

## EQUALITY IMPACT ASSESSMENT

**This is a legal document stating you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission**

If you require advice on the completion of this EQIA, contact [elaine.savory@aapct.scot.nhs.uk](mailto:elaine.savory@aapct.scot.nhs.uk)

'Policy' is used as a generic term covering policies, strategies, functions, service changes, guidance documents, other

<b>Name of Policy</b>	Pilot addressing driving needs among people with Multiple Sclerosis (MS)		
<b>Names and role of Review Team:</b>	Jenny Preston Jacqui Downs Tadgh Stapleton, Trinity College Dublin Christine Tod, Senior Programme Manager T&S Michelle Connelly, Senior Programme Manager T&S Margery Ferry, Project Officer T&S Elaine McClure, Assistant Director Engagement, Communications and Programmes	<b>Date(s) of assessment:</b>	27/09/2022

### SECTION ONE                      AIMS OF THE POLICY

1.1. Is this a new or existing Policy : \_\_\_ Pilot \_\_\_\_\_

Please state which:      Policy     Strategy       Function       Service Change       Guidance       Other

1.2 What is the scope of this EQIA? -

NHS A&A wide                       Service specific                       Discipline specific                       Other (please detail) \_\_\_\_\_

service specific – People with MS

**1.3a. What is the aim?**

Develop a screening tool for facilitating conversations with people with MS throughout their disease trajectory facilitating a more comprehensive, enabling and equitable approach to monitoring fitness to drive

One of the greatest challenges for people living with any degenerative neurological condition is the lack of predictability regarding disease progression and the impact of this on their everyday function. Regular contact and review by a range of healthcare professionals can assist with the anticipation of change and enable a range of solutions to support the changes as they occur. Changes that impact on key decisions such as fitness to drive are best supported over time and should not result in sudden and significant withdrawal from familiar routines and activities.

**1.3b. What is the objectives?**

The screening tool is currently being piloted by occupational therapists within the Neurological Rehabilitation team within NHS Ayrshire and Arran with anticipation of a wider roll out at a national level. This innovative work will be evaluated through a range of research methodologies within a structured research programme. Dissemination of this practice based approach to developing evidence will be achieved through publication within peer reviewed journals, conference presentations, and best practice sharing events.

**1.3c. What is the intended outcomes?**

Facilitating a more comprehensive, enabling and equitable approach to monitoring fitness to drive.

**1.4. Who is this policy intended to benefit or affect? In what way? Who are the stakeholders?**

People with MS

**1.5. How have the stakeholders been involved in the development of this policy?**

Yes and representation from MS Society

**1.6 Examination of Available Data and Consultation** - Data could include: consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic or professional publications, reports etc)

A number of meetings have taken place with teams to discuss drafts and receive feedback on the tool including involvement of the MS Society who are representing the service user voice. Drafts have been shared with, and feedback received from people with MS through the MS Society.

**Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues.**

MS Society, Trinity College Dublin, NHS Staff

**What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?**

There was an element of dissatisfaction and this will provide a more proactive approach. This was developed as a result of internal challenges. It has been done in consultation with all key internal stakeholders.

**What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?**

There is nothing available in terms of driving guidance documents for MS fitness to drive. A literature search was carried out. Learning from other disease groups has been considered, eg. Stroke, dementia and older peoples.

**1.7. What resource implications are linked to this policy?**

N/A

**SECTION TWO****IMPACT ASSESSMENT**

Complete the following table, giving reasons or comments where:

The Programme could have a positive impact by contributing to the general duty by –

- Eliminating unlawful discrimination
- Promoting equal opportunities
- Promoting relations within the equality group

The Programme could have an adverse impact by disadvantaging any of the equality groups. Particular attention should be given to unlawful direct and indirect discrimination.

If any potential impact on any of these groups has been identified, please give details - including if impact is anticipated to be positive or negative.

**If negative impacts are identified, the action plan template in Appendix C must be completed.**

**Equality Target Groups – please note, this could also refer to staff**

	<b>Positive impact</b>	<b>Adverse impact</b>	<b>Neutral impact</b>	<b>Reason or comment for impact rating</b>
<b>2.1. Age</b> <ul style="list-style-type: none"> <li>• Children and young people</li> <li>• Adults</li> <li>• Older People</li> </ul>	  X X			N/A  This pilot would provide the opportunity to have a more considered and prepared conversation about fitness to drive at an early stage. This is not an assessment of fitness to drive. There is not any anticipated adverse outcomes but is aimed to facilitate decision making and planning.

<b>2.2. Disability</b> (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health)	X			<p>This pilot would provide the opportunity to have a more considered and prepared conversation with people with MS about fitness to drive at an early stage. This is not an assessment of fitness to drive. There is not any anticipated adverse outcomes but is aimed to facilitate decision making and planning.</p> <p>Existing internal processes would be followed to ensure any communication requirements are supported.</p>
<b>2.3. Gender Reassignment</b>			X	<p>This pilot would apply to all and would be used to assess any patients who drive and present with MS.</p>
<b>2.4 Marriage and Civil partnership</b>			X	<p>This pilot would apply to all and would be used to assess any patients who drive and present with MS.</p>
<b>2.5 Pregnancy and Maternity</b>			X	<p>This pilot would apply to all and would be used to assess any patients who drive and present with MS.</p>
<b>2.6 Race/Ethnicity</b>			X	<p>This pilot would apply to all and would be used to assess any patients who drive and present with MS.</p> <p>Existing internal processes would be followed to ensure any communication requirements are supported.</p>
<b>2.7 Religion/Faith</b>			X	<p>This pilot would apply to all and would be used to assess any patients who drive and present with MS.</p>
<b>2.8 Sex (male/female)</b>			X	<p>This pilot would apply to all and would be used to assess any patients who drive and present with MS.</p>
<b>2.9 Sexual Orientation</b> <ul style="list-style-type: none"> <li>• Lesbians</li> <li>• Gay men</li> <li>• Bisexuals</li> </ul>			X	<p>This pilot would apply to all and would be used to assess any patients who drive and present with MS.</p>

<b>2.10 Carers</b>		X		The impact of driving cessation may negatively impact on carers. This may lead to an increased dependency on carers for access to a range of places and appointments. It may also impact on carers who may be dependent on the person living with MS as the main driver.
<b>2.10 Homeless</b>			X	This pilot would apply to all and would be used to assess any patients who drive and present with MS.
<b>2.12 Involved in criminal justice system</b>			X	This pilot would apply to all and would be used to assess any patients who drive and present with MS.
<b>2.13 Literacy</b>			X	The tool is a therapist assisted interview in conversation with people with MS.
<b>2.14 Rural Areas</b>			X	<p>The pilot is not looking at stopping anyone who is driving. The focus of the pilot is to support everyone with a diagnosis of MS to consider the impact of their disease on their ability to maintain driving for as long as is possible.</p> <p>Driving is a method of enabling community mobility and engagement and is of vital importance particularly for patients living in rural areas who may not have any access to alternative public transport. All patients who are current drivers attending the service will be included in this pilot initiative regardless of their dwelling geography (urban, suburban, rural).</p>
<b>2.15 Staff</b>				
<ul style="list-style-type: none"> <li>• Working conditions</li> <li>• Knowledge, skills and learning required</li> <li>• Location</li> <li>• Any other relevant factors</li> </ul>			<ul style="list-style-type: none"> <li>X</li> <li>X</li> <li>X</li> <li>X</li> </ul>	<p>N/A</p> <p>The pilot is within staff's remit of practice, there may be a small amount of awareness training required at the start.</p> <p>N/A</p> <p>N/A</p>

**2.16. What is the socio-economic impact of this policy / service change? (The [Fairer Scotland Duty](#) places responsibility on Health Boards to actively consider how they can reduce inequalities of outcomes caused by socio-economic disadvantage when making strategic decisions)**

	Positive	Adverse	Neutral	Rationale/Evidence
<b>Low income / poverty</b>			X	There will be some groups of people who will not be able to afford vehicles or drive. This pilot will not have any impact on patients from low income groups who are not current drivers.
<b>Living in deprived areas</b>			X	There will be some groups of people who will not be able to afford vehicles or drive. This pilot will not have any impact on patients from deprived areas who are not current drivers.
<b>Living in deprived communities of interest</b>			X	There will be some groups of people who will not be able to afford vehicles or drive. This pilot will not have any impact on patients from deprived areas who are not current drivers.
<b>Employment (paid or unpaid)</b>	X			This pilot will have no impact on employment status of patients, it may have a positive impact for some patients who may be depending on driving to get to and from work, so enabling driving with MS may assist with employment maintenance for some patients.

**SECTION THREE CROSSCUTTING ISSUES**

**What impact will the proposal have on lifestyles? For example, will the changes affect:**

	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
<b>3.1 Diet and nutrition?</b>			X	The pilot will not impact on this.
<b>3.2 Exercise and physical activity?</b>			X	The pilot will not impact on this.

<b>3.3 Substance use: tobacco, alcohol or drugs?</b>			X	The pilot will not impact on this.
<b>3.4 Risk taking behaviour?</b>	X			The pilot should assist with identifying potential risk taking behaviour of people with MS in association with their driving and then advice would be given to reduce the risk.

<b>SECTION FOUR CROSSCUTTING ISSUES</b>				
<b>Will the proposal have an impact on the physical environment? For example, will there be impacts on:</b>				
	<b>Positive impact</b>	<b>Adverse impact</b>	<b>No impact</b>	<b>Reason or comment for impact rating</b>
<b>4.1 Living conditions?</b>			X	The pilot will not impact on this.
<b>4.2 Working conditions?</b>			X	The pilot will not impact on this.
<b>4.3 Pollution or climate change?</b>			X	The pilot will not impact on this.
<b>Will the proposal affect access to and experience of services? For example:</b>				
	<b>Positive impact</b>	<b>Adverse impact</b>	<b>No impact</b>	<b>Reason or comment for impact rating</b>
<b>Health care</b>			X	The pilot of the screening tool will be delivered as part of their healthcare service.
<b>Social Services</b>			X	
<b>Education</b>			X	
<b>Transport</b>			X	



<b>Housing</b>			X	
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**SECTION FIVE MONITORING**

**How will the outcomes be monitored?**

Feedback will be secured from the NHS staff who will be involved in delivering the pilot.

**What monitoring arrangements are in place?**

Steering Group

**Who will monitor?**

Steering Group

**What criteria will you use to measure progress towards the outcomes?**

Staff feedback questions will be used.

**PUBLICATION**

Public bodies covered by equalities legislation must be able to show that they have paid due regard to meeting the Public Sector Equality Duty (PSED). This should be set out clearly and accessibly, and signed off by an appropriate member of the organisation.

Once completed, send this completed EQIA to the **Equality & Diversity Adviser**

<b>Authorised by</b>	Dr Jenny Preston	<b>Title</b>	Consultant Occupational Therapist/Clinical Lead Neurological Rehabilitation Service
<b>Signature</b>	<i>Jennifer A. Preston</i>	<b>Date</b>	11/11/2022



## Identified Negative Impact Assessment Action Plan

Name of EQIA:

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments

Further Notes:

Signed:

Date:

