

## Full equalities impact assessment - PHSS chiropractor pilot

Directorate: Strategy Service: PBC

Piece of work being assessed: Chiropractic pilot Primary Health South Sheffield Consortium

Name of lead person: Agnes McAuley, PBC Manager and Specification Manager Other partners/stakeholders involved: Kate Gleave, Elective Strategy

Date of assessment: 30/05/2008

Single Equality Scheme strand	Baseline data and research –	Is there likely to be a differential impact? If 'yes', is that impact direct or indirect discrimination?
<b>Gender</b>	<p>In the West, chronic back pain is one of the most common causes for using medical rehabilitation services. Schmidt and Greitman's review of literature on rehabilitation indicates that no significant gender differences in the prevalence of back pain are found but that men are more sick-listed and early-retired due to musculoskeletal diseases (Rehabilitation, 40 (5), 2001). Elsewhere, Eubanks (see 'Age') finds men have a higher prevalence and degree of non-specific lower back pain than women at all decades.</p> <p>Data from numerous studies suggests physicians treat women and patients from ethnic minorities less aggressively for their pain, with white men receiving more test ordering and treatment recommendations: for example Taylor et al.'s study of 5,690 patients with low back pain found male (18.5%) patients significantly more likely to have surgery recommended than female (16.3%) (Spine, vol. 30, Feb 2005). Non-white females were 52% less likely to have surgery offered at initial visit than white men. However it should be noted that US-based studies may include factors such as insurance status which may affect both test ordering and treatment options. Other studies have challenged the findings that gender and race influences clinicians' pain management</p>	<p>Possible direct discrimination –</p> <p>The data from studies provides conflicting evidence as to whether there are gender differences in the prevalence of low back pain and whether gender and race influences clinical decisions to diagnose and treat.</p>

	decisions. For example Weisse et. al. US national sample (414 men and 272 women) found no overall differences by patient gender or race were found in prescribing for initial pain management (Journal of Pain, vol. 4, no. 9, November 2003).	
<b>Race</b>	For further examples of the above debate. Carey et al, concludes that the relation of race to outcomes from and care for low back pain is complex. Black people were found to have slightly worse functional status on presentation and at follow-up than Whites. Black people also received less intense diagnostic treatment approaches although the severity of their impairment was as great (Spine, vol. 28, no. 4, Feb 2003). On the other hand Tamayo et. al. found that patient race did not influence clinicians' disposition to treatment plans (Academic Emergency Medicine, vol. 10, no. 11, Nov 2003).	Possible direct discrimination –  The data from studies provides conflicting evidence as to whether gender and race influences clinical decisions to diagnose and treat.
<b>Disability</b>	Webb et. al. sampled 6,752 adults to estimate the prevalence of all reported and clinically significant neck and body pain in the UK population. The 1-month period prevalence was 29% of which about half was chronic, 40% disabling and 20% intense, disabling and chronic. Age, being female, living in an area of raised deprivation and South Asian ethnicity were found to be significant predictors of spinal pain with disability. Obesity is an important independent predictor of back pain and its severity. (Journal of General Internal Medicine, vol. 16, no.4 Apr 2001).	Yes  Also, chronic back pain is itself a disability under the DDA
<b>Sexual orientation</b>	No information found.	Unknown
<b>Age</b>	Non-specific low back pain is universal, with half of adults under 30 demonstrating facet arthrosis [pain aggravated by rest in any posture and eased by movement]. Prevalence continues to rise into old age, rising to 100% in those aged 65+ (Eubanks et al., Spine, vol. 32, no. 19, September 2007).	Yes – increases with age
<b>Religion/belief</b>	No information found.	Unknown

# Equalities Impact Assessment Action Plan – PHSS chiropractic pilot

Strand	Issue	Action required	How will you measure the impact/outcome?	Timescale	Lead
Gender	Services need to accommodate both women and men including trans people	<ul style="list-style-type: none"> <li>Monitor gender of patients referred</li> </ul>	Count at 6- and 12-month evaluations	6mths 1 year	Linda Cutter
Race	Check statistics of services users for Race to ensure take up and that services are meeting need	<ul style="list-style-type: none"> <li>Race is currently not being monitored. QOF currently incentives practices to record ethnicity only at new-patient registration. Corporate issue for PCT action.</li> </ul>	Count at 6- and 12-month evaluations		
Disability	Obesity a significant predictor of back pain and its severity.	<ul style="list-style-type: none"> <li>PH to advise how this can be integrated into developing obesity strategy</li> </ul>	Actions to identify and manage back pain included in PCT Obesity Strategy		Gary McCullough
Sexual orientation	No data available	Monitor sexual orientation of patients	Count at 6- and 12-month evaluations		
Religion/ belief	No data available	Monitor religion and belief of patients	Count at 6- and 12-month evaluations		

<sup>i</sup> The Health Library has searched on who suffers from back pain, in terms of age, gender, race and sexual orientation and the results are summarised below. The Library was not able to find any articles relating to sexual orientation and back pain. The consortium has already run a 3-month pilot of the chiropractic service and sought feedback from users and both referring and non-referring GPs, which is summarised in the business case.