Equality and Diversity Impact Assessment

Report on findings from an Equality Impact

Assessment of NHS 24's role within the Redesigned Urgent Care Model

06 November 2020

Contents

Page

NHS 24's role within the Redesigned Urgent Care Model

Equality and Diversity Impact Assessment

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

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 NHS 24's role within the redesign of urgent care model 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

NHS 24's role within the Redesigned Urgent Care Model – 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 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.

3. NHS 24's role within the Redesigned Urgent Care Model

NHS 24's expertise in delivering triage during the out-of-hours period via 111 was utilised as part of the response to the COVID-19 pandemic. NHS 24 worked with Scottish Government and Health Board partners to develop a national clinical COVID-19 protocol to stream people 24/7 with suspected infection to one of four endpoints; including triage at identified Community Assessment Hubs in each Health Board area. This has provided a catalyst for the redesign of the urgent care model.

A national Strategic Advisory Group for Scheduling Urgent Care was established to progress delivery of this new whole system model of care. To deliver this, a number of national work streams were established.

These work streams will undertake the work required through two key phases.

Phase 1 - Introduce a single national access system for all attendees via a dedicated telephone number, with signposting to the most appropriate healthcare professional where required.

Phase 2 - The redesign of high volume, complex pathways to ensure they are provided as close to home as possible.

These changes are intended to result in less people waiting in Emergency Departments, in turn minimising the risk of infection, providing better patient outcomes and care closer to home.

4. Assessment of Impact

These changes will impact on all population groups seeking to access urgent care services. However, the focus of the evidence gathering for this impact assessment related to understanding the profile of the people that most commonly access urgent care, and the potential inequalities people can experience when seeking to access telephone based services. Based on the data and information available, consideration was given to the following:

1. What outcomes are intended from the redesign of urgent care, specifically relating to NHS 24's role
2. If the proposed changes would disproportionately disadvantage any protected characteristic groups, or other groups of people, for unfair and preventable reasons
3. If what NHS 24 are being asked to deliver would have an adverse impact on an individual's human rights
4. If the proposed changes could create or exacerbate existing health inequalities
5. What groups of people should be involved/consulted on the proposed changes

6 How messages about the changes are conveyed to reach as wide an audience as possible.

Urgent care services

As well as the 30 Emergency Departments that currently provide accident and emergency (A&E) services across Scotland, there are minor injuries units, community hospitals and health centres that all carry out A&E related activity. A full list of the A&E sites and their classification can be found on the Public Health Scotland website.

The most recent data obtained in relation to who attends emergency departments, was published by NHS National Services Scotland (NHS NSS) in 2015. This report provides information about attendees broken down by their age, gender, geographical location and socio-economic status. The recording of ethnicity data in relation to emergency department attendance was not considered adequate enough to publish in this report.

Socio-economic status

The NHS NSS 'Who Attends Emergency Departments' report notes that people living in the most deprived areas accounted for twice as many attendances to emergency departments compared to those living in the least deprived areas. The difference in attendances was noted as potentially being for a number of reasons, including poorer health, more complex social needs and service provision in areas experiencing higher deprivation.

This evidence would suggest that any protected characteristic groups identified as being more likely to experience socio-economic deprivation will also be more likely to access urgent care services.

Age

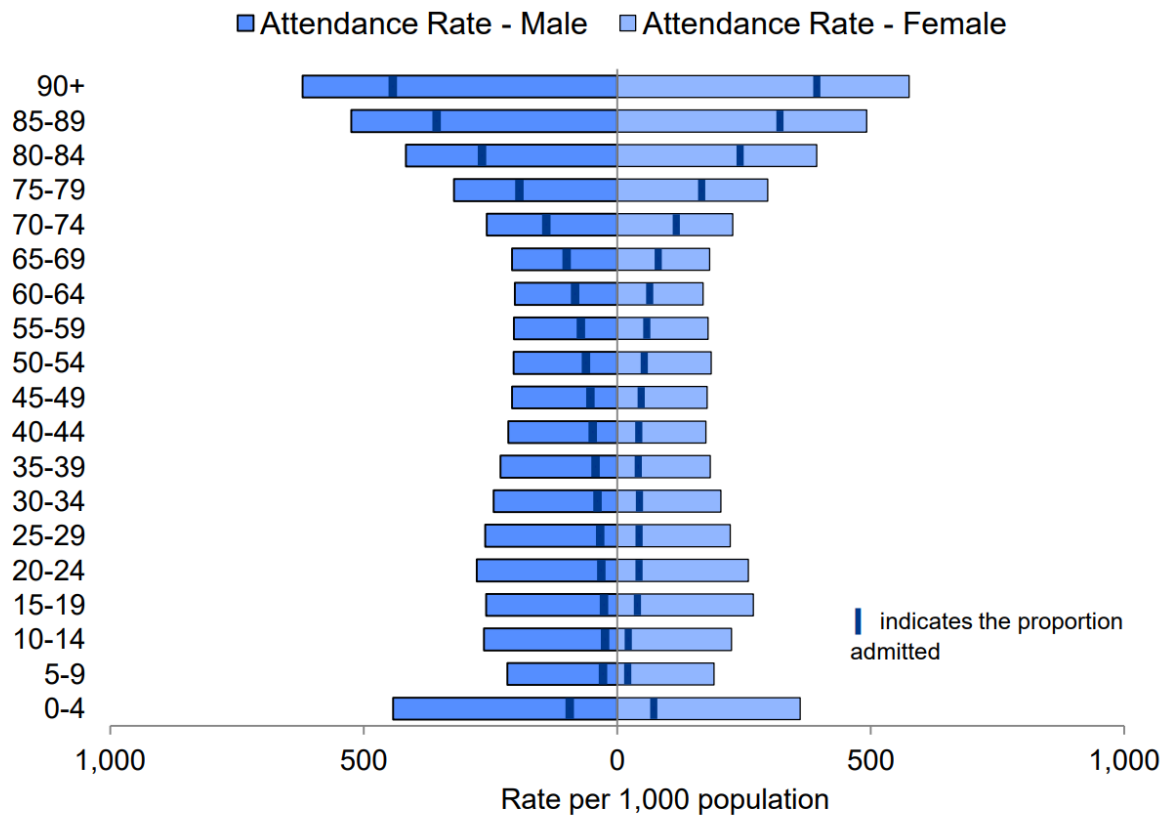
The NHS NSS 'Who Attends Emergency Departments' report highlights that very young and older people are more likely to attend an emergency department and more likely to be admitted to hospital following their attendance.

Children aged up to four years of age made more attendances to Emergency Departments than any other age group.

Patients in older age groups are far more likely to be admitted to hospital after an Emergency Department attendance. There were 343 attendances per 1,000 population for patients aged 70 or over of which 207 (60.2%) resulted in an admission to hospital.

Figure 2.1 from the NHS NSS report shows the breakdown of emergency department attendance and admission by age and gender. This breakdown shows that males were more likely to attend an emergency department than females with an attendance rate of 254 per 1,000 population, compared to 228 per 1,000 for females. Overall males were less likely to be admitted following their attendance, particularly those aged 15 – 35. It was noted that this group is perhaps at a higher risk of work or sports related injuries that do not require subsequent hospital admission.

Figure 2.1 Emergency Department attendance and admission rates by age and gender for the year ending June 2015



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'.

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.

The evidence suggests that disabled people are more likely than non-disabled people to experience socio-economic deprivation. Additionally, poverty rates remain higher for households in which somebody is disabled compared to those where no-one is disabled. Based on previous data presented in this report, this suggests that disabled people are more likely to access urgent care.

Disabled people could experience barriers to accessing telephone services for a number of reasons. The wide ranging number of conditions that could impact a person's ability to communicate effectively over the phone will make it difficult for NHS 24 to always fully meet the needs of everyone. However, this should not mean that we simply deliver our telephone services without taking reasonable steps to consider what barriers exist and how they could be removed.

In 2019, NHS 24 staff undertook a number of engagement activities (Art of the Possible) with disabled people who can experience barriers to communication. This engagement highlighted a number of things for NHS 24 to consider when delivering telephone based services, they include:

- 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 an 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 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 all the services provided by NHS 24 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 are immediately aware of a caller's specific needs.
- Involving users in the development of services, and planning for reasonable adjustments at the start of a project.

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 and 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 NHS 24, 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 NHS 24 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-SCOTLAND-BSL. NHS 24 staff are currently working with Scottish Government and partners to determine if this hub can be established.

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.

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.

Race

The Scottish Governments Poverty and Income Inequality in Scotland: 2016-19 update published in March 2020 noted that in 2014-19, people from non-white minority ethnic groups were more likely to be in relative poverty after housing costs compared to those from the 'White – British' and 'White – Other' groups. The poverty rate was 39% for the 'Asian or Asian British' ethnic groups, and 38% for 'Mixed, Black or Black British and Other' ethnic groups. The poverty rate amongst the 'White – Other' group was 25% (80,000 people) and that of the 'White – British' group was 18% (860,000 people).

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, 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 who are already reported to have a lack of understanding of the Scottish health system.

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 their preferred languages.

In 2018, NHS 24 undertook engagement with minority ethnic people and organisations that represent their interests to help understand what could be done to improve NHS 24 services for minority ethnic communities, refugees and asylum seekers. Findings from this engagement were as follows:

- Many people identified that they would seek medical help and advice from trusted sources within their communities e.g. local networks, instead of seeking help from a health professional.
- More needs to be done to raise awareness of NHS 24 services amongst minority ethnic communities, refugees and asylum seekers. It was fed back that there is disparity between particular communities, in regards to the amount of knowledge and awareness they have of available health services.
- Many will not seek help at all, until an emergency arises. This results in their first experience of using a health service being at A&E.
- 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 the conversation then this should be provided.
- Staff should be aware of the cultural sensitivities related to sharing some health issues, for example, mental health issues or sexual health issues.

Religion and belief

The Scottish Governments Poverty and Income Inequality in Scotland: 2016-19 reported that in 2014 to 2019, Muslim adults were more likely to be in relative poverty (49%) than adults overall (18%), after housing costs were taken into account. Of adults belonging to the Church of Scotland, 15% were in relative poverty after housing costs (180,000 adults

each year), compared to 19% of Roman Catholic adults (120,000 adults) and adults of other Christian denominations (also 19%; 70,000 adults).

Sexual Orientation and Trans status (gender reassignment)

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.

Though, it is known that LGBT people can experience health inequalities for a number of different reasons, it is unclear if the proposed changes will create any new unintended inequalities for LGBT people.

Other groups

The impact on other groups of people who are more likely to experience socio-economic disadvantage, and subsequently be more likely to access urgent care services, should be considered.

Previous engagement with 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.

The introduction of the requirement to call NHS 24 prior to presenting at emergency departments could have a significant impact on people experiencing homelessness. Homelessness can be driven by individual vulnerabilities or support needs, for example, mental ill health, learning or physical disability, a medical condition, family/relationship breakdown, drug or alcohol dependency, lack of basic housing management or independent living skills or experience of institutional care. The EHRC's 'Is Scotland Fairer 2018 report' noted that barriers for people who had experienced homelessness included difficulties registering with a GP, and a lack of information on where to go for treatment.

These new urgent care model could exacerbate the existing inequalities that homeless people already experience when seeking to access healthcare.

The Islands (Scotland) Act 2018 requires public bodies to consider the unique needs and experiences of the people living on Scotland's islands. The potential impact of the changes on island inhabitants is not clear and further engagement with this group of people to help understand any potential adverse impact is suggested.

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

5. Recommendations to help ensure NHS 24's role within the redesigned Urgent Care Model 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. The evidence presented in this impact assessment highlights that people experiencing socio-economic deprivation are those most likely to seek urgent care.

The report also highlights the barriers to telephone access some groups of people can experience. These barriers could result in increased patient harm and/or certain groups of people failing to adhere to the new urgent care model and seeking to continue to present in person for emergency care services.

In order to play our part in tackling the health inequalities that exist, NHS 24 must ensure that our delivery of the new urgent care model meets the needs of everyone living in Scotland.

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 people experiencing socio-economic disadvantage are more likely to access urgent care than those people who are not. Groups of people noted as being more likely to experience poverty include:

- minority ethnic people (including Gypsy/Travellers, migrants, refugees and asylum seekers)
- people who are Muslim
- disabled people
- care experienced young people
- people experiencing homelessness
- people living in the most deprived areas of Scotland according to the Scottish Index of Multiple Deprivation

NHS 24 should seek to ensure that these groups of people, and organisations that represent their interests, are engaged with to better understand the impact of proposed changes.

Engagement should explore:

- Will the requirement to phone NHS 24 when an individual or their family have an urgent health care problem cause them any difficulty or concerns?
- If yes, what are those difficulties or concerns?
- What could NHS 24 do differently to help make sure people can easily contact us about an urgent health care problem?
- What information do people need so that they know who they should contact about an urgent health care problem? What are the best ways to provide people with that information?

2. Parents of children under 5 and older people (65+) are also noted as being more likely to access urgent care services.

NHS 24 should seek to ensure that these groups of people, and organisations that represent their interests, are also informed and engaged in relation to the proposed changes.

3. Due regard for the need to engage with LGBT people and people who live in remote or rural areas (including islands) should also be considered, as the potential impact of the proposed changes on these groups is not clear from the evidence available. Any engagement undertaken with these groups should seek to improve our understanding of any potential impact.

4. NHS 24 should seek to ensure that the introduction of the requirement to contact them prior to people being able to access urgent care is not an unintended barrier for any groups of people. Particular regard should be given to the groups of people identified within this impact assessment. For example:

- How to overcome common barriers to access for disabled people should always be considered. The evidence in section 4 of this report, relating to disabled people, highlights some of the barriers NHS 24 should consider.
- Lack of awareness of NHS 24 services within minority ethnic communities and the barriers to access they can experience when accessing NHS 24 services should be addressed. The provision of services and information about these services in other languages should always be available. In order to reduce the health inequalities gap that exists, NHS 24 must provide appropriate access and service provision for minority ethnic communities living in Scotland. The evidence in section 4 of this report, under Race highlights some of the barriers NHS 24 should address in relation minority ethnic people.

The engagement activity highlighted in recommendation 1 could provide additional information about barriers people might experience and this should also be considered and addressed.

5. As part of the national group supporting the changes to urgent care, NHS 24 should seek to ensure that changes to the urgent care model are communicated clearly to communities across Scotland, with targeted engagement and communication for the groups of people highlighted within this report as being more likely to access urgent care, or experience inequalities when seeking to access health services.

6. In order to meet the needs of disabled people who may experience barriers to effective telephone communication, NHS 24 should continue to work with partners to support the creation of a national communication hub similar to the service provided by Contact-SCOTLAND-BSL.

7. Further engage minority ethnic communities that may benefit from using language line to promote it and obtain their feedback on their experience of using it.

8. There is a lack of current data in relation to who uses and who does not use NHS 24/Urgent Care services. NHS 24 should consider how it can monitor which groups of people commonly access its services to help establish which groups do not. This data will help NHS 24 to understand where future engagement and promotion of services should be targeted.

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. Monitoring and Review

Arrangements for monitoring and reviewing the impact, planned and unplanned, of NHS 24's role within the redesigned Urgent Care Model will be put in place following, and taking account of, what we learn from our consultation on these draft findings.

Signed	Steph Philips
Designation	Director of Service Delivery
Date	06 November 2021

Annex A

Who carried out the impact assessment?

The impact assessment of NHS 24's role within the redesigned Urgent Care Model was carried out by staff members within the Engagement Team.