

## Equality screening template

**Title of policy:**

Simplification to immunisation schedule

**Short description of policy:** GP immunisation appointments normally held at 12 months of age to give Hib/Men C and 13 months of age to give MMR and PCV will be merged into one visit between 12 and 13 months where all three vaccines will be given. The aim is to simplify the schedule, reduce the number of visits required and increase uptake by reducing DNAs.

**Negative impact**

**Could the policy have a significant negative impact on equality in relation to each area?**

**Age** – none

**Disability** – none

**Ethnicity** – none – as with all immunisation appointments, GPs and Practice nurses are encouraged to consider the communication, language and literacy needs of parents when discussing the vaccines to be given and any possible side effects with the parents. Further information on consent is available to health professionals in the Chapter 2 of the Immunisation Green Book which is free for all NHS health professionals.

**Gender (including transgendered people)** – none

**Religion or belief** – none

**Sexual orientation** – none

**Socio-economic groups** – none

**Positive impact**

**Could the policy have a significant positive impact on equality by reducing inequalities that already exist?**

**Explain how will it meet our duty to:**

**1. Promote equal opportunities** – PCTs are encouraged to consider whether translating the new posters and leaflets into alternative languages would help inform parents from ethnic minority groups of the change in the schedule. PCTs and GP practices are also encouraged to consider possible language barriers when inviting patients for appointments.

**2. Get rid of discrimination** – n/a

**3. Get rid of harassment** – n/a

**4. Promote good community relations** – n/a

**5. Promote positive attitudes towards disabled people** – n/a

**6. Encourage participation by disabled people** – it reduces the number of visits required, this may make life easier for those who struggle to get to appointments, but it doesn't actively encourage greater participation

**7. Consider more favourable treatment of disabled people** – n/a

**8. Promote and protect human rights** – Parents will be able to make an informed decision about their child receiving vaccinations. Where a parent refuses to let their child receive all three vaccines in one visit, health professionals will be encouraged to schedule a further appointment to ensure the child is offered all necessary vaccines.

## Evidence

### **What is the evidence for your answers to the above questions?**

Some PCTs have already switched to the single visit and have reported anecdotally that uptake has increased and DNAs have reduced.

### **What does available research say?**

Available research on giving the vaccines together shows that it is safe to give all three vaccines in one visit and it doesn't reduce immunogenicity.

Attitudinal research carried out in 2010 used 22 paired depth interviews and 6 group discussions with parents as well as 2 group discussions with health professionals. The fieldwork was conducted in London, the Midlands and the North of England.

The research found that awareness among parents of the current immunisation timetable, particularly around 12 and 13 months, was low. Most assumed that there is only one appointment at this stage; and that it is for (or includes) MMR. When the combined schedule was presented to parents first (before seeing the current schedule), very few identified the appointment at a year of age as different or worthy of comment. Parents' problems and worries only came to the surface when the combined option was explicitly presented as a change to the schedule. Those in areas where the combined schedule is already being given accepted it without question. Giving parents detailed information, and flagging up changes, was shown to generate anxiety that was not present when the change was treated as the norm.

The study also found that parents appreciated the NHS being open and frank about the fact that side effects are likely to occur.

### **What further research or data do you need to fill any gaps in your understanding of the potential or known effects of the policy?**

Once the policy is implemented country wide we will be able to observe whether it does improve uptake.

### **Have you thought about commissioning new data or research?**

Immunisation uptake data is already collected for all immunisations. The COVER data set will be monitored so that once the policy has had enough time to bed down observations can be made on whether uptake has improved for the three vaccinations in question.

## Screening assessment

Now that you have looked at the evidence, do you think that the policy needs a **Full EqIA**? No

**Next steps****If you do not need to do a Full EqIA:****What else might you need to do to make sure the policy promotes equality and gets rid of discrimination?**

Encourage PCTs to consider providing information in alternative languages and formats to allow parents from different groups and communities to make informed decisions.

Allow parents who do not wish their child to receive the vaccines in a single appointment to be offered an alternative.

**How will you monitor the situation as the policy develops and takes effect?** Once the policy is implemented country wide we will be able to observe whether it does improve uptake**What further research do you need?** None**For the record:****Name of person who carried out the EqIA:** Ray Smith**Date EqIA completed:** 16 November 2010**Name of Director/Director General who signed off the EqIA:** Clara Swinson**Date EqIA was signed:** 17 November 2010