

Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill

Equality impact assessment – results

June 2021

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Title of Policy	Transvaginal Mesh Removal (Cost Reimbursement) (Scotland) Bill
Summary of aims and desired outcomes of the Policy	The Scottish Government wishes to introduce legislation to give Ministers power to reimburse persons who have entered into arrangements privately and have paid to have transvaginal mesh removed from their body.
Directorate: Division : Team	Health and Social Care: Chief Medical Officer's Policy Division: Medical Devices and Legislation Unit

1. Executive summary

Analysis was carried out to assess impacts in terms of;

- eliminating unlawful discrimination, harassment and victimisation;
- advancing equality of opportunity, and
- promoting good relations among and between different groups.

The evidence base for the following protected characteristics was reviewed and assessed: age, disability, sex, pregnancy and maternity, gender reassignment, sexual orientation, race, religion and belief, and marriage and civil partnership.

2. Background

The policy background to the Bill is fully described in the Policy Memorandum published on the Scottish Parliament's website.

3. The Scope of the EQIA

A limited EQIA process has been followed given the small number of persons likely to be affected. It is important to stress that this analysis was of evidence directly relevant to the proposals to reimburse people who have had transvaginal mesh removed privately. This analysis should not be interpreted as evidence of the equality considerations given to the wider mesh portfolio. This Bill makes limited provision for reimbursement in relation to private treatment and as a consequence has a different angle to the other forward-looking policies in development.

4. Key Findings

There have been no positive or negative impacts identified but it should be noted that there is a limited evidence base.

When reviewing the evidence, some potential barriers were identified which could, if not mitigated, prevent the desired outcomes being achieved. For example, an

application system will need to account for people who do not use, or have difficulty using the internet. Another potential barrier is that persons may feel uncomfortable coming forward due to the sensitive nature of the issue and the medical treatment involved.

This analysis has and will continue to inform the policy development. All necessary mitigations will be put in place to ensure that those eligible can apply for reimbursement in a way that is suitable for their needs and which they are comfortable with. Feedback from those affected will also further inform the development of the reimbursement scheme.

5. Recommendations and Conclusion

The Bill, as introduced does not have a disproportionate positive or negative impact on any of the protected characteristics. The ongoing work of the Chief Medical Officer's Policy Division will help to inform the evidence base for continuous improvement.



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