Equality and Diversity Impact Assessment

Report on findings from an Equality Impact

Assessment of NHS 24 Digital Developments

22 September 2020

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Phone: 0800 22 44 88

Email: enquiries@nhs24.scot.nhs.uk

NHS 24 has a legal duty to show due regard to the elimination of discrimination, the advancement of equality of opportunity and to foster good relations between people who share a protected characteristic and those who do not. The relevant protected characteristics are:

- Age

- Disability

- Gender reassignment

- Pregnancy and maternity

- Race

- Religion and belief

- Sex

- Sexual orientation

- Marriage and civil partnership (relates to the elimination of discrimination only)

- Socio-economic status

Equality and Diversity Impact Assessments consider the impact that changes to our services, policies or functions will have on people with the relevant protected characteristics.

The recommendations made in this report seek to improve equality of access and to help meet the specific needs of people with the relevant protected characteristics, where possible.

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It is appropriate to highlight that the impact assessment also considers if the NHS 24 Digital Developments has the potential to impact on an individual's human rights.

Where appropriate, health inequalities are also considered. Health inequalities are disparities in health outcomes between individuals or groups. Health inequalities arise because of inequalities in society, in the conditions in which people are born, grow, live, work, and age.

Health inequalities are influenced by a wide range of factors including access to education, employment and good housing; equitable access to healthcare; individuals' circumstances and behaviours, such as their diet and how much they drink, smoke or exercise; and income levels.

This report is a summary of the process used to undertake the impact assessment. It includes the minimum background information on the particular policy, service or function being assessed. If after reading this summary report you would find it helpful to have access to additional information, please contact:

nhs24.engagementteam@nhs24.scot.nhs.uk

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Section 2 - An Introduction to NHS 24

NHS 24

NHS 24 is the national provider of digital and telephone based health and care services for Scotland. We provide people with access to information, care and advice through multiple channels including telephone, web and online.

We work in collaboration with partners, the public and our people to co-design services using technology and a digital first approach to sustainable service development and delivery.

Our Services

111

NHS 24 is best known for providing care and advice when GP practices and pharmacies are closed. People across Scotland can call NHS 24 using the free phone number 111. This gives people access to help and advice if they cannot wait until their GP practice reopens.

From 1 December 2020, people are now being asked to call 111 - day or night - if they feel they require urgent care treatment. The purpose of this new pathway is to support those people who turn to Accident and Emergency Departments across Scotland for healthcare advice and treatment to receive the right care, at the right time and by the right healthcare professional. Additionally, this new pathway will help keep people and staff safe from the COVID-19 virus, by reducing the numbers of patients in Accident and Emergency waiting areas.

Health Information and Support Services

NHS 24 provides access to evidence based health information and support through a range of different services including:

- NHS inform

- Care Information Scotland

- National smoking cessation service Quit Your Way

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NHS inform hosts a Self Help Guide and Scotland's Services Directory to signpost to other relevant services.

Scottish Emergency Dental Service

This service delivers advice and support on dental health and dental services to the people of Scotland during the out-of-hours period. Patients who contact NHS 24 with dental symptoms are assessed by Dental Nurses, the Scottish Emergency Dental Service (SEDS) booking Hub then direct the patient to the relevant dental care pathway.

Mental Health Hub

In March 2019, the Mental Health Hub was established and fully trained expert Psychological Wellbeing Practitioners joined the workforce at NHS 24 to provide Psychological Triage Assessments to the public in need of this support. Continually evolving and expanding the service, the Mental Health Hub is now also working closely with the Scottish Ambulance Service and Police Scotland to support them when dealing with vulnerable people.

Breathing Space

Breathing Space is a confidential phone and web based service for people in Scotland experiencing low mood, depression or anxiety. Breathing Space offers a listening and signposting service for people experiencing low mood, depression or anxiety about issues such as family and relationship difficulties.

NHS Living Life

NHS Living Life is an NHS 24 appointment based telephone service offering Cognitive Behavioural Therapy (CBT) and Guided Self-help (GSH) using a CBT approach.

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Section 3 - Aim/Purpose of the NHS 24 Digital Developments

In response to the National COVID-19 Pandemic, NHS 24 has worked in partnership with developers to introduce new digital methods to contact NHS 24 and access health information. The new developments are the:

- NHS 24 COVID-19 App

- NHS Inform Chat Bot

- NHS Inform Voice Chat Bot

These developments come under the management responsibility of the Service Development Directorate.

The aim of these developments is to:

- Reduce the call volume to 111

- Release staff to allow them to focus on other tasks

- Promote the availability of digital resources and support

- Encourage members of the public to self-manage their health and care needs

- Increase the channel accessibility

- Reduce the 111 call wait time

Section 4 - Assessment of Impact

The focus of the evidence gathering related to the potential inequalities people can experience in relation to digital exclusion. Based on the data and information available, consideration was given to the following:

1. Who is intended to benefit from these developments and in what way

2. What outcomes are intended from the digital developments

3. If the intended benefits of the digital developments would be received fairly by everyone, regardless of their protected characteristics, or any other status.

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4. If the digital developments would have an adverse impact on an individual's human rights.

5. If the digital developments could create or exacerbate existing health inequalities

6. How people have been involved in the design and development of these new digital offerings.

The EHRC report 'Is Scotland Fairer 2018' highlights that disabled people, people with mental health conditions and people from minority ethnic groups were more likely to live in poverty. Socio-economic disadvantage is a defining factor in digital exclusion.

Additionally, evidence exists to suggest that older people are less likely to use the internet and digital devices than younger people.

The focus of our evidence gathering has therefore centered on the protected characteristics of age, disability and race. However, due regard has also been given to the other protected characteristics and any relevant considerations relating to them have also been noted.

AGE

A journal article published by Lancet Digital Health highlighted that in the UK, 79% of all digitally excluded people are aged 65 years or older, and more than half of people older than age 75 years do not use the internet regularly. Additionally, the article noted that older people who do not use the internet have multiple markers of vulnerability, including lower income, living alone, mobility challenges, and difficulties with memory and concentration.

An Office of National Statistics study noted that 47% of adults aged 75 years or over identified that they had recently used the internet, set against 95% of adults aged 16 to 74 years. This highlights the fact that lower digital usage is linked to increasing age.

Moreover, older 'Asian' people were noted by the Office of National Statistics as being significantly less likely to have used the internet than people of the same age who identified their ethnicity as white. This suggests that there may be additional digital barriers for some older minority ethnic groups, in comparison to white Scottish/British groups.

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A recent study undertaken by [Lloyds Bank](#) states that age is the leading characteristic for low digital engagement, with digital engagement decreasing as age rises. It highlights that people over 70 are particularly less likely to engage digitally.

The table (7.4) below is taken from the Scottish Household Survey report published in 2018. It shows which methods were used to access the internet for personal use by age.

Younger internet users were more likely to access the internet using a smartphone than older users, with 96 per cent of 16-24 year olds using smartphones compared to 29 per cent of adults aged 75 and above. Older internet users were more likely than younger users to use a tablet to access the internet.

The proportion of internet users reporting that they access the internet using a smart phone increased from 78 per cent in 2017 to 81 per cent in 2018

Table 7.4: Methods used by adults who use the internet for personal use by age
Percentages, 2018 data

Adults who make personal use of the internet	16-24	25-34	35-44	45-59	60-74	75 plus	All
A personal computer or laptop	74	74	75	79	74	72	75
Mobile phone/iPhone/Smartphone	96	93	91	80	61	29	81
A tablet - iPad/Playbook or similar	41	52	58	62	57	50	54
Digital, cable or satellite television	20	26	25	20	10	11	20
A games console	37	25	17	10	1	1	17
Another way	1	-	0	1	0	-	0
Other than a personal computer or laptop	98	95	94	88	81	61	90
Base (minimum)	210	370	370	570	500	140	2,150

Columns may not add up to 100 per cent as multiple responses were allowed

Digital exclusion, particularly for older people, is a concern, however the introduction of digital health and care developments can also be an opportunity for older people living with long-term conditions or reduced mobility which can cause them to experience social isolation. If they are digitally enabled, digital developments can offer older people improved opportunities to access health and care information from their home.

DISABILITY

In 2017, [the Scottish Health Survey (SHeS)](#) estimated that 45% of adults (and 17% of children) had a long term condition or illness, and that 32% of adults (and 10% of children) had long-term conditions that were also limiting. In this context, the survey noted that 32% of the adult population would be considered 'disabled', while 68% would be considered 'not disabled'.

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The SHeS also noted that disability varies with socio-economic status. In 2017, 23% of people in the least deprived quintile group reported being disabled, compared to 43% of those in the most deprived quintile group. Disability is also reported to be more prevalent with age, and as already noted, the lack of internet use is more marked among the older age groups.

A [recent study by the Glasgow Disability Alliance](#) highlighted that digital exclusion is a prevalent factor for disabled people. They report that only 37% of the disabled people they engaged with reported to have home broadband or digital devices, and that many lack the confidence or skills to use them. It is also noted that disabled people are also more likely to face socio-economic disadvantage, which is another defining factor in digital exclusion.

The NHS 24 COVID-19 app was tested for accessibility with screen reading software by someone with a visual impairment. It was reported that options within the app were clearly labelled and responded well to touch commands. The user was able to access the symptom checker and obtain a clear recommendation at the end. However, it was noted that information is often read out in large chunks. This made it more difficult to isolate individual points, as the user would have to go back and read whole sections again. It was noted that it would be easier to digest if text was separated into shorter lines. It would also be easier to navigate the text using the screen reader if the information was separated into shorter lines of text.

Beyond digital exclusion, disabled people could experience barriers to accessing the benefits of our digital developments for a number of reasons. The wide ranging number of conditions that could impact a person's ability to fully receive the benefits of our digital developments will make it difficult for NHS 24 to always fully meet the needs of everyone with each new development. However, this should not mean that we simply deliver our digital developments without taking reasonable steps to consider what barriers exist and how they could be removed.

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 considered.

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With regards to a voice chat bot, disabled people whose conditions impact their ability to communicate may not be able to benefit from a system that requires voice responses. For example, a person with a stammer may not be able to respond appropriately within the required time. A disabled person's enunciation may also be impacted by their condition and subsequently voice recognition software may not correctly pick up what they want to say.

The ability of people with cognitive impairments to engage with interactive voice menus should also be considered. Long questions, or multiple response options may make it more difficult for a person to benefit from this technology.

RACE

A Citizens Advice Scotland survey found that the most common barriers preventing respondents from using the internet were financial, with broadband costs, and phone and data costs considered barriers.

A report by the Joseph Rowntree Foundation highlighted that minority ethnic people in Scotland are more likely to experience poverty than white Scottish people. Asylum seekers, refugees, Gypsy/Travellers and Roma communities are some of the most likely groups to experience poverty. The correlation between race and socio-economic status could mean that there is a greater likelihood of digital exclusion within minority ethnic communities in Scotland.

A survey carried out in 2018 reported that:

- One in five Gypsy/Travellers had never used the internet, compared to one in ten members of the general population.

- Over half of the Gypsy/Travellers said that they did not feel confident using digital technology by themselves.

- Only two in five Gypsy/Travellers surveyed said that they use the internet daily, compared to four out of five of the general population.

- Only 38% of Gypsy/Travellers surveyed (33% if housed) had a household internet connection, compared to 86% of the general population.

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Minority ethnic people whose first language is not English, may be unable to understand any written information provided in an app or engage fully with digital/telephone chat bots, if these services are not designed to be responsive to their language preferences.

There is also recent evidence emerging that suggests that COVID-19, in terms of infection rate and mortality, is more pronounced in minority ethnic groups. This may have a link to the socio-economic circumstances of some minority ethnic groups. COVID-19 information that is tailored to minority ethnic groups could help important messages better resonate with these communities.

Other protected characteristic groups

[The Scottish Government reported](#) that data in relation to the socio-economic status of lesbian, gay and bisexual (LGB) people is very limited. There are divergent views as to whether or not LGB people commonly live in poverty, whilst the limited findings for Trans people reports a higher incidence of poverty. However, there is not enough available evidence to suggest that LGBT people would be more likely than other protected characteristic groups to experience digital exclusion because of their socio-economic status.

Ensuring that the content of new digital developments addresses any specific concerns associated with different protected characteristic groups is essential. For example, clear information about the impact of COVID-19 on people who are pregnant and how they should respond would be beneficial.

Other groups of people who are more likely to experience socio-economic disadvantage and subsequently digital exclusion should also be considered.

Who Cares? Scotland have expressed concern about care experienced young people facing digital exclusion because they lack the appropriate devices and/or access to home broadband to benefit from internet based information.

People experiencing homelessness are also more likely to be digitally excluded. Homelessness can be driven by individual vulnerabilities or support needs, for example, mental ill health, learning or physical disability, a medical condition, family/relationship

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breakdown, drug or alcohol dependency, lack of basic housing management or independent living skills or experience of institutional care.

The Islands (Scotland) Act 2018 requires public bodies to consider the unique needs and experiences of the people living on Scotland's islands. Digital connectivity on islands should be considered when implementing new technologies that require reliable internet access.

Recommendations intended to take account of the evidence obtained are contained within section five.

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Section 5 - Recommendations to help ensure new NHS 24 digital developments offer the same benefits to everyone fairly

The significant and long-standing inequalities that exist in Scotland has resulted in disparities in health outcomes between the most and least advantaged people. In order to play our part in tackling these health inequalities, NHS 24 must ensure that all of our services are designed and developed to meet the needs of everyone living in Scotland.

Digital exclusion is a prevalent issue, particularly for older people, disabled people, and people experiencing socio-economic disadvantage. It can also be an issue for certain groups of minority ethnic people, for example those in older age groups, those people whose preferred language is not English or those experiencing poverty.

NHS 24 should therefore ensure that it continues to offer a range of ways for people to access health and care information, advice and guidance, and seek to take positive action to address any potential barriers to digital access for protected characteristic groups.

In order to meet the general equality duty, comply with the obligations of the Human Rights Act, and taking into consideration health inequalities, the following recommendations should be considered:

1. The evidence suggests that older people, disabled people, people experiencing socio-economic disadvantage and minority ethnic people (including Gypsy/Travellers) are all more likely to experience digital exclusion.

    NHS 24 should seek to ensure that these groups of people, and organisations that represent their interests, are involved in the design and development of new digital developments.

    Engagement with these groups during the design phase should seek to explore common barriers to digital enablement and subsequently provide potential mitigating actions for NHS 24 to take, to make digital developments more accessible.

2. When new digital developments are introduced, NHS 24 should develop an engagement plan to raise awareness and promote understanding of the new

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developments amongst the groups highlighted as being more likely to experience digital exclusion.

3. Due regard to the need to engage with care experienced young people, homeless people and LGBT people, during the design phase and promotion of digital developments should also considered.

4. Poverty is a key factor in digital exclusion. NHS 24 should seek to ensure that new digital developments are designed to require no more mobile data than is absolutely necessary for the essential information to be accessed.

5. NHS 24 should consider compatibility of new digital developments with older digital devices. People experiencing socio-economic disadvantage will be more likely to use digital devices that do not have the latest technology available.

6. How to overcome common barriers to digital access for disabled people should always be considered. The evidence in section 4 of this report highlights some of the common barriers NHS 24 should always consider. The engagement activity highlighted in recommendation 1 should provide additional information about barriers disabled people might experience.

7. The provision of information in other languages should always be considered. In order to reduce the health inequalities gap that exists, NHS 24 must provide appropriate digital access and service provision for minority ethnic communities living in Scotland.

8. Monitor emerging evidence relating to the disproportionate impact of COVID-19 on minority ethnic groups and ensure that tailored messages are targeted at minority ethnic groups, if it is appropriate to do so.

It is not believed the changes recommended in this section will create any new, adverse, impacts in relation to a person's relevant protected characteristics.

Section 6 - Monitoring and Review

Arrangements for monitoring and reviewing the impact, planned and unplanned, of the new NHS 24 Digital Developments will be put in place following, and taking account of, what we learn from our consultation on these draft findings.

Signed: Lynne Huckerby

Designation: Service Development Director

Date: 22 September 2020

Annex A

Who carried out the impact assessment?

The impact assessment of new NHS 24 Digital Developments was carried out by staff members within the Participation and Equalities Team.

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