##### 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**

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| **Name of Policy** | NHS Ayrshire & Arran Diabetic Eye Screening Programme (DESP) | | |
| **Names and role of Review Team:** | * Esther Aspinall – Consultant in Public Health Medicine (for the DESP) * Mohan Varikkara – Consultant Ophthalmologist (Clinical Lead for DESP) * Diane Smith - Improvement & Development Manager for Screening | Date(s) of assessment: | December 2023 - April 2024 |
| **SECTION ONE** | AIMS OF THE POLICY | | |
| * 1. **Is this a new or existing Policy : \_\_\_Existing\_\_\_\_\_\_\_\_\_\_**   ✓  **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)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **1.3a. What is the aim?**   * To reduce the incidence of people going blind due to diabetic retinopathy disease | | | |
| **1.3b. What is the objectives?**   * To provide a service that is easily accessible to the eligible population with as few visits as necessary, while at the same time allowing patient choice | | | |
| **1.3c. What is the intended outcomes?**   * To ensure all those who are eligible for screening are offered an invitation to attend for diabetic eye screening (DES) * Maximise uptake of screening of the eligible population * Early detection of referable (sight threatening) diabetic retinopathy disease and timely onward referral to Ophthalmology for treatment and or observation | | | |
| **1.4. Who are the stakeholders?**   * Public Health * DES Steering Group * DES Management Group * Community Accredited Optometrists * Hospital Eye Screeners, both in Public Health and Medical Photography * Ophthalmology Staff * eHealth Staff * Call/recall Administration Staff * Primary Care * Area Optical Professional Committee * Finance * Dalmellington Diabetes Project staff | | | |
| **1.5. How have the stakeholders been involved in the development of this policy?**   * A representative from each stakeholder group is invited to attend the quarterly DES Steering Group where development of the programme is discussed. The Group monitors the operation and oversees the ongoing development and uptake of the programme in Ayrshire and Arran * DES Management Group meetings – meet every 3 weeks * Dalmellington Diabetes Project Steering Group – meet every 6 weeks | | | |
| **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.)   * Health Improvement Scotland (HIS) Standards – 2016 Diabetic Retinopathy – A review of the DES HIS Standards was carried out with colleagues from Clinical Governance in 2022/23; this has helped to provide a baseline for any additional work/audits required to help evidence our progress * National Key Performance Indicators * DES Annual Reports * Scottish Diabetes Survey * Local audits * Dalmellington Outreach Service * Options Appraisal carried out in 2019 | | | |
| **Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues.**   * National DES Collaborative (Lead Clinician/Board Co-ordinator Group) * National DES Service Managers Group | | | |
| **What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?**  Blindness, due to diabetic retinopathy disease, is relatively rare in A&A (estimated around 3% of those registered blind). However, the impact of the disease on individual lives can be highly significant and may involve substantial amounts of health resource use.  During 2022 a review of the Diabetic Eye Screening HIS Standards was carried out with colleagues from Clinical Governance; this helped to provide a baseline for any additional work/audits required to help evidence our progress. One such audit was around urgent referrals to Ophthalmology; all DES referrals to Ophthalmology are vetted, those who are marked as routine can wait in excess of 12 months for an appointment, whereas urgent cases are effectively prioritised. Wait times were recently audited, confirming that urgent cases are seen within target but longer waits for those classed as non-urgent. A further audit was conducted in August 2023 to review progress, and it was noted that progress has stalled on this indicator. The DES Clinical Lead/Consultant Ophthalmologist along with other staff grades sit on the DES Steering Group and have outlined the ongoing pressures within Ophthalmology.  Local audits around GP practices and the GP clusters were also undertaken to scrutinise areas where uptake for DES was lower. A number of areas have been identified and work has already started in one area with the introduction of mobile screening at the community centre in Dalmellington, further work is required in other areas. Planning for Isle of Cumbrae outreach has already commenced, with a DES Management team visit to the GP Practice and the Lady Margaret Hospital to meet members of the Millport Primary Care team. A camera trolley and van hire have been procured in order to allow mobile services going forward.  The DES Steering Group meet every quarter; the purpose of this group is to support and monitor the quality and performance of the DES screening programme in NHS A&A in terms of its safety, effectiveness, efficiency and equity. It also supports and advises on the resolution of any problems or issues which may arise in the delivery of the programme and provides a platform for dissemination of information from relevant national groups and communication between local stakeholders. This was more so evident when the national Key Performance Indicators for the DES programme weren’t available for the two annual reports; 2020/21 and 2021/22 due to changes to the national DES care pathway which required changes to the denominator data within the KPIs; during this period the DES Steering group used estimates and feedback from team members and stakeholders to inform actions. | | | |
| **What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?**  The 2016 UK National Screening Committee recommended several changes, one of which was how often people are invited for diabetic eye screening, based on their risk of sight loss. The decision was made following scientific evidence which advises that those at low risk of sight loss can be safely screened every two years; this was introduced into the national DES care pathway starting from January 2021. Another change at that time recommended transferring Optical Coherence Tomography (OCT) screening from Ophthalmology services into the national DES care pathway. This has improved the patient access to Ophthalmology services by releasing capacity of Consultant Ophthalmologists and in so doing improved timely diagnoses and/or treatment and subsequent patient outcomes.  DES Key Performance Indicators – These indicators enable comparison of performance between NHS areas in Scotland:  **KPI headline data for A&A - reporting period 1st April 2022 – 31st March 2023:**   * The invitation rate is 87%, Scotland-wide it was 36.6% - the target rate is 100% * The successful screening rate is 74.5%, whereas Scotland-wide it was 78% - the target rate is 80% * The overall technical failure (inadequate image clarity, i.e. the third generation vessels radiating around the fovea are not visible and therefore does not allow for referable retinopathy and maculopathy to be identified, if present) rate in A&A is 1.74%, with the target to be as low as possible (Scotland-wide it was 2.1%) * The written report success rate is 95% of people screened are sent their results within 20 working days of being screened, A&A achieved 94.93%, the highest in Scotland; Scotland-wide it was 73.7% * The referable rate for A&A (those whose screening outcome was referral to Ophthalmology) is 1.7%, whereas for Scotland-wide it was 0.3%. However, it is noted that A&A are an outlier for Slit Lamp technical failure rate at 9.4%: the target is 2% and Scotland-wide it is 3.5%. Audits carried out in 2023 highlight that the cataract waiting list is the main contributory factor. Further work will take place in 2024/25 around streamlining of specialist referrals, however it is noted that this is out with the Diabetic Eye Screening Programme’s control.   The Level 2 and Level 3 Graders undertake External Quality Assurance (EQA) biennially. This is to monitor their sensitivity and specificity meets the national target of 80% for both. A recent report for the spring 2023 EQA advised that all graders achieved these targets. The results of autumn 2023 EQA which closed on the 23rd October, both the Level 2 and Level 3 Graders all achieved the national target of 80% and higher. | | | |
| **1.7. What resource implications are linked to this policy?**   * Payment for each completed screening provided by the accredited Optometrists – Primary Care hold DES budget to fund this * Payment for the Optical Coherence Tomography (OCT) clinics (x3) at Ayrshire Central Hospital and additional clinic at University Hospital Crosshouse – some funding released from Primary Care with the introduction of the biennial screening * Payment for Level 2 Grading – Primary Care budget as above * Development of hybrid model to introduce in-house screening in locations where there is no DES provision and uptake is low, i.e. Isle of Cumbrae and Garnock Valley have been identified | | | |

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| **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 | | | | |
|  | Positive impact | Adverse impact | Neutral impact | Reason or comment for impact rating |
| **2.1. Age**   * Children and young people * Adults * Older People | ✓ |  |  | This service has been designed to target people diagnosed with diabetes and who are over the age of 12.  The hybrid model offers the ‘best of both worlds’ in allowing those newly diagnosed to be seen quickly within a Health Board setting, and subsequently to be able to attend any optometrist in the community – increasing convenience, particularly for young people. |
| **2.2. Disability** (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health) | ✓ |  |  | No one with a disability will be adversely discriminated against.  Most accredited Optometry Practices have wheelchair access. All hospital in-house clinics have been selected specifically to allow wheelchair access.  Most tables which hold the digital cameras can be positioned/adjusted to provide access for those in wheelchairs to support successful digital screening.  Where individuals require specialist equipment or physical impairment prevents successful eye screening in the community/in-house clinics, a referral pathway is available to Ophthalmology Services.  Those who are inpatients in the Priory, Woodland View on the ACH site, Ailsa, UHC and UHA can be supported to attend for diabetic eye screening by providing transfer to and from the in-house clinics.  Those who live in the community who require assistance to attend for diabetic eye screening can be supported via the patient transport service.  Individuals depending on their needs/requirements can be given longer appointments to accommodate their screening.  NHS Ayrshire & Arran have a contract with Sign Language Interaction for a British Sign Language (BSL) interpreter, a lip speaker and an electronic note take for direct patient care. The service provision from Sign Language Interactions is available 24 hrs a day, every day of the year.  The national DES patient leaflet is available in other formats e.g. translations, easy read, BSL, audio, large print, braille. All are available at:  [www.nhsinform.scot/otherformatsdrs](http://www.nhsinform.scot/otherformatsdrs)  0131 314 5300  [Phs.otherformats@phs.scot](mailto:Phs.otherformats@phs.scot)  Patient letters, i.e. invitations, reminders, results can be printed in larger font for those with sight problems. Patients, the patient’s GP, carers and or family members can notify the DES office of any disabilities and or special requests/needs. These are added to the patient’s notes where they would remain on the DES system or until they are removed if they are no longer required. |
| **2.3. Gender** **Reassignment** |  |  | ✓ | Someone’s gender or gender reassignment status would not preclude them from accessing the diabetic eye screening programme. |
| **2.4 Marriage and Civil partnership** |  |  | ✓ | Someone’s marital or civil partnership status would not preclude them from accessing the diabetic eye screening programme. |
| **2.5 Pregnancy and Maternity** | ✓ |  |  | For clinical reasons someone who is diagnosed with diabetes and is pregnant would be placed on the pregnancy pathway for closer monitoring and therefore receive invitations to diabetic eye screening every trimester. DES Admin team identify pregnant patients via the diabetic antenatal review clinics on TrakCare for their expected date of delivery and check the SCI-Diabetes system for their diabetes status. The information is updated on the DES software Optomize and the patient is added to the pregnancy pathway to allow for invitation and appointments to be generated for each patient’s trimester. The patients are followed up if they do not attend their appointment to try to encourage attendance.  Someone’s pregnancy and maternity status would not preclude them from accessing the diabetic eye screening programme. |
| **2.6 Race/Ethnicity** |  | ✓ |  | Someone’s race/ethnicity would not preclude them from accessing the diabetic eye screening programme. We would only know if someone required letters in another language if this is requested by the patient, the patient’s GP, carer or family member. This information can be added to the patient’s notes where they would remain on the DES system or until they are removed if they are no longer required. |
| **2.7 Religion/Faith** | ✓ |  |  | Religion/faith would not preclude someone from accessing the diabetic eye screening programme.  Information leaflets have been developed nationally in a variety of formats and languages; translations, easy read, BSL, Audio, Large Print and Braille:  <http://www.nhsinform.scot/otherformatsdrs> |
| **2.8 Sex (male/female)** |  |  | ✓ | Someone’s sex (male/female) would not preclude someone from accessing the diabetic eye screening programme. |
| **2.9 Sexual Orientation**   * Lesbians * Gay men * Bisexuals |  |  | ✓ | The sexual orientation of someone would not preclude them from accessing the diabetic eye screening programme. |
| **2.10 Carers** |  |  | ✓ | This service is accessible within the community in multiple locations free of charge. |
| **2.10 Homeless** |  | ✓ |  | No person is excluded from the diabetic eye screening based on being homeless, though the DES software will not be able to recall people not living at their registered CHI address. The DES Programme will look into this further with the homeless nurses during 2024/25. |
| **2.12 Involved in criminal justice system** | ✓ |  |  | Anyone who is in HMP for 6 months or more are added to the prison surgery code. The responsibility for screening then lies with the health board the prison sits within.  The patients screening record within the national DES IT system is then transferred to the new board of residence if they have come from another board. Anyone therefore admitted to HMP Bowhouse regardless of where they have come from the responsibility for offering diabetic eye screening lies with NHS Ayrshire & Arran.  Primary Care provides the screening equipment for DES at HMP Bowhouse, i.e. digital camera/slit lamp and the screening is provided by an accredited optometrist who attends the Prison monthly. Anyone who requires treatment or further investigation are referred to Ophthalmology Services within Ayrshire & Arran which is in-line with all referrals from the DES Programme. |
| **2.13 Literacy** | ✓ |  |  | The national DES patient leaflet is available in other formats e.g. translations, easy read, BSL, audio, large print, braille. All are available at:  [www.nhsinform.scot/otherformatsdrs](http://www.nhsinform.scot/otherformatsdrs)  0131 314 5300  [Phs.otherformats@phs.scot](mailto:Phs.otherformats@phs.scot)  Patient letters, i.e. invitations, reminders, results can be printed in larger font for those with sight problems. We would only know if someone required letters in another font size if this is requested by the patient, the patient’s GP, carer or family member. This information can be added to the patient’s notes where they would remain on the DES system or until they are removed if they are no longer required. |
| **2.14 Rural Areas** |  |  | ✓ | The DES Programme in Ayrshire is delivered using a hybrid model; a mixture of community Optometry and Health Board Provision. There are 39 accredited Optometrists working in 26 accredited optometry practices throughout Ayrshire and Arran, including HMP Bowhouse, with additional Health Board provision provided by the hospital screeners available at University Hospitals Ayr and Crosshouse, Ayrshire Central Hospital, Dalmellington Community Centre.  The DES programme undertook an options appraisal in 2019 to look at increasing the resilience of the programme and areas where uptake was lower. Agreement was reached to consider the extension of the hybrid model by introducing a diabetic eye screening mobile service to existing community sites.  A number of areas were identified; Dalmellington, Isle of Cumbrae and the Garnock Valley area. Work has already started in Dalmellington to address this with the introduction of mobile screening at the community centre, with further work required in other areas. Planning for Isle of Cumbrae outreach has already commenced, with a DES management team visit to the GP Practice and the Lady Margaret Hospital to meet members of the Millport Primary Care team. A camera trolley and van hire have been procured in order to allow mobile services going forward. |
| **2.15 Staff**   * Working conditions * Knowledge, skills and learning required * Location * Any other relevant factors | ✓ |  |  | All staff, optometrists and hospital staff (screeners/graders) working with the DES Programme in Ayrshire and Arran have access to the nationally available screening modules provided by Pearson – Level 3 Diploma for Health Screeners.  There is also a local clinical induction for Optometrists to complete and pass before they can work in the programme. The optometrists must also complete the local Slit Lamp Accreditation assessment every 5 years for them to remain accredited to provide diabetic eye screening. These are both provided by the DES Clinical Lead and the Level 3 Grader within the Ophthalmology department.  For all graders there is also an External Quality Assurance programme which runs every 6 months to ensure graders are meeting the minimum targets of 80% for both sensitivity/specificity.  Hospital Screeners also need to complete a period of training (5-6months) and signed off as competent to provide DES before they are left on their own to run a clinic. There is always staff available on site or by telephone if there are any difficulties.  For the hospital screeners should they wish and or a need is identified, further training can be provided.  There is a DES Framework Agreement with NHS Ayrshire & Arran and the accredited Optometrists for the delivery of diabetic eye screening. This agreement has been written and agreed with Public Health, Area Optical Professional Committee and Primary Care. This document outlines the minimum expectations of the accredited Optometrists and Optometry Practices for the safe delivery of the diabetic eye screening programme. It includes service provision staff/premises, clinical standards, quality assurance, equipment, eHealth networking and finance and payments.  The DES Steering Group meets quarterly and whose purpose is to support and monitor the quality and performance of the programme, support and advise on the resolution of any problems/issues and is also a provides platform for dissemination of information from relevant national groups and communication between local stakeholders.  There are a set of national DES Clinical Standards provided by Health Improvement Scotland (HIS) that Boards/staff work to achieve and these cover Governance and Leadership, call-recall, attendance and uptake, screening process, referral and treatment. Furthermore a new set of Core Screening Standards we recently published in September 2023 which covers leadership and governance, quality assurance, incident management and reporting, staff training and education, informed decision making and equity in screening.  There are also a set of national Key Performance Indicators for the DES programme which are monitored quarterly locally and nationally. |

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| **2.16. What is the socio-economic impact of this policy / service change? (The** [**Fairer Scotland Duty**](https://www.gov.scot/publications/fairer-scotland-duty-interim-guidance-public-bodies/) **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** |
| **Low income / poverty** |  | ✓ |  | Eligibility for the DES programme is not affected by low income. Screening is available in 26 Optometry Practices throughout Ayrshire and Arran including HMP Bowhouse, 3 Hospital sites and 1 community centre.  Screening uptake in Dalmellington, an area where people had further to travel for screening before the service was available in the Dalmellington Community Centre has risen by 25%.  Further outreach works are being progressed addressing deprived areas where uptake for DES is low. A number of areas have been identified; Dalmellington, Isle of Cumbrae and the Garnock Valley area. Work has already started in Dalmellington to address this with the introduction of mobile screening at the community centre, with further work required in other areas. Planning for Isle of Cumbrae outreach has already commenced, with a DES management team visit to the GP Practice and the Lady Margaret Hospital to meet members of the Millport Primary Care team. A camera, trolley and van hire have been procured in order to allow mobile services going forward.  Many of the Optometrists offer weekend and evening appointments for those who work during the day. |
| **Living in deprived areas** |  | ✓ |  |
| **Living in deprived communities of interest** |  | ✓ |  |
| **Employment (paid or unpaid)** |  |  | ✓ |

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| **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 |
| **3.1 Diet and nutrition?** |  |  | ✓ | The Diabetic Eye Screening Programme does not have any impact on diet and nutrition. |
| **3.2 Exercise and physical activity?** | ✓ |  | ✓ | The Diabetic Eye Screening Programme does not have any impact on exercise and physical activity. Weight management, nutrition and diabetes prevention are also included in some of the wider work offered at the Dalmellington hub where the DES screening takes place. |
| **3.3 Substance use: tobacco, alcohol or drugs?** |  |  | ✓ | The Diabetic Eye Screening Programme does not have any impact on substance use; tobacco, alcohol or drugs. |
| 3.4 Risk taking behaviour? |  |  | ✓ | The DES Programme encourages those over the age of 12 and who have a diagnosis of diabetes to attend for diabetic eye screening. The screening can support the early detection of diabetic retinopathy disease thus reducing the risk of progression of the disease and the incidence of sight loss. |

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| **SECTION FOUR** | **CROSSCUTTING ISSUES** | | | |
| **Will the proposal have an impact on the physical environment? For example, will there be impacts on:** | | | | |
|  | Positive impact | Adverse impact | No impact | Reason or comment for impact rating |
| 4.1 Living conditions? |  |  | ✓ | The Diabetic Eye Screening Programme does not have any impact on living conditions. |
| **4.2 Working conditions?** |  |  | ✓ | The Diabetic Eye Screening Programme does have not have any impact on working conditions. |
| **4.3 Pollution or climate change?** |  |  | ✓ | The Diabetic Eye Screening Programme does not have any direct impact on pollution or climate change, however, having community based venues avoids longer travel requirements.  The van procured for outreach work/mobile screening is electric. |
| **Will the proposal affect access to and experience of services? For example:** | | | | |
|  | Positive impact | Adverse impact | No impact | Reason or comment for impact rating |
| **Health care** | ✓ |  |  | If diabetic retinopathy disease is identified in the early stages, treatment can reduce the incidence of sight loss. |
| **Social Services** |  |  | ✓ | The Diabetic Eye Screening Programme does not have any impact on social services. |
| **Education** |  |  | ✓ | The Diabetic Eye Screening Programme does not have any impact on education services. |
| **Transport** |  |  | ✓ | The Diabetic Eye Screening Programme does not have any direct impact on transport services, however, having community based venues avoids longer travel requirements. |
| **Housing** |  |  | ✓ | The Diabetic Eye Screening Programme does not have any impact on housing services. |

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| **SECTION FIVE** | | **MONITORING** | | |
| **How will the outcomes be monitored?**  Local uptake rates in relation to HIS National Standards for DES and Key Performance Indicators (KPIs) | | | | |
| **What monitoring arrangements are in place?**  Quarterly KPI reports reported nationally and locally to Boards which are reviewed at the local DES Steering Group, the national DES Management Groups (DES Lead Clinicians/DES Public Health Consultants/DES Service Managers) and is also included in the Ayrshire & Arran Annual DES Report, which is reviewed at the Health Care Governance Group | | | | |
| **Who will monitor?**  The Diabetic Eye Screening Steering Group locally and the nationally by the DES Collaborative | | | | |
| **What criteria will you use to measure progress towards the outcomes?**  HIS National Standards for DES and national Key Performance Indicators | | | | |
| **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** | | | | |
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| **Authorised by** |  | | **Title** |  |
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| **Signature** |  | | **Date** |  |

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| **Identified Negative Impact Assessment Action Plan** |

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| **Name of EQIA:** |  |

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| **Date** | **Issue** | **Action Required** | **Lead (Name, title, and contact details)** | **Timescale** | **Resource Implications** | **Comments** |
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| Further Notes: |  |

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