NHS
Quality Improvement Scotland

EQIA Report For

Management of core cancer services

Date: 31-Mar-08

Policy, Function or Output Details

Section One:	Ownership / Commitments
1.1 Organisation NHS Quality Improvement Scotland Including SIGN	1.2 Directorate Guidance and Standards
1.3 Person Responsible: Clare Echlin	1.4 Unit: Standards Development
1.5 Output Title: Management of core cancer services	1.6 Target Completion Date: 31-Mar-08
1.7 What stage is it at? Ready to publish	1.8 Status: New
1.9 Associations	
Own Organisation	Partner Organisations
a) Status New works output NB If you selected multiple then include the breakdown in the titles list above	b) Status Select works Select NB If you selected multiple then include the breakdown in the titles list above
1.10 Assessment Knowledge	
a) Summary of the knowledge level of the assessor team in relation to the Output and Equality and Diversity? Good knowledge.	b) What data are you aware is available? Four CSBS cancer standards 2001 and corresponding national overviews. For further information see reference section for each standard. Examples of the data used are: (a) NHSScotland, Macmillan Cancer Support. Gold standards framework Scotland [online]. [no date]; [cited 2007 Mar 02]; Available from: http://www.gsfs.scot.nhs.uk/. (b) Scottish Cancer Therapy Network. Data definitions for minimum core data set in SIGN/SCTN guideline on breast cancer. Edinburgh: Scottish Cancer Therapy Network; 2005 [cited 2007 Feb 28]; Available from: http://www.isdscotland.org/isd/files/Breast_Definitions_July_2005_for_Website.pdf.

	(c) Scottish Executive Health Department. Guidance for the safe use of cytotoxic chemotherapy. NHS HDL(2005)29. Edinburgh:SEHD; 2005; [cited 2007 Mar 02]; Available from: http//www.sehd.scot.nhs.uk/mels/HDL2005_29.pdf. If you are interested in seeing more details, please see the reference section within the standards for management of core cancer services.

Section Two:	The Output Background
2.1	What is the purpose of this Output? To facilitate NHSScotland to improve and provide equitable services for core cancer services. These standards will be used by NHS QIS to review all relevant cancer services provided by NHS boards.
2.2	Which NHS QIS work themes does this relate to? Cancer Give details:
2.3	Who are the stakeholders? NHSScotland, SGHD, cancer patients, carers, families and the public.
2.4	Who is it to benefit or affect? NHSScotland staff. Cancer patients, carers and families. In what way? Staff - with increased knowledge. Cancer patients, carers and families - the level of care should be improved and equitable.

Stage 1

Section Three:	Initial Checklist
Equality target groups	
Please check the relevant boxes, where it is anticipated that there will be an impact on the equality group-either positive or negative	
Age: consider children, young people and older people	☐
Disability eg. physical, sensory impairment and learning disability.	☐
Gender: men, women, transgender and transsexual people	☐
Race/ethnic groups including minorities eg. gypsy travellers, refugees & asylum seekers.	☐
Religion or belief: religious or other groups with a recognised belief system	☐
Sexual orientation eg. lesbian, gay, bisexual	☐
Cross Cutting Strands	
People in poverty	☐
Homeless people	☐
Language or social origins issues	☐
People in Criminal Justice System	☐
People with mental health issues	☐
Marital status including civil partnership	☐

Section Four:	Initial Checklist - Summary Sheet
4.1	Have actual/potential positive impacts been identified for one or more equality target groups? No No differential impacts have been identified as the standards are targeted at the point of diagnosis. EQIA should be undertaken by NHS boards to ensure any differential impact on their local population is identified in planning their service delivery, therefore providing an equitable service for all patients with cancer. While we have not identified any specific positive impacts, various groups could benefit through the communication standard which identifies the tailoring of information to a patient's needs.
4.2	Have actual/potential negative impacts been identified for one or more equality target groups? No None anticipated.
4.3	Additional information and evidence required: None.
4.4	Assessment status: • Data collection was sufficient for the initial checking Yes • If not what can / should be done to improve it: • The assessor team's knowledge was appropriate for the initial checking Yes • If not give details and recommendations:
4.5	What are the resource implications of: Gathering the relevant data already held on equality target groups?No implication as these standards apply across all cancer services in NHSScotland and therefore no impact on any of the equality target groups. Identifying the gaps in the data? As above. Collecting the missing data? As above.
4.6	This has been subjected to EQIA before Date: Give details of outcomes etc. No previous EQIA undertaken.
4.7	What efforts will be made/ have been made to include representatives from the relevant equality target groups? There was no specific equality target group identified as differentially impacted. Therefore no representatives were required to be involved.
4.8	How have they been/will they be involved in the development? Select Give details:

4.9	What research or consultation has been/requires to be carried out with regard to the impact on equality target groups? Please refer to 4.7 therefore not applicable. However, a public partner/patient representative and a public partner/carer were members of the core cancer services working group. NHS QIS circulated the draft standards for consultation to the following: 3 NHSScotland Regional Cancer Networks 2 key advocacy groups: The Scottish Partnership Agency for Palliative Care The Scottish Cancer Coalition as well as to appropriate voluntary organisations, eg: Breast Cancer Care Scotland Marie Curie Cancer Care Scottish Refugee Council and considered all comments received when redrafting the standards.

Initial Checklist	**Recommended actions and sign off**
4.10	Further initial checking ☐ If yes what should be undertaken?
4.11	Rapid impact assessment ☐ If not what are the reasons? No RIA is required as these standards do not adversely impact any equality target group.
4.12	Full impact assessment ☐ If not what are the reasons? Please refer to 4.11.
4.13	Recommendations summary: To publish the standards as planned.
4.14	No further action is recommended and the conclusions of the initial checklist are accurate and comprehensive ☒ If not give reasons:
Name:	Clare Echlin (Lead Assessor) — Date: 31-Mar-08