



## **Equality and Diversity Impact Assessment**

**Report on findings from an Impact Assessment of the NHS 24  
Telephony Service and NHS inform content in support of the  
Forensic Medical Services Self-Referral Process**

**24 August 2022**

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# 1. NHS 24's Equality and Diversity Impact Assessments

If you would like us to consider producing this report in a different format, please contact us by:

Phone: 0800 22 44 88

Email: [enquiries@nhs24.scot.nhs.uk](mailto: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.

It is appropriate to highlight that the impact assessment also considers if the proposed NHS 24 Telephony Service and NHS inform content in support of the Forensic Medical Services Self-Referral Process 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](mailto:nhs24.engagementteam@nhs24.scot.nhs.uk)

# **NHS 24 Telephony Service and NHS inform content in support of the Forensic Medical Services Self-Referral Process – an Equality and Diversity Impact Assessment**

## **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 01 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

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 with the addition of a new skillset to the workforce. The Psychological Wellbeing Practitioners are skilled to carry out a holistic psychosocial assessment for anyone contacting in mental health distress. Continually evolving and expanding the service, NHS 24 works in collaboration with Police Scotland, Scottish Ambulance Service and the Distress Brief Intervention Programme to ensure a seamless journey for the people of Scotland to the right care.

## **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 scheduled care telephone service offering Cognitive Behavioural Therapy (CBT) and Guided Self-help (GSH) using a CBT approach.

### **3. Aim/Purpose of the NHS 24 Telephony Service and NHS inform content in support of the Forensic Medical Services Self-Referral Process**

The proposed NHS 24 Telephony Service and NHS inform content in support of the Self-Referral Process for forensic medical services (FMS) comes under the management responsibility of the Director of Service Delivery.

Following the commencement of 'The Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act' (2021), NHS 24 will provide web based content for people who have experienced rape or sexual assault in Scotland who wish to access timely healthcare support including access to a FME. Self-referral will be available to anyone aged 16 or over, subject to professional clinical/social work reasoning, and will allow access to healthcare and request a forensic medical examination (FME) without first having to make a report to the police. NHS inform web content will provide a pathway to a single point of contact (SPoC) national number for people who wish to self-refer.

The primary function of the web content is to signpost people towards accessing an FME following a recent rape or sexual assault up to and including day 7 without involving the police. The web content is expected to include direction for people aged 16 or over who have experienced rape or sexual assault on what to do next following a recent sexual assault and what options they have.

The secondary function of the web content is to provide alternative options for those who do not wish to call the SPoC national number, including information to address immediate health needs and signpost to holistic services (e.g. third sector organisations) to support the person on their recovery pathway.

This will include support for people who have experienced rape or sexual assault more than 7 days ago, when an FME would not be appropriate and onward referral to appropriate third sector organisations.

The new pathway which will be provided by several statutory bodies, including NHS 24, aims to:

- Encourage more survivors of sexual violence to seek help
- Allow people who have experienced rape or sexual assault to make informed choices and time to report an assault to the police (at a later date)
- Enhance the online support available to people who have experienced rape or sexual assault

The proposed Telephony Service and NHS inform content in support of the Self-Referral process will be delivered by NHS 24 with referral/handover to the territorial health boards via electronic transfer to the forensic medical service system Cellma. NHS 24's scope is to provide digital resources and telephony referrals.

This proposed service is intended to benefit any person who has experienced rape or sexual assault within Scotland. NHS 24 will collect minimal information to enable FME referrals. Additional information will be collected within health board Sexual Assault Response Coordination Services (SARCS).

Reporting requirements to date include:

- Percentage of calls answered within 30 seconds
- Average speed of answer in seconds
- Abandoned calls (over 30 seconds and variant times)
- First call resolution
- Average call handling time
- Call transfer rate
- Calls presented in 24 hour periods and over 7 days



Following analysis of current service demand, the Scottish Government has forecast that this service will respond to approximately 1,100 calls per year.

It is expected there will be year on year increase in the number of calls to the telephony service.

## **4. Assessment of Impact**

Based on the data and information available, consideration was given to the following:

- 1 Who is intended to benefit from this service and in what way
- 2 How people have been involved in the development of this service
- 3 What outcomes are intended from the service?
- 4 If the service would have an adverse impact on a person because of their protected characteristics
- 5 If the service would have an adverse impact on an individual's human rights
- 6 If the service would have an adverse impact in relation to health inequalities

In a report published in 2019 by NHS Health Scotland on Gender Based Violence it was identified:

- That in 87% of cases of serious sexual assault, the victim knew the offender, and in 55% of cases the perpetrator was their partner.
- In 77% of cases where there was more than one form of sexual assault the offender was the partner.
- In Scotland 4.6% of women and 0.6% of men have experienced serious sexual assault since age 16.
- Almost one in 5 women (19%) and one in 25 men have experienced attempted rape.

- Within the context of commercial sexual exploitation, women report repeat victimisation and a UK survey found that 11% had been raped and 22% had experienced an attempted rape.
- Sexual violence is more prevalent in women who have been trafficked, especially those trafficked for sexual exploitation.
- The report also found that disabled women and girls are at greater risk of physical, sexual and psychological violence with learning disabled women more likely to experience sexual violence than other disabled people.
- Among black and minority ethnic communities sexual violence is underreported and stigmatised. The maintenance of virginity may be an issue and the opportunity to marry after a rape may be affected. This is complicated by language barriers, cultural issues, social isolation and family pressures.
- One in 10 LGBT+ people said the hate crime they experienced involved some form of sexual violence (9%).
- Tran's people were most likely to have experienced sexual violence as part of a hate crime (16%), followed by bisexual people (10%), lesbians (8%) and gay men (7%).

Self-referral is available to anyone aged 16 or over, subject to professional clinical or social work reasoning. However there is an acknowledgment that people of any age may gain access to the number and call the national telephony service.

Access to the proposed Self-Referral service is expected to be limited to people aged 16 and over. People aged between 13 and 15 may still be referred to the national hub (if they call the national telephony service) before Police Scotland and Social Work are informed and this will be considered on a case by case basis by the practitioners, with child protection paramount. It is expected that Police Scotland will continue to be notified if anyone under 13 accesses the telephony service to report a rape or sexual assault, enabling Police Scotland to carry out immediate safeguarding before referring through Child Protection processes.

Those who took part in the equality impact assessment process expressed concern that people with learning disabilities were more likely to be at risk. It was identified that more information was required on this, to better understand any issues that may exist and how best to support people who have experienced rape or sexual assault who have a learning disability. This includes how to promote the service appropriately, explain how to access information hosted within [NHS inform](#) and what to expect when they call the proposed Self-Referral service. It was identified that a discussion with the [Scottish Commission for People with Learning Disabilities'](#) (SCLD) would support the communication planning/work. The need to provide information in an easy read format was recommended.

It was also identified that digital exclusion may impact people who have experienced rape or sexual assault from accessing relevant information on NHS inform, including older people or as a consequence of socio-economic circumstances, and the proposed National awareness campaign for the Self-Referral service communication plan should consider this.

Consideration was given to communicating effectively with callers to the service, where they chose or require to use alternative methods. This includes [contactSCOTLAND-BSL](#), Scotland's national British Sign Language video interpreting relay service, and [Relay UK](#), which supports people who have hearing and speech differences communicate with anyone over the phone, using the national relay service, or by using [Alternative and Augmentative](#) communication methods. Alternative and Augmentative Communication (AAC) refers to systems and devices that aid communication for people who find it difficult to speak. Further consideration was given to the need to communicate effectively with people whose first or preferred language is not English and who request a language interpretation service.

One approach that was considered, which may improve access for people who communicate in different ways, is to enable online referrals via NHS inform removing the need for the person self-referring to engage with a member of staff. An online referral process on NHS inform could also improve access and protect people who have experienced rape or sexual assault and are afraid of their conversations being overheard.

It was also considered appropriate that in circumstances where a person who has experienced rape or sexual assault wishes to speak to a member of staff of the same sex on the telephony service, then all steps should be taken to accommodate this.

It was considered that engagement should take place with third-sector organisations already responsible for delivering specialist support, help and assistance to people who have experienced rape or sexual assault or supporting those who may be at risk of sexual violence, in advance of the launch of the proposed Self-Referral telephony service, to explain the purpose and intended benefits of the service, and develop an effective partnership approach. Potential engagement includes with, [Rape Crisis Scotland](#), [Scottish Women's Aid](#), [LGBT Helpline Scotland](#), [Abused Men in Scotland \(AMIS\)](#) and [Scotland's domestic abuse and forced marriage helpline](#) .

It was further considered appropriate that existing resources provided by third-sector organisations already responsible for delivering specialist support, help and assistance to survivors of sexual violence should be offered, or available to be offered, to support people who have experienced rape or sexual assault calling the proposed Self-Referral telephony service.

The draft process determines that it is possible for a referral to be made on anyone's behalf via third party call and NHS 24's processes and protocols will be utilised to enable a route for people who need carers to speak on their behalf.

It was considered appropriate that the organisations involved in delivering the proposed Self-Referral telephony service should work together to undertake qualitative and quantitative research to identify who is using the service and who is not, broken down where possible by relevant protected characteristics, socio economic impact, and how satisfied that the survivors were of the service provided.

The socio-economic circumstances of people who have experienced rape or sexual assault should be taken into account when arranging for people to attend for their FME. Consideration should be given to reimbursing travel costs, should this prove to be a barrier to someone attending a FME examination, for example as a consequence of poverty or due to their remote location and distance to be travelled.

Recommendations intended to take account of these considerations are contained within section five.

## **5. Recommendations for changes to the Self-Referral Telephony Service**

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 implemented:

1. Communication – the Self-Referral telephony communication plan should commit to providing information on NHS inform in alternative formats, including easy read, audio, British Sign Language and in the most commonly used community languages.
2. Communication – in recognition that digital exclusion may impact people who have experienced rape or sexual assault from accessing relevant information on NHS inform, including older people or as a consequence of socio-economic circumstances, the communication plan should consider this and communicate with the public appropriately.
3. Communication – the Self-Referral communication plan should commit to explaining who can and who cannot access this service and what alternatives are available.
4. As the service develops, online referrals to the FME Self-Referral service via NHS inform should be considered.
5. The supportive role provided by an advocate or a carer should be built into the process, to provide each with an opportunity to continue to provide support throughout the FME referral process, when requested by the person who experienced rape or sexual assault.
6. In circumstances where a person who calls the FME referral line requests to speak a member of staff of a particular sex this should be accommodated.
7. Engagement should take place with third-sector organisations already responsible for delivering specialist support, help and assistance to people who have been

subjected to rape or sexual assault or supporting those of us who may be at risk of sexual violence, in advance of the launch of the proposed Self-Referral telephony service, to explain the purpose and intended benefits of the service, and develop an effective partnership approach.

8. Existing resources provided by third-sector organisations already responsible for delivering specialist support, help and assistance to people who have been subjected to rape or sexual assault or supporting those who may be at risk of sexual violence should be offered, or available to be offered, to support survivors of sexual violence calling the proposed Self-Referral telephony service.
9. Organisations involved in delivering the proposed Self-Referral telephony service should work together to undertake qualitative and quantitative research to identify who is using the service and who is not, broken down where possible by relevant protected characteristics, and the how satisfied that the survivors were of the service provided.

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.

## **6. Consultation**

It was considered appropriate to allow for a two month consultation period. This included other NHS Scotland Health Boards, NHS 24 staff, and a range of third sector organisations in Scotland representing the views and experiences of people with the relevant protected characteristics. This was achieved by providing consultees with a copy of the draft findings, and guidance on how to frame a response. The draft findings were also posted on the 'Get Involved' section of the NHS 24 web site and flagged as available for comment. The Engagement Team were also available to meet with any person or organisations who wished to discuss the draft findings before submitting any comments.

We received two responses. One of the responses was an individual who requested "It would be useful to utilise Near Me to allow captioning and/or lipreading, should person agree. Whilst it removes anonymity it may be reassuring and/or satisfactory with other

assurances in place. I see it as something that could be explored at review stage.” We consider this to be an appropriate proposal and will include within the planning of the service.

The second response from an employee with NHS Scotland who requested “Rather than considering ‘same sex’ worker to support caller can this be ‘preferred sex of worker’ as some may choose to talk to someone of the opposite sex”. We consider this to be an appropriate change to make and will action this.

## 7. Monitoring and Review

Arrangements for monitoring and reviewing the impact, planned and unplanned, of the service are in place and will take account of, what we learned from our consultation on the draft findings.

Signed



Steph Phillips

Designation Director Transformation, Strategy, Planning and Performance

Date 15 November 2022



## **Annex A**

### **Who carried out the impact assessment?**

The initial impact assessment of NHS 24 Self-Referral Telephony Service and NHS inform content for Forensic Medical Services was carried out by Jonathan Rush, Lauren Kennedy, Theresa Lyttle, Gail Lumsden and Carol Cowan of NHS 24. Davie Morrison, the NHS 24 Participation and Equalities Manager also took part and facilitated this session.

Wider engagement also took place with members of the Chief Medical Officer Taskforce and Forensic Medical Services Act.