Appendix 2 - Equality Impact Assessment - Standard Assessment Template

Section A: Assessment

Name of Policy: Management of Cytotoxic Chemotherapy Policy

Person/persons conducting this assessment with Contact Details: Eurig Jenkins, Lead Pharmacist Paediatric Oncology, Ext 43710

Date

1. The Policy
Is this a new or existing policy? Existing

What is the purpose of the policy? To ensure that parenteral cytotoxic chemotherapy is administered safely and that the organisation is compliant with national guidance.

How do the aims of the policy fit in with corporate priorities? i.e. Corporate Plan
The policy aims fit with corporate priorities such as quality and safety, and medication related policies such as “Safe Administration of Medication”

Who will benefit from the policy?
All staff involved in the prescribing, administration or supply of cytotoxic chemotherapy
Patients
What outcomes are wanted from this policy?

- To ensure that the interests of the patient, the staff and the UHB are fully protected.
- To ensure the safe administration of parenteral cytotoxic chemotherapy to patients in the UHB.
- To ensure compliance with national guidelines on prescribing, supply and administration of parenteral cytotoxic chemotherapy.
- To provide guidance to UHB staff on the safe administration of parenteral cytotoxic chemotherapy.

Are there any factors that might prevent outcomes being achieved? (e.g. Training/practice/culture/human or financial resources)

No, training sessions in all aspects stated above are regularly provided in the UHB.
2. Data Collection
What qualitative data do you have about the policy relating to equalities groups (e.g. monitoring data on proportions of service users compared to proportions in the population)?
All Party parliamentary group report on cancer inequalities 2009 identifies potential inequalities in cancer in ethnicity, age, obesity, smokers, but this is in the incidence of cancers in these specific groups. There is no evidence that this will reduce their chance of treatment.

What quantitative data do you have on the different groups (e.g. findings from discussion groups, information from comparator authorities)?
An internet search of NHS trusts cytotoxic chemotherapy equality assessment tools indicated there was no issue in providing treatment for cancer. This included Worcestershire Acute Hospitals NHS trust, NorthTees and Hartlepool NHS trust, Arden NHS trust, Isle of Wight NHS trust.
This is confirmed locally for Cardiff and Vale UHB by the EQIA performed by P Spark and E Jenkins in 2012.

AGE - Cancer is primarily a disease of older people, with incidence rates increasing with age for most cancers. More than a third (36% in the UK in 2010-2012) of cancers are diagnosed in people aged 75 and over. http://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/age#heading-Zero We are able to gather data on age of patients using databases such as CANISC or PAS/Pharmacy system. Patients also tend to use more medications with age due to co-morbidities.

ETHNIC GROUP - It is apparent that people from the Black and Minority ethnic groups investigated are at a lower risk of developing cancer than the White ethnic group and, in general, there is not an across the board inequality of cancer incidence for the BME ethnic groups. However, some inequality in relation to both the incidence of and survival from cancer does exist for specific types of the disease (including myeloma which has a higher incidence in black males than other ethnic groups) http://www.ncin.org.uk/view?rid=75

GENDER - The gender difference in cancer susceptibility is one of the most consistent findings in cancer epidemiology. Hematologic malignancies are generally more common in males and this can be generalized to most other cancers.
M. Tevfik Dorak* and Ebru Karpuzoglu

DISABILITY - Patients automatically meet the disability definition under the Equality Act 2010 from the day they are diagnosed with cancer.


Sexual Orientation
Macmillan have produced a guide for health professionals about supporting Lesbian, Gay and Bisexual and Trans people with cancer, while Lesbian, Gay, Bisexual and Trans (LGBT) people report many good experiences of care, there are some areas that still need attention. http://www.macmillan.org.uk/Documents/AboutUs/Health_professionals/SupportingLGBTPeoplewithCancer.pdf

Stonewall document on unhealthy attitudes also highlights that there are problems within the health and social care sector in the UK.. This does not specifically relate to cancer treatment but highlights the issues that can arise in the workplace http://www.stonewall.org.uk/sites/default/files/unhealthy_attitudes.pdf

There is some evidence that the LGBT community may have a disproportionate cancer burden as described in the article below http://www.cancer-network.org/cancer_information/cancer_and_the_lgbt_community/the_lgbt_communitys_disproportionate_cancer_burden.php

Currently the evidence base relating to LGBT communities and their experiences of cancer and cancer information, support and services is limited. Cancer Research UK therefore believes that in order to effectively provide such services, which meet the needs of the LGBT communities, the Government and related stakeholders should commission and undertake research to better understand the: • Unmet need for information and support relating to cancer • Availability of charity and private sector cancer information, support and services • Rates of lifestyle behaviours, which impact upon cancer rates • Cancer and HPV rates • Experiences of individuals when accessing health and cancer services • Awareness of the needs of LGBT communities among health professionals
Carer
Although being a carer is not a protected characteristic it is covered by the Equality Act and this noted by this NHS organisation

http://www.cardiffandvaleuhb.wales.nhs.uk/opendoc/207688

Please indicate the source of the data gathered?
Internet and other similar policies such as the EQIA assessment in the policy for oral anticancer therapy were the sources of data gathered.
Consultation with Co-Chair of Rainbow LGBT + FFlag Network.
Consultation with UHB Welsh language Officer

What gaps in data have you identified? (Please put actions to address this in your action plan?)

3. Impact
Please answer the following
Consider the information gathered in section 2 above of this assessment form, comparing monitoring information with census data as appropriate (see www.ons.gov.uk Office National Statistics website) and considering any other earlier research or consultation. You should also look at the guidance in Appendix 1 with regard to the protected characteristics stating the impact and giving the key reasons for your decision.
Do you think that the policy impacts on people because of their age? (This includes children and young people up to 18 and older people)

No, all ages who require anticancer treatment will be treated in the appropriate location. This will be in specialist units based on age e.g. Rainbow Ward in the Children’s Hospital for Wales, Teenage Cancer Trust Unit, Adult Haematology Unit, Velindre Cancer Centre.

Do you think that the policy impacts on people because of their caring responsibilities?

No, although being a carer is not a protected characteristic it is covered by the Equality Act and is noted by this NHS organisation. We would also share with any carer, information about organizations that provide support for carers.

Do you think that the policy impacts on people because of their disability?
There may be a potential negative impact for patients with disability in terms of communication and/or sensory loss issues. However this can be mitigated against in this health board through working closely with patients, carers, family members and advocates and through patient-centred care and training. Healthcare professionals work with patients on an individual basis and consider the use of colour coding of medications, large print, use of diagrams, compliance aids etc.

Do you think that the policy impacts on people because of Gender reassignment?
No, but all should be aware of the potential negative impacts as described in the documents above.

Do you think that the policy impacts on people because of their being married or in a civil partnership?
No, but all should be aware of the potential negative impacts as described in the documents above.

Do you think that the policy impacts on people because of their being pregnant or just having had a baby?
No, however it is advised not to treat patients who are pregnant or breastfeeding with anticancer therapy due to potential risk to the foetus or baby, therefore it is possible that fewer than expected pregnant patients will be affected by this policy. However after thorough risk-benefit discussion with the patient and discussion at Multidisciplinary team meeting, pregnant patients are sometimes treated with such medications.

**Do you think that the policy impacts on people because of their race?** (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities.)

Potential negative impact of knowing how to take their medications for patients where English is not their first language, or they are not able to read and write English. However this can be mitigated against in this health board through the use of appropriate interpretation and translation services working closely with carers, family members and advocates and through patient-centred care and training.

**Do you think that the policy impacts on people because of their religion, belief or non-belief?** (Religious groups cover a wide range of groupings the most of which are Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs. Consider these categories individually and collectively when considering impacts)

There may be a potential negative impact where a drug contains ingredients which are not appropriate to a person’s faith e.g. porcine products, products derived from blood. However this can be mitigated against in this health board through working closely with patients/patients advocates to establish their beliefs, acceptable medications and through patient-centred care and dealing with such matters sensitively.

**Do you think that the policy impacts on men and woman in different ways?**

No impact

**Do you think that the policy impacts on people because of their sexual orientation?** (This includes Gay men, heterosexuals, lesbians and bi-sexual)
No, but all should be aware of the potential negative impacts as described in the documents above.

Do you think that the policy impacts on people because of their Welsh language?

No, if we need to explain and discuss the treatment in Welsh for patients who speak Welsh, this can be arranged with the Welsh speakers in the UHB. Patient information leaflets may also be produced bilingually.

4. Summary.
Which equality groups have positive or negative impacts been identified for (i.e. differential impact).
There is a possibility of an adverse impact on certain protected characteristics in terms of disability/sensory loss, race and faith. These risks can be mitigated against in this health board by working with patients, carers and through the adoption of a patient centred-approach and appropriate training for staff, use of translation and interpretation services, use of compliance aids etc.

Is the policy directly or indirectly discriminatory under the equalities legislation?

No

If the policy is indirectly discriminatory can it be justified under the relevant legislation?

N/A
Appendix 3

Cardiff and Vale University Health Board
Action Plan

Section B: Action
5. Please complete your action plan below. Issues you are likely to need to address include
• What consultation needs to take place with equality groups (bearing in mind any relevant consultation already done and any planned corporate consultation activities.
I have consulted with the Co-Chairs of the UHB Rainbow LGBT+ FFFlag Network, the UHB Welsh Language Officer.

• What monitoring/evaluation will be required to further assess the impact of any changes on equality target groups?
Policy will be reviewed and monitored by the UHB Cytotoxic Chemotherapy Group

Equalities Impact Assessment Implementation Action Plan

<table>
<thead>
<tr>
<th>Issue to be addressed</th>
<th>Responsible Officer</th>
<th>Action Required</th>
<th>Timescale for completion</th>
<th>Action Taken</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. Report, publication and Review
Please record details of the report or file note which records the outcome of the EQIA together with any actions / recommendations being pursued (date, type of report etc)

The policy was submitted and approved on 28th June 2016, subject to this EQIA.

Please record details of where and when EQIA results will be published
Once the policy has been approved the documentation, including the EQIA, will be placed on the intranet and internet.

Please record when the EQIA will be subject to review.
The EQIA and Policy will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required.

Name of person completing _Eurig Jenkins____________________________
Signed ________________________________
Date: ___14/10/16______________________________

Name of Senior Manager Authorising Assessment and Action Plan for publication ___ Darrell Baker
Signed: ________________________________
Date: ___21/10/16______________________________
Appendix 4
Format for publication of EQIA results

Executive Summary
The responsibility for implementing the policy falls to all employees and UHB Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB.

After considering all the evidence indicated it is clear that the policy will have an overwhelming positive impact. This is the intention not only of the equality, Welsh language and human rights legislation but also of this policy, which adheres to that legislation.

Background
Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and does not discriminate, harass or victimise individuals or groups. These principles run throughout this specific policy.

The policy operates within the principles of the 2010 Equality Act, Human Rights Act 1998 and the Welsh Language Act 1993 and Welsh Language (Wales) Measure 2011 as well as other related UHB policies such as flexible working and Dignity at Work policies.

Involvement in the review included staff representatives as well as the Cardiff and Vale University Health Boards’ Lesbian, Gay, Bisexual and Transgender Rainbow Network and through the Welsh Language Officer.

The scope of the EQIA
The likely effects were assessed through looking at statistical, research, previous and other related EQIA policies and through consultation through invested stakeholders. The data included workforce profile data broken down by protected characteristics which assisted with the underpinning inclusive and comparative approach. It was felt that the comments were received were valid, and necessary for the UHB to demonstrate its commitment to equality, diversity and human rights as well as demonstrating that we would listen and act upon the views of others.

Key findings
There was overwhelming evidence and support for the need to have such a policy to demonstrate UHB commitment to the equality, diversity and human rights agenda. The policy aims, fit with corporate priorities such as quality and safety, and medication related policies such as “Safe Administration of Medication"
**Recommendations**

There were no significant changes to the proposed policy other than updating the terminology used to ensure more effective communication and clarity in its associated procedure.

It is recommended that this policy is reviewed in line with the current guidelines of the UHB, unless there is a change in relevant legislation in which case, the policy should be reviewed within 6 months of any new legislation and changes made accordingly. The policy will be monitored and reviewed by the Equality, Diversity & Human Rights Sub Committee.

It will be issued via the intranet, administrator email and to Clinical Boards/Corporate areas management teams and lead trade union representatives.

.