

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

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

Name of Policy	Tuberculosis (TB) Pathway and Prevention Strategy		
Names and role of Review Team:	Esther Aspinall – Consultant in PH Medicine (Lead) Emily Broadis – PH Registrar Danielle McManus – Project Manager	Date(s) of assessment:	May 2022

SECTION ONE AIMS OF THE POLICY

1.1. Is this a new or existing Policy : New

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? Reduce the numbers of people contracting TB and provide an effective service for those who do.

1.3b. What is the objectives? To develop a robust pathway and prevention strategy for those at risk or with TB

1.3c. What is the intended outcomes?

- Robust pathway for identification of new migrant, refugee or asylum seekers and inclusion/invitation into health service.
- More prevention work done resulting in less people contracting TB and less impact on Acute services.

1.4. Who are the stakeholders?

Public Health, Respiratory, Paediatrics, Occupational Health, Labs, Primary Care, Local Authorities, Pharmacy, Community Nursing, Homeless, Addictions, Travelling Community

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

- Surveys to Community Nursing staff and GPs
- Meetings with stakeholders either one to one or groups
- Stakeholders will be invited to be part of the TB Programme Board, Project Group or working groups to ensure input and expertise
- Engage with representatives of our underserved population e.g.homeless nurse, Gypsy/Traveller Integration & Engagement Officer, Community Health Addiction Community Nurse

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)

- Scottish Government TB Framework for Scotland
- NICE TB Guidance
- local surveys
- local data intelligence
- audit of all TB patients
- literature review

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

TB Incident Management Team

Scottish Nurse TB Network

NHS Health Scotland Specialist Interest Group for TB

Infection Network Executive Group

NHS Grampian – they already have a robust service in place so opportunities for learning/sharing good practice

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

Tuberculosis is a relatively rare disease in A&A. However, the impact of the disease on individual lives can be highly significant and may involve substantial amounts of health resource use. Additionally, the disease disproportionately impacts vulnerable groups such as homeless, those with a history of alcohol and drug misuse, as well as ethnic minority groups, thus contributing to health inequalities. The disease is particularly difficult to treat where the individual is also impacted by disease often found in vulnerable groups, e.g. alcohol use, HIV.

Across A&A there appears to be an increasing percentage of cases with social risk factors consistent with those seen in the underserved population (USP) such as homelessness and alcohol/drug misuse with a predominance within white Scottish, older males.

Longer hospital stays are associated with lack of community support, poor adherence to treatment, risk of wider transmission and repeat hospital admission. The impact on services is not insignificant, in NHS A&A between 2011 and 2021:

- 74 admissions for patients with TB, accounting for 1574 bed days - an average of 143 per annum (it should be noted that 2018 accounted for 40% of these days due to a cluster of Isoniazid resistant TB).
- In 2014-2019, 54 patients were diagnosed with TB, approximately 9 cases per year.

It is not possible to ascertain exact numbers for outpatient demand as there is no set pathway and case management and recording will be dependent on those involved. This makes it difficult to understand the full impact, but the figures we have give some indication:

- Outpatient demand (data available for 2012-mid 2016) amounts to 1503 clinic appointments for TB patients, an average of 347 per annum – these were the appointments allocated for use for TB patients only, however it is not possible to know if all these appointments were utilised by TB patients.

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

The Collaborative Tuberculosis Strategy for England 2015 to 20201 defines USPs as ‘individuals whose circumstances, language, culture or lifestyle (or those of their parents or carers) make it difficult to recognise the clinical onset of TB; access diagnostic and treatment services; self-administering treatment; or attend regular appointments for clinical follow-up.’ USPs often have multiple, complex needs, and the social risk factors (SRF) they experience that are known to increase the risk of TB include:

- homelessness
- drug and alcohol misuse
- being in contact with the criminal justice system in prison and in the community
- living with a mental health problem
- some migrant groups, including asylum seekers, refugees and those in immigration detention

- unemployment, poverty, gender-based violence and indebtedness

Migrant screening has been highlighted as an important intervention in the identification of those potentially affected by TB / HIV or other blood borne viruses. Certain migrants may be at increased risk of infectious diseases, including tuberculosis (TB), HIV, hepatitis B and hepatitis C, and have poorer outcomes. Early diagnosis and management of these infections can reduce morbidity, mortality and onward transmission and is supported by national guidelines. To date, screening initiatives have been sporadic and focused on individual diseases; systematic routine testing of migrant groups for multiple infections is rarely undertaken.

1.7. What resource implications are linked to this policy?

Requirement for dedicated workforce:

PH HP Nurse – with TB as part of remit

TB/BBV Nurse

TB/BBV HCSW

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
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<p>2.1. Age</p> <ul style="list-style-type: none"> • Children and young people • Adults • Older People 	<p>X X X</p>			<p>Prevention strategies and training will be in place to ensure those at risk groups are screened and vaccinated as appropriate which should help prevent active TB including infants, children and young people in line with JCVI advice.</p> <p>Training and development within the workforce will help early identification and early access to treatment.</p> <p>A clearly defined pathway will make it easier for all including USP to engage.</p> <p>A support system (Direct observation therapy) will help individuals adhere to treatment without the need for hospitalisation (homeless population).</p>
<p>2.2. Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health)</p>	<p>X</p>			<p>As outlined previously certain groups are at more risk of contracting TB, therefore, having a clear pathway in place is likely to have a positive impact on those with mental illness/learning disabilities/cognitive impairment, as there would be increased support if they developed TB and required treatment, which they will benefit from, e.g. DOTS will be relevant for this group.</p> <p>Existing processes for supporting patients whose first language is British Sign Language (BSL) would be implemented.</p> <p>NHS A&A already has in place Learning Disability Liaison Nurses who can support individuals along with family members / carers.</p>
<p>2.3. Gender Reassignment</p>			<p>X</p>	<p>It is likely to have minimal impact, however the clarity of a defined pathway is always beneficial to the service user and supports an effective and efficient identification and treatment process.</p>
<p>2.4 Marriage and Civil partnership</p>			<p>X</p>	<p>It is likely to have minimal impact, however the clarity of a defined pathway is always beneficial to the service user and supports an effective and efficient identification and treatment process.</p>

2.5 Pregnancy and Maternity	X			Screening and vaccination is already provided by AMU however the development of a defined pathway will help improve the service for these individuals who require further support or treatment e.g. vaccinations for new borns
2.6 Race/Ethnicity	X			<p>A proactive migrant screening programme will ensure people are given the correct advice and support/treatment at the earliest opportunity and the system is easy to access with necessary support by all partners. This also mitigates the risk of ongoing transmission within the community. Prevention strategies and training will be in place to ensure those at risk groups are screened and vaccinated as appropriate which should help prevent active TB including infants, children and young people in line with JCVI advice.</p> <p>Training and development within the workforce will help early identification and early access to treatment.</p> <p>A clearly defined TB pathway will make it easier for all to engage.</p> <p>Colleagues who are closely connected to the gypsy/travelling community will be involved in developing the pathways to ensure there are links through them to engage with this group in respect of both identification and treatment of TB and also prevention.</p> <p>Existing processes for supporting patients whose first language is not English would be implemented including use of interpreters and developing literature in the relevant language.</p>
2.7 Religion/Faith			X	It is likely to have minimal impact on this group of individuals, however the clarity of a defined pathway is always beneficial to the service user and supports an effective and efficient identification and treatment process.

2.8 Sex (male/female)	X			Whilst we recognise a predominance within white Scottish, older males, TB can affect anyone and therefore having a consistent pathway in place will benefit all service users suspected of having TB, and supports an effective and efficient identification and treatment process
2.9 Sexual Orientation <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexuals 	X			Whilst at this stage in A&A there is no evidence to support predominance in relation to sexual orientation, TB can affect anyone and therefore having a consistent pathway in place will benefit all service users suspected of having TB, and supports an effective and efficient identification and treatment process
2.10 Carers	X			Having a clear pathway and testing in place will support those who care for others who may have contracted TB. It means that quicker treatment and support can be implemented to avoid any further spread.
2.10 Homeless	X			As outlined previously, those experiencing homelessness are disproportionately affected by TB, therefore, development of a robust pathway which supports the patient from identification through to treatment completion, with direct observation option and is easy to access will ensure the patient is supported to adhere to treatment and is given the resources needed to do this. This ensures the individual recovers and reduces the ongoing transmission within the community. It also prevents unnecessary hospital admissions which can be distressing to the individual.
2.12 Involved in criminal justice system	X			Those being in contact with the criminal justice system in are at higher risk of TB if there is a case with the prison, therefore, a robust pathway and prevention strategy will ensure the early identification of any outbreak within the system to allow immediate treatment and support for the individual and prevent further transmission.

2.13 Literacy	X			The pathway will be more supportive and easy to follow and there will be a clear direction for users with support across the journey addressing any challenges for the individual with a point of contact to provide help where required in terms of correspondence or medications etc.
2.14 Rural Areas			X	Whilst TB impacts mostly those in urban areas, it can be found in rural areas. It is important to ensure appropriate training and development is also provided to those supporting these areas so they are able to identify any cases in a timely manner to ensure effective treatment and have the skills to identify those at risk and provide proactive preventative support.
2.15 Staff <ul style="list-style-type: none"> • Working conditions • Knowledge, skills and learning required • Location • Any other relevant factors 	X			The introduction of pathways and a prevention strategy will pull together lots of very good, but fragmented work being done across A&A which can be frustrating for staff. Relevant staff will receive information and training as appropriate to ensure they are aware of their own roles and responsibilities as well as others and are fully conversant with the process which makes the experience better for both staff and patients. This will reduce unnecessary pressure or duplication of effort when trying to support individuals.

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
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Low income / poverty	X			Evidence shows that those from lower SIMDs are most likely to develop TB in comparison to those from higher SIMDs. Having a prevention strategy will help target those areas at highest risk with the intention to mitigate the risk, and where this isn't possible, to quickly identify cases to ensure immediate treatment and support. The pathway will make it easier for patients to engage but also to enable staff to ensure the individual receives the right care in the right place at the right time with ongoing support. This will reduce risk of spread of infection which again would likely be within this group.
Living in deprived areas	X			Evidence shows that those from lower SIMDs are most likely to develop TB in comparison to those from higher SIMDs. Having a prevention strategy will help target those areas at highest risk with the intention to mitigate the risk, and where this isn't possible, to quickly identify cases to ensure immediate treatment and support. The pathway will make it easier for patients to engage but also to enable staff to ensure the individual receives the right care in the right place at the right time with ongoing support. This will reduce risk of spread of infection which again would likely be within this group.
Living in deprived communities of interest	X			Evidence shows that those from lower SIMDs are most likely to develop TB in comparison to those from higher SIMDs. Having a prevention strategy will help target those areas at highest risk with the intention to mitigate the risk, and where this isn't possible, to quickly identify cases to ensure immediate treatment and support. The pathway will make it easier for patients to engage but also to enable staff to ensure the individual receives the right care in the right place at the right time with ongoing support. This will reduce risk of spread of infection which again would likely be within this group.

Employment (paid or unpaid)	X			Having the prevention strategy should help facilitate earlier identification and quicker access to immediate treatment and support. This, then would have the potential to reduce the amount of time off work. This is a benefit not only to individuals and their earnings but also for employers having staff absent.
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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?	X			As part of the prevention strategy and also throughout any treatment plan there would be opportunity to engage and provide support to the individual in relation to any wellbeing support in collaboration with our wider partners.
3.2 Exercise and physical activity?	X			As part of the prevention strategy and also throughout any treatment plan there would be opportunity to engage and provide support to the individual in relation to any wellbeing support in collaboration with our wider partners.
3.3 Substance use: tobacco, alcohol or drugs?	X			As part of the prevention strategy and also throughout any treatment plan there would be opportunity to engage and provide support to the individual in relation to any addictions in collaboration with our wider partners.

3.4 Risk taking behaviour?	X			As part of the prevention strategy and also throughout any treatment plan there would be opportunity to engage and provide support to the individual in relation to any risk taking behaviour in collaboration with our wider partners.
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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?	X			If the pathway identified someone who was homeless then they could be connected to the homelessness services, as part of the holistic approach rather than just treatment
4.2 Working conditions?	X			If the pathway identified someone who was out of work and needed support then they could be connected to the relevant services, as part of the holistic approach rather than just treatment
4.3 Pollution or climate change?	X			The objective to reduce hospital admissions and stays would reduce the impact of our carbon footprint
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	X			By improving the process and pathways this will make access to health care much easier with a clear outline of what the journey will entail and who will provide support throughout depending on an individual's circumstances.

Social Services	X			By improving the process and pathways and engaging with our partners this will provide opportunity to make contact with appropriate social services to seek support depending on an individual's circumstances.
Education			X	Whilst we may signpost people to education services, the pathway and strategy are not looking to change access to them.
Transport			X	Whilst we may signpost people to transport services, the pathway and strategy are not looking to change access to them.
Housing			X	Whilst we may signpost people to housing services, the pathway and strategy are not looking to change access to them.

SECTION FIVE

MONITORING

How will the outcomes be monitored?

There will be regular data surveillance, review of KPI's as per the SG Framework for TB, and patient and staff experience feedback to review how these pathways and strategy are delivering to meet the needs of the service users.

What monitoring arrangements are in place?

KPI's

Data intelligence in relation to admissions/appointments/BCG Vaccs/Screening/positive results

Who will monitor?

PH data team

Lead nurse


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

Less people are contracting TB, less impact on bed days, less outpatient appointments, more DOT, more people are being screened quicker and uptake of BCG vaccinations in our younger population.

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**

Authorised by	Dr Esther Aspinall	Title	Consultant in PH Medicine
Signature		Date	22/06/2022

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:

