



Equality Impact Assessment Summary

Scottish National Blood Transfusion Service (SNBTS)
Implementation of anti-HBc testing

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1. Summary of aims and desired outcomes of Policy

The Implementation of anti Hepatitis B core testing is intended to enhance the safety of blood products in Scotland.

Scottish National Blood Transfusion Service (SNBTS) policy aligns with Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) recommendations, and the approach being adopted across the UK Blood Transfusion Service (UKBTS) based on clinical best practice and guidance.

2. What data and evidence have you considered to inform the impact assessment?

We have drawn upon a range of data and evidence to assess the impacts of this policy upon the protected characteristics including:

- Scotland population level data (Scottish Households Survey Data and National Records of Scotland)
- SNBTS donor demographics data where these are known (Age and Sex)
- SaBTO modelling
- For the Assessment of Individualised Risk group (FAIR) Report
- The Greenbook (chapter 18)
- National Antenatal Infections Screening Monitoring: annual data tables
- Whole Blood and Component Donor Selection Guidelines (WB-DSG)

3. What are you impact assessing?

The equality impacts of implementing anti Hepatitis B core testing for all new and returning blood donors in Scotland.

4. Who are the current service users and potential future users of the service?

All new and returning blood donors in Scotland will be directly impacted by the implementation of enhanced testing. Lapsed donors, those no longer donating, or who do not donate again in the future are not affected.

Past recipients of donated blood products from active or returning donors who are confirmed hepatitis B core positive will be traced as part of a lookback exercise.

Communication with any affected recipients will be facilitated through the respective territorial health board. Recipients are out of scope of this Equality Impact Assessment (EQIA).

Donor selection criteria are applied to all blood donors, including any reasons why an individual would be unable to donate blood. These are provided in the Whole Blood and Component Donor Selection Guidelines (WB-DSG) which can be accessed on the Joint United Kingdom (UK) Blood Transfusion and Tissue Transplantation

5. What is the impact on age?

We know that those aged 40 or above are most likely to donate blood in Scotland, accounting for 66.8% of donations in the current reporting year (April 2021 – February 2024).

If estimated past infection rates were to follow donor population trends, it is likely that a greater number of donors aged 40 and above will be identified as anti-HBc positive (mean and mode age of SNBTS anti-HBc positive donors = 51 years; range 21 -76 years).

We can not draw any conclusion as to the extent that an individual's age may make them more or less likely to be anti Hepatitis B core positive. Individuals who may have a higher risk factor include those originally from high-risk countries, people who inject drugs, and people who have unprotected sex with multiple sexual partners.

On balance it was determined that there may be a potential indirect impact on those aged 40 or above.

SNBTS will proactively communicate with any returning donors to make them aware of changes in testing and support them to understand any potential impacts to them.

Communications will be shared in a variety of accessible formats including, printed and online (website and social media platforms), in order to reach the greatest number of donors.

6. What is the impact on disability?

In considering the protected characteristic of disability, there were no reasons identified as to why a disabled individual may be more likely to be identified as positive through anti Hepatitis B core testing. It was determined that there is no unintended impact.

Donors who benefit from the use of assistive technology to access information will be supported to do so through the [Scotblood | Homepage](#) website and planned communications.

Donation services staff will also be available to speak with donors to support them in understanding the changes in testing and any impacts upon them following a positive result.

7. What is the impact on race which includes ethnicity and culture?

We acknowledge that the SaBTO report indicates donors from an ethnic minority background may be disproportionality identified as anti-hepatitis B core positive by

implementation of testing. This is due to individuals having a higher risk factor if they originate from a country with high prevalence of hepatitis B, these include:

- sub-Saharan Africa
- east and southeast Asia
- the Pacific Islands
- parts of South America
- southern parts of eastern and central Europe
- the Middle East
- the Indian subcontinent

On balance in assessing whether the policy impacts on people because of race, it was determined that there is potential indirect impact.

SNBTS will proactively communicate with any returning donors to make them aware of changes in testing and support them to understand any potential impacts to them.

The donor information leaflet will highlight that specific parts of the world have a higher prevalence of Hepatitis B. Whilst this does not link prevalence to race or ethnicity it will raise awareness of the risk factors and provide context for donors.

Donation services staff will also be available to speak with donors to support them in understanding the changes in testing and any impacts upon them following a positive result.

Where a need is identified communication in alternative languages (written and oral) will be provided.

8. What is the impact on faith, religion or belief?

It was noted that where faith, religion or belief is linked to an individual's ethnicity there is the potential to indirectly negatively impact (unintended consequence). On balance in considering the protected characteristic of faith, religion or belief, there were no reasons identified as to why an individual may be more likely to be identified as positive through anti Hepatitis B core testing.

9. What is the impact on pregnancy and maternity?

Individuals who are pregnant and those who have given birth within 6 months are unable to donate blood as per the donor selection criteria.

It was determined that there is no unintended impact on this protected characteristic. We do acknowledge that donors who have received antenatal care in the UK since 1998 will have been tested for hepatitis B through the antenatal screening and selective neonatal immunisation pathway. These individuals are more likely to be aware of any past hepatitis B infection, picked up through antenatal screening.

10. What is the impact on sex (male and female)?

We know that females are most likely to donate blood in Scotland, accounting for 66.8% of donations in the current reporting year (April 2021 – February 2024). However, equal number of male and female donors showed evidence of past HBV infection (50.4% male ; 49.6 % female).

We can not draw any conclusion as to the extent that an individual's sex may make them more or less likely to be anti-hepatitis B core positive. Individuals who may have a higher risk factor include those originally from high-risk countries, people who inject drugs, and people who have unprotected sex with multiple sexual partners.

SNBTS will proactively communicate with any returning donors to make them aware of changes in testing and support them to understand any potential impacts to them.

Communications will be shared in a variety of accessible formats including, printed and online (website and social media platforms) in order to reach the greatest number of donors.

11. What is the impact on marriage and civil partnerships?

It was recognised that sexual partners and household contacts of donors who are anti - hepatitis B core antigen positive may be affected by donor selection criteria relating to hepatitis B risk, as required by the Whole Blood and Component Donor Selection Guidelines (WB-DSG). However, marriage or civil partnership has no impact on the application of these criteria and donors are not asked to disclose their status at the time of donation.

On balance in considering the protected characteristic of marriage or civil partnership status there were no reasons identified as to why an individual may be more likely to be identified as positive through anti-hepatitis B core testing. It was determined that there is no unintended impact.

12. What is the impact on transgender?

In considering the protected characteristic of transgender status, there were no reasons identified as to why an individual may be more likely to be identified as positive through anti-hepatitis B core testing. It was determined that there is no unintended impact.

13. What is the impact on sexual orientation?

Hepatitis B can be transmitted through contact with blood or other body fluids during sex with an infected partner, regardless of sexual orientation. We recognise however that participating in anal sex is a higher risk factor for the contraction of Hepatitis B ([Scotblood | FAIR Report](#)).

Men who have sex with men (MSM) may be disproportionately identified as anti-hepatitis B core positive following implementation of testing. Through the Fair Assessment of Individualised Risk (FAIR) project a greater number of low risk MSM are now eligible to donate blood in Scotland. However, donor eligibility questions are

designed to identify individuals at lower risk. Therefore, hepatitis B infection risk amongst the MSM population can not be extrapolated to the donor population.

It is likely that the donor population of MSM have a lower risk of hepatitis B than the general MSM population. Data is awaited from the review of the FAIR project and relevant findings will inform future reviews of this policy as appropriate.

On balance in assessing whether the policy impacts on people because of sexual orientation, it was determined that there is potential indirect impact on men who have sex with men.

SNBTS will proactively communicate with any returning donors to make them aware of changes in testing and support them to understand any potential impacts to them.

The donor information leaflet will highlight that hepatitis B can be transmitted through contact with blood or other body fluids during sex with an infected partner raising awareness of risk factors and providing context for donors.

Donation services staff will also be available to speak with donors to support them in understanding the changes in testing and any impacts upon them following a positive result.

14. If you have identified any potential differential impacts or indirect discrimination please describe what mitigating actions will be implemented to address these.

Implementation of anti-hepatitis B core testing is intended to enhance the safety of blood products in Scotland. SNBTS policy aligns with SaBTO recommendations, and the approach being adopted across the UKBTS based on clinical best practice and guidance.

Through evidence gathering and analysis we recognise that donors who are from an ethnic minority background or are Men who have Sex with Men (MSM) have a higher risk factor of being identified as anti-hepatitis B core positive.

Modelling indicates that should prevalence of hepatitis B be proportionate to our donor demographic data, then additionally females and those aged 40 or over are also more likely to be identified as anti-hepatitis B core positive. We can not draw any conclusion as to the extent that an individual's age or sex may make them more or less likely to be anti-hepatitis B core positive.

Communications will be designed to highlight to donors factors which increase the risk that they may have previously acquired hepatitis B (be anti-hepatitis B core positive). Including originating from high-risk countries, people who inject drugs, and people who have unprotected sex with multiple sexual partners.

Mechanisms to support donors who may have questions about changes to testing or those who are identified as hepatitis B core positive will also be put in place including

being available in accessible formats and alternative languages (written and oral) where a need is identified.

- All active donors will receive an updated printed copy of the Donor Information Leaflet when attending a session, informing them of the changes
- The updated hepatitis B leaflet highlights risk factors and will be made available at donation sessions and on the website which supports additional accessible functionality
- A website article will be available on the [Scotblood | Homepage](#) website providing context and clinical rationale for implementing testing
- Donation services staff will be provided with information and be available to speak with donors to support them in understanding the changes in testing and any impacts upon them following a positive result
- Social Media platforms (Facebook and twitter) will be available to donors, allowing them to directly engage with SNBTS and seek answers to questions they may have relating to changes in testing

Website accessibility

The [Scotblood | Homepage](#) website is partially compliant with the Web Content Accessibility Guidelines version 2.1. Work is ongoing to update the website and meet the required standards.

Users are supported to make contact to request accessible formats of documents for example, audio CD, braille, BSL or large print, accessible PDF. The website allows users to

- change colours, contrast levels and fonts
- navigate all of the website using just a keyboard
- navigate all of the website using speech recognition software
- listen to most of the website using a screen reader (including the most recent versions of JAWS, NVDA and VoiceOver)

The impact of this policy will be reviewed by the SNBTS Clinical Governance and Safety Group 12 months from implementation. Data collected following implementation including where known donor demographic data relating to the protected characteristics will be used to inform the review. This data will also feed into a wider SaBTO review of recommendations.

15. How will you foster good relations between different groups?

Testing of blood products will be implemented for all new and active donors in Scotland. All donors will be treated fairly and consistently in line with donor selection criteria.

Communications will support donors to understand their own individual risk factors in relation to anti-hepatitis B core positivity. Donations are voluntary and should an individual decide they do not want their blood to be tested they can decline to make a donation.

Testing of donations will be carried out without knowledge of or consideration to an individual's protected characteristics with the intention of further enhancing blood safety.

16. Staff training

All staff within SNBTS complete a compulsory Turas Learn module on equality and diversity every 3 years. In addition to this each staff member employed must attend the corporate induction which provides a checklist that links to the NSS policy for equality, diversity and human rights.

17. How will you work towards eliminating discrimination?

The impact of this policy will be reviewed by the SNBTS CGSG 12 months from implementation. Data collected following implementation including where known donor demographic data relating to the protected characteristics will be used to inform the review and assess any possible inequalities or discrimination.

The CGSG will seek to reduce any inequalities or discrimination where this has arisen and it is safe and operationally viable to do so.

Data from SNBTS will also feed into a wider SaBTO review of recommendations and inform future UKBTS guidance development.

18. Who was involved in the impact assessment?

This impact assessment was undertaken by members of the SNBTS anti-HBc Operational Group with input from the external Scottish stakeholders groups which include subject matter experts in the fields of haematology, hepatology, virology and infectious disease.

This impact assessment has been reviewed by the SNBTS anti-HBc Steering Group for approval by the SNBTS Clinical Governance and Safety Group.

19. When was the impact assessment carried out?

Week commencing 24 January 2022.

20. When will the impact assessment be reviewed?

Review 12 months from implementation.

21. Describe the governance route for the impact assessment?

This impact assessment was undertaken by members of the SNBTS anti-HBc Operational Group with input from the external Scottish stakeholders groups for review by the SNBTS Equality Lead, SNBTS anti-HBc Steering Group and approval by the SNBTS Clinical Governance and Safety Group.

22. Name and title of the senior responsible owner of the impact assessment

Marc Turner, Director Scottish National Blood Transfusion Service

23. Where will the impact assessment be published?

The impact assessment will be published on the Scotblood website www.scotblood.co.uk/giving-blood/publications/