NHS Quality Improvement Scotland

EQIA Report For

Prevention and management of hip fracture in older people

Date: 25-Apr-08

Policy, Function or Output Details

Section One:	Ownership / Commitments
1.1 Organisation NHS Quality Improvement Scotland Including SIGN	1.2 Directorate SIGN
1.3 Person Responsible: Roberta James	1.4 Unit: SIGN
1.5 Output Title: Prevention and management of hip fracture in older people	1.6 Target Completion Date: 1 Oct 08
1.7 What stage is it at? Draft	1.8 Status: Replacement
1.9 Associations	
Own Organisation	Partner Organisations
a) Status Replacement 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? Average	b) What data are you aware is available? None

Section Two:	The Select Background
2.1	What is the purpose of this Output? Hip fracture, as a common, serious and costly injury with a complex journey of care and outcomes that vary demonstrably across Scotland. It occurs mainly in older people and for many previously fit patients it means loss of prior full mobility; for some frailer patients the permanent loss of the ability to live at home. This guideline provides evidence-based recommendations to improve the quality of hip fracture care.
2.2	Which NHS QIS work themes does this relate to? Other projects Give details: This relates care of the older people
2.3	Who are the stakeholders? Geriatricians, Orthopaedic Surgeons, Haematologists, Anaesthetists, General Physicians, Occupational Therapists, Physiotherapists, Nurses, General Practitioners, Practice Nurses, Pharmacists, Patients/Carers, Voluntary Sector, Older People, Emergency Department Staff, Paramedics, Dieticians.
2.4	Who is it to benefit or affect? Benefits clinicians by providing evidence of best practice, also benefits patients through enhanced patient outcomes In what way?

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? Yes Older people will benefit more as there is increased prevalence of falls in older people and those which relate more specifically to changes in bone mass.
4.2	Have actual/potential negative impacts been identified for one or more equality target groups? No There are no negative impacts
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?None Identifying the gaps in the data? None Collecting the missing data? None
4.6	This has been subjected to EQIA before Date: Give details of outcomes etc. Not been subjected to EQIA before
4.7	What efforts will be made/ have been made to include representatives from the relevant equality target groups? Two lay representatives, 1 patient, 1 representative from voluntary organisation. Guideline will be sent to lay reviewers.
4.8	How have they been/will they be involved in the development? Meetings Give details: Present at meetings and part of the consultation group
4.9	What research or consultation has been/requires to be carried out with regard to the impact on equality target groups? None
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? As no negative impacts were identified there is no requirement for further impact assessing	
4.12	Full impact assessment ☐ If not what are the reasons? As above	
4.13	Recommendations summary: Publish guideline 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:	Roberta James (Lead Assessor)	Date: 25-Apr-08