

Equality Impact Assessment

What is an Equality Impact Assessment (EIA) and why does the County Council do them?

The [Public Sector Equality Duty](#) (PSED) is an obligation within the [Equality Act 2010](#) (“the Act”), which asks public authorities, like Hampshire County Council, to give ‘due regard’ to equality considerations, in particular to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

This includes assessing the impact of policies and practices on individuals and communities with a protected characteristic, as defined in the Act and some other specific groups. The County Council uses EIAs to ensure it has paid ‘due regard’ to equalities considerations when there are changes to a service or policy, a new project or certain decisions.

EIA author	Position & Department	Contact
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Title:	Increasing Smoking Cessation in Community Optometry Services
Related EIAs:	None
EIA for Savings Programme:	No
Service affected	This EIA should be read alongside the Equality Impact Assessment for the Smokefree generation program and services (560) Community Optometry Services and Smokefree Hampshire smoking cessation programme
Description of the service/policy/project/project phase	Smoking is one of the biggest risk factors for ill health and premature mortality. It is also a significant cause of health inequalities, as there are higher rates of smoking in certain populations including people with severe mental illness, those living in areas of greater deprivation, some minority ethnic communities and routine and manual workers. Smoking is also linked to eye health and increased risk of blindness; cataracts, age-related macular degeneration (ARMD), glaucoma and dry eye syndrome are associated with smoking. Smokefree Hampshire 2030 sets out the strategy for Hampshire to have less than 5% of population who smoke by 2030. People are three times more likely to quit with support, and therefore an essential part of achieving the ambitions of the strategy is increasing the proportion people who smoke who can access smoking cessation services. This is

a planned Local Incentive Scheme which will be offered to community pharmacy in Hampshire with the aim of embedding smoking cessation activity, including the Very Brief Advice (Ask, Advise, Act) model into community optometry services. Although the exact format is yet to be finalised, activity will be likely to include training patient facing staff, creating a champions network, delivering communications to patients, recording smoking status and making referrals to Smokefree Hampshire. We do not yet know how many optometrists will sign-up to the scheme or the potential geographical variation, but will be aiming to have at least 50% of optometrists in Hampshire signed-up. Optometrists participating in the scheme will be asked to report on activity and outcomes such as numbers of staff trained, completeness of recording of smoking status and numbers of referrals, which we will undertake in partnership with the ICB. While we will not plan to collect any demographic or personal data from the optometry practices, Smokefree Hampshire (the smoking cessation service) - do collect, carefully monitor and report on this to Hampshire County Council commissioners - this is described in EIA 560 (Tobacco control programs: smoking prevention and cessation programs and services). The geographical distribution of participating optometry services will also be monitored. The NHS recommends that individuals should have an eye test once every two years (<https://www.nhs.uk/nhs-services/opticians/visiting-an-optician/>) although certain people may require more frequent check-ups e.g. if they have established eye disease or are contact lens wearers. Some people within the population are eligible for free eye tests, which includes those over 60, those with certain eye diseases or family history of eye diseases, those on income support, job seeker's allowance pension credits and other income based measures (and their partners or dependents). A full list can be accessed here: <https://www.nhs.uk/nhs-services/opticians/free-nhs-eye-tests-and-optical-vouchers/>.

New/changed service/policy/project

The local incentive scheme is a new offer which has not been done before as far as we know in Hampshire. Evidence shows that healthcare professionals play an essential role in motivating people to quit smoking. Local data suggest that optometry services are currently unlikely to refer into smoking cessation services. A 2018 national survey found that optometrists generally see it as part of their role, and while well placed to deliver smoking cessation messages to a large population, identified a practice and training gap leading to low implementation of brief advice. People are three times more likely to successfully stop smoking with support - Smokefree Hampshire offers that support to people who live, work or go to school in Hampshire. This project is one of a suite of initiatives connected to the Smokefree Hampshire Programme, which aims to reduce smoking rates in Hampshire.

Engagement

Public consultation has not taken place for this specific project, however has been carried out as part of the wider Smokefree generations programme, which informs this work (see EIA 560 - Smokefree generation program and services). Consultation with Optometrists via the Local Optical Committee is planned in January, and the team has been working with Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) who are the commissioners of optometry services in Hampshire.

Equalities considerations - Impact Assessment

Age

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>The scheme is aiming to increase referrals in adults. Older adults are more likely than younger adults to access optometry services(goc9485public-perceptions-researchreport.pdf) and over 60s are entitled to free eye checks, therefore they might be slightly advantaged in access compared with other groups. However older adults have lower smoking rates compared to other age groups (Statistics on Smoking - House of Commons Library).</p> <p>Community optometry services are commissioned by the NHS, who have stated in the contract that they have 'given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.' (General Ophthalmic Mandatory Services Model Contract)</p> <p>The scheme aims to reach adults of all ages who access accessing community optometry services and currently smoke, and deliver Very Brief Advice. It is anticipated that providers will be asked to use communications developed by Hampshire County Council; these materials include representation from a range of ages, male and female and minority ethnic groups.</p> <p>Although older adults are less likely to smoke than other age groups and people with other characteristics, they are more likely to benefit from this intervention.</p>
Mitigation	

Disability

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>Smoking rates are significantly higher among people with disabilities impairments compared to the general population, including those with disabilities related to physical and mental health; there is a complex picture for people with intellectual disabilities. Smoking can also cause disability due to the increased risk of visual impairment and blindness, while people with disabilities are also often at greater risk of visual impairment and blindness.</p> <p>However there is some evidence that people with disabilities may be have barriers to accessing community optometry services, for example see here for barriers to access for people with learning disabilities: Eye care and people with learning disabilities: making reasonable adjustments - GOV.UK.</p> <p>Community optometry services are commissioned by the NHS, who have stated in the contract that they have 'given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in</p>

	<p>an integrated way where this might reduce health inequalities.' (General Ophthalmic Mandatory Services Model Contract)</p> <p>Therefore the public impact has been judged as neutral. Very Brief Advice can be tailored to be delivered to meet individual's needs, and the training will give practitioners the confidence to undertake this. National easy read materials will be available for use by optometry services.</p>
Mitigation	

Gender Reassignment

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>No data on gender reassignment inequalities related to smoking.</p> <p>There is no data we could identify on access to optometry services for people with gender reassignment, although there is published evidence on barriers to access healthcare services overall. Community optometry services are commissioned by the NHS, who have stated in the contract that they have 'given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.' (General Ophthalmic Mandatory Services Model Contract)</p> <p>Community optometry services are commissioned by the NHS, who have stated in the contract that they have 'given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.' (General Ophthalmic Mandatory Services Model Contract)</p> <p>The scheme aims to reach all adults who access accessing community optometry services and currently smoke, and deliver Very Brief Advice; however specific impact on those who have undergone gender reassignment is not known and therefore has been assessed as neutral.</p>
Mitigation	

Pregnancy and Maternity

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>Certain eye diseases can be more common in pregnancy (The eye and visual system in pregnancy, what to expect? An in-depth review -</p>

	<p>PMC), and therefore they may be more likely to consult an optometry practice.</p> <p>Smoking during pregnancy can cause serious pregnancy related health problems for mother and baby including still birth, premature birth, eclampsia, and low birthweight. Smoking prevalence in pregnancy among women is higher among those aged under 20 compared to older women.</p> <p>Community optometry services are commissioned by the NHS, who have stated in the contract that they have 'given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.' (General Ophthalmic Mandatory Services Model Contract)</p> <p>Therefore the impact has been judged to be positive, although there is unlikely to be big differences seen between people who are pregnant and the general population.</p>
Mitigation	

Race

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>Smoking rates are generally higher among the mixed ethnic group and white communities compared to people of other ethnic groups, this service is therefore increased activity promoting smoking cessation is anticipated to reduce inequalities. The Hampshire population is less diverse than England as a whole. Around 92.6% of residents identified themselves as belonging to White ethnic groups compared to the national average of 81%. 3.8% identified as Asian, Asian British, or Asian Welsh, 1.9% as mixed or multiple ethnicity groups and 1% as Black, Black British, Black Welsh, Caribbean or African. Urban areas tend to have higher ethnic diversity.</p> <p>Evidence suggests that people from minority ethnic communities are however less likely to access community optometry services compared with people from white ethnic communities (goc9485public-perceptions-researchreport.pdf) with a number of identified barriers to access (A rapid review of evidence relating to service use, experiences, and support needs of adults from minority ethnic communities along the eyecare pathway in the United Kingdom - PMC).</p> <p>Community optometry services are commissioned by the NHS, who have stated in the contract that they have 'given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.' (General Ophthalmic Mandatory Services Model Contract)</p>

	Translated materials will be available for use by optometry services. It is anticipated that providers will be asked to use communications developed by Hampshire County Council; these materials include representation from a range of ages, males and females and minority ethnic groups. The training will be expected to cover smokeless tobacco use which is much more common among people from South Asian ethnic groups (Tobacco-and-Ethnic-Minorities-Fact-Sheet-v3.pdf).
Mitigation	

Religion or Belief

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>Some evidence suggest that smoking prevalence varies by religion. An analysis of health outcomes of people of different religious identities in England and Wales showed that in 2016 to 2018 smoking prevalence was significantly higher among those identifying as having no religion (18%) than those who identified as Muslim (11%), Christian (11%), Hindu (5%), Jewish (4%), Sikh (2%), or with “any other religion” (9%) (ONS). According to the Census 2021 data, 42.8% people in Hampshire identified themselves as having no religion, 47.8% as Christian, Hindu 1.4% and less than 1% for each of the other religions (5.71% did not respond to the question) (Hampshire JSNA).</p> <p>Community optometry services are commissioned by the NHS, who have stated in the contract that they have 'given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.' (General Ophthalmic Mandatory Services Model Contract)</p> <p>We could not identify any evidence on differences in access to community optometry services by religion, therefore the impact of this programme has been judged most likely to be neutral.</p>
Mitigation	

Sex

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>In the UK, men are more likely to smoke than women. In 2022, 14.6% of men reported as current smokers, compared with 11.2% of women; this difference has been consistent since 2011 (ONS).</p> <p>There is little evidence we could identify about whether women access optometry services more than men, although there is evidence that men are more under-reached for many health services compared to women (Men's health: a strategic vision for England CP 1432).</p>

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Mitigation	

Sexual Orientation

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>Some evidence shows that Lesbian, gay, bisexual and transgender (LGBT) people are more likely to smoke than the general population. Rates are particularly high for LGBT women and bisexual men, with the inequality particularly pronounced when compared with heterosexual women and men (ONS, 2019). According to the 2021 census, 91.3% of people in Hampshire identified as straight or heterosexual, 1.2% as gay or lesbian, 1.1% as bisexual (6.2% did not answer the question).</p> <p>There is no data we could identify on access to optometry services for people with sexual orientation, although there is published evidence on barriers to access healthcare services overall. Community optometry services are commissioned by the NHS, who have stated in the contract that they have 'given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.' (General Ophthalmic Mandatory Services Model Contract)</p> <p>Given the lack of evidence around access, but higher rates among LGBT communities, the impact has been judged as positive.</p>
Mitigation	

Marriage and Civil Partnership

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>Smoking, including passive smoking, affects everyone. Spouses who smoke or those who live with a spouse or a member of the household who smokes are likely to be harmed by the exposure to the tobacco smoke.</p>

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Mitigation	

Poverty

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>Evidence shows that there are significant inequalities in smoking and health outcomes, with smoking rates almost three times higher among those on the lowest incomes compared to those on the highest income. Those in routine and manual occupations are more likely to smoke compared to those in managerial and professional groups. Similarly, smoking prevalence is higher in the most deprived neighbourhoods compared with the least deprived. In 2021, approximately one-third (33.1%) of all smoking adults in England lived in the two most deprived deciles (ONS). In addition, although smokers from more deprived communities are just as motivated to quit smoking as other smokers, they tend to be more heavily addicted and face greater barriers to quitting, such as effects of poverty. As a result, they are less likely to be successful quitters.</p> <p>Community optometry services are commissioned by the NHS, who have stated in the contract that they have 'given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.' (General Ophthalmic Mandatory Services Model Contract)</p> <p>However there is research showing that community optometry services are not as common in areas of higher deprivation (Deprivation and the location of primary care optometry services in England Eye). A 2024 survey showed that people who have 'vulnerability markers' (including, among others, a household income of less than £25,000, or who consider themselves as struggling financially) were less likely to access optometry in the last 2 years (goc9485public-perceptions-researchreport.pdf). Free sight tests are available for those on income support, job seeker's allowance pension credits and other income based measures (and their partners or dependents). A full list can be accessed here: https://www.nhs.uk/nhs-services/opticians/free-nhs-eye-tests-and-optical-vouchers/.</p>

	<p>The geographical coverage will depend on the optometry practices which sign-up to the scheme, however this will be monitored as the scheme is rolled out and where there is an area which has lower coverage we will aim to proactively engage optometrists to reduce unwarranted variation. This project is one of a suite of initiatives connected to the Smokefree Hampshire Programme, which aims to reduce smoking rates in Hampshire; may of the schemes are offered Hampshire wide.</p> <p>Therefore increased activity promoting smoking cessation is anticipated to reduce inequalities, but given the potential increased access among people in more affluent areas, the overall impact has been judged to be neutral.</p>
Mitigation	

Rurality

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>While optometry practices are largely based in towns rather than more rural areas, people are used to attending their optometry appointments in local towns. The geographical coverage will depend on the optometry practices which sign-up to the scheme, however this will be monitored as the scheme is rolled out and where there is an area which has lower coverage we will aim to proactively engage optometrists to reduce unwarranted variation. This project is one of a suite of initiatives connected to the Smokefree Hampshire Programme, which aims to reduce smoking rates in Hampshire; may of the schemes are offered Hampshire wide.</p> <p>The impact of rurality has therefore been judged as neutral.</p>
Mitigation	

Geographical Impact:All Hampshire

Equality Statement

Additional information:

This is part of a suite of programmes to reduce smoking in Hampshire, which aim to reach people who smoke across the county via many different mechanisms. Smoking is itself a significant cause of health inequalities.

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Individual data on protected characteristics will not be collected from optometrists however the aim is to increase referrals into Smokefree Hampshire. The performance and equity of the Smokefree Hampshire service is

monitored closely through contractual mechanisms, including monitoring the number of people who quit from priority groups. The impact of the Smokefree Hampshire programme is being monitored through national and local data, contractual mechanisms and we are working across the system with the Hampshire Smokefree Alliance to reduce the prevalence of smoking in Hampshire and reduce health inequalities connected to smoking.

Overview Statement:

A summary assessment to show that due regard to the Public Sector Equality Duty has been paid, which is undertaken when a full EIA is not needed:

EIA reference number: 01039

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