

Equality, Good Relations and Human Rights Screening Template

*****Completed Screening Templates are public documents and will be posted on the Trust's website*****

See [Guidance Notes](#) for further background information on the relevant legislation and for help in answering the questions on this template (follow the links).

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

HIV and Post Exposure Prophylaxis Following Sexual Exposure (PEPSE)

(1.2) Is this a new, existing or revised policy/proposal?

New

(1.3) What is it trying to achieve (intended aims/outcomes)?

To provide safe and effective care to patients in a timely manner

To ensure decisions made by clinical staff are based on the best evidence and that patients who require PEPSE receive it in a timely manner in accordance with recommended guidance

To ensure this procedure links with guidance outlined in the other Trust policies

(1.4) Are there any Section 75 categories (see list in 3.1) which might be expected to benefit from the intended policy/proposal?

Sexual Orientation

Ethnicity

Disability

Gender

Potentially all groups



(1.5) Who owns and who implements the policy/proposal - where does it originate, for example DHSSPS, HSCB?

This is a Trust Policy

(1.6) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision? (Financial, legislative or other constraints?)

The Trust will need to facilitate a series of sessions for the awareness and promotion of this policy. This can be achieved through email cascade, target seminars and incorporation into induction programmes for clinical staff in the departments noted in the policy. Each service will need to address their resource requirements to implement this policy.

(1.7) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (staff, service users, other public sector organisations, , trade unions, professional bodies, independent sector, voluntary and community groups etc)

Medical and Nursing Staff

Primary and Secondary Care Staff

All Patients

1.8 Other policies with a bearing on this policy/proposal (for example regional policies) - what are they and who owns them?

- British Association Sexual Health and HIV, (2011) Draft UK Guideline for the use of Post-Exposure Prophylaxis for HIV following Sexual Exposure.



- DOH HIV Post Exposure Prophylaxis Guidance from the UK CMO Expert Advisory Group on AIDS, (2007).
- Improving the Detection and Diagnosis of HIV in all Healthcare settings including Primary Care, South Eastern Trust Policy 2012.
- BASHH and BHIVA, BIS (2008) UK National Guidelines for HIV testing <http://www.britishinfectionsociety.org/documents/HIVtestingMay08.pdf>
- Letter from CMO – Improving the Detection and Diagnosis of HIV in Non-HIV Specialities including Primary Care, (2007).
http://www.dhsspsni.gov.uk/hss_md_23-2007.pdf Post Exposure Prophylaxis after Sexual Exposure (PEPSE) 2012



(2) Available evidence

Evidence to help inform the screening process may take many forms. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for relevant Section 75 categories.

Details of evidence/information

- **British Association Sexual Health and HIV, (2011) Draft UK Guideline for the use of Post-Exposure Prophylaxis for HIV following Sexual Exposure.**
- **DOH HIV Post Exposure Prophylaxis Guidance from the UK CMO Expert Advisory Group on AIDS, (2007).**
- **Improving the Detection and Diagnosis of HIV in all Healthcare settings including Primary Care, South Eastern Trust Policy 2012.**
- **BASHH and BHIVA, BIS (2008) UK National Guidelines for HIV testing**
<http://www.britishinfectionsociety.org/documents/HIVtestingMay08.pdf>
- **Letter from CMO – Improving the Detection and Diagnosis of HIV in Non-HIV Specialities including Primary Care, (2007).**
http://www.dhsspsni.gov.uk/hss_md_23-2007.pdf

(3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff.

Category	Needs, experiences and priorities	
	Service users	Staff
Gender	<ul style="list-style-type: none"> Both Genders will experience the need to access PEPSE Health Professional will need to be aware of the different range of human sexuality Men will have earlier access to testing 	
Age	Experience shows that it is unlikely that those under 18 will need to avail of PEPSE but maybe accommodated if necessary	
Religion	Patients with different religions will assess the same service	
Political Opinion	Patients with different political opinions will be able to access the same service	
Marital Status	Patients with all marital status will be able to access the same service	
Dependent Status	Patients with and without dependents will be able to access the service	
Disability	Patients with a Learning Disability maybe at risk of sexual predators. Carers should	

	be aware of this and of safe sex practices. GP's should also be aware of the potential impact	
Ethnicity	Patients from countries with a higher prevalence of HIV e.g. Sub Saharan Countries may have previous experience of HIV and may think that the expected outcome will be different to what it will be. They may expect to be shunned and ostracised from their family. This policy will contribute to the normalisation of testing.	
Sexual Orientation	The needs of men who have sex with men include the need for pre-test counselling due to a higher likely hood of testing positive. The policy will help to dispel barriers and identify the needs of intravenous drug users.	

(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

The policy has been consulted on with relevant staff within the Trust

There is a very small cohort of service users and it has not been possible to involve them.

(4) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

(4.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?

Section 75 category	Details of policy/proposal impact		Level of impact? Minor/major/none
	Services Users	Staff	
Gender			None
Age			None
Religion			None
Political Opinion			None
Marital Status			None
Dependent Status			None
Disability			None
Ethnicity			None
Sexual Orientation			None

(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?

Section 75 category	Please provide details
Gender	None
Age	None
Religion	None
Political Opinion	None
Marital Status	None
Dependent Status	None
Disability	None



Ethnicity	None
Sexual Orientation	None

(4.3) To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none		
Good relations category	Details of policy/proposal impact	Level of impact Minor/major/none
Religious belief	None	
Political opinion	None	
Racial group	None	

(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?	
Good relations category	Please provide details
Religious belief	None
Political opinion	None
Racial group	None

(5) Consideration of Disability Duties

(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?

This policy will enable those patients with disabilities to have the same access to diagnosis thus enabling full participation in public life. The policy and associated implementation and training will go towards health professionals recognising disabled people as sexual beings and the potential for them to be in relationships.

(6) Consideration of Human Rights

(6.1) Does the policy/proposal affect anyone's Human Rights?

Complete for each of the articles

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
Article 2 – Right to life	X		
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			X
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			X
Article 5 – Right to liberty & security of person			X
Article 6 – Right to a fair & public trial within a			X

reasonable time			
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			X
Article 8 – Right to respect for private & family life, home and correspondence.			X
Article 9 – Right to freedom of thought, conscience & religion			X
Article 10 – Right to freedom of expression			X
Article 11 – Right to freedom of assembly & association			X
Article 12 – Right to marry & found a family			X
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			X
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X
1 st protocol Article 2 – Right of access to education			X

Please note: If you have identified potential negative impact in relation to any of the Articles in the table above, speak to your line manager and/or Equality Unit. It may also be necessary to seek legal advice.

(6.2) Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes.

The Trust has a Training and Awareness strategy for Equality, Diversity and Human Rights for all staff

(7) Screening Decision

(7.1) Given the answers in Section 4, how would you categorise the impacts of this policy/proposal?

Major impact	
Minor impact	X



No impact	
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(7.2) Do you consider the policy/proposal needs to be subjected to ongoing screening

Yes	
No	X

(7.3) Do you think the policy/proposal should be subject to and Equality Impact Assessment (EQIA)?

Yes	
No	X

(7.4) Please give reasons for your decision and detail any mitigation considered.

This policy has been written to meet the needs of all the patients and clients who may require administration of PEPSE. This includes the needs of all Equality categories. The policy will also contribute to the normalisation of testing for all categories, including gender and sexual orientation. The Policy will be monitored on a regular basis and will be review in 3 years. Any identified impact will be addressed as the policy is implemented.

(8) Monitoring

Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?

Over the next two years the policy author will aim to quantify the following auditable outcome measures:

- Proportion of PEPSE patients having a baseline HIV test: aim 100% within 72 hours of presenting for PEPSE;
- Proportion of PEPSE prescriptions that fit within recommended indications: aim 90%;
- Proportion of PEPSE prescriptions administered within 72 hours of risk exposure: aim 90%;
- Proportion of individuals completing 4-week course of PEPSE: aim 75%;
- Proportion of individuals seeking PEPSE undergoing testing for Sexually Transmitted Infections: aim 90%;
- Proportion of individuals completing 12-week post-PEP HIV antibody / antigen test: aim 60%.
 - Patient Information and feedback
 - Complaints/Compliments
 - Monitoring of training of professional staff

Approved Lead Officer: Dr Fiona Carey

Position: Consultant Physician in Sexual Health

Date: _____

Policy/proposal screened by: Dr Fiona Carey



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