



## EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

### THIS IS A PUBLIC DOCUMENT

<b>Title of Policy:</b> Secondary Care Patient Questionnaire V2 and Supporting Documentation Booklet	
<b>Lead Manager:</b> Orla Coalter	<b>Title:</b> Access to Healthcare Manager
<b>Directorate:</b> Finance	<b>Department:</b> Access to Healthcare
<b>Contact details:</b> <b>Address:</b> WHSCT, South West Acute Hospital, 124 Irvinestown Road, Enniskillen, Co Fermanagh, BT74 6DN <b>Tel:</b> 028 66 382520 <b>Email:</b> Orla.Coalter@westerntrust.hscni.net	
<b>Short Description of Policy</b> <p>The Secondary Care Patient Questionnaire is a form used to collect information required from patients to assist the Trust with assessing their entitlement to healthcare. Eligibility to receive publicly-funded health care in Northern Ireland is based on ordinary residence. A person will be ordinarily resident here when that residence is lawful, voluntary, and for a settle purpose as part of the regular order of their life.</p> <p>The aim of the Secondary Care Patient Questionnaire is to gather all the information required by the Trust to assess a patient's entitlement to access Trust Services and to identify patients who may be required to pay for their treatment and charge them accordingly. Due to changes relating to the UK exit from the European Union the form needs to be amended to ensure it is in line with new requirements.</p>	
<b>Final Recommendations:</b> (please tick as appropriate)	
1. <b>GREEN:</b> No equality issues/impact: no further action	
2. <b>AMBER:</b> Minor equality issues/impact: actions identified	√
3. <b>RED:</b> Major equality issues/impact: full EQIA recommended	
Please send draft completed form for quality assurance to <a href="mailto:equality.admin@westerntrust.hscni.net">equality.admin@westerntrust.hscni.net</a> For further information on quality assurance see page 3, section 3.	
<b>Final Approval Date:</b>	

(1) INFORMATION ABOUT THE POLICY OR PROPOSAL

**1.1 Title of policy or proposal**

WHST Secondary Care Patient Questionnaire V2 and Supporting Documentation Booklet

**1.2 Description of policy or proposal**

The Secondary Care Patient Questionnaire is a form used to collect information required from patients to assist the Trust with assessing their entitlement to access publically-funded health care. Eligibility to receive publicly-funded health care in Northern Ireland is based on ordinary residence. A person will be ordinarily resident here when that residence is lawful, voluntary, and for a settle purpose as part of the regular order of their life. All HSC Trusts have responsibility for establishing whether an individual seeking hospital treatment is eligible to access publicly-funded health services. This will mean establishing whether someone is ordinarily resident or a visitor. If an individual is a visitor, the Trust must then establish whether they or the services they are accessing fall within one of the exemptions set out in the Regulations and should not therefore be charged. Where charges do apply, Trusts must make and recover charges as appropriate. No treatment that is deemed by a clinician to be immediately necessary or urgent should be withheld, regardless of a person's ability to pay.

The aim of the Secondary Care Patient Questionnaire is to gather all the information required by the Trust to assess a patient's entitlement to access Trust Services and to identify patients who may be required to pay for their treatment and charge them accordingly. If a person is unmarried but dependent on their partner for income we will accept documentation in both names e.g. joint bills/bank accounts etc. If a person has changed their name through marriage since their lawfulness document was issued they can provide their lawfulness document in their previous name along with their marriage certificate. If a person is under 16 years old, the person who has caring responsibilities may have to provide proof of relationship along with documents in their own name. If someone has caring responsibilities for a person who wants to access treatment in a Trust, they may need to assist them to complete the form and provide their lawfulness document.

Due to changes relating to the UK exit from the European Union the form needs to be amended to ensure it is in line with new requirements.

The Supporting Documentation Booklet is an aid to assist patients and guide them through the process of completing the WHST Secondary Care Patient questionnaire.

These documents have been designed as part of a Regional E-Form working group and as such have been through all relevant governance and legal services.

**1.3 Main stakeholders affected (internal and external)**

For example, staff, actual or potential service users, other public sector organisations, GPs, primary care providers, voluntary and community groups, trade unions or professional organisations or private sector organisations or others. **Start to consider how you might involve them in the development of the policy/decision.** This will also help you to meet the Trust's obligations under Personal and Public Involvement (PPI).

Patients wishing to access Secondary Care Services in Northern Ireland and people with

caring responsibilities for these patients

Trust Paying Patient/Access to Health Care staff.

#### **1.4 Other policies or decisions with a bearing on this policy or proposal**

Health and Social Protection (Northern Ireland) Order 1972

Provision of Health Services to Persons not Ordinarily Resident (Northern Ireland) regulations 2015

Trade and Co-operation Agreement Between the European Union and the United Kingdom - The Withdrawal Agreement 2020

Circular PCCD 01/2012 Changes in Immigration law Nov 2011 & Arrangements for handling of outstanding debtors in Northern Ireland in co-operation with the Home Office.

Circular PCCD 01/2010 Health Service Entitlement for Cross Border Workers & those with Humanitarian Protection or Refugee Status

Making Communication Accessible for All – A Guide for Health & Social Care (HSC) Staff

WHSCCT Communication Support Guidelines

## **(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED**

### **2.1 Data Gathering**

**2.1.1** What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints, etc.

Changes to entitlement due to the UK exit from the European Union the form needs to be amended to ensure it is in line with new requirements.

A review of the Secondary Care Patient Questionnaire V1 identified that changes to entitlement since 01/01/21 were not being captured.

### **2.1.2 How did you involve people?**

The Trust requires evidence of engagement with stakeholders to fulfil its statutory obligations under its Equality scheme, Consultation Scheme and Personal and Public Involvement strategy. Provide details of how you involved stakeholders e.g. views of colleagues, service users, carers, Trade Unions, Section 75 groups or other stakeholders.

**Consultation and Engagement Statement:** In your policy/proposal include a paragraph titled Consultation and Engagement and summarise this section. If there was no engagement, please explain why.

The Regional Secondary Care E-Form working group reviewed the current Patient questionnaire and then they have been through all relevant governance and legal services . The working group participants were:

Regional Manager and Regional Development Officer of Family Practice Service, Business

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Services Organisation

Access to Healthcare Officer and Manager, Belfast Trust

Access to Healthcare & Finance Manager, Southern Trust

Access to Healthcare Manager, South Eastern Trust

General Manager, Acute Operational Support and Access to Healthcare Officer, Northern Trust

Access to Healthcare Officer and Manager, Western Trust

Feedback from other Trusts on issues identified by service users on what worked well and what improvements could be made to capture the correct information on the revised Secondary Care Patient Questionnaire.

Feedback from the Access to Health Care team, Business Services Organisation (BSO) on the Secondary Care Patient Questionnaire.

Access to Health Care, BSO advised on their form and provided feedback and advice on what had worked to capture relevant information.

Through the screening process support networks have been established with advocacy groups who are available to service users and staff to provide support in establishing an individual's lawfulness and immigration status.

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**2.2 Equality Profile**

Who is affected by the policy or proposal? What is the makeup (%) of the affected group? Please provide a statistical profile. Could you improve how you gather Section 75 information? Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group? If the policy affects both staff and service users, please provide information on both. If not, merge the 2 columns.

<b>Category</b>	<b>Service Users, etc.</b> 2011 Census Data unless otherwise stated	<b>Staff</b> Access to Healthcare Staff (WH SCT and South West Acute Hospital, )  There are 5 staff members in the Access to Healthcare team, given this small number, while we have the Equality information relating to them we cannot provide this as it may mean individuals could be identified. .
Gender	<b>Male:</b> 146,051 <b>Female:</b> 148,366	As per above
Age	<b>0-4:</b> 20,445 <b>5-7:</b> 11,322 <b>8 – 9:</b> 7,668 <b>10 – 14:</b> 21,186 <b>15:</b> 4,467 <b>16 – 17:</b> 9,266 <b>18 – 19:</b> 8,097 <b>20 – 24:</b> 19,865 <b>25 – 29:</b> 20,097 <b>30 – 44:</b> 61,230 <b>45 – 59:</b> 56,781 <b>60 – 64:</b> 15,380 <b>65 – 74:</b> 22,101 <b>75 – 84:</b> 12,301 <b>85 – 89:</b> 2,878 <b>90+:</b> 1,333	As per above
Religion	<b>Catholic:</b> 182,996 (62.16%) <b>Presbyterian:</b> 29,353 (9.97%) <b>Church of Ireland:</b> 37,154 (12.62%) <b>Methodist:</b> 4,900 (1.66%) <b>Other Christian:</b> 7,212 (2.45%) <b>Other religions:</b> 1,475 (0.50%) <b>No religion:</b> 12,199 (4.14%) <b>Religion not stated:</b> 19,128 (6.50%)	As per above
Political Opinion	<b>Based on first choice votes held by electoral office.</b> Nationalist: 86,834 (53%) Unionist 61,995 (38.06%) Other: 14,025 (8.62%) Overall total: 162,854	As per above
Marital Status	<b>Marital Status: All usual residents aged 16 and over (229,329)</b>	As per above

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	<p>Single: 87,557          Married: 106,383          In registered same-sex civil partnership: 161          Separated but still legally married: 9,678          Divorced or formerly in a same-sex civil partnership which is now legally dissolved: 11,063          Widowed or surviving partner from a same-sex civil partnership: 14,487</p>	
Dependent Status	<p><b>All families in households: 77,758</b>          Households with no dependent children: 37,650          Households with children: 76,204</p> <p><b>Residents who:</b>          Provide 1-19 hours unpaid care per week: 17,538          Provide 20-49 hours unpaid care per week: 5,859          Provide 50+ hours unpaid care per week: 9,096          Provide no unpaid care: 261,924</p>	As per above
Disability	<p><b>Persons with:</b>          Long-term health problem or disability: Day-to-day activities limited a lot: 37,988          Long-term health problem or disability: Day-to-day activities limited a little: 26,351          Long-term health problem or disability: Day-to-day activities not limited: 230,078</p>	As per above
Ethnicity	<p>White: 290,923 (98.81%)          Chinese: 486 (0.17%)          Mixed: 740 (0.25)          Irish Traveller: 251 (0.09%)          Indian: 893 (0.30%)          Other Ethnic Group: 294 (0.10%)          Pakistani: 99          Black African: 115 (0.04%)          Black Caribbean: 64 (0.02%)          Black Other: 58 (0.02%)          Bangladeshi: 21 (0.01%)          Other Asian: 473 (0.16%)</p>	As per above
Sexual Orientation	<p>Rainbow Research (2008) estimates that approximately 10% of the population is LGB. This equates to approx. 29,442 people in the Western area.</p>	As per above

### 2.3 Assessing Needs/Issues/Adverse Impacts, etc.

What are consequences of the policy/proposal on Users/Carers and staff? What are the different needs, issues and concerns of each of the equality groups? Are there any adverse impacts? If the policy affects both staff and service users, please specify issues for both. If not, merge the 2 columns. Please state the source of your information, e.g. colleagues, consultations, research, user feedback, etc.

	<b>Needs and Experiences</b>	
<b>Equality Group</b>	<b>Service Users, etc.</b>	<b>Staff</b>
Gender	No identified issues	No identified issues
Age	If the person requiring treatment is under 16 years old a parent or guardian is asked to complete and sign the form on their behalf. The person who has caring responsibilities may have to provide proof of relationship along with documents in their own name to satisfy the residing and settle purpose aspects of the form.	No identified issues
Religion	None identified	No identified issues
Political Opinion	None identified	No identified issues
Marital Status	If someone is recently married they may not have a lawfulness document in their new name. Some married people may be less likely to have the supporting documentation requested in their own name.	No identified issues
Dependent Status	Some of those who are completing the form may be doing so as someone with caring responsibilities for the individual requiring care. For treatment for adults the carer may have to provide evidence of relationship along with documents in their own name to satisfy the residing and settle purpose aspects of the form.	No identified issues
Disability	Information on the process will be available in alternative formats on request including e.g. large font, braille, audio etc. Sign language interpreters will be used in line with Trust Guidelines.	Information and communication regarding the documents can be made available in alternative formats on request for staff who have a disability. Awareness training for staff can also be adapted.

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	<p>If a patient is unable to complete the form the Trust will consider accepting lesser documents from people who have learning disabilities / mental health issues and, with permission from the patient, will accept confirmation from a social worker etc. as proof of lawfulness.</p> <p>Questionnaire and Booklet will be available electronically and extension of deadlines can be granted for the return of questionnaire.</p>	
Ethnicity	<p>If the service user does not have English as a first language and is unable to read and understand the documents the Access to Healthcare team can provide these translated documents upon request.</p> <p>Through the equality screening process support networks have been established with advocacy groups who are available to service users and staff to provide support in establishing an individual's lawfulness and immigration status</p> <p>The Trust can also provide face to face or telephone interpreters to support with the access to healthcare process.</p>	No identified issues
Sexual Orientation	No identified issues	No identified issues
Other Issues: e.g. Rurality	<p>People in a rural community may have difficulty accessing the E-Form and Supporting Booklet. The Access to healthcare staff can provide hardcopies via the postal service.</p> <p>People in a rural community may have difficulty returning questionnaire within set deadlines due to rural location. The Access to healthcare staff will provide return time extensions to accommodate postal service and rurality.</p>	No identified issues

**2.4**

**Multiple Identities:** When considering this policy/proposal, are there any additional issues relating to people with multiple identities? For example: older women, disabled minority ethnic people, young Protestant men, disabled people who are gay, lesbian or bisexual.

Patients who are unmarried but dependent on a partner may find it more difficult to provide
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proof of relationship with that person.

## 2.5 Making Changes: Promoting Equality of Opportunity/Minimising Adverse Impacts

Based on the equality issues you identified in 2.2, 2.3 and 2.4, what do you currently do that meets those needs? What additional changes do you intend to make that will improve how you promote equality of opportunity or minimise adverse impacts?

<b>Equality Group</b>	<b>Actions that promote equality of opportunity or minimise (mitigate) adverse impacts</b>
Age	<p>Forms for under 16's can be completed by parent or guardian of the patient. Documents can be provided in parent or guardians name along with proof of relationship.</p> <p>Older patients - carers can provide updates or discuss case with permission of patient. Power of attorney documents can be used and staff can liaise with patients Social Worker.</p>
Marital Status	<p>If a person has changed their name through marriage since their lawfulness document was issued they can provide their lawfulness document in their previous name along with their marriage certificate.</p> <p>If a person is unmarried but dependent on their partner for income we will accept documentation in both names e.g. joint bills/bank accounts etc.</p>
Dependent Status	<p>If a person has a dependent who wishes to access Trust Services they may need help understanding what information / documentation they need to provide for this person. Contact information provided for Trust on form, to provide advice.</p> <p>Older people -The Trust will ask patients permission to speak with carer or other representative. We allow carers to provide updates or discuss case with permission of patient. Power of attorney documents can be used and staff can speak to the patients Social Worker.</p>
Disability – Service Users	<p>Information on the process and the questionnaire can be provided in alternative formats on request, including braille, large font and audio.</p> <p>There is an induction loop system in place in various locations around the hospital sites and also in the Access to healthcare department in the South West Acute Hospital for people with a hearing impairment. Face to face and remote face sign language interpreting is also available.</p> <p>Learning disability/mental health – If a service user is unable to complete the form the Trust will consider accepting lesser documents from people who have learning disabilities / mental health issues and, with permission from the patient, will accept confirmation from a social worker etc. as proof of lawfulness.</p> <p>Physical Disability – Questionnaire and Booklet will be available electronically, extension of deadlines will be granted for the return of questionnaire.</p>

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Disability – staff	All documents can be made available in alternative formats on request and awareness training can be adapted.
Ethnicity	<p>If there is a requirement for the documents in an alternative language format the Access to Healthcare Team can provide this on request. Face to face and telephone interpreters can also be obtained.</p> <p>Through the screening process support networks have been established with advocacy groups who are available to service users and staff to provide support in establishing an individual’s lawfulness and immigration status. In addition on the Supporting Documents Guide the line “This document can be made available in minority ethnic languages, on request, to meet the needs of those not fluent in English” has also been added in 13 alternative languages.</p>
Other Issues: e.g. Rurality	E-forms and Booklet will be available online. Manual forms will be offered. Additional time will be granted if there are postal issues.

**2.6 Good Relations**

Does the policy/proposal have any impact/consequences for Good Relations? What changes to the policy or proposal or what additional measures could you suggest to ensure that it promotes good relations (if any)? (Refer to Guidance Notes for guidance on impact).

Group	Impact/Consequences	Suggestions
Religion	No issues identified	
Political Opinion	No issues identified	
Ethnicity	No issues identified	

**(3) CONSIDERATION OF DISABILITY DUTIES**

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

**(4) CONSIDERATION OF HUMAN RIGHTS**

**4.1 Does the policy or proposal adversely affect anyone's Human Rights?  
Complete for each of the Articles.**

<b>Article</b>	<b>Positive Impact</b>	<b>Negative Impact - human right interfered with or restricted</b>	<b>Neutral Impact</b>
Article 2 – Right to life			√
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			√
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			√
Article 5 – Right to liberty & security of person			√
Article 6 – Right to a fair & public trial within a reasonable time			√
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			√
Article 8 – Right to respect for private & family life, home and correspondence.		√	
Article 9 – Right to freedom of thought, conscience & religion			√
Article 10 – Right to freedom of expression			√
Article 11 – Right to freedom of assembly & association			√
Article 12 – Right to marry & found a family			√
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			√
1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			√
1 <sup>st</sup> protocol Article 2 – Right of access to education			√

**If you have answered either 'Positive Impact' or 'Neutral Impact' to all of the above, please move on to Section 5.**

4.2 If you have identified any potential negative impacts to any of the articles, please complete the following table.

Article Number	What is the negative impact and who does it impact upon?	What do you intend to do to address this?	Does this raise any further legal issues?*\nYes/No
Article 8	The Trust acknowledges that Article 8 may be affected as we are asking a patient for personal documents.	We allow sensitive data to be redacted and give people options on documentation that they can provide. A digital record is kept of all individual assessments and outcomes. These documents have been designed as part of a Regional E-Form working group and as such have been through all relevant governance and legal services.	No

*\*It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this.*

4.3 Outline any further actions which could be taken to promote or raise awareness of human rights or, to ensure compliance with the legislation in relation to the policy or proposal.

**(5) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?**

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity. Base your decision on information from sections 2.2, 2.3, 2.4 and 2.5.

**How would you categorise the impacts of this proposal or policy? (refer to Guidance Notes for guidance on impact)**

**Do you consider that this policy or decision needs to be subjected to a full Equality Impact Assessment?**

**Please tick:**

<b>GREEN:</b> No impact	<input type="checkbox"/>
<b>AMBER:</b> Minor impact	<input checked="" type="checkbox"/>
<b>RED:</b> Major impact	<input type="checkbox"/>

**Please tick:**

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

**Please give reasons for your decision.** (See Guidance Notes, page 28, for sample paragraph).

The Secondary Care Questionnaire is a tool used to gather information on people wishing to access health services in Northern Ireland. The form has been amended in line with the current regulations and measures have been taken to ensure that no group is impacted in relation to their equality of opportunity.

Service users who require assessments will receive these documents. The recipients will receive them via email or postal mail. Additionally, each document will be available on the Trust's website.

The Access to Healthcare assessment requires information gathering to determine a person's entitlement to access healthcare in Northern Ireland. This information may be considered personal or sensitive but is necessary to determine if a person's residence is lawful, voluntary, and for a settled purpose as part of the regular order of their life. Information may be redacted but sufficient information must be obtained to satisfy the assessment.

Regular awareness training is provided to Western Trust Reception staff by the Access to Healthcare team to help identify and sign post service users to the team. This awareness training is provided specifically to those staff who have responsibility for registering patients. Patients identified as visitors or those who don't have a NI GP or HCN are asked to complete an "undertaking to pay" form which states the service user **may** be chargeable. These forms are passed to the Access to Healthcare team for assessment of eligibility. The Access to Healthcare team will make contact with the patient by phone/email/in writing to determine possible exemptions to charges.

WHST Access to Healthcare staff have liaised with the following groups to arrange for further support and advice for service users on request:

- Advice NI
- Migrant Centre NI

➤ **NOTE: Equality and Human Rights Statement:** The policy/proposal that this screening relates to **MUST** include the above paragraph. In addition, this paragraph should be used in the briefing note to Trust Board and will also be included in the Trust's Equality Screening Report.

## (6) EQUALITY AND HUMAN RIGHTS MONITORING

**What data will you collect in the future in order to monitor the effect of the policy or proposal, on any of the equality groups, for equality of opportunity and good relations, disability duties and human rights?**

A digital record is kept of all individual assessments and outcomes. Any incidents, issues or complaints will be reviewed in line with current policies.

**Approved Lead Officer:** Orla Coalter

**Position:** Access to Healthcare Manager

**Policy/Proposal Screened By:** Orla Coalter,  
Access to Healthcare Manager

**Date:** 05/07/2023

**Quality Assurance:** Please send the final draft for quality assurance to the Equality and Human Rights Unit, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS or email: [equality.admin@westerntrust.hscni.net](mailto:equality.admin@westerntrust.hscni.net). **Quality Assurance can take up to three weeks.**

**Directorate SMT Approval:** The completed Equality Screening Form **MUST** be presented along with the policy/proposal to your Directorate SMT for approval.

**Quarterly Equality Screening Reports:** When final Trust approval is received, ensure that you send the completed screening form and associated policy/proposal, etc. to the Equality and Human Rights Unit, for inclusion in the WHSCT's quarterly equality screening reports. As a public document, the screening form will be available for downloading on both the Trust's website and intranet site.

