

Full Equalities Impact Assessment Function

The purpose of the Full Equality Impact Assessment (EqIA) is to ensure that we do not discriminate against any of the Equality Groups (Age, Disability, Gender, Sexual Orientation, Race, Religion or Belief) and ensure that we promote equality in the provision and take up of our services and employment practices.

Name of Function being assessed			
Pennine Breast Screening			
Department/Directorate		Director/General Manager	
Imaging		Doranne Beresford	
Lead Assessor responsible for impact assessment		Department of Equality and Diversity advisor	
Name	Joanna Oxley	Name	Lorraine Cameron
Job title	Superintendent Radiographer	Job title	Head of Equality and Diversity
Telephone		Telephone	Ext 2428
The EqIA Team			
Name	Position/title	Telephone/email	Role on EqIA
Janette Griggs	Breast Imaging Service Coordinator		Service Manager
Paul Burrows	Consultant Radiologist		Advisor
What is the aim and purpose of Pennine Breast Screening?			
Pennine Breast Screening programme is part of the NHS Breast Screening Programme providing breast screening to eligible women aged 50-70 years of the Bradford, Airedale, Calderdale, Dewsbury and Huddersfield areas of West Yorkshire (140,000 women to be screened over three years). The aim is to detect breast cancers at an early stage enabling more effective treatments and reduce mortality rates.			
Who is Pennine Breast Screening intended to benefit?			
Women aged between 50 and 70 (changing to 47-73 as per cancer reform strategy 2007 [operational by 2012])			
Who are the main stakeholders? (eg patients, public, staff, partners)			
Who?		Interest?	
Women			
PCTs in West of West Yorkshire and Craven			
Strategic Health Authority			
NHS Breast Screening Programme			
West Yorkshire Central Services Agency			
Is there any Legislation or National Guidance that affects the operation of this function? (if yes, please list)			
Legislation		Guidance	
		http://www.cancerscreening.nhs.uk/breastscreen/publications/index.html	
Is there any local policies or guidance that affects the operation of this function? (if yes, please			

list)		
Policy	Guidance	
Registration details (to be supplied by DED)		
Registration Date	EqIA Registration No	
14 th May 2009	F054	
Timetable		
Draft Full EqIA Completion Date	Consultation dates (from/to)	Finalise EqIA (date)
11 July 2009	14 July to 11 September	25 September 2009

1. Who will be affected and what are the equality issues?

Please list below any particular individuals or groups that this function is likely to impact on differently/adversely and the potential issues that you need to consider.

Think of the impact on the six [Equality Strands](#)

- What is the profile of the people likely to be affected by the Function
- How does the user profile relate to the local community profile?
- Which equality groups are under/over represented and why this may be
- What is the impact on the groups identified

Groups likely to be affected by Pennine Breast Screening:

Women aged 50-70 (changing to 47-73 by 2012)

Visually impaired/blind women

Women with learning difficulties

Hearing impaired/deaf women

Women with physical impairments

Transgender males

Women unable to communicate in English

Muslim women

Lesbians

Consider the barriers that might affect access. Barriers include:

- Communication both written and verbal
- Staff Attitude
- Awareness of systems by patients/service users
- Physical barriers
- Inflexible procedures

Human Rights examples:

- Equality – ensuring people are not denied treatment solely on the basis of their age
- Dignity – ensuring wet sheets are changed promptly to reduce risk of people suffering degrading treatment
- Respect – understanding of cultural diversity and different family make-up
- Fairness – ensuring concerns and complaints are listened to and there are fair processes in place to discipline staff equitably
- Autonomy – ensuring people are involved in decisions about their treatment and care

Equality Strand	The nature of the barrier and its effect on access to service, function (state if none)	Can this barrier be removed/avoided? (✓)		
		Yes	No	Not Sure
Age	Service is offered to women aged between 50 and 70 only (see above regarding extensions by 2012). This is due to nationally prescribed service specification.		✓	

Disability	<p>Communication issues for blind/visually impaired women and access to information provided</p> <p>There is evidence that women with learning difficulties are less likely to access Pennine Breast Screening</p> <p>Physical barriers on the mobile unit for mobility impaired women. If someone is unable to access the mobile unit, then the letter invites the patient to let the service know so that they can be seen in one of the static units and be given more time.</p> <p>There is an issue for women who are unable to access the mammography X-ray equipment (due to physical inaccessibility of the equipment) where there is less than 50% likelihood of getting diagnostic images. In these circumstances women will not be screened.</p> <p>Communication issues for deaf/hearing impaired women.</p>	<p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p>	<p>✓</p>
Gender	Issues around access to breast screening for transgender people.			✓
Race and ethnicity	Issues around communication with women unable to communicate in English.	✓		
Religion or belief	Issues around take-up of services, particularly on Fridays and around Eid for Muslim women	✓		
Sexual Orientation	Evidence from Equity Partnership Health Needs Assessment that lesbians are less likely to take up breast screening services.	✓		
Human Rights Examples of Human Rights Issues in Healthcare	<p>Equality: See above</p> <p>Dignity: Mobile units, no gowns, cubicle doors are fabric in mobile units.</p> <p>Service at Huddersfield Royal Infirmary is poor.</p> <p>There are issues around dignity for women changing (there is no changing cubicle and women have to change in the imaging room). There are also issues around access to the service as it can only be used two days per week.</p> <p>Respect: Cultural diversity issues</p> <p>Fairness: Use trust policy for complaints</p> <p>Autonomy: The procedure is discussed with the woman in advance of it taking place so that she understands. At any time she can withdraw her consent.</p> <p>In terms of the initial choice of location to receiving breast screening, there is choice of which location they can be seen. However, they have to be seen within the District screening area.</p> <p>Some women do not want to be ever be seen by the service. However, they have to opt out in writing, otherwise they will continue to receive invitation</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>		<p>✓</p>

	letters to attend. Women are able to change the date/time of appointments.			
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2. Existing information/research/consultation

Now that you have identified the individuals or groups please check whether there is existing research, data or consultation relevant to this function which you can draw from to identify differential/adverse impact and the potential for practice to lead to discriminatory outcomes so that you are in a position to recommend changes. Information that should be considered includes:

- Results from previous consultations
- Patient profiling data
- Inpatient Review file for ward?
- Workforce profiling data
- Complaints/Pals issues
- Incidents
- Research
- Census data
- Surveys

List below the methods you have used to inform the process

Existing info/research/consultation	Summary of Issues Raised																		
<p>Comment Sheets from patients (April 2008-March 2009)</p>	<p style="text-align: center;">MOBILE & STATIC</p> <p>MONTH & YEAR: Various Dates from December 2008 to April 2009</p> <p>AREAS SCREENED: Pennine Suite, Dewsbury, Skelmanthorpe, Shipley & Cleckheaton</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">POSITIVE COMMENTS</th> <th style="text-align: right;">NUMBERS</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td>Complimentary comments regarding staff</td> <td style="text-align: right;">65</td> </tr> <tr> <td>Complimentary comments regarding service</td> <td style="text-align: right;">25</td> </tr> <tr> <td>Tea & coffee was a nice touch</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Woman upset that breasts were squashed down</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Seats in cubicles too low if you have bad hips - a hand rail would be convenient *</td> <td style="text-align: right;">1</td> </tr> <tr> <td>More comfortable than last time</td> <td style="text-align: right;">3</td> </tr> <tr> <td>TOTAL</td> <td style="text-align: right;">96</td> </tr> </tbody> </table> <p>No negative comments</p> <p><u>ACTION:</u></p> <p>Comments regarding specific staff – sheet copied and passed on for CDP purposes</p> <p>* Appointment letter does say that mobile units are difficult to access if they have mobility problems</p>	POSITIVE COMMENTS	NUMBERS			Complimentary comments regarding staff	65	Complimentary comments regarding service	25	Tea & coffee was a nice touch	1	Woman upset that breasts were squashed down	1	Seats in cubicles too low if you have bad hips - a hand rail would be convenient *	1	More comfortable than last time	3	TOTAL	96
POSITIVE COMMENTS	NUMBERS																		
Complimentary comments regarding staff	65																		
Complimentary comments regarding service	25																		
Tea & coffee was a nice touch	1																		
Woman upset that breasts were squashed down	1																		
Seats in cubicles too low if you have bad hips - a hand rail would be convenient *	1																		
More comfortable than last time	3																		
TOTAL	96																		

A lot of comments received to say that they were made to feel welcome and at home, staff were very efficient and pleased that there wasn't unnecessary waiting.

MONTH & YEAR: MARCH 2008

AREAS SCREENED: Halifax (Asda & Leisure Centre),
Highfield Health Centre, Fartown
Pennine Suite & HRI

POSITIVE COMMENTS

NUMBERS

Complimentary comments regarding staff	13
Complimentary comments regarding service	18
Very satisfied with service, couldn't be better (F1)	1
Very valuable service provided in a professional manner - keep up good work	1
Thank you for continued care & wonderful service	1
Poor venue with workmen outside (Halifax LC)	1
Good venue spoiled by workmen (Halifax LC)	1
Unpleasant experience made comfortable by staff & good venue	1
First rate treatment with zero embarrassment	1
Lovely staff very helpful but doesn't like machine - can't we get one that doesn't hurt?	1

TOTAL

39

NEGATIVE COMMENTS

NUMBERS

Was asked to stop breathing at point had just breathed out - just before would have been better	1
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TOTAL

1

ACTION:

Copy of report to be included in team brief and tabled at staff meeting 16.07.08

MONTH & YEAR: APRIL 2008

AREAS SCREENED: Highfield HC, Wyke & Halifax LC,
Batley & Hillside Bridge HC
Pennine Suite & HRI

POSITIVE COMMENTS

NUMBERS

Complimentary comments regarding staff	23
Complimentary comments regarding service	10
Should be done more often	1
Not too bad	2
Well looked after	2
Mobile unit good idea – thanks	1
Very good, no pain	1
Staff made appointment feel informal & non threatening	1
Lovely Radiographers made an uncomfortable time as easy as possible	1
Brilliant, best yet	1

43

TOTAL

NEGATIVE COMMENTS

NUMBERS

Parking Horrendous (HRI)	4
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4

TOTAL

ACTION:

Copy of report to be included in team brief and tabled at staff meeting 16.07.08

MOBILE & STATIC

(Amended – 14.07.08)

MONTH & YEAR: MAY 2008

AREAS SCREENED: Rooley Lane HC, Wyke, Keighley, Halifax LC
Hillside Bridge HC & Undercliffe HC

Pennine Suite & HRI

POSITIVE COMMENTS

NUMBERS

Complimentary comments regarding staff	28
Complimentary comments regarding service	5
Very dignified treatment	1
Pleasant but uncomfortable	1
A pleasant and reassuring service	1
Very friendly & gave reassurances	1
Never pleasant but best yet	1

38

TOTAL

NEGATIVE COMMENTS

NUMBERS

Nil

ACTION:

Copy of report to be included in team brief and tabled at staff meeting 16.07.08

MOBILE & STATIC

MONTH & YEAR: JUNE 2008

AREAS SCREENED: Rooley Lane HC, Princess Royal, Keighley, Halifax
LC

& Undercliffe HC - Pennine Suite & HRI

POSITIVE COMMENTS

NUMBERS

Complimentary comments regarding staff	12
Complimentary comments regarding service	9
“How can you improve on excellent?”	1
“Ouch! Twice”	1
Made to feel very comfortable	1
Was hurt & bruised first time round & nearly didn't come back however this time around it was quick & simple	1

	TOTAL	25
	NEGATIVE COMMENTS	NUMBERS
	Negative comments re parking at Princess Royal	3
	TOTAL	3
	<u>ACTION:</u>	
	Copy to be included in next team brief	
	MONTH & YEAR:	<u>JULY 2008</u>
	AREAS SCREENED:	Princess Royal, Keighley, Mill Hill, Undercliffe HC, Mobile at SLH - Pennine Suite & HRI
	POSITIVE COMMENTS	NUMBERS
	Complimentary comments regarding staff	24
	Complimentary comments regarding service	3
	Can we have more magazines next time?	1
	Very helpful and kind with no rushing	1
	Very kind and put at ease/made comfortable	3
	Very careful and pleasant staff	1
	Thank you for your service & for the lovely ladies who attended to me	1
	TOTAL	34
	NEGATIVE COMMENTS	NUMBERS
	No toilet (Mill Hill)	1
	TOTAL	1
	<u>ACTION:</u>	
	Copy to be included in next team brief (03.11.08)	
	MOBILE & STATIC	

MONTH & YEAR: AUGUST 2008

AREAS SCREENED: Princess Royal, Keighley, Dunne's – Idle, Mill Hill,
Mobile at SLH - Pennine Suite & HRI

POSITIVE COMMENTS	NUMBERS
Complimentary comments regarding staff	13
Complimentary comments regarding service	11
Given wrong instructions when asked on level 1 of Horton Wing	1
Well done to all staff	1
Very pleasant reception on arrival, very nice staff and also lovely atmosphere	1
We think that what could have been an embarrassing procedure has been dealt with in a very matter of fact way – lovely staff	1
Had every confidence in the staff – thank you for your help	1
Made to feel at ease, very helpful and friendly staff who put your fears at ease	1
Service very good but finding it difficult as F1 doesn't exist	1*
Appreciate being able to have a Saturday appointment	4
Lovely person doing mammo and will never be afraid to attend again	1
Relaxed approach to procedure, staff helpful and pleasance – huge improvement from last time	1
Felt nervous but put at ease as everything was well explained	5
Friendly staff who make embarrassing procedure nothing to worry about	1
Very friendly and nice place to come – better than Trinity Road	1
Lorraine Lever was excellent put me at ease, had bad experience in past but she made up for it	1
No parking spaces – caused problem with keeping appointment time (Princess Royal)	1
Very professionally managed – friendly and considerate	1
Very efficient and made to feel totally at ease a job well done	1
Lady not screened and left comment to say why can't it be done in a less painful way?	1
Just a little painful but not too bad	1
Impersonal	1
What a lovely lady – made it easy for me	1
Very helpful service – they picked up my breast cancer nine years ago for which I had surgery – I thank you very much	1
Lady doing x-ray was friendly and helpful, the other lady didn't smile or speak	1
TOTAL	54

NEGATIVE COMMENTS
TOTAL

NUMBERS
NIL

ACTION:

* F1 has been removed from appointment letter and from letterhead
Compliments to specific staff have been passed on for CPD (where identified)
Copy to be included in next team brief (03.11.08)

MONTH & YEAR: SEPTEMBER 2008

AREAS SCREENED: Princess Royal, Dunne's – Idle, Mill Hill, Keighley
Pennine Suite & HRI

POSITIVE COMMENTS	NUMBERS
Positive comments regarding staff	34
Positive comments regarding service	12
Thank you very much I couldn't have been treated any nicer	1
Excellent, polite staff and pleasant surroundings	2
Thank you so much – I was really worried	1
*** Service excellent – parking exorbitant	1
Sally was great	1
Would not be nervous again – excellent approach	1
Thank you for being so clear and putting me at ease	1
TOTAL	<hr/> 54 <hr/>

NEGATIVE COMMENTS	NUMBERS
*Late for appointment as no signage to Pennine Suite outside building	1
** Would like up to date magazines, drinks trolley or water available and a new pen (HRI)	1
**** Would have been helpful to know I could have changed to Princess Royal	3
**** Would rather go to a hospital than a van outside a supermarket	1
Would like to have been screened at 50 as some of friends now on second screen	1
TOTAL	<hr/> 7 <hr/>

ACTION:

* Pennine Suite is marked on all of information boards throughout the hospital grounds

** Bottled water being sent on a regular basis
 *** Pennine has no influence over parking charges
 **** Women are able to contact office and can be informed of all mobile locations to see if any are more convenient for them
 Compliments to specific staff have been passed on for CPD (where identified)
 Copy of this document to be included in next team brief (08.12.08)

MONTH & YEAR: OCTOBER 2008

AREAS SCREENED: Princess Royal, Dunne's – Idle, Mill Hill, SLH, Keighley
 Pennine Suite & HRI

POSITIVE COMMENTS	NUMBERS
Complimentary comments regarding staff	35
Thank you to Gina for making it better than it was last time	1
The reception I received was lovely. The lady that did my x-ray was a lovely, caring, professional person. Thank you it makes the experience so much easier	1
Brilliant, efficient and friendly but had to travel from Lancashire border (Nr Burton in Lonsdale)	1
Very kind lady took my x-ray (Imelda)	1
Unbelievable - everyone from reception, nurses, radiographer to the doctor were kind, considerate and thoughtful and remarkably efficient too	1
Very kind and efficient - nothing seemed too much trouble	1
Lovely and caring staff and sitting area is clean and warm	1
Lovely caring staff and make you feel comfortable and relaxed	2
Fantastic treatment from staff and a nice clean hospital	1
Very relaxed atmosphere. Staff lovely felt very much at ease - thank you	1
Brilliant staff and I wouldn't be afraid of coming back	2
* Excellent service - it would be useful if disabled parking spaces could be defined on a separate map when attending a disabled clinic	1
Imelda was kindness itself	1
Very fast service lovely staff couldn't ask for better	1
Lady most impressed when had mammogram	1
Excellent service - very thorough! Just need to invent a more painless machine to do the job!	1
What a pleasure it was to come here the ladies make you feel at ease	1
The only place where I get seen on time in pleasant surroundings with great people	1
Really good examination with Allison - hope to see her again thank you	1

TOTAL		56

Cont/d....

NEGATIVE COMMENTS		NUMBERS
** Poor waiting room conditions, it appears to be a very busy corridor. No tea/coffee/water facilities. Cannot hear background music so pointless it being on. Slow clinic with long wait		1
** Tea & coffee making facilities or water would be nice as would a television		1
TOTAL		2

ACTION:

Comments regarding specific staff – sheet copied and passed on for CDP purposes
 * Disabled spaces are already marked on SLH maps – has been made bold so stands out more

** Both of these comments were about facilities at HRI which we unfortunately do not have any control over. However, bottled water is being sent to HRI on a weekly basis

MONTH & YEAR: NOVEMBER 2008

AREAS SCREENED: Wrose, Shipley, Keighley (no comments received from PM1 & 2)
 Pennine Suite & HRI

POSITIVE COMMENTS		NUMBERS
Complimentary comments regarding staff		29
Feel great about everything – GF fantastic *		1
First experience - put very at ease and staff really lovely and very helpful		1
Great to be able to book Saturday appointment		1
Thank you, very clear and helpful guidance throughout		1
Not very convenient location but nice to be able to go through it and feel kept dignity (Greens)		1
Much nicer in mobile – felt more relaxed		1
This is a brilliant idea - no parking charges, no problem parking, right when I would have been shopping anyway (Keighley)		1

We are so lucky to have this service for our wellbeing		1
TOTAL		37

NEGATIVE COMMENTS		NUMBERS
Sign posting from car park should be clearer (F1) **		1
TOTAL		1

ACTION:

* Copy passed to GF for CPD

** Pennine Suite sign posted on all signs within hospital grounds

Tabled at ISO Meeting – 28.04.09

Team Brief – 11.05.09

MONTH & YEAR: DECEMBER 2008

AREAS SCREENED: Princess Royal, Shipley, SLH Mobile
Pennine Suite & HRI

POSITIVE COMMENTS		NUMBERS
Complimentary comments regarding staff		37
Complimentary comments regarding service		10
Very impressed with friendly and efficient service - despite heavy snowfall		1
Very impressed with the well run unit. Staff were friendly but efficient		1
Friendly staff made to feel very welcome. The noise from ward next door was unnerving whilst waiting to be seen **		1
Can't see how this excellent service could be improved - so friendly and helpful at every level		1
Brilliant idea to have Saturday screening for those who work - staff very friendly		1
Nice cosy waiting room - good idea to have us sitting in circle round room		1
A recall for me, so very nervous. All staff were welcoming, friendly and helpful during a tricky uncomfortable procedure - thank you		1
Conducted with care and dignity		1
Nice music in background - comfortable and appreciated magazine - thanks		1
Prompt and good, helpful service however, a more central location in Shipley would be much better		1
Good parking – great facilities (Greens)		1
Easy parking – nice and quick too (Greens)		1

TOTAL		59
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NEGATIVE COMMENTS		NUMBERS
Unsatisfactory arrangement for visiting partners of women at mobile units *		1
Speed up results! More privacy in the mobile units		1
Location not good for me (Greens)		1
More central would be nice (Greens)		2
TOTAL		5

ACTION:

* PC explained to gentleman reasons why not allowed to wait on mobile - in future when mobile at SLH to suggest volunteer's café around corner.

** Unfortunately noisy patient in ward next door – ward staff did best to keep under control

Tabled at ISO Meeting – 28.04.09

Team Brief – 11.05.09

MONTH & YEAR: JANUARY 2009

AREAS SCREENED: Dewsbury, Skelmanthorpe, Shipley, SLH Mobile Pennine Suite (F1) & HRI

POSITIVE COMMENTS		NUMBERS
Complimentary comments regarding staff		30
Complimentary comments regarding service		12
Mr Linforth very nice and reassuring all staff friendly & informative		2
Very helpful being able to come on a Saturday		5
My results were good news! Thanks to everyone		1
Service couldn't have been more helpful, I felt like a person rather than just a patient. All staff's attitude is to be commended.		1
This is such a valuable service. I know of two women whose life well saved by breast screening		1
Staff anxious not to inflict pain by asking lots of questions - a very positive experience thanks		1
TOTAL		53

No negative comments

TOTAL		NIL
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ACTION:

Comments regarding specific staff – sheet copied and passed on for CDP purposes

MONTH & YEAR: FEBRUARY 2009

AREAS SCREENED: Dewsbury, Skelmanthorpe, Shipley
Pennine Suite (F1) & HRI

POSITIVE COMMENTS	NUMBERS
Complimentary comments regarding staff	33
Complimentary comments regarding service	10
All staff were very professional at the same time as being thoughtful and caring, taking time to explain each stage	1
Coffee was a lovely gesture	1
Many thanks for lifesaving service	1
Much better than the long wait at the hospital for Reading BSU	1
Thank goodness for health screening - it is such a good thing	1
TOTAL	48

NEGATIVE COMMENTS	NUMBERS
Please sign post the mobile more clearly (Dewsbury) *	1
TOTAL	1

ACTION:

Comments regarding specific staff – sheet copied and passed on for CDP purposes
* No address left to respond to comment

Regional QA customer satisfaction survey for Yorkshire and North East 2007 – highlighted here are where Pennine Breast Screening scored significantly higher or lower than other Units.

Overall 74% of questionnaires returned.
73% returned for Pennine Breast Screening
Question 2 – Did you receive a leaflet about breast screening?
The majority of women (94%) said they had received a leaflet – 13% in Pennine did not receive leaflet.
No patients had difficulty changing their appointment (when necessary)
12% in Unit 8.6 and 8% in Unit 8.1 had difficulty getting to the Breast Screening Unit (compared to 3% average)
74% of respondents stated that the Unit was pleasant (the second lowest score)
Question 8 – When you arrived at the Unit, what did you think of the greeting you received (welcoming)?
69% said the greeting was welcoming – the second lowest score
2% said it was unfriendly – the highest percentage for all Units.
Did you have enough privacy in the Screening Unit? 98% of women said

that they had enough privacy in the Screening Unit. Unit 8.6 scored the joint lowest in this category.

Question 11 – How well was the screening process explained to you? 82% said of women said the screening process was explained very clearly, 15% quite clearly with 1% saying it was not explained clearly. The range for those women who thought the screening process had not been explained clearly was between 0%-7%.

Unit 8.2 scored 61% and 8.6 scored 74% for explaining very clearly.

Question 12 – Do you feel you were treated as a person? 94% said they were treated as a person, 4% said they were mostly treated as a person, less than 1% said 'not really' or 'no'.

Unit 8.2 scored 81% and 8.6 scored 82% for being treated as person, 3% of women using Unit 8.2 said they were not treated as a patient.

Question 13 – Did you find the tests on your breasts uncomfortable? 5% said it was 'painful'. Most women recognize this as the nature of the test, many describing the pressure of the plates and the squeezing/squashing sensation as the principle concerns. For Unit 8.6 9% of women said it was uncomfortable.

Question 15a – I had confidence in the mammographer 96% of women agreed with this statement (59% strongly agreed 37% agreed). Only 0.2% of women disagreed.

For Unit 8.2, 44% strongly agreed, 53% agreed and 3% disagreed.

Question 15b – I felt the mammographer knew what she was doing 97% of women agreed with this statement (67% strongly agreed, 30% agreed). No women disagreed with this statement.

For Unit 8.2, 50% strongly agreed, and 50% agreed.

Question 15c – The mammographer put me at ease 95% of women agreed with this statement (64% strongly agreed, 31% agreed). 1% of women disagreed with this statement.

For Unit 8.2, 53% strongly agreed, 44% agreed and 3% strongly disagreed.

For Unit 8.6, 56% strongly agreed, and 38% agreed.

Question 15d – The mammographer seemed unsure 4% of women agreed with this statement. 91% disagreed with the statement (23% disagreed, 68% strongly disagreed).

Unit 8.1 8% strongly agreed.

Question 16 – Did the mammographer tell you when you would receive the results of your x-ray? 93% said 'yes', 2% said 'no' and 2% said they couldn't remember.

Unit 8.2 83% were told and 14% were not told

Unit 8.5 83% were told and 7% were not told. 5% could not remember.

Question 17 – Were you given enough information explaining the possibility that you may be asked back for further review? 80% said 'yes', 11% said 'no' and 5% couldn't remember.

Unit 8.2 61% were giving enough information, 36% were not given enough information and 3% could not remember.

Question 19 – Overall were you satisfied with the service you received? 87% were 'very satisfied', 11 were 'quite satisfied', 1% said they were 'not really' satisfied

Unit 8.6 82% were very satisfied, 15% quite satisfied and 3% were not satisfied.

Unit 8.2, 83% were very satisfied, 14% were quite satisfied and 3% were not really satisfied.

Question 20 – Would you return for screening in 3 years time? 98% said they would return for screening (87% would still be within the screening age and 11% would be over 70 but would ask to come) , 0.7% said they didn't know, 0.1% said they wouldn't return and 0.4% said she would be over 70 and would not ask to come.
 Unit 8.4 6% and Unit 8.5 5% of those eligible said they didn't know.

Question 21 – Please tell us anything you liked about the visit to breast screening today?

Unit 8

Pleasant, pleasant, helpful staff	61
Efficient, professional staff	34
Made to feel at ease/relaxed	31
Clean, pleasant, calm unit	7
Prompt appointment	37
Privacy/Dignity respected	8
Important/reassuring service	8

Question 22 – Please tell us anything you did NOT like about your visit to breast screening today and anything we can improve on

Unit 8.1

Inconvenient location	3
Staff discussing other patient's mastectomy in waiting room – breach of confidentiality	1
Gown had no fastener	1
Men shouldn't be allowed in waiting room	1

Unit 8.2

Steep steps into mobile	2
Staff discussing mobile phones – did not put me at ease	1
Mammographer ignored me	1
Room too warm	1

Unit 8.3

Got lost on the way to the unit	1
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Unit 8.4

Small changing cubicles	1
Inconvenient location	1
No bicycle parking	1

Unit 8.5

Hot and stuffy	1
Music intrusive	1
Parking difficult	1

Unit 8.6

Parking difficult	4
Had to take clothes off in X-Ray room	1
Staff impatient	1
Didn't like radio being on	1

Consolidated guidance on standards for the NHSBSP

National targets for Breast Screening, result notification and call back rates. Key resource Indicators have to be met.

Complaints (2 years)
TOTAL = 45

WRITTEN, EMAIL & VERBAL COMPLAINTS FROM MARCH 2007 TO MAY 2009

- Attitude of staff on mobile/static unit **x 6**
- Shipley location inconvenient (Dec 08) (**letter sent to inform that no location in Shipley could be secured**)
- Positive comments re staff at time of mammogram but negative re wording of second stage screening letter and not being informed that there would be 2 male doctors in consulting room. (**discussed with Radiologist at clinical meeting**)
- Woman was unhappy that she was picked up in failsafe batch due to change of GP – if picked up with other women in area she could have attended mobile unit nearer her home address (**complaints procedure instigated**)
- Attitude of staff on mobile and that no gown was available at time of screening **x 4 (gowns sent to all mobiles with memo and notice in team brief)**
- Gentleman concerned re when partners/husbands can accompany women into inner waiting area **x 2**
- Felt was dealt with in an inappropriate way on telephone
- Attended mobile but had mobility problems, suggest lift at mobile units (**appointment letter states mobile not suitable for people with mobility problems**)
- Attended mobile during **floods** and no staff on mobile
- Last time attended felt was not treat with respect and had sore breast afterwards (**response letter sent**).
- Arrived at mobile but no staff due to **high winds**
- Pain during/after x-ray **x 8**
- Woman felt had been missed due to being outside of age range, poor directions to Pennine Suite and wanted copy of mammos
- Parking difficulties at HRI made her late for appointment, felt she was put to end of clinic and not dealt with in sympathetic manner (**reply letter sent to explain electricity problems that day but was not put to back**)
- Damage to tendons in arm during mammo (**complaints procedure instigated**)
- Arrived early for apt, tests at mobile still ongoing, was asked to wait but not asked if she had anywhere to wait (**memo to all mobiles to remind staff to make sure they have somewhere to wait**)
- Received “did not attend” letter but did attend apt (**work instruction amended to ensure does not happen again**)
- Arrived very early when only one member of staff on mobile asked to wait in Leisure Centre but was upset at having to wait
- Attended wrong day & couldn’t screen due to high attendance
- Upset at being called back for further tests and was upset by member of staff’s Yorkshire accent (**BISC spoke with family member concerned on telephone**)
- Attitude of member of staff and also pain during mammo
- Location of steps unsatisfactory (mobile)
- Not happy that no doctor or radiologist available to examine her and read films at time of screening, also comments re NHS

	<ul style="list-style-type: none"> • No privacy shown by Horton Wing reception when asked for directions to Pennine Suite Felt that concerns re shoulder operation were not listened to • Arrived on time for 12.12pm appointment but doors locked for lunch (<i>memo sent to mobiles to make sure open until after last appointment due</i>) • Bruising after mammo • Felt breach of her confidentiality when discussion by staff re women's previous surgery
<p>PALS (two issues in two years)</p>	<p>A woman who received leaflet: "Breast Screening: The facts". This includes a section called "How reliable is breast screening?". She raised concern that the "Your Mammography Results" (given after surveillance mammography) leaflet does not restate this section. She felt this would have been useful. As a result of her involvement, the leaflet has been updated.</p> <p>The need for women with hook wires inserted at SLH having to travel to BRI for their procedures. The issue was more to do with the actual taxi journey though but it did raise the issue that this is not a satisfactory process for them to travel across site.</p>
<p>Incidents (2 years)</p>	<p>RISK INCIDENCE REPORTS – APRIL 2007 – MAY 2009</p> <ul style="list-style-type: none"> • Felt dizzy during examination • Husband collapsed x 2 • Fainted during examination x 4 • Grabbed hold of operator during exam x 2 • Slipped and fallen on steps to mobile unit x 2 • Woman rested face on face guard and glasses broke • Lady not picked up by transport from HRI • Incorrectly labelled specimens • Woman in waiting room opened x-ray room door whilst other exam was in progress • Was very early and was asked to wait in Green's restaurant for appointment but never attended appointment • Incorrectly labelled films sent to another hospital • Staff left specimen x-ray room without informing theatre staff • Woman started bleeding badly after mammotome procedure x 2 • Woman swore at staff after withdrawing consent • Pain in clavicle after mammogram (prominent clavicle) • Ceiling tile fell into room • Failure of water pump at mobile • Staff member slipped on wet floor, no sign • Wrong date of birth on specimen received at lab • Woman rude and/or abusive to staff x 5 • Staff – pain in back whilst positioning for x-ray • Verbal aggression/abuse towards staff x 4 • Woman complained that she was sore after mammo 3 years ago and wanted to complain if happened again • Radiographer accused of being ignorant after asking woman to confirm ID details

	<ul style="list-style-type: none"> • Woman had taken overdose prior to coming for mammo • Patients husband aggressive and would not leave mobile • Staff injury to knee during course of mammo • Injury to staff whilst having to take cassettes to another area for processing • Sore under breast and insisted on mammo then withdrew consent and was rude • Needle holders not being returned from CSSD • Youths loitering in grounds of hospital, patient felt threatened • Gown not big enough for lady • Husband injured after falling down steps of mobile • Potential intruder on mobile • 5 schoolchildren entered mobile whilst both staff in x-ray room • Attempted break in/vandalism at mobile x 3 • Man abusive after bringing wheelchair bound lady to mobile • Suspicious male entered reception whilst staff in x-ray room • Member of Estates staff reversed into emergency exit steps • Vehicle reversed into mobile unit x 4 • Complaint that doctor not available to examine her or read films immediately • Pain during compression • Man and woman ran into unit and locked themselves in toilet • 2 youths entered unit and locked themselves in the toilet, evidence of drug use was found after leaving unit • Overhang of mobile was used as shelter for smokers x 2 • Mobile unit damaged in transit x 2 • Medical Physics not tested repaired equipment prior to being put back into use • Lady began screaming during mammo and pulled herself out of machine, dressed and left building before exam completed • Woman informed staff she had MRSA after biopsy • Clients sheets not matched correctly to packets • Lady not steady on feet and 5 people had to help down steps on mobile • Paddle cracked whilst being brought down into place • Damaged wooden windowsill caused splinters to staff • Patient made racist comments to Asian ladies on mobile and refused to sit next to them • Sharps injury with scalpel blade (staff) • Processor filled cassette too quickly and then ejected across room • X-ray area in outpatients too hot to work in, dehydrating staff • Staff member slipped on building rubble left near entrance to building • Box of needle holders removed from unit without permission, never found <p>TOTAL RISK INCIDENTS = 80</p>
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<p>LGB health needs assessment 2007 (Equity Partnership)</p>	<p>4.2 Cancer Screening and Self Examination Women Lesbians' risk of breast cancer is also a hotly debated issue, as they may be at higher risk of developing breast cancer than heterosexual women for a number of reasons: they are more likely to smoke and less likely to self examine, to experience pregnancy and to breastfeed, all of which reduce the risk of breast</p>
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	<p>cancer.</p> <p>17 out of 57 (31%) have had regular breast screening 18 out of 57 (31%) regularly examine breasts for lumps A targeted approach in raising awareness among lesbian and bisexual women of the risks of breast cancer and the importance of screening and self examination is essential if the percentage of lesbian and bisexual women accessing services and self examining is to increase. 68% of lesbian and bisexual women do not regularly examine their breasts for lumps and 62% of women have never been shown how to examine their breasts for lumps. Campaigns around the importance of examining breasts have been in existence for many years and it is therefore very surprising that such a high percentage of lesbian and bisexual women are not examining their breasts. This is even more crucial given that lesbians are at a higher risk of breast cancer than their heterosexual counterparts. It is vital that the LGB community works more closely with cancer screening services, primary health care services and sexual health services to ensure the needs of lesbians are met, myths dispelled among both health care workers and the lesbian community, and that the uptake of cervical screening is increased. It is important to aim campaigns, education and demonstrations on examining breasts directly at the LGB community. Of the 13 comments from women relating to any further information on the subject of cancer screening services, half were asking for more information on breast examination. Some of the comments made by women on the subject of breast self examination: <i>'I think there should be more information about self examination and how to do it properly'</i> <i>'Have never been shown how to examine breasts'</i> <i>'I find the breast cancer centre at *** assumes heterosexuality e.g. posters and presence of husbands/male partners when many of us were in an undressed state'</i></p>
<p>Prescription for Change Lesbian and bisexual women's health check 2008</p>	<p>A national study conducted by Stonewall highlights that one in twelve lesbian and bisexual women aged between 50 and 79 have been diagnosed with breast cancer, compared to one in twenty women in general (attached for information). Three in ten lesbian and bisexual women check their breasts for lumps or changes every month and half every few months. Four in five lesbians over the age of 50 have had a breast screening test, which is similar to women in general.</p>
<p>Pennine Breast Screening survey to ask clients how the waiting facilities could be improved (February 2009)</p>	<p>SUMMARY OF COMMENTS MADE DURING THE TIME THAT THE DONATIONS QUESTIONNAIRE WAS IN CIRCULATION</p> <p>Satisfied with service – too quick to read magazines Staff extremely efficient, polite and helpful 2 x Warm and welcoming and friendly When staff are as pleasant and efficient as they were today we don't need extras In and out with good customer care was all I wanted and received Good service with pleasant staff</p>

	<p>Most important thing is a friendly smiling face and it was fantastic here No extras required as you are doing a great job The service is all that counts and that was excellent Happy with the way things are as staff are very welcoming and professional A welcome smile is all that is need and was given Waiting room has what is needed with plenty of leaflets for those who require them Water and coffee is a nice touch</p> <p>THANK YOU ALL FOR YOUR EFFORT.</p> <p><u>Actions Taken</u></p> <ul style="list-style-type: none"> • Magazines & daily newspapers (Sponsored) • Information monitor now installed displaying Breast Imaging presentation • Flowers at static units (Sponsored) • Water cooler had to be removed as potential health risk but a mains fed water fountain is currently being investigated • Tea & coffee available at static sites • Air conditioning in waiting area (Sponsored)
<p>Information regarding screening process, procedures and follow-up PATIENT INFORMATION LEAFLETS FOR PENNINE & SYMPTOMATIC SERVICE (file available)</p>	<p>The standard letters we use to NHSBSP standard are on the NBSS system. These have all been through the communications group and produced by medical physics.</p> <p>The NHSBSP DVD we have for promotion - 'Breast Screening: Your Health, Your Choice' for ethnic minority women was produced by Leeds University with members of South Asian and Chinese communities</p> <p>There are leaflets and info available for those with learning difficulties here as well plus some of NHSBSP leaflets in different languages - The whole selection is on the screening web-site.</p> <p>Generally all information regarding breast screening is in written English only. Breast Screening: The Facts, leaflet is available in community languages but we are not able to identify women in advance to target this information to them.</p>
<p>Cancer Reform Strategy 2007</p>	<p>3.27 There is also a need to ensure that health inequalities are tackled with targeted programmes that increase the uptake of screening in poor communities and in BME communities.</p> <p>Race and cancer Box 32: Providing culturally appropriate information People from BME communities come later to diagnosis, are under-represented in clinical trials and are less likely to access palliative care services. Some cancers are more common among particular BME groups. Cultural, religious and social factors affect the delivery of information and treatment; cancer may be seen as a punishment, an infection, or simply not exist as a concept, there</p>

being no word for cancer in some languages. There may be a distrust of “western” medicine and a reliance on healing through prayer or traditional medicines. Over one million people in the UK do not have English as a first language and many struggle to receive complex information on cancer, even when they speak English adequately for day-to-day purposes. Cancerbackup’s helpline allows people to speak to a specialist cancer nurse in over 100 languages through an interpreter, with direct access lines for speakers of the twelve most common community languages. It has produced written and videotaped cancer information in Turkish, Cantonese and six Asian languages and holds a database of resources in other languages. Medical and community advisers have compiled answers to 120 culturally-sensitive questions about cancer frequently asked by BME communities. These are posted on Cancerbackup’s main website and available to health professionals. The specialist cancer information nurses in London and at Cancerbackup’s local information Centres work with specially trained interpreters to undertake outreach work with local communities.

6.25 Patient experience surveys have shown that BME groups, in general, report a worse experience of treatment and care. The actions set out in chapter 5 are intended to help address this.

6.26 As we move forward it will be important to assess the impact of newer trends in migration, ensuring that cancer services are equipped to meet the needs of different populations. For example, many migrant communities from Eastern Europe have higher rates of smoking which may require specific local action. Good commissioners will consider the needs of all the groups they serve and develop strategies to address these.

Age and cancer

6.27 Cancer predominantly affects older people. Fifty one percent of all cancer diagnosed is in people over 70 years old and more than three quarters of all cancer deaths occur in people aged over 65 years.

6.28 The link between increasing age and increasing risk of developing cancer appears to be poorly understood by the public. For example a recent study by the NHS Cancer Screening Research Group found that over 50% of women wrongly believe that the risk of breast cancer does not vary with age, with only one per cent correctly believing that the oldest women are at greatest risk. Lack of awareness that they are still at risk of developing breast cancer appears to be one of the major reasons why older women with breast cancer present later and with more advanced disease than younger women.

6.29 The information we will collect on awareness, clinical outcomes and patient experience will be a powerful tool for identifying areas where further work is necessary if older people are to benefit from the best possible cancer services.

6.30 There is some evidence that older people receive less intensive treatment than younger people even when they are fit enough to do so. Evidence recently published in the British Journal of Cancer suggests that, even after adjusting for tumour type, when compared to younger women older women are less likely to receive standard management for breast cancer, such as radiotherapy treatment. Similarly, data gathered from the national lung cancer audit suggests that older people are less likely to receive radical treatment (Figure 10). Experts in the care of older people will be invited to join the National Cancer Equality Initiative to advise on this.

6.31 Most clinical trials focus on patients under the age of 65, meaning that less

data are available on the efficacy of treatment in older people. We believe that later stage trials should be conducted in groups who would be most likely to be treated with the medicines in question.

The majority of children have the opportunity to participate in clinical trials and this should continue. However, the situation is less impressive for teenagers and young adults. Over 70% of attendees at a recent Teenage Cancer Trust conference reported that they were not offered the chance to be treated in clinical trials. Implementation of the Improving Outcomes Guidance on Children & Young People with Cancer should ensure that children & young people, are treated in centres where a complete portfolio of relevant trials is supported. Children and younger people who develop cancer will have very different needs and it will be important that care for them is provided in an age appropriate setting. For teenagers and young adults with cancer, it is estimated that 70% are not treated in a setting appropriate for their age. Implementation of the Children and Young People's Improving Outcomes Guidance (IOG) will therefore require provision of a sufficient number of dedicated age appropriate services to ensure that every network has a service to refer to. More than one service may be needed in high density populations. Good commissioners will ensure that services are age appropriate for the population they serve.

Box 33: Age appropriate services

The Christie Teenage Cancer Unit is one of a number of units in the country, supported by the Teenage Cancer Trust, that cares specifically for teenagers & young adults with cancer, a distinct group with unique needs that differ from both children and adults. The unit is aimed at 16-24 year olds and currently has 13 beds plus a day service. It provides a hospital environment that is appropriate to young people including internet access per bed, allowance of mobile phones and access to music equipment, Sky TV etc. There is also access to space for socialising and space to meet the needs of families, siblings and carers.

A diagnosis of cancer in this age group results in complex psychosocial issues for both the patients and their families/carers. Young people at the Christie are therefore cared for by staff with extensive knowledge and expertise in cancer in this age group – staff with knowledge of a young person's cancer journey, typical reactions of young people facing cancer, young people's coping mechanisms, excellent communication/interpersonal skills and the ability to recognize psychological problems/dysfunction in young people to ensure early/timely intervention.

Extensive support services are also offered led by a Support and Activity Coordinator. Support groups are available to young people throughout treatment; from diagnosis and for many years after treatment. These groups ensure that young people remain socially motivated, continue to function as young people, have access to their peer group, support from other patients and aid the transition process back to 'normality' once treatment is completed. There is also a teenage & young adult community liaison post to bridge the gap between children's and adult existing community services/teams and to offer expert advice regarding care for this group to existing community staff and ensure that young people with cancer are offered support at home whilst undergoing cancer treatment. In addition the unit has a lead teenage & young adult nurse to drive and coordinate the services offered.

Gender and cancer

Some cancers are gender specific (such as prostate and testicular for men, ovary and uterus for women) and others affect one gender far more than the other (such as breast cancer). However, for the ten commonest cancers which affect both men and women age standardised mortality rates are in every case higher in men.

The reasons for the differences in mortality rates between men and women are not fully understood. In some cancers, such as lung cancer and oesophageal cancer, differences in smoking prevalence play a large part. In some other cancers, it may be due to later presentation by men. In melanoma for example, the incidence is higher in women, possibly because of the greater over exposure to sunlight, but death rates are higher in men, perhaps due to presentation at a more advanced stage.

In 2006, a symposium organised by the Men's Health Forum and chaired by the National Cancer Director discussed the issues around cancer and gender. The event highlighted that there are still many cancer types for which the reason for higher incidence and mortality in men is not known and that this higher incidence may be the result of unidentified risk factors or general biological predisposition. It is clear that more research is needed if we are to fully understand how gender impacts on cancer.

The Symposium also highlighted that the range of settings in which men are offered advice, information and routine health checks should be expanded from traditional primary and secondary care settings, for example into the workplace.

Disability and cancer

For people with disabilities, cancer can pose particular challenges. For example, although people with learning disabilities have a similar overall risk of cancer to the rest of the population, they nonetheless have a higher risk of some cancers such as cancer of the gall bladder and thyroid gland and leukaemia, but a lower risk of prostate, lung and urinary tract cancers.⁴¹

There is also evidence that uptake of screening is low amongst people with learning disabilities. Figures for breast screening in 1998 showed 43% average uptake for those women with learning disabilities compared to 76% for women overall. For cervical screening the figures were three per cent and 85% respectively.⁴² There are also distressing stories of people with learning disabilities getting poor access to services when they do have symptoms of cancer.

Religion or belief and cancer

It can sometimes be difficult to separate out factors relating to religion or belief from other cultural and socioeconomic factors. However, attitudes to cancer may differ between religions, potentially contributing to variations in uptake of screening, stage of presentation and attitudes towards treatment.

Stronger commissioning will involve planning services which are appropriate to the needs and culture of local communities. Commissioners should therefore take into account religious beliefs when designing services.

Sexual orientation and cancer

Homosexual and bisexual populations can have elevated risk factors for some cancers. For example, smoking rates amongst homosexual and bisexual populations are much higher (41%) than the national average (24%).

Homosexual men have a raised risk of anal cancer, related to infection with the Human Papilloma Virus (HPV). They also have a higher rate of Kaposi Sarcoma

and non-Hodgkin's Lymphoma related to HIV/AIDS. Lesbians may be at higher risk of breast cancer as they are less likely to have the protective effect of pregnancy. There is also evidence to suggest that they are less likely to take up screening.

6.44 PCTs with high homosexual, lesbian and bisexual populations may wish to consider targeted awareness-raising initiatives to address these issues.

Uptake statistics Action Plan for Disabled Women	Barrier Number	Action
	2 Length of appointment	<p>a) BSU to monitor the need for "extended appointment" at the Screening Unit or alternative appointment at the Breast Unit every month.</p> <p>b) Develop a proforma in which radiographers can record the future requirements to facilitate the future screening of the client.</p>
	3 Disabled access on mobile Screening unit	a) Continue to offer an alternative appointment at the Static screening unit.
	4 Access to Mammography At Static unit	a) The wheelchair is easily accessible and readily available for use at all times
	5 Positioning the client	<p>a) Ensure that wheelchair is well maintained and available at all times.</p> <p>a) Revision of "withdrawal of consent/termination of mammogram" protocol</p> <p>c) Introduction of a pilot scheme for the justification of incomplete mammography on disabled women to increase access to screening.</p>
	6 Informed consent	<p>a) Radiographers to assess that consent has been given.</p> <p>b) Identify funding to purchase additional booklets/information to supply to women when requested</p> <p>c) Unit has copies of booklet for use by women during their appointment if required.</p> <p>d) Review of protocol for withdrawal of consent for screening</p>
	7 Communication	<p>a) Development of National information in large print (size 20 ariel font</p> <p>b) Contact PCTs to ask for support in identifying practices that have undergone patient profiling</p> <p>c) Investigate the possibility of developing automatic national invitation letter in size 14 font in appropriate style and language, developing invitation letter in large print, and produce invitation letter in different formats</p>

		<p>and language</p> <p>d) Identify funding for different formats and language by including in corporate business plan</p> <p>e) Maintenance of hearing loop system in Units.</p> <p>f) Ensure systems are in place for booking BSL/Language interpreters</p> <p>g) Fax number available on invitation letter.</p>
	8 Disability Equality Training	<p>a) Send staff on Trust training when available.</p> <p>b) Give open opportunity for all staff to highlight any barriers that they identify in their own working environment and practices.</p> <p>c) Identify the process for accessibility audit to be carried out.</p>

<p>Women's preferences for the delivery of the NHS Breast Screening Programme in 2009</p> <p>Summary of results</p> <p>10th July 2009</p>	<p>Executive summary</p> <p>Introduction</p> <p>A national survey was undertaken to elicit women's preferences regarding ways in which the NHS Breast Screening Programme is delivered in the context of the proposed age extension. A breast cancer screening module was incorporated into the 2009 Office for National Statistics (ONS) Omnibus Survey for two months. It was targeted at women in the current age range invited for screening and those who would be included in proposed upward and downward age extension. The following results are based on sample of 597 women aged 45 to 75 years across the UK.</p> <p>Hospital versus community setting</p> <p>Forty percent of women did not mind the setting of the screening unit, and of those who expressed a preference 60% preferred a hospital setting. There was no overall difference between urban and rural areas, but those in rural areas with no access to a car favoured a community setting. Younger women preferred a hospital setting, particularly those who had never previously attended a mammogram.</p> <p>Permanent versus mobile unit</p> <p>Around half of women did not mind whether the unit was permanent or mobile, and of those who expressed a preference, urban women were more likely to favour a permanent unit (65% urban versus 51% rural). This was more pronounced among women with access to a car and among younger women, particularly younger women who had never previously attended a mammogram. Women in rural areas without access to a car preferred a mobile unit.</p> <p>Cost and convenience factors</p> <p>Around two-thirds of women regarded the time and distance to travel to a screening unit to be important. Convenience was of greater concern to women than cost of travel: among those with access to a car, the availability of parking facilities was more important than the cost of travelling by car (80% versus 40%); among those with no access to a car, the ease of public transport was more important than the cost (76% versus 48%). There were no notable differences in these opinions in urban and rural areas. Younger women were generally more concerned about cost and convenience compared to older women, particularly among those younger women who had not attended previously for a mammogram.</p> <p>Recommendations</p> <p>Permanent units in hospital settings with parking facilities and convenient access to public transport are the general recommendation. There is greater need for mobile</p>
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units in community settings among women without access to a car in rural areas, but these only account for about 2% of the population of women invited for screening.

If you do not find sufficient information to enable you to move forward on an informed basis please say how you are going to gather this information and give some timescales for doing this.

Information gathering	Timescale?
Detailed Schedule location and dates – see if ethnic breakdown of area can be given	Janette Griggs to investigate

3. Findings from analysis of information/consultation

Building on the information you have developed in the previous sections this is your opportunity to state what gaps or possible discriminatory practice, if any, there are in the function you are assessing.

There may be two aspects to what you have found out. One may be the unmet needs of particular individuals or groups and the second may be the opportunity to promote good relations between communities and equality of opportunity.

Please list the key findings and what the implications are for your function.
(copy and paste tables below for additional actions)

Issue	13% in Pennine did not receive leaflet.
Implications	Women are not receiving information about the procedure in advance of arriving for their screening.

Issue	12% in Unit 8.6 and 8% in Unit 8.1 had difficulty getting to the Breast Screening Unit (compared to 3% average)
Implications	Difficulty in accessing service.

Issue	74% of respondents stated that Pennine Breast Screening was pleasant (the second lowest score). 2% said it was unfriendly – the highest percentage for all Units.
Implications	Lower satisfaction levels with service

Issue	Did you have enough privacy in the Screening Unit? Huddersfield Royal Infirmary scored the lowest in this category
Implications	Women are not having their privacy needs met which may impact on their future uptake.

Issue	Question 11 – How well was the screening process explained to you?
Implications	Women receive lower levels of explanation in 8.2 and Huddersfield Royal Infirmary.

Issue	Question 12 – Do you feel you were treated as a person?
Implications	Women do not feel they are treated as a person. Unit 8.2 scored 81% and Huddersfield Royal Infirmary scored 82% for being treated as person, 3% of women using Unit 8.2 said they were not treated as a patient.

Issue	Question 13 – Did you find the tests on your breasts uncomfortable? 5% said it was 'painful'. Most women recognize this as the nature of the test, many describing the pressure of the plates and the squeezing/squashing sensation as the principle concerns.
Implications	For Huddersfield Royal Infirmary 9% of women said it was uncomfortable, which may mean they do not want to come back

Issue	I had confidence in the mammographer. For Unit 8.2, 44% strongly agreed,
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	53% agreed and 3% disagreed.
Implications	May result in fewer women coming back for further screening.
Issue	The mammographer put me at ease
Implications	For Unit 8.2, 53% strongly agreed, 44% agreed and 3% strongly disagreed. For Unit 8.6, 56% strongly agreed, and 38% agreed. May result in fewer women coming back for further screening.
Issue	The mammographer seemed unsure
Implications	Unit 8.1 8% strongly agreed. May result in fewer women coming back for further screening.
Issue	Did the mammographer tell you when you would receive the results of your x-ray?
Implications	Unit 8.2 83% were told and 14% were not told Unit 8.5 83% were told and 7% were not told. 5% could not remember
Issue	Were you given enough information explaining the possibility that you may be asked back for further review?
Implications	Unit 8.2 61% were giving enough information, 36% were not given enough information and 3% could not remember.
Issue	Overall were you satisfied with the service you received?
Implications	Unit 8.6 82% were very satisfied, 15% quite satisfied and 3% were not satisfied. May result in fewer women coming back for further screening.
Issue	Would you return for screening in 3 years time?
Implications	Unit 8.4 6% and Unit 8.5 5% of those eligible said they didn't know.
Issue	Complaints regarding attitude of staff
Implications	May result in fewer women coming back for further screening.
Issue	Woman felt she was not treated with respect and had sore breast afterwards
Implications	May result in fewer women coming back for further screening.
Issue	No privacy shown by Horton Wing reception when asked for directions to Pennine Suite
Implications	Lack of privacy shown by staff on reception.
Issue	The need for women with hook wires inserted at SLH having to travel to BRI for their procedures.
Implications	Lack of dignity for women.
Issue	Uptake among BME women appears to be lower (percentage uptake by ethnicity seems to be lower in areas where BME are more likely to live in the District) – no firm evidence available.
Implications	Lower uptake will affect targets in reducing Breast Cancer mortality among BME women

Issue	Communication with non-English speakers
Implications	Reduction in Uptake by ethnic minorities plus difficulties in obtaining informed consent or identification of the correct woman to be screened
Issue	People from BME communities come later to diagnosis, are under-represented in clinical trials and are less likely to access palliative care services
Implications	Later diagnosis can increase mortality levels among BME women.
Issue	Patient experience surveys have shown that BME groups, in general, report a worse experience of treatment and care.
Implications	Need to ensure that the needs of BME women accessing the service are equitable.
Issue	A recent study by the NHS Cancer Screening Research Group found that over 50% of women wrongly believe that the risk of breast cancer does not vary with age, with only one per cent correctly believing that the oldest women are at greatest risk. Lack of awareness that they are still at risk of developing breast cancer appears to be one of the major reasons why older women with breast cancer present later and with more advanced disease than younger women.
Implications	Perception that older women are less likely need breast screening and thus higher mortality rates.
Issue	Figures for breast screening in 1998 showed 43% average uptake for those women with learning disabilities compared to 76% for women overall.
Implications	Higher mortality rates among women with learning difficulties.
Issue	Question as to whether lesbians are higher risk of having breast cancer. A targeted approach in raising awareness among lesbian and bisexual women of the risks of breast cancer and the importance of screening and self examination is essential if the percentage of lesbian and bisexual women accessing services and self examining is to increase.
Implications	Higher risk means that lesbians should be encouraged to take part in screening.
Issue	Lack of information about self examination and how to do it properly (LGB Health Needs Assessment)
Implications	Higher risk and lack of information could result in more instances of breast cancer.
Issue	Attitudes to cancer may differ between religions, potentially contributing to variations in uptake of screening, stage of presentation and attitudes towards treatment.
Implications	Need to ensure that women from all religious groups are made aware of the benefits of breast screening.
Issue	Uptake among BME women appears to be lower (percentage uptake by ethnicity seems to be lower in areas where BME are more likely to live in the District) – no firm evidence available.
Implications	Lower uptake will affect targets in reducing Breast Cancer mortality among BME women

Issue	Communication with non-English speakers
Implications	Reduction in uptake by ethnic minorities plus difficulties in obtaining informed consent or identification of the correct woman to be screened
Issue	Privacy and Dignity
Implications	Inequality of service to women between Bradford and Huddersfield screening sites
Issue	Currently no health promotion officer in place
Implications	Reduced uptake
Issue	Inappropriate invitation to women
Implications	Cause of offence if GPs do not inform Pennine of any women who have bilateral mastectomies or have recently died when women from their practices are called for screening
Issue	On symptomatic side, presence of men whilst women are in a state of undress.
Implications	Compromising privacy and dignity.
Issue	One in twelve lesbian and bisexual women aged between 50 and 79 have been diagnosed with breast cancer, compared to one in twenty women in general.
Implications	Need to ensure that women have the confidence and information about the importance of screening.
Issue	Majority of Information leaflets only available in English
Implications	Some women not able to access information
Issue	Ensuring that cancer services are equipped to meet the needs of different populations. For example, many migrant communities from Eastern Europe
Implications	Important to assess the impact of newer trends in migration
Issue	Longer appointments may be needed to meet the needs of disabled women (eg to enable communication with a BSL interpreter)
Implications	Building in additional time as a reasonable adjustment for disabled women
Issue	Access to mobile screening units and need to offer alternative appointments at static screening unit.
Implications	Reasonable adjustment under the DDA
Issue	Ensuring women are able to consent to screening.
Implications	Compliance with Mental Capacity Act
Issue	Font size for invitation to appointment letters
Implications	Women might not have access to information.
Issue	Hearing loop system in Units.
Implications	Need to ensure that there are loop systems in units and that they are maintained effectively.

Issue	Booking BSL/Language interpreters
Implications	Need to ensure that deaf women have access to interpreters.
Issue	Among those with access to a car, the availability of parking facilities was more important than the cost of travelling by car (80% versus 40%). among those with no access to a car, the ease of public transport was more important than the cost (76% versus 48%). General recommendation: Permanent units in hospital settings with parking facilities and convenient access to public transport are the general recommendation.
Implications	Issue of fairness and need to ensure that any new mobile sites give full consideration for appropriate parking and public transport links.

4. Consultation

You are now in a position to consult on what you have found from existing information/evidence. The pages above form the basis of your consultation. Ask stakeholders for comments. The following are prompts/examples of the areas you would like comments:

- Are there any errors/omissions?
- Are there any additions?
- What ways can the service can be amended to remove discriminatory practice?
- Any examples of good practice?

Ensure you give sufficient time for responses (6-8 weeks generally adequate to allow for discussion)

Who you consulted	What they said
PCT – Bradford and Airedale, Kirklees, Calderdale	No comments
General Manager – Imaging	No comments
Clinical Director - Imaging	No comments
Yorkshire North East Regional Quality Assurance Centre	<p>Patient satisfaction Surveys are capable of interpretation. I would say the key issues are:</p> <ol style="list-style-type: none"> 1. Women not receiving the leaflet. This is important, as this is how consent is achieved. 2. Access to the unit will have implications for uptake 3. There appears to be some privacy and dignity concerns amongst women. These should be addressed. 4. There appears to be concerns amongst women about one particular centre. 5. 97% confidence in the mammographers is not a concern, but something to be praised. I presume the 8% of women at the Pennine suite who felt the mammographer was unsure is due to staff training. 6. 97% satisfaction is good as well
Equality Implementation Group	Concern about the service offered at one particular centre.
West Yorkshire Central Services Agency	No comments

(Remember documentary evidence of consultation will be required to meet legislative requirements)

5. Proposed Actions

You have now reached the stage where you have identified aspects of your service that need addressing.

This section should be the basis for clarification on exactly what action you are going to take, who will be responsible and when will it be completed by.

- Consider what desired outcomes are needed and what steps will be needed to get there
- Are they Specific, Measurable, Achievable, Relevant and Time related
- Consider how those consulted or equality groups can be part of setting these actions

(copy and paste tables below for additional actions)

See action plan at end

(Copy to Full Impact Assessment Action Plan at end of this document when EqIA is finalised)

6. Giving Feedback

You now need to publish the results of either the existing research/consultation or the new consultation you have undertaken and in particular, how you intend to change the service. It is important that you feedback to those who have taken part in any consultation to inform them of what has happened to their contribution and how/if it has changed the service.

State below how you will do this

Who you consulted (copy from 4 above)	Comments incorporated? (✓)	If not, justification	Feedback given? (✓)
Yorkshire North East Regional Quality Assurance Centre	✓		✓

If you have used the Foundation Trust Membership Database, have you completed the Evaluation Form – Appendix I of Strategy for Patient and Public Involvement?
Yes/No

(Remember documentary evidence of consultation will be required to meet legislative requirements)

7. List of all documentary evidence

You have to demonstrate that you have consulted appropriately, responded and amended your function based on evidence you already have or have received during the consultation process. All evidence used in the development of the EqIA must be sent to DED for audit purposes. Documentation you should forward includes:

- Patient monitoring data relating to the function
- Notes of consultation
- Membership of consultative forums (demographic profiles)
- Notes of meetings
- Written responses

This list is not exhaustive.

Evidence	Format (electronic, Paper)	Attached?
Electronic versions available on request		

All electronic/paper based evidence to be forwarded to DED with the EqIA Registration Number (see page 1)

8. Monitoring/Review

Now that you have a clear set of actions to implement, it is important that you have processes in place to monitor the impact of those actions to ensure they are being effective. Future actions should be reflected in your service planning processes and be reviewed, monitored alongside other business activity.

- Consider how those you have consulted and equality groups can be included in monitoring and review


Please state here how you are going to monitor/review your actions

Annual review through Equality and Diversity Scrutiny Committee

How do you intend to incorporate the actions required from this impact assessment process into your own Departmental Plans?

Build into action plan resulting from QA visit in November.

9. Sign Off

Agreed by	Name (✓)	Date
Director/General Manager		
Head of Equality and Diversity		

Notice to the Public

If you would like to comment on this [Draft/Final] Full Equality Impact Assessment please contact:
Department of Equality and Diversity on telephone on
01274 382412
Or email equality@bradfordhospitals.nhs.uk

Full Impact Assessment Action Plan Pennine Breast Screening

Issue	Action Required	Lead	Deadline	Resource Implications	Comments
13% in Pennine did not receive leaflet	Carry out a six monthly audit to ensure the leaflets are included	Lorraine Grimshaw	Twice yearly	Staffing time for audit	
Huddersfield Royal quality of service in static service including: <ul style="list-style-type: none"> • privacy • car parking • convenience of location • levels of explanation • Being put at ease • % of women who would not come back 	Looking for alternative sites to address quality issues with this site. Take to regional quality assurance visit 18 th Nov and to commissioners meeting on 11 th Nov. Look at ways of changing the working practice to improve satisfaction levels	Janette Griggs Janette Griggs	Ongoing April 2010		
Equality update for staff Patient experience surveys have shown that BME	Training session for staff by Shameem Malik (consultant trainer)	Lorraine to give Janette details			

groups, in general, report a worse experience of treatment and care					
The need for women with hook wires inserted at SLH having to travel to BRI for their procedures	Put onto local risk register as dignity and safety issue	Janette Griggs			
Lower uptake will affect targets in reducing Breast Cancer mortality among BME women Communication with non-English speakers People from BME communities come later to diagnosis, are under-represented in clinical trials and are less likely to access palliative	Health promotion worker being appointed which should begin to address these issues	Janette Griggs	Ongoing		

care services

Perception that older women are less likely need breast screening and thus higher mortality rates

Higher mortality rates among women with learning difficulties

Higher risk means that lesbians should be encouraged to take part in screening

Cause of offence if GPs do not inform Pennine of any women who have bilateral mastectomies or have recently died when women from their practices are called for screening

Majority of Information leaflets only available in English	Liaise with Interpreting and Patient Communication Manager (Nazakat Hussain) to address this	Janette Griggs	October 2010		
Booking BSL Interpreters Ensuring that cancer services are equipped to meet the needs of different populations. For example, many migrant communities from Eastern Europe					
Bovine collagen products used in breast markers and issue of respect for religious belief	Take to clinical meeting and amend appropriate operational policy to ensure that women are informed of product and wishes respected	Janette Griggs	December 2009		
Font size on invitation letter	Quality Assurance administrator for region is attending Pennine and will consider how to address this.	Janette Griggs	Ongoing		

Equality Strands

- **Age**
 - Older people (65+)
 - Young people (16-25)
 - Children (0-15)
- **Disability** (disabled people)
 - Physical impairment
 - Sensory impairment
 - Mental health condition
 - Learning difficulty
 - Long stand illness or health condition
- **Race**
 - White British
 - White non-British
 - Mixed race
 - Asian or Asian British
 - Black or Black British
 - Chinese and other minority ethnic groups
- **Gender**
 - Women and girls
 - Men and boys
 - Trans (gendered) people
- **Religion or Belief**
 - Buddhist
 - Christian
 - Hindu
 - Jewish
 - Muslim
 - Sikh
 - Other
- **Sexual Orientation**
 - Lesbians
 - Gay men
 - Bisexual people
 - Same sex couples
 - Heterosexual people

Examples of Human Rights Issues in Healthcare

Article 2 – Right to Life - Dignity

- Severe abuse
- Malnutrition and dehydration
- Do not resuscitate orders
- Refusal of life-prolonging treatment or saving medical treatment
- Deaths through negligence
- Investigating where deaths are suspicious

Article 3 – Prohibition on torture, inhuman and degrading treatment

- Physical or psychological abuse
- Neglect/carelessness e.g. bed sores, not being fed properly
- Poor conditions in hospitals
- Washing or dressing without regard to dignity
- Excessive force used to restrain
- Authorities failing to protect individuals from abuse
- Malnutrition and dehydration

Article 8 – Right to private and family life, home and correspondence

- Lack of dignity in respect of personal care needs
- Lack of privacy on wards
- Refusal to allow family visits or contact whilst in hospital
- Inappropriate use of restraint or medication

- Negative and patronising attitudes
- Insufficient attention paid to confidentiality

Article 14 – Prohibition of Discrimination

- This must be linked to one of the rights, it cannot be used on its own to bring a claim under the Human Rights Act.
- It prohibits discrimination for any reason e.g. disability, race, gender, carer status.

(Source: British Institute of Human Rights)