Equality Impact Assessment
Full Impact Assessment
(Form 2)

EQIA Document Control

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Full Equality Impact Assessment Form 2

You have by this stage identified an adverse impact for a protected characteristic group including any cross cutting issues or where a potential impact for those affected by economic disadvantage or poverty is apparent.

The Equality Impact Assessment (full) picks up from the Standard Impact Assessment (Stage 1) process, where the proposal has been identified or highlighted as having a potential negative impact.

It is now that you need to move onto a full Equality Impact Assessment.

This is more of a **detailed examination** of what you have identified at stage 1-Form 1.

Included here – see below- is the EQIA template to complete with your service, group, participation and engagement forum/involvement and partners etc. This will help to set you to set out who is affected, what the impacts are and what we are going to do about them.

The EQIA can be as part of your overall document (policies always have these attached) or you can keep this separately (i.e. if you are using it to work on as part of your bigger plans) as long as it evidences your ongoing actions to remedy the concerns, and remains linked to the plan etc so we can see that you are reducing the negative impacts.

The aims of an EQIA are to support your thinking in all your processes, so we ensure we are not being discriminatory towards any group. It is our legal duty to do this and to ensure we make a reasonable adjustment.

The EQIA must also demonstrate and record where we have eliminated discrimination, advanced opportunity or fostered good relations between those with a protected characteristic and those who haven't. This can be documented as you go along-some things you will highlight may be helping us to do one or all three of these duties, not all the content of an EQIA is negative, as our plans and developments are aimed to improve our services.

The EQIA must be published in full along with your plan or policy etc and signed off by the lead officer responsible. A copy should be then sent to Equality and Human Rights lead officer to publish and to quality assure.

1. Rational and aims

Implement an Urgent Care transformation programme including a Flow, Navigation and Assessment Hub within NHS Fife which will direct access to re-imagined urgent care services which deliver care appropriate to patient need, as close to home and scheduled where possible and which maximise opportunities in digital health.

Implementation of the Flow/Navigation hub: The Hub design and delivery group is tasked with building on experience in Primary care out of hours services and enables continuation of COVID19 assessment function. This work stream will be taken forward at pace to ensure implementation, original date was by 31st October 2020, however this was pushed back.

Clinical work streams to review and refine service attendance and service admission pathways will work in parallel to realise the opportunities of digital health, scheduling and joint working and implement the national redirection policy. Discrete work streams to optimise urgent mental health care and to review emergency pathways will ensure these remain accessible where needed.

To direct those whose care requirements are not an emergency, to more appropriate and safer care, closer to home, by optimising clinical consultations through telephone and virtual near me consultations. Those who require to attend for a face to face appointment will have their attendance scheduled, where appropriate to ensure the safety of patients and staff.

Provide an efficient, effective and safe urgent care service for the public and the wider system ensuring patients receive the right care, in the right place, at the right time, first time.

NHS Fife is mindful of the three needs of the Public Sector Equality Duty (PSED) - eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between people who share a protected characteristic and those who do not, and foster good relations between people who share a protected characteristic and those who do not - and recognises while the measures may positively impact on one or more of the protected characteristics, also recognises that the introduction of the measures may have a disproportionate negative impact on one or more of the protected characteristics. Where any negative impacts have been identified, we have sought to mitigate/eliminate these. We are also mindful that the equality duty is not just about negating or mitigating negative impacts, as we also have a positive duty to promote equality. We will seek to do this through support and guidance.

2. Who will be affected by this?

NHS Scotland has embarked on an ambitious programme to transform the delivery of urgent care which builds on what we learned from our response to the coronavirus pandemic and from previous change programmes within unscheduled care.

The population level aim is to enable NHS 24/NHS 111 to direct access to all urgent care needs. At board level this will be facilitated by the development of a Flow and Navigation hub with an advanced clinical triage and appointing function. At service level, this will require a re-imagining of our current urgent care services in general practice as well as in primary, secondary and social care.

The policy will have an impact on everyone coming into contact with urgent care services this will include - people, who may have one or more of the protected characteristics–everyone is a potential user of urgent care; - the workforce who again may have one or more of the protected characteristics will be expected to deliver this new model of care; - specific groups of people, including, but not limited to, disabled people, older people etc. who are more likely to contact urgent care services. For example - Previous analysis of historical data published by Public Health Scotland shows population rates of contacts with unscheduled care services on the whole are higher for those from specific age groups (aged under 5, and those aged 80 and over), females, and those from more deprived areas but that demand by characteristic group varies by service.

The service redesign is intended to benefit service users who require urgent care access. The new system will:

· provide alternative and innovative solutions to Emergency Departments using a Telephone and Digital First approach,

· ensure service users receive the right care, at the right time in the right place,

· involve the use of appointments via Attend Anywhere/Near Me (remote video appointments).

The service redesign is also intended to benefit staff in that the service redesign is aiming to deploy and use staff in the most appropriate

way, In the most appropriate place.

3. What do we know from our evidence base?

An initial scoping exercise was carried out (Scottish Government summary EQIA Urgent Care appendix 1) using Management Information from Public Health Scotland covering Emergency Department (ED) attendances (including specific data on self referrals), contacts with the NHS24 on 111 service, contacts with Primary Care Out of Hours services and Scottish Ambulance Service (SAS) attended incidents broken down by sex, age and Scottish Index of Multiple Deprivation (SIMD). Demand of these services by age and sex varies by service, while those from the most deprived SIMD areas use a higher service:

- the NHS24 on 111 service is used more by women (57%; January to July 2020), particularly among younger working age adults (aged 15-34) where women make up over 60% of contacts and contact rates per population are also substantially higher among women for this age group.
- Women are more likely to have childcare responsibilities and be parents to children under 5, therefore are more likely to access urgent care.
- Annually over half of all contacts with NHS24 on 111 are 15- 64, and over a fifth are aged 14 and under. Over three quarters of younger age groups (5-9, 10-14) were self referrals to emergency departments
- Volume of demand at Emergency Departments is broadly similar among men and women (51% male; January – July 2020), though men tend to attend (and also self-present) at a slightly higher rate than women across most age groups.
- Older age groups attending Emergency Departments are also much less likely to self-present: a quarter of Emergency Department attendances aged 85+ were self-referrals older age groups (aged 60+) represent a larger proportion of Scottish Ambulance Service attendances compared to other services such as NHS24 on 111.
- Urgent care services are more likely to be used by people from more deprived areas: around twice as many more (self presenters) attending Emergency Departments and contacts with NHS24/111 are from the 20% most deprived areas than the 20% least deprived areas.

4. Who is present at this EQIA?

Name			
Name	**Agency**	**Community/equality group**	**Attended/ protected characteristic and subject/topic**
Amber Reid	Young Carers	Young carers	Young carers
Connie Simms	Deaf Communication Service	Deaf	Deaf and hard of hearing
Deon Loudoun	MH	MH	Mental health and acute
Tara Irvin	Children and young people	Children and YP	Children and young people
Rachael Annand	Advocacy	Advocacy	Citizens advocacy
Kevin Ward	HIS Community engagement	HIS	Community engagement
Lynne Campbell	Lead nurse	Fife Sexual Health Service	Sexual health/ reproductive services
Barbara Ann Robb	GBV nurse advisor	Sexual Health Service	Domestic violence/adult protection/
Nina Munday	Manager for Centre for equalities	Equality	Third sector equality
Marie Richmond	Digital services	NHS Fife	Digital services
Sharon Mullen	GP Kennoway practice	GP	General practices
Karen Gibb	Change improvement	HSCP	Change and improvement
Joyce Kelly	GP services	NHS Fife	Link for general Practices
Lorna Donaldson	Inverkeithing medical practice	GP	General Practice
Andrew Woodall	Administration	HSCP	Administration
Stephen McNamee	Project Manager	NHS Fife	Information services
Marie Gilmour	Public Health	NHS Fife	Public Health
Ainslie Dryburgh	Fife Forum	Fife Council HSCP	All ages
Cheryl King	Scottish Stammering Network Chair	Scottish Stammering network	Communication and support/spoken language
Mario Medina	Equality Officer	NHS 24	Equality and HR
Dianne Williamson	EQ HR lead	NHS Fife	Equality and HR
Brenda McFall	IMPACT team	NHS Fife	Improvement teams
Lisa Cooper	Out of hours	HSCP	Urgent care

Stuart Duffy/Dominic Graham	Pink Saltire	LGBT Pink Saltire	LGBT and Transgender
Mirium Watts	General manager emergency care	NHS Fife	Emergency care
Karen Gregory	NHS Fife	Near me	Information technology
Esther Davidson	A and E	NHS Fife	Emergency Dept
Lynette Marshal	A and E	NHS Fife	Emergency Dept
Gareth Balmer	Addictions	We are with you	Addictions
Louise Ewing	Older peoples services 65 +	HSCP	Older people
Katie Cook	People 1st Worker	People 1st	Disabliity
Donna Hughes	Head of Patient Centred Care	NHS Fife	Patient centred care
Jamie Doyle	A and E	NHS Fife	Emergency Dept
Jacqueline Herkess	HR Officer	NHS Fife	Emergency Dept and urgent care
Lorraine King	Business manager	HSCP Fifewide	Business management
Heather Kirkbride	EQ HR Administrator	NHS Fife	Administration
Kirsty McGregor	Communications	NHS Fife	Communications and media
Jim Cooper	Speakers of community languages	FCIS	Not proficient in English Language
Louise Bowman	Addictions third sector	We are with you	Drug and alcohol
Sheila Rodgers	Seescape manager	Seescape	Visually impaired
Sheena Watson	Community Planning Officer	Community Planning NE Fife	Rural issues and poverty
Adolescent befriending project	Youth befriending	Befriending	Young people
Curnie Club	Support worker	Befriending	All ages
Third sector strategy group	Various leads from organisations		All ages / locations/ subjects and protected characteristics,

5. Consulted at Stage 1 standard impact Assessment

Associate Medical Directors, Associate Directors of Nursing , Deputy Chief Operating Officer, General Managers, Clinical Services Manager, Scottish Ambulance Service, NHS24 Representatives, Staff Side, Consultants, Clinical Nurse Managers, Transformation and Change Team, Digital & Information Representatives, Service Managers, Heads of Nursing,

Including membership of work streams and short life working groups. Communications Plans (will be developed to support proposed changes. National marketing will be available for the public).

Population groups and factors contributing to poorer health/health inequality	Potential Impacts and explanation why	Recommendations to reduce or enhance such impacts
Issues that apply to everyone Transport Income Air quality Transmission of infection Education Community space and leisure Housing Low pay	Not all service users will have access to technology required to access or no funds for data etc. Working with partners who are supporting anti-poverty initiatives in Fife Less contact in person between patients/public and practitioners reduces level of infection exposure and leads to better control of viral spread GT sites are often not recognised as valid addresses The cost of bus travel in Fife is a key issue as is digital inclusion. Will there be any provision for those people who stammer? Using the telephone can sometimes prove difficult especially when anxious or stressed. Can a WebChat be implemented for example? A good inclusive communications plan will be needed.	Public know how to claim travel costs back from the urgent care centres and hospitals Urgent Care Service out of hours do have a transport process in place for a person who does not have access to their own transport – promote this use/use of taxi service Forward recent research on the cost of transport and impact on rural North East - circulate report Public may also need help to have data available for certain calls –Near me is data free so no data required Further work/use of web chats for those who

Unemployment Digital access Communication and understanding Access to Interpreting and Translations	Is the taxi option available for some to be able to attend?	stammer and have spoken communication challenges. Guides for staff and public using a BSL or community language interpreter and/ Near me is available and can be issued and shared with all/public-see NHS Fife web site for copies to down load for public information Copies of information in other languages and easy read formats to be distributed amongst partner agencies and organisations to support and aid access We need to add access to IT equipment for public across available community settings and support to use / NHS Fife are looking at putting Near Me sites around NHS Fife to assist, where people can attend to do a Near Me consultation Less contact between services and public, if not needed and essential is protective against transmission of COVID 19-new services via telehealth to be considered
Issues that apply to all the population groups mentioned in the table below that are linked to the COVID-19 pandemic BAME staff and population. Care Homes	BAME staff and public are disproportionately affected by COVID 19. Specific information and support must be made available for these communities to be aware of access to urgent care especially and in particular to come forward at an earliest stage in their symptoms to prevent longer term harm and a poorer health outcome. How will those in care homes, sheltered housing use urgent care-are they able to access internet/telephones / do they need support? Does the eHealth systems recognise those places and addresses?	More prevention is required information and messaging Interpreted materials and small video films for patients to use and which will help them understand Work with partner agencies to promote these communication resources

Older people		Care sector to be included in the promotion of all communication, and an agreement to support early identification and access is required Easy read for those families who require more pictorial formats More health monitoring is required from home to prevent attendance Ensure that all our urgent care and NHS test and protect services are able to contact families where there is no registration with gp or telephone access Explore the role of support workers to link and engage with individuals that lack means or access to services and information (either as a result of language, ethnicity or social situation)
Population groups and factors contributing to poorer health	**Potential Impacts and explanation why** **THINK Access to services, health differences or inequality, communication barriers, trust, knowledge, cost, social norms and attitudes, cultures.**	**Recommendations to reduce or enhance such impacts**
Age: older people; middle years; early years; children and young people. A separate Impact assessment on	Awareness of new process for accessing urgent care Age is the leading characteristic of low digital engagement, with digital engagement decreasing as age rises. Those over 70 are particularly less likely	The Deaf Communication service is keen to continue our work alongside NHS Equalities to support the barriers to communication for the Deaf Community. Particularly those who are

Children and Young People's rights and wellbeing is available- see under LAC looked after children and seek support from Children's services to complete this.	to engage digitally. Moreover, older Asian people are significantly less likely to have used the internet than white people belonging to the same age groups, suggesting that there may be particular digital barriers to the engagement of some older minority ethnic groups. The NHS NSS 'Who Attends Emergency Departments' report highlights that very young (0 to 4) and older people (65+) are more likely to attend an emergency department and more likely to be admitted to hospital following their attendance. Older people are less likely to have internet access, and even if they do they are less likely to use it. Over a third (36%) of households where all adults are over 65 do not have home internet access. This rises to three fifths (60%) of households where all adults are over 80. Two-thirds (65%) of adults aged 60+ used the internet in 2018 – compared to under one-third (29%) in 2007. Young people will not be able to easily identify themselves via on line and virtual services using their young carers card While almost all young people use the internet, there are still many who lack good digital skills or access to resources such as home computing and broadband. Lots of people over certain age can only type O K We have found elderly, those with visual impairment and low reading age, all have found accessing our new GP online contact challenging but they can STILL phone the practice and we will assist. I think the fact patients CAN still self present to A&E and won't be refused is important.	older and digital access is extremely challenging Ensure all urgent care services are aware of young carers, and what that means for the patient and young person. Ensure that if a Young Person identifies as a Young Carer during an online consultation for the Cared-for person, that they are also included in discussions on the persons health and given advice as per law; Carers (Scotland) Act 2016.GP surgeries can help as we can add that information (that a young person is a young carer) to the patient's Key Information Summary –promote this via GP services Dementia Friendly Fife role-developed a generic transport leaflet for Fife-promote Fife Forum can assist in supporting public to understand systems and processes for accessing urgent care. We will explore access and use of Apps to support people with low vision or who are impaired visually by working with our local ophthalmologists teams and Seescape We will improve our web site accessibility and increase information on supports for each protected characteristic

Disability: physical, sensory and learning impairment; mental health conditions; long-term medical conditions.	Disabled people are more likely to be digitally excluded. For example, in 2018, 27% of adults in Scotland with a long-term physical or mental health condition reported not using the internet, compared with 8% of adults who do not have any such condition. Disabled people are more likely than nondisabled people to live with socio-economic deprivation and some people with a disability will have conditions which might make them more prone to needing urgent care This makes them more likely to present to A&E (based on earlier analysis of SIMD). Moreover, some disabled people may be experiencing gaps in social care provision as a result of Covid-19 and responses to the pandemic. This could mean they are in less regular contact with social care staff / a PA and may be more inclined to contact emergency services. Reduced availability of some therapies and treatment may mean people feel they can cope less well with existing conditions. They may then be more likely to request emergency care. Clear communication and access options at every stage will be important for people who rely on information in, for example, Easy Read, BSL, Braille, audio/visual formats. A range of access points for information will also be important for people who are more likely to be digitally excluded and / or without regular access to media. In 2019, NHS 24 staff undertook a number of engagement activities (Art of the Possible; was a workshop held by NHS 24, which considered the digital vision aligned to their organisational Strategy 2017-22, and the opportunities this and the new Digital Health & Social Care Strategy could create for NHS 24 and its impact across the wider health and social care system. Complex language and jargon can make it difficult for people who can experience barriers to communication to interact with services. It was noted that not everyone has the confidence to ask questions when they are given information they don't understand. Staff should have awareness and understanding of communication differences, and how this negatively impacts the accessibility of phone based services. For example, background noise in a contact centre.	Advocates will be briefed about changes to urgent care services, so they can support and educate their partners to understand the processes Easy read materials will be provided / shared Communication awareness will be provided on line or via teams for staff to understand challenges for people who are deaf or visually impaired or those who stammer or use AAC Contact and project plan to be in place with the lead for AAC –head of SLT to ensure people who require assistance to communicate using technology are supported NHS Fife awaits national developments to support people with AAC-such as similar service to Contact - Scotland Communication training or learning sessions will be provided to enable staff to use and understand interpretation and translation services and provision Ensure Adastra and other systems are up to date with knowledge about the patient communication needs and capacities/ and ethnicity data collection etc

	Environment can make it difficult for someone with a hearing impairment to communicate effectively, and they may need more time. There was a general lack of awareness of healthcare services and knowledge of how to access them. Introducing a feature whereby communication support needs are highlighted on the call handling system, so that NHS 24 staff is immediately aware of a caller's specific needs and can share this with our health board as part of the triage process. Involving users in the development of services, and planning for reasonable adjustments at the start of a project is imperative; NHS Fife will make progress with engagement as part of the longer terms actions for the changes to urgent care. In 2016, the Scottish Parliament passed legislation which entitles people with severe communication difficulties to be provided with communication equipment and support. Referred to as Augmentative and Alternative Communication (AAC), this equipment includes communication aids– EQIA draft accessories, as well as other non-electronic aids such as symbol communication books. The duty to fulfil the legislation lies with NHS Boards and Integration Joint Boards throughout Scotland. People who require AAC equipment may contact healthcare services, but it is more likely that a carer, a relative or a friend will call on their behalf, which means for those without a 24-hour care presence, it can be difficult to make the call when they might need it. It could be difficult for healthcare providers to meet the needs of people who use AAC equipment; however an approach proposed to address this is to create a national communication hub similar to the service provided by Contact-SCOTLANDBSL. Interactive voice recorded menus could be a barrier to some disabled people. People with hearing impairments may struggle to hear the options or people with cognitive impairments may find long questions or multiple response options difficult to remember. People with cognitive disabilities may find using such on line or telephone dials and services challenging.	

	Disabled people whose conditions impact their verbal communication could be deterred from accessing urgent care further to the introduction of the requirement to call NHS 24. For example, a person with a stammer may be deterred from calling because of their anxiety around having telephone conversations. When promoting changes to the urgent care model and the new NHS 24 pathway, consideration should always be given to the provision of information in accessible formats, such as easy read, large print, colour contrasted backgrounds or audio. The need to make information accessible to British Sign Language Users should also be met.	
Gender Reassignment: people undergoing gender reassignment	Past experience of discrimination or poor treatment can mean that LGBT people are less likely to access some key health services, like GP services and screening programmes, but are more likely to use A&E and minor injuries clinics. Some trans people may experience misgendering over the phone depending on a number of factors. It may be that their CHI details do not recognise the gender they identify as or call handlers could mistakenly assume someone's gender	dom@pinksaltire.co Trans and non-binary people are finding tele-medicine helpful, there are risks to using public transport and being visible while transitioning Categorising gender on Adastra or Trak etc must be explored Appropriate questioning and use of pronouns – staff awareness in LGBT and completion of on line learning or short briefing via teams to be arranged
Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership.	At times staff ask the question which assumes a heterosexual relationship	Further support/awareness or training on the use of pro nouns
Pregnancy and Maternity: women before and after childbirth; breastfeeding.	Complications or health conditions associated in pregnancy may create a need for urgent care. People who are pregnant or who have recently had a baby are often offered a direct contact number for their labour unit ward so that they can speak directly to a midwife.	Consider how the urgent care redesign may impact on this. Ensure clear messaging on the best route for urgent care is provided for people who are pregnant/recently had a baby.

Return to work		
Race and ethnicity: minority ethnic people; speakers of community languages; Gypsy/Travellers; migrant workers.	35% of Minority Ethnic people are in poverty compared to 18% of White British people. A significant number of people speak English as a second language and this is more common among minority ethnic communities. Access issues such as the availability of interpreters, literacy issues and perception around short appointment times can impact early engagement with health services. The new system may specifically support Black, Asian & Minority Ethnic (BAME) communities who have irregular working hours and have difficulty in attending regular GP surgery or outpatient clinic hours i.e. those people working for small commercial businesses, who work anti-social hours or require preparation during the day may find it a challenge to attend face to face appointments. As the BAME population is at higher risk of becoming infected with Covid, use of remote consultations will have added benefits for this group of patients. For Gypsy Traveller communities, issues to consider include difficulties with GP registration, anticipated discrimination or poor treatment, digital exclusion, lower levels of literacy and the need for a tailored approach to communicating within communities, who may not be engaged with mainstream messaging or who may have concerns about a digital first approach. Known that Gypsy Travellers have poorer health than the general population. In 2017, it was reported by NHS Health Scotland that Gypsy/Travellers had low rates of outpatient appointments, hospital admissions, A&E attendances, cancer registrations and maternity hospital admissions. It was suggested that this may be due to the under-recording of Gypsy/Travellers compared with the proportions reported in the census, and issues with accessing services. Engagement with Gypsy/Travellers, undertaken in 2015 and 2016 by NHS 24,	All urgent care services will have access to 24/7 interpreting and translation. Specific guides are available for patients and staff and have been shared. Guides in various languages are available Guides in easy read are available NHS Fife will take forward work with Gypsy Travellers via the Gypsy Traveller steering group, and will liaise with national bodies to ensure that any national tasks identified are relayed so action can be taken nationally. Specific actions re communication, support and access will be addressed via the steering group. Utilizing existing partnerships / relationships, such as site liaison officers, to ensure that the new system of accessing urgent care, including Near Me, is promoted within the Gypsy / Travelling communities. Ensure all GT communities are registered with their local GP. Use of the GP registration card will be further distributed (PHS). GT training available on Learn pro and TURAS Specific work with local industry and business is required to ensure that migrant workers are able to receive information and understand the use of urgent care.-link in with contacts via public health.-sharing of all communication

	highlighted that Gypsy/Travellers can often use urgent care services as their primary healthcare access point due to barriers relating to registering with GP services. The EHRC's 'Is Scotland Fairer', (2018) report noted migrants were generally found to be low-level users of health services, possibly due to a lack of knowledge around how the healthcare system works in Scotland. Changes to the urgent care model may increase confusion for this group of people. Minority ethnic people whose first language is not English, may be unable to understand information about the changes to the urgent care model unless this information is communicated in their preferred languages. There was a reported lack of awareness of Language Line and it was noted that there were difficulties in understanding and using Language Line when it was accessed. Language Line interpreters should be provided to suit the caller, for example if a woman states that she would prefer to have a woman interpret then she should be given one. Staff should be aware of the cultural sensitivities related to sharing some health issues, for example, mental health issues or sexual health issues. Plans for Gypsy/Traveller and the homeless communities - as we know access to information, technology and sometimes GPs can be problematic resulting in default of presenting at A&E Issue that family members whilst speaking the same language may not be the right person to deliver personal/medical/upsetting information	formats and information An improvement to the current flow chart for accessing interpreters is being created, which will provide an easy yes/no diagram from start of patient contact till interpreter arrives Language line can provide this –we must ask the patient who they prefer and then request this when accessing interpreting via LL Cultural awareness training is available on turas and learn pro Share more information about LL. Use the language identification card at all out patients and for A and E. Further support will be required at the on site hub facilities/community venues to enable access to urgent care if need be, Fife Council and digital services to work together to implement. Awareness that interpreters provided on a face to face basis must be given to enable news to be appropriately given.
Religion and belief: people with different religions or beliefs, or none.	NA	NA Some patients may prefer to see a male or female doctor or practitioner-this must be offered where possible. It is useful to identify

		this prior to any appointment so preparation can be made.
Sex: men; women; experience of gender-based violence. Sex workers	Children and parents / care-givers are noted as more frequent attendee's at A&E. Around 60% of unpaid carers are women. People who provide unpaid care for someone because of a long-term physical condition, mental ill-health or disability, or problems related to old age. Women do more unpaid caring than men in most age groups: 90% of single parents are women, with 45% of single parents living in poverty. Just over half (51%) of Scotland's population are women. There is a higher ratio of women to men in older age groups, reflecting women's longer life expectancy. Therefore it is possible that women may need to access unscheduled care more frequently. Women are disproportionately more likely to experience domestic abuse. In 82% of all incidents of domestic abuse recorded by the Police in 2018-19 the victim was a woman and the accused was a man (where gender information was recorded). This could make a preliminary conversation / digital engagement with services more risky if it takes place in the home. However, further research would be beneficial here. Women are more likely to be the victim of controlling behaviours/ coercive control and this could impact on their access to healthcare or access to healthcare for their families. Key point for women experienced domestic violence; often minority ethnic women rely on their spouse/partner to access services. They can't disclose everything they were experiencing.	Dr Sue Brechin created a great resource for GBV on phonecalls https://vimeo.com/408344058/4454d27aaf To be circulated and staff to be made aware Further training and support to be given by GBV nurse service to A and E/Admissions and telephone call handlers Staff to be aware of community support service provided by third sector Information to be hosted in NHS Fife web site Initial and routine enquiry skills to be promoted
Sexual orientation: lesbian; gay; bisexual; homosexual, transgender, heterosexual	Past experience of discrimination or poor treatment can mean that LGBT people are less likely to access some key health services, like GP services and screening programmes, but are more likely to use A&E and minor injuries clinics. Though there is evidence to suggest that LGB people can experience poorer	Current work underway to establish a public/patient forum between Fife and Lothian to help share and learn / provide training and gather experiences from those involved in health services.

	health outcomes than non LGB people, it is unclear if the redesign of urgent care would present any new issues/barriers. Contraception is also an issue, women don't always have male partners Staff may presume that by the sound of the patient voice they are female/male Staff may not recognise the name nor the pronoun etc using CHI if contact is made with a person who is transitioning	Sexual health to advise teams on access to sexual health and relationships for LGBT and trans patients
Looked after (incl. accommodated) children and young people  CRWIA - URGENT CARE.docx  CYP Participation and Engagement fran	Students and young people often live in shared accommodation and therefore may lack space to undertake a confidential consultation. Many young people do not have digital access - A range of access points for information will also be important for people who are more likely to be digitally excluded and / or without regular access to media.	Confidentiality may be a concern. Access via residential units Are residential units recognised on any e system including for follow up/ contact Student accommodation may not be recognised /address Student may be registered with home GP or local GP to their accommodation and information or system may not be accurate for location of patient or follow up See young carers comments Contact via community work with youth groups and on line youth services/ contacts to ensure sharing of information and details about changes to urgent care

Carers: paid/unpaid, family members.	To contact carers centre for information Evidence relating to care experienced young people has highlighted the inequalities they can experience when accessing health services. They are also a group of people more likely to experience socio-economic disadvantage. Ensuring that efforts are made to engage with this group of people to convey information around the changes is essential. This group may also benefit from the new system for themselves or those they care for. They have expressed difficulties in the past in attending hospital due to caring commitments, and where this can be dealt with in a remote way could be positive. Carers can be present during the virtual consultation with a patient.	Contact carers centre to ask for comment and secure joint working arrangement re urgent care Contact carers centre to reach patients who are supported by the minority carers project support workers Carers may not be recognised on our e health systems Carers need more time for consultations Carers need to be recognised as the patients advocate Consideration of the role of carers in care of the patient/ including paid care
Homelessness: people on the street; staying temporarily with friends/family; in hostels, B&Bs.	GP surgeries can be far away and even in KDY allocation is not always close to house Lack of access to GPS and un registered homeless individuals. People living with no fixed abode	Working with partners and via the inclusion working group we will improve information, GP access cards distribution, and help those who are homeless to understand urgent care processes Further access to telephone and internet for care will be addressed for those currently without access and supported by third sector leads and workers

Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders.	Fife is not a board area which has a prison service	Those being released back into Fife following incarceration will be supported to understand and access urgent care services-third sector will enable this along with psychology and mental health services (including acute)
Those affected by addictions and/ substance misuse	We would welcome anything that improves access to urgent care and/or emergency for drugs users in Fife. We have major issues with injecting site infections in Fife and need improved access to wound care and prescribing interventions eg antibiotic therapy for a client group who often will falter at the first real, or perceived, barrier to accessing help.	Offer; training called 'sex , drugs and vulnerable young people'-that covers inequities discussed louise@sdf.org.uk addiction services to be made aware of the points raised in this EQIA and asked to report back on any actions-feed into mental health pathway sub group and covid pathway sub group
Staff: full/part time; voluntary;	Training and staff support Do staff have access to a range of self help materials or can sign post patients to those services and materials?	To be taken from workforce sub group Training on social and cultural issues Training on addictions and homeless Training on interpreting and translation, including use of contact Scotland and telephone interpreting Training on health literacy Training in equality and inclusion

Low income/Poverty/Low pay	Access to digital means Cost of travel The redesign of urgent care has the potential to have a positive impact on the use of ambulances and people using public transport, their own cars or other people's cars as people will be directed to the most appropriate route for care. The use of remote consultations either using the telephone or the Near Me video consultation platform will reduce the need for travel.	Taxi use-public to understand how this scheme works/ dementia transport leaflets to be stocked and distributed Public to understand how to claim funds back SAS use-public to understand how SAS works Promotion of access to SAS and NHS 24 to be circulated
Low literacy / Health Literacy: Includes poor understanding of health and health services as well as written language skills.	Further to comment re easy read – agree that we need to think about how we prepare people to use systems prior to point of urgency Adult Learning Disability services. I have been delighted to see more Easy Read documents re Covid 19 and how to keep people safe... More of the same for normal health/GP access would be positive going forward	Communication must be in plain English and accessible in a variety of formats Health literacy skills training to be implemented for the triage and sign posting to self help information etc Awareness of GP as first point of call should be drafted and circulated
Living in deprived areas	Poor digital signal Lack of self help options available? Low motivation to use on line and fear of use and reception to their use Initial contact for the redesign of urgent care is via the NHS 24 111 telephone number. People across Scotland can access the service, on landlines and mobile phones free of charge and the number is short and easy to remember. By making contact directly through 111 and being triaged to the most appropriate service has the potential to reduce the amount of travel required for individuals thus potentially reducing any cost incurred on public transport / use of own or others vehicles. While many young people use the internet, there are still many who lack	Website to contain information on local support services

	good digital skills or access to resources such as home computing and broadband.	
Living in remote or rural areas West and NEF	Digital access-remote connectivity issues Travel and transport costs and recent report into poverty in NEF Particular use of telephone and video remote engagements, may positively impact patients who live in our rural and island settings with reduced cost and time to travel to our Emergency Departments. Some patients that live in rural areas may not have the network coverage to take advantage of video consultations. However, we are aware that the Scottish Government's digital ambition for Scotland is for Next Generation Broadband to be available to all by 2020. Due to the impact of Covid this has been delayed. https://labs.thinkbroadband.com/local/broadband-map#9/55.3229/-3.0556/uso/	Recommendations from report from Sheena- distribute and publish report on website and via groups Increase use of telehealth and telecovid routes
Discrimination/stigma Mental Health Disability Hidden disability Impairment	A lot of people finding it difficult with GP receptionists, the stigma impacts access at this point You can't get into GP without an appointment just now When looking at appts, how does this interface with those relying on public transport or those with chaotic lifestyles who might struggle to keep to exact timings? Coupled with stigma to client groups that they might face at front door/reception areas if arriving late?	GPs are open though, offering primarily phone triage 1st but OPEN NHS Fife will ensure these are considered, as part of the appointing pathway discussions. Explore; if the process would still be to accept the person's attendance. Will pass on your comments in relation to reception staff to the Head of Service as we would not expect anyone to suffer stigma when they attend our service so

Age Cognitive impairment	Autism and neurological conditions can make change challenging. Telephone calls can be equally difficult.	we can look at how this is resolved. – Marie Richmond/ and HSCP business administration Joint training with Marie Richmond and Digital working group to tie together equality training and digital training-we will include third sector partners in the training/ Also bring in GBV training re Barbara Ann Robb/ SHF service. Internalised stigma needs to be recognised in public messaging. Further work with LD and third party sector agencies to provide information and support to use urgent care provision
Refugees and asylum seekers Syrian resettlement program	Do we need to include people who have no recourse to public fund in this assessment? I know of individuals taking all their paperwork with them to A&E terrified of being put in detainment or charged. Charged as in given a bill not by the police	National SG work is being done to address no recourse to public funds-awaiting further details from SG. LGBT Unity and LGBT Health and Well Being run national project supporting LGBTQI+ refugees and asylum seekers-this information to be promoted on NHS Fife webpages under sexual orientation and ethnicity To ensure that information received is translated and shared with our partners for distribution To ensure that the resettlement program, once re-established is aware of NHS and national health developments so refugees and asylum

		seekers are able to access health appropriately and timely Monitor patient feedback and complaints via third sector relating to access

NHS Fife considers Human Rights in all our actions and evidences what we do to ensure we improve our Human rights focus and outcomes.

Children and Young People Rights impact assessment must be completed when children and young people are affected by change- this may occur when the policy is aimed at adults but will indirectly affect CYP.

Articles	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
The right to life (absolute right)	All ages may be affected as a result of disability, condition, impairment	Action issues as reasonable to continue to increase accessibility
The right not to be tortured or treated in an inhuman or degrading way (absolute right)	Recommendations to address stigma and discrimination re access to all health services via training, awareness for staff and community. Ensure digital services are in place to appropriately record patient details and characteristics to prevent discrimination	

The right to liberty (limited right)	NA	
The right to a fair trial (limited right)	NA	
The right to respect for private and family life, home and correspondence (qualified right)		Ensure data is collected appropriately and not used without scrutiny and process of governance and control Confidentiality is recognised for those who receive advocacy, who have power of attorney and who are carers of those who are patients
The right to freedom of thought, belief and religion (qualified right)	All religions and beliefs will be respected as part of any urgent care triage/process.	Additional training will be provided in equalities for all staff involved.
The right to freedom of expression (qualified right)	Understanding complaints and comments services	Patient complaints service is available and will continue to be promoted to all communities. A BSl version is still available and promoted for those wishing to comment or complaint.
The right not to be discriminated against	Action to be taken to address stigma	The EQIA provides listed concerns and issues and

		recommendations. Actions will be listed and addressed as part of the aim to ensure urgent care is more inclusive of all communities.
Any other rights relevant to this policy.		

Will there be any cumulative impacts as a result of the relationship between this policy and others?

What sources of evidence have informed your impact assessment? Evidence can be local enquiry, research, evaluation or data etc and can come from patient feedback or complaints. Please note that sometimes data is not always available nor is research, this should not hold you back on completing this document.

As documented in main body of EQIA

Summary of key impacts, research questions and evidence sources

- Communication plan for all communities and staff, including in easy read and translated documents
- Access to digital services to enable communities to use urgent care
- Access to transport / reclaim travel costs and support to travel to enable public to attend urgent care centres when necessary
- Improvements to help and support for those who have an addiction/ build this into the urgent care pathway and process
- Ensure early identification for young carers and support their speedy flow through the system to alleviate time lost in schooling etc

- Ensure data recording and questioning of status and gender is sensitively done and recorded appropriately especially for those identifying as transitioning or non binary. Improve data recording an reporting for BAME and ethnicity groups, and those with specific health conditions.
- Training for staff on various subjects and issues made available

Document Control

Name of Lead Officer	**Dr Chris McKenna**
Signed 	
Date	**19 January 2021**

Equality and Human Rights Lead Officer
Signed 
Date 19 January 2021