

Equality Impact Assessment (Stage 1)

This is a legal document as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA.

Consideration of the impacts using evidence and public/patient feedback is necessary.

Question 1: Title of Policy, Strategy, Redesign or Plan

Termination of Pregnancy (TOP) Self Referral online portal

Question 2a: Lead Assessor's details

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Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

WCCS Clinical Services and TOP Clinical Team

Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

Aim	To develop a self referral online form that allows a patient to self refer to Termination of Pregnancy Services. Patient information can be provided by the patient through a confidential and secure platform. Increases the amount of clinical information that can be shared at point of referral. This allows patient to be prioritised as per clinical need.
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Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
<p>Age - <i>think: children and young people, adults, older age etc.</i></p>	<p>Young adults/teenagers will be able to access data/online services more easily.</p> <p>Use of local data hubs to provide access to online service in a confidential location, addressing issues related to data deprivation.</p> <p>Liaising with School Nurse Teams to increase awareness of ability to support young people who require to self refer to termination services online</p> <p>For patients under the age of 16, an assessment based on Gillick Competencies (see below link for guidance) will be undertaken.</p> <p>dh_103653_1.pdf (publishing.service.gov.uk)</p> <p>Involvement of Social Work, School and Family as appropriate or required.</p>
<p>Disability – <i>think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>For Deaf patients, BSL video interpreting can be accessed via language line for appointments or face-to-face interpreting can be arranged. This online form avoids the need for phone referrals and so patients who understand written English can access this form. In cases where patient's using BSL can't read the form, referrals can be taken from primary care or 3rd sector services that assist with access to healthcare for this group of patients. For patients with sight loss, the form can be enlarged on mobile devices but telephone referrals are still optional for those who wish to use this.</p>
<p>Race and Ethnicity – <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i> <i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural</i></p>	<p>Main website will have signposting statement to referral phone number and E&D in NHS Five's Top 5 languages. This will direct patients to phone number where staff will be trained to use language line allowing referral to be made.</p> <p>Near me can be used for appointments using language line interpreting.</p>

<p><i>origin/background”</i> <i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	<p>Interpreter can be booked for face to face appointments where necessary and the interpreter on wheels with video and audio on-demand interpreting is also available.</p> <p>For patient from overseas that are not entitled to free healthcare (resident in UK for less than 3 months) will be invited to be interviewed by Medical Records. This team are specialised and trained to identify any concerns regarding human trafficking or coercion. Working with the TOP team can involve social work to ensure patient safety and access to healthcare required.</p>
<p>Sex – <i>think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>This service is predominantly for biological females.</p> <p>Patient exposed/at risk of Gender Based Violence will have increased protection with this referral portal. Once form completed, no evidence of the form will be visible on the patients email. Preferred mode of contact can be identified along with a safe password to use when staff make contact.</p>
<p>Sexual Orientation - <i>think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>This service will not detriment anyone based on their sexual orientation, all patients will have equal access.</p> <p>Staff will be trained appropriately on sensitively managing patients/couples who are in LGBT+ relationships.</p>
<p>Religion and Belief - <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i> <i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p>Religion and belief should not impact patients accessing this service. If patients require spiritual care and support, the spiritual care team will be brought in for this.</p>
<p>Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i> <i>Think: transgender, gender fluidity, nonbinary, agender, etc.</i></p>	<p>Using these services may be particularly stressful for patients who do not identify as their sex assigned at birth and so careful considerations will be made.</p> <p>A question about trans history has been included in the online referral form to ensure staff are fully informed about their patient and to empower staff to address the patient in their preferred way. Patients choice of pronouns will be adhered to when accessing these services.</p>

<p>Pregnancy and Maternity – <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i> <i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p>This piece of work relates entirely to this protected characteristic and so impacts on this group are outlined throughout this document.</p>
<p>Marriage and Civil Partnership – <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i> <i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p>Patients will be treated equally regardless of their marital status.</p>

Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.

Guidance from Equality & Diversity Team

Referral process will be accompanied by a website update, communication with local services (woman’s aid, sexual health, school nurse service) and primary care. Will be shared on NHS Blink, FROG etc

Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?

(Please tick)

Yes	x	No	
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If yes, **who** was involved and **how** were they involved?

If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Think: Who did you ask? When and how? Did you refer to feedback, comment or complaints etc?

Discussed and brainstormed with staff involved,
 Need for new referral identified from adverse Event Review so discussed at Clinical Governance meetings,
 Consultation with Equality and human rights lead.

Question 10: Which of the following ‘Conclusion Options’ applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.

Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.

Conclusion Option 1: No further action required

Where no negative impacts or potential for improvement is identified, no further action is required.

No stage 2 EQIA required.

N/A

Conclusion Option 2: Adjustments Made

Potential or actual negative impacts and/or potential for a more positive impact has been identified, therefore appropriate adjustments have been made to mitigate risks and/or make further improvements.

No Stage 2 EQIA required

This option is appropriate due to there being numerous potential impacts, but mitigations have been made and are outlined above.

Conclusion Option 3: Requires Further Adjustments

Potential or actual negative impacts and/or potential for a more positive impact has been identified, but were not successfully made during the Stage 1 EQIA, therefore further adjustments must be made to mitigate risks and/or make further improvements.

Stage 2 EQIA is required to ensure further adjustments are made and appropriate workforce/public/stakeholder engagement has been undertaken.

N/A

Conclusion Option 4: Continue Without Adjustments

Continue with Plan, Project, Strategy, Redesign etc despite a potential or actual negative impact or potential for a more positive impact being identified, but the decision to not make adjustments can be objectively justified.

Stage 2 EQIA is required to fully explore the potential to make adjustments by appropriate workforce/public/stakeholder engagement, or to develop evidence for continuing with the plan without making said adjustments.

N/A

Conclusion Option 5: Stop

Stop the Plan, Project, Strategy, Redesign etc due to a serious risk of negative impact being identified.

Stage 2 EQIA required to fully explore the serious negative impact and engage appropriately with workforce/public/stakeholders to source solutions to mitigate the serious impact, and where no mitigations found, stop the Plan, Project, Strategy, Redesign etc.

N/A


PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA.


If you have identified that a full EQIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at fife.participationandengagements@nhs.scot to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
Name	Claire Massey
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Signature	
Date	31/03/23

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	Isla Bumba
Email	Isla.bumba@nhs.scot
Telephone (ext)	29557
Signature	
Date	31/03/23

Return to Equality and Human Rights Team at Fife.EqualityandHumanRights@nhs.scot