

Equality & Diversity Impact Assessment

Summary Report for the Human Papilloma Virus (HPV) immunisation programme



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1. Name of Programme

National Human Papilloma Virus (HPV) Immunisation Programme

2. Name of Sponsor

Dr Martin Donaghy
Medical Director
NHS Health Protection Scotland

3. Date Equality & Diversity Impact Assessment completed

2 May 2008

4. Purpose of the Programme

To prevent cervical cancer through immunisation

5. Intended outcomes from the Programme

1. To obtain high vaccination uptake
2. To reduce HPV prevalence in the community
3. To reduce the incidence of cervical cancer (in the longer term)

These will be measured through uptake rates in the shorter term and HPV prevalence rates and cervical cancer incidences in the longer term.

6. Why was there a need for an Equality and Diversity Impact Assessment?

In 2001 the Scottish Executive published *Fair for All* to address problems of access to, and use of, NHS Scotland services for people from Black and Minority Ethnic communities.

Partnership for Care further committed the Scottish Executive Health Department (SEHD) and NHS Scotland to extending the principles set out in *Fair for All* across the NHS, to ensure that '*our health services recognise and respond sensitively to the individual needs, background and circumstances of people's lives*'. The National Health Service Reform (Scotland) Act 2004 turned this into specific duties to involve the public and encourage equal opportunities. These duties came into effect on 30 September 2004.

7. What was considered during the impact assessment?

The Equality and Diversity Impact Assessment Toolkit, developed by Scottish Government, provides a mechanism to ensure that equality considerations are integrated within all policy development **or** service delivery from the outset. The assessment covers six key strands:

- age
- disability
- gender
- race/ethnicity
- religious faith/beliefs
- sexual orientation



8. Method of Assessment

A rapid impact assessment was initially carried out on 13 February 2008 with members of the national HPV Public & Professional Communications & Education Working Group. This workshop was facilitated by the NHS National Services Scotland Equality & Diversity Group. This workshop identified a requirement for a full impact assessment to be carried out for the entire HPV programme.

The full impact assessment was carried out on 2 May 2008, using the Scottish Government's Equality and Diversity Impact Assessment Toolkit. This is available at:

<http://www.scotland.gov.uk/Publications/2005/02/20687/52421>

The purpose of the Equality and Diversity Impact Assessment is to improve the way in which the Scottish Government Health Department (SGHD) and NHS Health Boards develop their policies and functions by ensuring that they reflect the current equality & diversity legislative framework.

The all-day workshop which took place on 2 May 2008, was facilitated by Mr Charlie McMillan, the creator of the Scottish Government's toolkit. Mr McMillan is now the Director of Research, Influence and Change at the Scottish Association for Mental Health (SAMH).

The session was attended by representatives from each of the HPV Working Groups (Data Management, Epidemiology and Surveillance, Service Delivery and Public & Professional Communications & Education).

A number of external organisations and individuals were also invited to attend the workshop to ensure a good representation of views and experience. Although not everyone was able to attend, invitations were issued to:

Health/Education	Voluntary/External/Other
Royal College of General Practitioners	Good Shepherd Secure Unit
Immunisation Coordinators	Includem
LAAC Scottish Nurse Forum	LGBT Health Scotland
NHS Health Scotland's Equality Directorate	Equality & Human Rights commission (Scotland)
GPs	Scottish Youth Parliament
Throughcare and Aftercare Practitioner Nurse	Representatives of Refugees & Asylum Seekers
Local Authority Education Departments	Fast Forward
Head Teachers/Principals	Fair for all – Disability
NHS Quality Improvement Scotland	Convention of Scottish Local Authorities (COSLA) – Children & Young People
School nurses	Stonewall
Directors of Public Health	Centre for Education for Racial Equality in Scotland (CERES)
Pharmacists	Scottish Traveller Education Programme (STEP)
Epidemiologists	Scottish Consumer Council
GUM advisors	Communication Managers
Pediatricians	
National Screening Coordinators	
Virologists	
Learning Teaching Scotland (LTS)	
Scottish Council for Independent Schools	
Schoolhouse	

9. Summary of Assessment

Eighteen 'equality target groups' were considered during the assessment. Each was considered in terms of how the HPV Immunisation Programme might impact them positively or adversely. In general these impacts related to either **HPV and cervical cancer**, or **health and sexual health**. Where appropriate, recommendations for follow-up were made for each adverse impact.

Below is a summary of some of the key findings in relation to identified positive and negative impacts:

Positive Impacts – HPV & Cervical Cancer

- Women will be protected against cervical cancer
- There will be a reduced incidence of HPV in women and men
- The HPV immunisation programme will raise awareness of cervical cancer and cervical screening

Adverse Impacts – HPV & Cervical Cancer

- Women who are not immunised will not benefit from the vaccine (including those who do not accept the offer of immunisation, those who are unaware of the programme and those not in the eligible age groups)
- Men will not be immunised as the aim of this immunisation programme is to prevent cervical cancer
- Potential for reduced uptake of cervical screening as perceived as no longer required

Positive Impacts – Health & Sexual Health

- The HPV immunisation programme will present opportunities to convey positive health messages to both men and women
- Opportunity for women to access new health services, and for health service providers to engage with new communities and minority ethnic groups
- Young women from ethnic minority groups will have the opportunity to engage positively with health services

Adverse Impacts – Health & Sexual Health

- Potential misunderstanding of the programme which might encourage the perception of women being promiscuous and thus create a potential for stigmatisation. There is also potential for sexual responsibility to be perceived as lying solely with women
- Potential to encourage erroneous assumptions around protection during sexual activity. Vaccinated women, or their partner, may incorrectly assume they are protected from, or have immunity from, other sexually transmitted infections (STI)
- Potential for lower uptake rates if a girl's parent/carer does not sign the consent form. Parents with disabilities, and those whose first language is not English may not understand the consent form/process which may result in consent being delayed or not given

10. Summary of Recommendations

The majority of recommendations impacted on the Public & Professional Communications & Education Working Group. Many of the adverse impacts identified when completing the report had already been anticipated and incorporated into the planning. For example, the HPV Communication Strategy, based on attitudinal research, included a mass media campaign. This has utilised a range of communication channels to help raise awareness and normalise the HPV immunisation programme amongst girls and their parents and carers.

The Communication Strategy also identified a requirement to provide translated versions of the printed materials. As defined in the Communications Strategy, all major communication materials were pre-tested with girls from different age groups, their parents and carers, and health and education professionals as appropriate. The decision was also made to make the information available through a range of communication channels to help reach as wide an audience as possible.

During planning, a separate piece of work was identified through the Service Delivery, Epidemiology and Surveillance, and the Public & Professional Communications & Education Working Groups, to ensure hard-to-reach groups were identified, communicated with and offered the HPV immunisation.

The report made a number of recommendations which were to be considered by local NHS health boards, and the full Equality and Diversity Impact Assessment report was circulated to NHS Health Boards to assist them with their local planning.

11. Monitoring

The outcomes will be monitored through:

1. Vaccine use and uptake: Systematically and comprehensively monitored through a variety of measures
2. Prevalence: Epidemiology & Surveillance Working Group Governance, and National Surveillance Programme
3. Cervical Cancer: Existing and enhanced surveillance mechanisms

A comprehensive public health surveillance strategy to monitor the effectiveness of the immunisation programme has been developed which includes monitoring all of the above. This is available as a separate document.

The outcomes will be monitored by all statutory agencies involved in the National Programme. This includes a range of partners such as NHS National Services Scotland (including NSS Information Services Division and NHS Health Protection Scotland) NHS Health Boards, NHS Health Scotland and the Scottish Government.

12. Reviewing

Equality and Diversity Impact Assessments are being carried out for the HPV Immunisation Programme at local level by each of the NHS Health Boards. To assist with local planning, the full report was issued to Immunisation Coordinators in June 2008. The recommendations from the report were considered by each of the HPV national working groups between June and August 2008. The full report will be reviewed, and if appropriate updated, on or after 31 January 2009.