy is implemented. The overall impact is still considered positive.</p> <p>Some people may not want this data to be recorded about them.</p> <p><u>Action</u></p> <ul style="list-style-type: none"> • Research should be undertaken to determine the acceptable list of ethnic groups, with an ‘other’ option for free text answers. • Provide clear communications on why this information is being recorded and how the data will be used.
<p>Sex</p>	<p>There is no unintended impact on sex and a positive impact is intended.</p> <p><u>Positive</u></p>



	<p>By continuing to collect, analyse and report data on sex we can identify where associated inequalities exist and then work to reduce these.</p> <p><u>Differential</u></p> <p>Some differential impacts were discussed as follows and should be considered as the Strategy is implemented. The overall impact is still considered positive.</p> <p>In the Equality Act (2010), and in screening, the protected characteristic of sex refers to men and women. There is currently no recognition of non-binary identities in the Equality Act, nor is there in current data collection for screening.</p> <p><u>Negative</u></p> <p>No negative impacts were identified for sex.</p> <p><u>Action</u></p> <ul style="list-style-type: none"> • Explore opportunity and benefit of collecting non-binary identity as well as sex (men/women).
<p>Gender Re-assignment</p>	<p>There is no unintended impact on gender re-assignment and a positive impact is intended.</p> <p><u>Positive</u></p> <p>Existing processes and information seek to support trans people to access screening. However, the Strategy acknowledges that there is more to be done to strengthen these processes and to understand and address barriers for this group, and the Strategy is a driver for this.</p> <p><u>Differential/unclear</u></p>



	<p>Some differential impacts were discussed as follows and should be considered as the Strategy is implemented. The overall impact is still considered positive.</p> <p>At the meeting, the group recognised that there is very little research around trans people and screening to identify inequalities that may exist. The Strategy seeks to highlight gaps in the research for academic institutions and other organisations to consider addressing over the length of the Strategy.</p> <p><u>Negative</u></p> <p>Some negative impacts were discussed as follows and should be considered as the Strategy is implemented. The overall impact is still considered positive.</p> <p>People are invited for screening based on their CHI number. If an individual has either not yet updated their CHI/has chosen not to change this, then they will not automatically be invited and reminded for eligible screening programmes and it will not be possible to draw accurate conclusions from the data.</p> <p><u>Action</u></p> <ul style="list-style-type: none"> • Highlight the limited research for trans gender people and screening inequalities to the NSO Research & Innovation Group (RIG) for academic institutions and other organisations to consider addressing over the length of the Strategy. Also highlight to NHS Boards to consider exploring through local activities, such as through their screening inequalities plans or work funded by the SG screening inequalities fund. • IT system mechanisms are in place to support changes to screening invitations based on CHI number. It is important that existing mechanisms to make screening more inclusive for trans people are maintained, and that any opportunities for developing and strengthening these are identified.
<p>Sexual Orientation</p>	<p>There is no unintended impact on sexual orientation and a positive impact is intended.</p>



	<p><u>Positive</u></p> <p>The Strategy will work to collect data on sexual orientation for the first time, and support identification of any associated inequalities with work to explore the issues and positively address the barriers for different groups.</p> <p><u>Differential/unclear</u></p> <p>Some differential impacts were discussed as follows and should be considered as the Strategy is implemented. The overall impact is still considered positive.</p> <p>At the meeting, the group recognised that there is very little research around sexual orientation and screening to identify inequalities that may exist. The Strategy seeks to highlight gaps in the research for academic institutions and other organisations to consider addressing over the length of the Strategy.</p> <p><u>Negative</u></p> <p>Some negative impacts were discussed as follows and should be considered as the Strategy is implemented. The overall impact is still considered positive.</p> <p>Some people may not want this data to be recorded about them.</p> <p><u>Action</u></p> <ul style="list-style-type: none">• Highlight the limited research into sexual orientation and screening inequalities to the NSO Research & Innovation Group for academic institutions and other organisations to consider addressing over the length of the Strategy. Also highlight to NHS Boards to consider exploring through local activities, such as through their screening inequalities plans or work funded by the SG screening inequalities fund.• Provide clear communications on why this information is being recorded and how the data will be used. Also make this an opt-out question.
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<p>Pregnancy/Maternity</p>	<p>There is no unintended impact on pregnancy/maternity and a positive impact is intended.</p> <p><u>Positive</u></p> <p>The group did not consider pregnant women or pregnant people to be disadvantaged by the Strategy. The impact of the Strategy was seen to be positive in providing greater focus on inequalities in the pregnancy and Newborn screening programme, where this has previously not received as much attention as other national screening programmes.</p> <p><u>Negative</u></p> <p>No negative impacts were identified for pregnancy/maternity.</p>
<p>Marriage/Civil Partnerships</p>	<p>There is no unintended impact on marriage/civil partnerships and a positive impact is intended.</p> <p><u>No foreseen impact</u></p> <p>The group did not anticipate the Strategy would have an impact on this protected characteristic.</p>
<p>Socio-economic status</p>	<p>There is no unintended impact on socio-economic status and a positive impact is intended.</p> <p><u>Positive</u></p> <p>By continuing to collect, analyse and report on socio-economic status (using SIMD) we can identify where associated inequalities exist. The Strategy will encourage the screening system to positively address barriers experienced by different socio-economic groups.</p> <p><u>Negative</u></p>



	No negative impacts were identified for socio-economic status.
Other under-served groups	<p>There is no unintended impact on other under-served groups and a positive impact is intended.</p> <p>The group discussed several other under-served groups who may experience inequalities in accessing screening. These included asylum seekers and refugees, Gypsy/Travellers, people experiencing homelessness, people with learning disabilities and those living in rural areas. The impact of the Strategy was considered positive in acknowledging there are many different under-served groups and driving more targeted action to identify inequalities in these groups and understand and address the different barriers they may face.</p>

Action Plan

The actions identified above are captured here also for ease of reference. Actions will be taken forwards though the Strategy Action Plan, which is due to be published alongside the Scottish Equity in Screening Strategy in June 2023. The Strategy Action Plan provides further detail on responsible lead organisations and timescales. The National Screening Oversight Board (NSOB) is responsible for overseeing the implementation and delivery of both the Strategy and Action Plan. An ‘Equity Strategy Implementation Group’ will provide NSOB with detailed assurance of this.



No.	Action Identified	Next Steps
1	<p>Research should be undertaken to determine a comprehensive list of disabilities, with an ‘other’ option for free text answers.</p> <p>‘Additional needs’, e.g., requirement for a BSL interpreter or hoist should also be captured alongside disability data.</p> <p>Provide clear communications on why this information is being recorded and how the data will be used.</p>	<p>Take forwards through the Strategy Action Plan, within action 3.1: <i>Establish what information is available for relevant participant characteristics data across screening and health systems. This will provide opportunities to plan linkages to other data sources, as well as new fields for data collection</i></p>
2	<p>Highlight the limited research into faith/religion/belief and screening inequalities to the NSO Research & Innovation Group (RIG) for academic institutions and other organisations to consider addressing over the length of the Strategy. To also highlight to NHS Boards to consider exploring through local activities, such as through their screening inequalities plans or work funded by the SG screening inequalities fund.</p>	<p>Take forwards through the Strategy Action Plan, within action 4.3: <i>Deliver an annual screening research day, encompassing all screening research but with an inequalities strand, to raise awareness of research activity and results and identify gaps for future research opportunities.</i></p>
3a	<p>Research should be undertaken to determine the acceptable list of ethnic groups, with an ‘other’ option for free text answers.</p> <p>Provide clear communications on why this information is being recorded and how the data will be used.</p>	<p>Take forwards through the Strategy Action Plan, within action 3.1: <i>Establish what information is available for relevant participant characteristics data across screening and health systems. This will provide opportunities to plan linkages to other data sources, as well as new fields for data collection</i></p>



4	Explore opportunity and benefit of collecting non-binary identity as well as sex (men/women).	Take forwards through the Strategy Action Plan, within action 3.1: <i>Establish what information is available for relevant participant characteristics data across screening and health systems. This will provide opportunities to plan linkages to other data sources, as well as new fields for data collection</i>
5	Highlight the limited research for trans gender people and screening inequalities to the NSO Research & Innovation Group (RIG) for academic institutions and other organisations to consider addressing over the length of the Strategy. Also highlight to NHS Boards to consider exploring through local activities, such as through their screening inequalities plans or work funded by the SG screening inequalities fund.	Take forwards through the Strategy Action Plan, within action 4.3: <i>Deliver an annual screening research day, encompassing all screening research but with an inequalities strand, to raise awareness of research activity and results and identify gaps for future research opportunities.</i>
6	IT system mechanisms are in place to support changes to screening invitations based on CHI number. It is important that existing mechanisms to make screening more inclusive for trans people are maintained, and that any opportunities for developing and strengthening these are identified.	Take forwards through the Strategy Action Plan, within action 3.3: <i>Undertake a review current process to ensure robustness in identifying trans individuals and offer them appropriate screening tests</i>



<p>7a</p>	<p>Highlight the limited research into sexual orientation and screening inequalities to the NSO Research & Innovation Group for academic institutions and other organisations to consider addressing over the length of the Strategy. Also highlight to NHS Boards to consider exploring through local activities, such as through their screening inequalities plans or work funded by the SG screening inequalities fund.</p>	<p>Take forwards through the Strategy Action Plan, within action 4.3: <i>Deliver an annual screening research day, encompassing all screening research but with an inequalities strand, to raise awareness of research activity and results and identify gaps for future research opportunities.</i></p>
<p>7b</p>	<p>Provide clear communications on why this information is being recorded and how the data will be used. Also make this an opt-out question.</p>	<p>Take forwards through the Strategy Action Plan, within action 3.1: <i>Establish what information is available for relevant participant characteristics data across screening and health systems. This will provide opportunities to plan linkages to other data sources, as well as new fields for data collection</i></p>

Further Commentary and supporting evidence

- EFSIA supporting documentation:
 - Equity Strategy EFSIA Background Information (pre-reading to meeting)
 - Draft Scottish Equity in Screening Strategy 2023-26 (pre-reading to meeting) – *note the draft is not attached here, instead Scottish Government is due to publish the final version in July 2023.*
 - Equity Strategy EFSIA Meeting Presentation



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Background Information Meeting Scottish Equi



Document approved: Scottish Equity in Screening Reference Group.

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