

## Full equalities impact assessment – D-Dimer Testing

Directorate: Strategy Service: PBC

Piece of work being assessed: D-Dimer Testing PBC Central Consortia

Name of lead person: Robert Carter, PBC Manager Other partners/stakeholders involved:

Date of assessment: 20/09/2008

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><i>Clinics in Chest Medicine, June 2004, vol./is.25/2(281-97),0272-5231</i> explained a higher incidence among women during childbearing age and several well recognised clinical risk factors: contraceptive use, hormone replacement therapy, estrogen receptor modulator therapy and pregnancy. Also smoking had a strong predictive value for the development of arterial complications in women. Among women 9/15 (60%) of the smokers and 12/82 (15%) of the non-smokers experienced arterial thrombosis, whereas among men no difference could be found.</p> <p>We may see males who are going through gender reassignment and are receiving high levels of estrogen may suffer the same effects of women.</p>	Yes. Indirect
<b>Race</b>	<p>No information found from British resource. American information CINAHL, <i>circulation, 18 June 2003, vol./is. 107/23(0—1), 00097322</i> found that a major risk factor for VTE is ethnicity, with a significantly higher incidence among Caucasians and African Americans than among Hispanic persons and Asian-Pacific Islanders.</p> <p>EMBASE, <i>American Journal of Cardiology, June 2000, vol./is.85/11(1334-1337), 0002-9149</i> has data that suggests that Asians have very low risk of DVT.</p>	Unknown
<b>Disability</b>	If you are immobile, the blood flow in your veins slows down and increases the chances of a blood clot occurring. Illnesses and injuries that cause immobility,	Yes. Indirect

	such as a stroke, increase the risk of DVT. Also, long journeys by plane, train, and car may increase the risk slightly.	
<b>Sexual orientation</b>	No information found	Unknown
<b>Age</b>	Patients monitored in the <i>European Journal of Vascular and Endovascular Surgery, January 2003, vol.is.25/1(1-5)</i> review showed DVT incidence increased dramatically with age from 2-3 per 10,000 persons aged 30-49 to 20 per 10,000 person years at age 70-79.	Yes. Indirect
<b>Religion/belief</b>	No information found.	Unknown

## Equalities Impact Assessment Action Plan – D-Dimer Testing

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	Monitor gender of patients referred	By monitoring referrals to identify whether both females and males are accessing the service.	March 09 and Sept 09	Robert Carter
Race	Check statistics of services users for Race to ensure take up and that services are meeting need	Race is currently not being monitored. QOF currently incentives practices to record ethnicity only at new-patient registration. Corporate issue for PCT action.	By monitoring referrals to identify whether the service specification provides an appropriate service to this client group.	March 09 and Sept 09	Robert Carter
Disability	People with certain disabilities could be prone to DVT	Ensure that the service specification reflects the needs of people with disabilities	By monitoring referrals to identify whether the service specification provides an appropriate service to this client group	March 09 and Sept 09	Robert Carter
Sexual orientation	No data available	Monitor sexual orientation of patients	By monitoring referrals to identify whether the service specification provides an appropriate service to this client group.	March 09 and Sept 09	Robert Carter
Age	The risk of DVT increases with age so we would expect referrals to mirror this	Ensure that the service specification reflects the needs of different age groups	By monitoring referrals to identify whether the service specification provides appropriate services to different age groups	March 09 and Sept 09	Robert Carter
Religion/ belief	No data available	Monitor religion and belief of patients	Count at 6- and 12-month evaluations	March 09 and Sept 09	Robert Carter