

Equality Impact Assessment including Fairer Scotland Duty and Children's Rights and Wellbeing Impact Assessment

Discrimination is usually unintended, for example, in the design of a new policy a one size fits all approach may be applied with the intention to be fair to everyone but what this actually does in practice is apply differential impacts on different groups of people.

The **Equality Impact Assessment (EQIA)** process is an evidence based approach designed to help organisations ensure that policies, practices, procedures, service change or redesign and decision-making processes are fair, equitable and that they don't present barriers to participation or disadvantage to any protected groups. The equality impact assessment is used to identify any disadvantage and take appropriate steps to mitigate, or at least minimise, this. You should start the EQIA process at the outset and continue throughout the process; don't wait until the end when a decision has been made. Below are steps to consider to support filling in your EQIA.

Step 1 - Identify what is being assessed. You need to be clear what is being assessed and consider what impact this will have and on which groups.

Step 2 - Give details about the policy. You need to be clear of the purpose at this stage, what are the benefits and who are the stakeholders.

Step 3 - Gather and analyse data and information and engagement. You will need to gather evidence to inform your Equality Impact Assessment. This may come from your stakeholder group(s).

Step 4 – Assess Impact. You need to think about what impact it will have on different groups in our community/workforce. Continue to work with your stakeholders to gain 'lived experience' impacts.

Step 5 – Have you identified any adverse impacts. You need to think about what can be done to mitigate or minimise the adverse impacts.

Step 6 – Send EQIA to Equality and Diversity Adviser for publication. NHS Ayrshire & Arran has an obligation to publish the results of all our equality impact assessments.

In 2018, the **Fairer Scotland Duty** became law and this looks at the impact of socio-economic disadvantage. NHS Ayrshire & Arran have incorporated this into our equality impact assessment process. It should be borne in mind that some minority groups, such as disabled people, ethnic minority people, women, are at a higher risk of facing socio-economic disadvantage and this should be considered when completing the equality impact assessment. This should be considered under each of the area in section 2 with a specific section at 2.16.

In March 2021, the Scottish Parliament unanimously passed the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill. This incorporates children's rights into law and places a duty on us as a public authority to ensure children's rights are protected and promoted in all areas of their life. NHS Ayrshire & Arran are building the **Children's Rights and Wellbeing Impact Assessment** into our existing EQIA process. This is woven through the document with a specific section at 2.17.

EQUALITY IMPACT ASSESSMENT

This is a legal document stating you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission

If you require advice on the completion of this EQIA, contact elaine.savory@aapct.scot.nhs.uk

'Policy' is used as a generic term covering policies, strategies, functions, service changes, guidance documents, other

Name of Policy	Delivery of the national breast screening programme in NHS Ayrshire and Arran		
Names and role of Review Team:	Dr Lynne Rush, Consultant in Public Health Mrs Bobbie Coughtrie, Screening Programme Manager	Date(s) of assessment:	Dec 2025
SECTION ONE AIMS OF THE POLICY			
1.1. Is this a new or existing Policy : _____ Existing_____			
Please state which: Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input checked="" type="checkbox"/> Service Change <input type="checkbox"/> Guidance <input type="checkbox"/> Other <input type="checkbox"/>			
1.2 What is the scope of this EQIA?			
NHS A&A wide <input type="checkbox"/> Service specific <input checked="" type="checkbox"/> Discipline specific <input type="checkbox"/> Other (please detail) _____			
1.3a. What is the aim? Delivery of the national breast screening programme in NHS Ayrshire and Arran			
1.3b. What is the objectives? To deliver breast screening via mammogram to all women aged between 50 and 70 on a three yearly basis, in line with the National Breast Screening Programme. Eligibility is based on robust evidence of benefits.			
1.3c. What is the intended outcomes? To reduce mortality from breast cancer by detecting disease and enabling intervention at an earlier stage to improve outcomes.			

1.4. Who are the stakeholders

All women living in NHS Ayrshire and Arran aged between 50 and 70; women aged over 70 who self refer for breast screening

Staff

Carers

1.5. How have the stakeholders been involved in the development of this policy (this should include children and young people where appropriate)?

Note that the purpose of the programme is to deliver breast screening to the eligible population in line with the National Breast Screening programme and is not board-specific. Within the South West Scotland Breast Screening Service (SWSBSS), user views are collected via the Breast Screening Feedback Survey sent out annually and reported on in the SWS BSS Annual Report.

1.6 Examination of Available Data and Consultation - Data could include: consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic or professional publications, reports etc)

The SWS BSS annual report provides information on geographical uptake of screening across NHS Ayrshire and Arran and highlights any areas which are outliers. This has identified areas where uptake is lower than expected. These areas have been selected as sites for qualitative research to explore the factors that influence uptake of breast screening. The findings will be used to recommend service improvements to ensure the service best meets the needs of the local population.

The Public Health Screening and Inequalities group meets monthly to review any access issues related to local screening programmes, including complaints or FOI requests.

The study protocol for the focus group study detailed above was informed by a review of published literature relating to uptake of breast screening to identify underserved populations.

All mammographers in Scotland are female, which is stated in Breast Screening information leaflets; however, additional reassurance may need to be provided to women to ensure their needs are being met, for example, for religious or cultural reasons, women who have experience gender-based violence etc.

Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues.

Locally, the SWS BSS reports to the A&A Public Health Screening and Inequalities group where issues round access and inequalities can be discussed.

Nationally, the SWS BSS adheres to processes and standards set by the Breast Screening Programme Board. Issues related to access and equality are brought to the Breast Screening Co-ordination meeting for discussion and peer learning with colleagues from other boards.

What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?

Uptake data suggests that the Stevenson area in North Ayrshire appears to have far fewer women attending than the area demographics would suggest are eligible. A qualitative study is currently underway to explore variation in uptake through focus groups with local women eligible for screening. Participants will be sought from an area of low uptake and an area of high uptake with similar socioeconomic profiles to enable comparison.

What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?

Published literature highlights that, consistent with uptake of other screening programmes and healthcare programmes, several sociodemographic factors have been consistently associated with lower uptake of breast screening: younger age; lower education level; lower income; not being in paid employment; the presence of physical or learning disabilities; and being single.

Uptake of breast screening is lower among women from immigrant and ethnic minority communities. Various barriers have been suggested including those related to language, including concerns around confidentiality where women rely on other family members to translate invitation letters. The importance of knowledge transfer through social networks in influencing screening behaviour has been highlighted and that this may be missing where there are language barriers that prevent open discussion about the benefits of screening. Other factors identified are likely to be relevant across the population as well as in ethnic minority groups. These include poor understanding of the process involved in mammography and lack of confidence in reliability of the results; perceptions about one's own risk of developing breast cancer; emotions associated with cancer screening, including fear of cancer diagnosis and perceived potential loss of femininity; previous negative experience of health services, including the desire to avoid being seen to 'waste time'; beliefs about capacity for interventions that can influence outcome; and cultural or religious beliefs, including stigma associated with a cancer diagnosis or a belief that outcomes from illness are predetermined.

1.7. What resource implications are linked to this policy?

Increases in the eligible screening population will continue to impact on the SWSBSS, requiring the need to plan for additional resources.

The recruitment of consultant breast radiologists is likely to continue to be challenging going forward, in common with many other screening centres.

SECTION TWO	IMPACT ASSESSMENT
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Complete the following table, giving reasons or comments where:

The Programme could have a positive impact by contributing to the general duty by –

- Eliminating unlawful discrimination
- Promoting equal opportunities
- Promoting relations within the equality group

The Programme could have an adverse impact by disadvantaging any of the equality groups. Particular attention should be given to unlawful direct and indirect discrimination.

If any potential impact on any of these groups has been identified, please give details - including if impact is anticipated to be positive or negative.

If negative impacts are identified, the action plan template in Appendix C must be completed.

Equality Target Groups – please note, this could also refer to staff				
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	Positive impact	Adverse impact	Neutral impact	Reason or comment for impact rating
<p>2.1. Age</p> <ul style="list-style-type: none"> • Infants, children and young people (IC&YP) <p>Any impact on IC&YP requires additional completion of section 2.17 below.</p>			X	<p>This is a targeted programme for women aged 50 to 70 years. Should an individual out with this age range present with any signs or symptoms then review can be arranged via their GP.</p>

<ul style="list-style-type: none"> Adults 	X			<p>Eligibility for screening is age 50 – 70 years. As noted below, women aged over 70 can continue to participate in the screening programme via self-referral. Women of any age who are symptomatic should be referred for review via their GP. Participating in the breast screening programme allows detection of disease at an earlier stage, with improved disease outcomes.</p>
<ul style="list-style-type: none"> Older People (also consider impact on IC&YP such as kinship care) 	X			<p>Women aged over 70 who wish to be screened are able to self-refer directly to the screening centre. Women who have symptoms should seek referral via their GP.</p>
<p>2.2. Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health)</p>	X			<p>National resources about breast screening are available in British Sign Language, audio description, Video, Braille, Large Print and Easy Read versions to support people with sensory or learning disabilities access breast screening.</p> <p>Breast screening in Scotland NHS inform</p> <p>A new SOP is in place to support women with physical disabilities to access the mobile units. Invitation Letters state to contact if the recipient has a disability or access requirements or use a wheelchair. This is documented in the patients file for future appointments. Appointments are allocated to accommodate those who have any special requirements. For example, a wheelchair appointment has 3 appointments in total to allow for the Transport officers to be available to use the ramp. Appointment times can be flexible and made to suit the client e.g. only have carers in afternoon or only available on certain days.</p>

2.3. Gender Reassignment	X			<p>All NHS screening programmes in Scotland identify people who are eligible for screening through their CHI number. This means men who were assigned as female at birth will continue to be invited for breast screening.</p> <p>It isn't always possible to identify people who've moved to Scotland or transitioned before 14 June 2015. Patients who changed their CHI to reflect their gender transition before 14 June 2015 will not be automatically called. Patients who transitioned after 14 June 2015 will be automatically called.</p> <p>Information about how to change gender associated with CHI for those who wish to is available here:</p> <p>Transgender screening in Scotland NHS inform</p> <p>Locally, a Trans Health Awareness session was held in NHS A&A in May 2026, with resources shared with staff, including the BASHH guidance on integrated health care for trans people that includes guidance on access to screening: https://www.bashh.org/userfiles/pages/files/resources/bashh_recommendations_for_integrated_sexual_health_services_trans_including_nonbinary_people_2019.pdf</p>
2.4 Marriage and Civil partnership			X	A person's marital status would have no differential impact on their ability to access this service.
2.5 Pregnancy and Maternity			X	This is a targeted programme for women aged 50 to 70 years. Should an individual be pregnant they would still be eligible for screening.

<p>2.6 Race/Ethnicity</p>		<p>X</p>	<p>Uptake of breast screening is lower among women from migrant and ethnic minority communities. Various barriers have been suggested including those related to language, including concerns around confidentiality where women rely on other family members to translate invitation letters. The importance of knowledge transfer through social networks in influencing screening behaviour has been highlighted and that this may be missing where there are language barriers that prevent open discussion about the benefits of screening.</p> <p>Public Health Scotland has developed a video explaining what to expect at a breast screening appointment, with QR codes that link to versions in British Sign Language and the six most common languages spoken in Scotland other than English: Breast cancer screening - Get Checked Early.</p> <p>In A&A, there is a growing Cantonese population. We aim to engage with this community in the coming year through the Place team in East Ayrshire HSCP to explore health priorities. Translated materials in a range of languages including Cantonese are available on the NHS Inform website: Breast screening in Scotland NHS inform</p> <p>We know from our Board Equality Inclusion Team that the most frequently requested languages for translated materials are Arabic and Ukrainian. We have recently engaged with the resettlement teams to discuss how we can support awareness raising about eligibility for cancer screening, alongside the targeted screening and vaccination offered to new entrants.</p> <p>Requests for translated materials in additional languages can made by email to PHS: phs.otherformats@phs.scot</p>
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2.7 Religion/Faith			X	Religious or cultural issues may impact on uptake of breast screening; this may be related to concerns about being required to undress during the appointment, particularly if the mammographer is male. All mammographers in Scotland are female, which is stated in breast screening information leaflets; however, additional reassurance may need to be provided to women that this is the case.
2.8 Sex (male/female)			X	Although males can develop breast cancer, the incidence is low and there is no evidence that the inclusion of men in the national breast screening programme will reduce mortality from breast cancer in men at the population level. Men who present with signs or symptoms of breast cancer will be directed to the appropriate service.
2.9 Sexual Orientation			X	This is a targeted programme for women aged 50 to 70 years. A person's sexual orientation would have no differential impact on their ability to access this service.
<ul style="list-style-type: none"> • Lesbians • Gay men • Bisexuals 				
2.10 Carers including young carers		X		Having competing demands, including caring for others formally or informally, has been identified as an important barrier that may reduce uptake of screening. Offering flexible appointment times aims to reduce this. Options for rearranging screening appointments are a clear offer in the invitation letter.
2.11 Homeless		X		Invitation to attend the breast screening service is done via GP practice lists. Individuals who are experiencing homelessness are less likely to be registered with a GP. There are no current programmes of work in place to promote access to screening in this population; this is an area that will be explored with the Inclusion Health team in 2026.

2.12 Involved in criminal justice system including youth justice			X	<p>There is no women's prison in NHS Ayrshire and Arran.</p> <p>Should an individual be involved with the justice system but still living in the community then access to the service would be available in line with normal organisational processes. Where an individual may present as a risk, steps to address this will be taken.</p>
2.13 Literacy			X	<p>As above (National resources about breast screening are available in British Sign Language, audio description, Video, Braille, Large Print and Easy Read versions to support people with sensory or learning disabilities access breast screening.)</p> <p>Breast screening in Scotland NHS inform</p>

<p>2.14 Rural Areas</p>		<p>X</p>	<p>Access to health services, including screening, may be impacted by living in a rural location. Use of mobile screening units is a major structural aspect of the screening programme that promotes equitable access. Mobile units visit 20 sites across South West Scotland, and for the majority this brings the services to their local community. Looking beyond the initial screening appointment, when a woman receives a positive screen, they are required to attend Ayrshire Central Hospital, for a recall mammogram.</p> <p>Some women with positive screening results cite travel barriers/fuel poverty as a factor for non-attendance. Initial screening is only one part of the overall screening and diagnostic pathway. Individuals who have tested positive at initial screening that are then unable to/ have difficulty travelling to access diagnostic testing, due to the static geographical location of the clinic, creates ethical issues that require additional resources to tackle.</p> <p>Mitigation: In partnership with Ayrshire Cancer Support, the mammogram recall project provides private vehicle transportation for screened positive women to support attendance for mammogram recall and follow up appointments. Individuals will be identified through the Breast Screening clinic at Ayrshire Central Hospital and referred to Ayrshire Cancer Support (ACS), where the logistical needs of the transportation will be assessed and delivered on an individual basis. The initial funding has been agreed, with the pilot being able to deliver this resource for 25 individuals in 2024/25. We are currently exploring how unused budget for this pilot may be used to support access to initial screening appointment for women who may be most impacted by poverty transport.</p>
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2.15 Staff <ul style="list-style-type: none"> • Working conditions • Knowledge, skills and learning required • Location • Any other relevant factors 	X			<p>Any female staff member between the age of 50 and 70 living in Ayrshire will be able to access the service. Women who are older than 70 can self-refer for breast screening if they wish.</p>
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2.16. What is the socio-economic impact of this policy / service change? (The [Fairer Scotland Duty](#) places responsibility on Health Boards to actively consider how they can reduce inequalities of outcomes caused by socio-economic disadvantage when making strategic decisions)

	Positive	Adverse	Neutral	Rationale/Evidence
Low income / poverty		X		<p>No cost involved in participation, although we continue to be mindful of travel costs that may present a barrier for some women.</p>
Living in deprived areas		X		<p>Rural deprivation must be considered – mobile screening units may mitigate this but need to consider travel costs for those travelling to static site as outlined in section 2.14.</p>
Living in deprived communities of interest			X	<p>This is a targeted programme for women aged 50 to 70 years. No specific affected communities identified but we need to consider impact of intersectionality and additive effects of multiple factors including poverty, substance use, migration, trauma, caring responsibility and digital exclusion. We are in the process of engaging with our resettlement teams to assess information needs of new entrants to A&A. We are engaging with a women’s recovery service as part of our focus group work to explore views of people with a history of substance use.</p>

Employment (paid or unpaid)			X	Time off work to attend screening is not mandatory and it is acknowledged that this may have a detrimental financial impact. The ability to make flexible appointment times aims to mitigate this. The SWS BSS offers appointments before 9am and in the evening to help overcome this barrier.
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2.17. What is the impact of this policy / service change on infants, children and young people (IC&YP)? (The [United Nations Convention on the Rights of the Child \(UNCRC\)](#) places a compatibility duty on public authorities to ensure the rights of children are protected and promoted in all areas of their life).

	Yes	No	Not applicable	Rationale/Evidence
Will this policy impact on the best interests of IC&YP?			X	This is a targeted screening programme for women aged 50 to 70 years. Should an individual out with this age range present with any signs or symptoms then review can be arranged via their GP via the symptomatic pathway.
Will this policy impact on the developmental needs of the IC&YP?			X	
Will this policy impact on IC&YP being able to express their views in relation to the service and have that view taken into account?			X	
Will the policy have any direct or indirect impacts on IC&YP?			X	

<p>Have you considered the impact of the policy across the wide range of IC&YP, e.g. preschool children; children in hospital; children with additional support needs; care experienced children; children living in poverty?</p>			X	
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SECTION THREE CROSSCUTTING ISSUES				
What impact will the proposal have on lifestyles? For example, will the changes affect:				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
3.1 Diet and nutrition?			X	The programme does not have any direct impact on diet and nutrition.
3.2 Exercise and physical activity?			X	The programme does not have any direct impact on exercise and physical activity.
3.3 Substance use: tobacco, alcohol or drugs?			X	The programme does not have any direct impact on substance use.
3.4 Risk taking behaviour?			X	The programme does not have any direct impact on risk taking behaviour. However, the programme does recognise the importance of ensuring alternative routes and methods of screening can be promoted and undertaken as not being screened could be seen as a potential risk.

SECTION FOUR CROSSCUTTING ISSUES				
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Will the proposal have an impact on the physical environment? For example, will there be impacts on:				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
4.1 Living conditions?			X	The programme will have no impact on living conditions.
4.2 Working conditions?			X	The programme will have no impact on working conditions.
4.3 Pollution or climate change?			X	The programme will have no direct impact on pollution or climate change, however, where women are able to access the mobile units closer to home has the potential to reduce travel.
Will the proposal affect access to and experience of services? For example:				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
Health care	X			It is hoped that encouraging women to attend for breast screening will reduce mortality from breast cancer by detecting disease and enabling intervention at an earlier stage to improve health outcomes.
Social Services			X	The programme will have no impact on social services.
Education			X	The programme will have no impact on education services.
Transport			X	The programme will have no impact on transport services.
Housing			X	The programme will have no impact on housing services.

SECTION FIVE	MONITORING
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How will the outcomes be monitored?

Programme data is submitted to the National Screening Oversight Board and the following Key Performance Indicators are reported annually: uptake; cancer detection; recall rate; diagnosis and outcomes; deprivation gradient (differences between most and least deprived areas)

What monitoring arrangements are in place?

In addition to national monitoring, we are in the process of developing a local dashboard which will enable us to have more accessible timely access to data regarding variation in uptake

Who will monitor?

As above

What criteria will you use to measure progress towards the outcomes?

Prospective screening uptake by location

PUBLICATION

Public bodies covered by equalities legislation must be able to show that they have paid due regard to meeting the Public Sector Equality Duty (PSED). This should be set out clearly and accessibly, and signed off by an appropriate member of the organisation.

Once completed, send this completed EQIA to the **Equality and Inclusion Manager**.

Authorised by

Title

Signature

Date

Identified Negative Impact Assessment Action Plan

Name of EQIA:

NHS A&A Breast Screening Programme

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments
1.6.26	Recognition of opportunity to promote eligibility for screening Inc. breast screening through collaboration with migrant health team	Development of resource to promote awareness of screening among migrant populations in most commonly requested languages	L Rush/B Coughtrie	Dec 26	Low – poss. printing costs	
1.6.26	Impact on carers re. barriers to access	Service will continue to offer flexible appointment times; explore impact of this through focus group work	L Rush	Dec 26	-	
1.6.26	Homeless population – needs re. access to screening unclear	Explore further with Inclusive Health colleagues	L Rush	Dec 26	-	
1.6.26	Population living in rural areas	Continued use of funding for Ayrshire Cancer Support to mitigate barriers	L Rush/B Coughtrie	Dec 26	-	

		for women affected by transport poverty				
1.6.26	Women affected by low income/living in deprived communities	<p>Exploration of ways to use Ayrshire Cancer Support transport budget to assist women most affected by transport poverty.</p> <p>Work with workplace team to explore ways to support women to attend appointments without negative financial impact.</p>	L Rush/B Coughtrie	Dec 26	-	

Further Notes:

Signed:

Date:

