

Section 4 Integrated Impact Assessment

Summary Report Template

Each of the numbered sections below must be completed

Interim report	√	Final report	
Date	16 th December 2020		

1. Title of plan, policy or strategy being assessed

Covid-19 Vaccination Programme – Wave 2 and 3

2. What will change as a result of this proposal?

As part of the UK wide Covid-19 Vaccination Programme, the Scottish Government will be sending information to everyone across Scotland explaining what the vaccine is, how people are being prioritised and what to expect when being vaccinated. They will be advised on where they will receive their vaccine, how to make an appointment and what they need to know. This will ensure service users have all the information they need to enable them to give informed consent to receiving the vaccine.

The programme is a major public service exercise and is the largest, most complex vaccination programme ever attempted and planning is crucial.

Vaccine hesitancy and confidence may be a particular issue for the Covid vaccine due to the newness of the vaccine, safety concerns and anti-vax movement.

A national vaccination publicity campaign will be launched in January 2021, supplemented by local communication channels, and a national appointment scheduling tool will be available by February 2021.

The Joint Committee of Vaccination and Immunisation (JCVI) issued information on the priority groups on 2nd December 2020.

The first wave of the programme will be rolled out over December 2020 and January 2021. NHS Scotland's Chief Medical Officer indicated on 4 December 2020, vaccine priority cohorts for the early phase of the programme should focus on residents and workers in care homes for older adults, healthcare staff working with direct face to face contact in healthcare settings and in view of limited vaccine availability NHS Boards should seek to cover vaccinators, health care staff based on risk assessment such as taking into account factors such as those who are working in Covid 'red' areas and age (older staff) and long stay inpatients aged over 80 years.

The discussion for the equality impact assessment focussed mainly on wave 2 and beyond, which is everyone between age 16 and 79 years of age. This will be rolled out from February 2021 onwards. NHS Lothian would like to ensure the programme will be person centred and patient focussed in relation to access and equity for all citizens within Lothian.

The programme groups aim was to understand the specific needs of minority groups to help engage them with the programme to ensure they are safe and protected against covid-19, along with the wider population.

The vaccine programme will be delivered over 4 mass vaccination venues across Lothian comprising of walk through and drive through options. This will be supported by local vaccination centres within each of the four health and social care partnership areas; Edinburgh, East Lothian, Midlothian and West Lothian.

3. Briefly describe public involvement in this proposal to date and planned

Development and approval of the vaccine has been done at a remarkable pace. Beyond national debate in the media, NHS Lothian has not yet been able to engage local communities in any discussion of the proposals for vaccination.

4. Date of IIA

8th December 2020

5. Who was present at the IIA? Identify facilitator, Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)

Name	Job Title	Date of IIA training
Chris Bruce (facilitator)	Lead on Equalities & Human Rights, NHS Lothian	November 2017
Lorna Willocks (facilitator)	Public Health Consultant	
Simita Kumar (facilitator)	East Region Project Manager, NHS Lothian	
Alyson Cumming (facilitator)	Covid Vaccination Programme Manager, NHS Lothian	
Jess Miller (Note Taker)	Project Manager, Vaccination Programme, NHS Lothian	
Frieda Cadogan (Note Taker)	Covid-19 Vaccination Programme Co-ordinator	
Ruth Burns	Business Change Manager, NHS Lothian	
Nicola Rigglesford	Service Manager, Analytical Services, NHS Lothian	
Danny Gillan	Head of Soft Facilities, NHS Lothian	
Jeannette Morrison	Head of Patient Experience, NHS Lothian	
Smita Grant	Edinburgh HSCP	
Alice Harpur	Public Health SpR, NHS Lothian	
Angeles Mendoza	Health & Safety Lead, NHS Lothian	
Claire Glen	Senior Health Promotion Specialist, NHS Lothian	
Callum Mutch	Specialty Registrar, NHS Lothian	
Anna Gryka-MacPhail	Obesity Action Scotland	
Lyndsey Devine	Team Manager, Vaccination Team, NHS Lothian	
Kate Burton	Public Health Practitioner, NHS Lothian, National Lead for Gypsy Traveller work.	
Maureen Reid	Pharmaceutical Consultant, Public Health, NHS Lothian	
Annette Gallimore	Senior Public Health Researcher, NHS Lothian	
Susan Grant	Salvation Army	

Kirsty Barron	Community Health Inequalities Nurse	
Jan Williamson	Streetwork	
Linda Smith	Drugs Liaison Nurse, Harm Reduction Team	
Kevin Neary	Aid & Abet	
Julie-Anne Graham	Aid & Abet	
Caroline Rooks	Age Scotland	
Melissa Reid	Simon Scotland	

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need	yes	A presentation was given by Covid-19 Vaccination Programme Manager which included this information. Clear evidence that some groups may not access the proposed programme of vaccination.
Data on service uptake/access	yes	As above
Data on equality outcomes	yes	As above
Research/literature evidence	yes	As above and input from colleagues involved in flu vaccination programme and a review of the Public Health Scotland-led national Equality Impact Assessment for the flu vaccination programme was done prior to the meeting to bring into discussions.
Public/patient/client experience information	yes	Representatives from a wide variety of third sector support services in attendance at the meeting to feed in patient experience, including suggestions for improving equity of access.
Evidence of inclusive engagement of service users and involvement findings	yes	As above
Evidence of unmet need	yes	As above
Good practice guidelines	yes	As above
Environmental data	N/A	Environmental data was not exclusively discussed in detail. The delivery of the Covid-19 vaccination programme however will be focused across the four HSCP to reduce travel across localities
Risk from cumulative impacts	N/A	As above. The benefits of this vaccination programme out-weighs the cumulative impact if no action is taken
Other (please specify)	N/A	N/A
Additional evidence required	N/A	Agreement we need to monitor progress and probably assess impact again in March 2021.

7. In summary, what impacts were identified and which groups will they affect?

Equality, Health and Wellbeing and Human Rights

General Comments

Proposal seeks to enable all individuals to take part in the vaccination process from initial communication through to booking of appointments and attendance at the clinics. The aim is to make this inclusive for all service users in an equitable way, while reducing barriers to access.

Service users should be able to access the clinics in a safe, scheduled manner either at a drive through/walk through clinic or local vaccination clinic, with adherence to social distancing guidelines. If this is not possible other methods will need to be considered.

People with addictions and poor mental health as well as people in the criminal justice system

Overall the general approach that requires individuals to prioritise, make and attend an appointment for vaccinations will not be sufficient for these groups. The competing issues will be lack of resources to get to the appointments, challenges with addiction and poor mental health that prevent the same level of access in comparison to the general population. This also applies to wider groups that fit in the inclusion health definition.

To ensure the vaccine reaches vulnerable groups, there is a need for an enhanced approach that utilises existing links with trusted services and agencies. This will be the final stage in the enhanced pathway that has been developed in Lothian during the pandemic from preventing and managing Covid, to access to testing, contact tracing and now access to the vaccine.

Many users are already extremely socially isolated and a process of booking online and setting appointments further excludes them.

We know from previous work that the most effective way to reach some of the most excluded are through assertive outreach and using opportunities where they are presenting for other support or services such as community pharmacy for prescriptions, GPs, substance use services or harm reduction.

Prison population

What are the plans for vaccinating the prison population or people leaving prison? Access to health services and routine healthcare including screening and immunisation is available for all prisoners. Existing services can be utilised to ensure rollout of vaccinations. Further considerations will be required for people leaving prison.

Gypsy/Travellers

Gypsy/Travellers typically experience significantly poorer health and shorter life expectancy compared to the general population. Despite this greater health need, they experience considerable barriers in accessing health services and preventive healthcare, including vaccinations.

Given the culture and traditions of Scottish Gypsy/Travellers, it is crucial that Boards work together to establish a Scottish wide approach to developing and implementing the flu and COVID-19 vaccination programme. This will ensure that those Gypsy/Travellers who are shifting/travelling during the vaccination programme timeline will still be able to access vaccinations locally even if they are currently living out-with their GP practice area.

The information within this section of the report, has been developed by Scottish Gypsy/Travellers and trusted intermediaries, including NHS staff, who work with the community. It also draws on the recent report from Glasgow Caledonian University 'Identifying interventions

with Gypsies, Roma and Travellers to promote immunisation'¹. The guidance is underpinned by the rights of Gypsy/Travellers to use NHS Scotland services without the fear of stigma or discrimination, for further information see 'Our rights, our health, our NHS'²

Older People

During the pandemic, Age Scotland has taken thousands of calls and emails from older people on many topics. A recurring theme is the belief among some older people, and especially among the over 70s, that the NHS no longer wants to deal with them or is closed to them.

This sentiment has most often been expressed by those who have had a planned NHS hospital appointment cancelled due to the pandemic, yet who have felt that their medical needs are not deemed important due to their age as the NHS was opening up again.

Homeless

People facing homelessness may not be registered with mainstream health services. They may be registered with Edinburgh Access Practice or they may not have a GP or may be registered with a GP but no longer at the address they registered under. Homelessness services can assist with linking to their clients - Edinburgh Access Practice (health services for homeless people), The Access Point (health, housing and social work), and Streetwork along with other homelessness services in Edinburgh can help. Third sector homelessness organisations have a network which meets monthly (SHAPE) and they could also assist with communication and reaching people facing homelessness.

Ethnic Minorities

Black, Asian and Minority Ethnic population has been particularly hard hit by COVID. Emerging research highlights that increased risk to Covid-19 is largely due to poverty and social disparity³. Another contributing factor is that the prevalence of Diabetes and comorbidities is higher in ethnic minority populations resulting in further risks⁴. The diverse range of languages further results in literacy and healthy literacy bias.

Further work is needed to assess if a particular education package is needed to ensure successful delivery of the vaccination programme.

Affected Populations

1. Information in advance of appointment/programme

Enablers

It would make informed consent more transparent and easier for all participants to have this information available to them. This would encourage more uptake and engagement with the programme with would have an overall positive impact on herd immunity.

Barriers

Specific format of materials may be out with Boards control as this is being done nationally and led centrally by the Scottish Government. Boards may not have the opportunity to have input into this.

Ethnic minority groups early reports are that there is anxiety that the vaccine has not been tested in diverse ethnic groups. Ethical trials around Pfizer vaccine have been quite diverse. There has been studies in ethnic minority groups and information is available around trials and safety of use.

Minority Ethnic Groups

There is however a need to ensure this information is clearly published and information on the trials and groups is

¹ <https://researchonline.gcu.ac.uk/en/publications/identifying-interventions-with-gypsies-roma-and-travellers-to-pro>

² <https://www.scotphn.net/wp-content/uploads/2020/11/Our-Health-Our-Right-Ours-NHS.pdf>

³ BMJ 2020;371:m4099; doi.org/10.1136/bmj.m4099

⁴ Vepa et al. 2020 Covid-19 and ethnicity: A novel pathophysiological role for inflammation. [Diabetes Metab Syndr](#). 2020 September-October; 14(5): 1043–1051.

<p>included.</p> <p>Potential to include communication using culturally appropriate information and channels.</p> <p>Minority ethnic groups may access media and social media in different languages.</p>	
<p>Produce short, jargon-free information and invitation letters with images to overcome any literacy barriers.</p> <p>Ensure up to date information about the advantages and disadvantages of the vaccine are clearly explained so that people can make an informed decision rather than one based on personal experience or observations of others who have had the vaccine.</p> <p>Distribute information to individuals via a trusted intermediary such as a third sector organisation, trusted health professional, Gypsy/Traveller Liaison Officer or 'community/primary healthcare worker'⁵. Ensure they have the knowledge to address any concerns/suspicious community members might raise, for example, 'contamination' from needles, potential side effects, not always believing that vaccines work and uncertainty about what the vaccine contains.</p> <p>Utilise the already established Gypsy/Traveller networks (e.g. Gypsy/Traveller Facebook page, Traveller Times, etc.) to distribute information about the vaccination programme and general information about vaccine effectiveness and safety.</p> <p>Ensure GP practices understand that Gypsy/Travellers can register permanently or temporarily at the practice without a fixed address or living on an 'unauthorised encampment'.</p>	Gypsy/Travellers
<p>Any written information should be succinct, easy to read and accessible for all, avoiding jargon and medical terminology. Myth busting.</p> <p>Inform people that there are wider impacts and benefits to society as a result of being vaccinated.</p> <p>Staff already working with users (homeless services, substance use services, recovery hubs, criminal justice settings, acute) should be trained to update and inform their service users on how to have a good conversation and how to use positive language to encourage their clients to access the vaccine.</p> <p>Training should include accurate information about the vaccine, any side effects, any contraindications- what does it mean for this client group. A significant amount will be living</p>	Substance Misuse Mental Health

⁵ <https://www.paveepoint.ie/project/primary-health-care-for-travellers-project/>

<p>with Hep C or HIV so more detail would be helpful about that.</p> <p>Staff across services need to be well trained to be confident in the delivery of messages about the vaccine and providing the same messages to improve consistency</p> <p>Trust - the staff who already have relationships with the clients are trusted and will be useful vehicles to deliver positive messages and used as an additional form of communication to these groups as well as leaflets and posters.</p> <p>Perhaps a recorded session for staff to access online would be helpful to hear how they can promote the vaccine effectively and in a motivational way.</p> <p>It is particularly important that the staff have information for the need to return for the 2nd dose. For users with turbulent lifestyles, this will be an additional challenge to get them to return for the second dose, hence why opportunistic vaccination will be more effective or where people are already going.</p>	
<p>2. Invitation Letter</p>	
<p>Enablers</p> <p>As above – this would make the informed consent more transparent and easier for all participants to have this information available to them, despite their individual situation. This would encourage more uptake and engagement with the programme with would have an overall positive impact on herd immunity.</p> <p>Reminder system again would increase the likelihood of this group with nomadic or turbulent lifestyles to attend the appointment.</p> <p>Negative</p> <p>Specific format of materials may be out with Boards control as this is being done on a one for Scotland approach centrally from the Scottish Government. Boards may not have the opportunity to have input into this.</p>	
<p>Address details may not be correct for homeless people.</p> <p>Homeless or chaotic people may not be registered with a GP</p> <p>Many homeless or other vulnerable people may not open/ respond to an official letter</p> <p>Use non-mainstream channels to reach people</p> <p>Use third sector such as homeless services and mental health services to get message out to service users in a positive way to encourage uptake. Could perhaps offer to travel to appointment with them.</p> <p>For people who have previously been homeless and who are now in settled accommodation with visiting support – a letter may not be the best way of contacting everyone and communications via social care agencies delivering housing</p>	<p>Homeless</p>

support or care at home to bolster other communications and make sure we reach as many people as possible.	
Literacy issues – Ensure letter very clearly written.	All groups
Language barriers - Have letter in different formats e.g. sign language, large print, braille, other languages, audio, easy read	All groups
There is a significant Roma population on the streets who are often very reluctant to engage with services and would benefit from a targeted approach. There is learning from the vaccination programme that took place during covid which Claire Glen from Public Health was part of	Homelessness/Gypsy/Travellers
Important that first experience is positive to encourage attendance for second vaccination. Reminder system for second vaccination. Especially if people have turbulent lifestyles or have had a negative experience on first dose. The second appointment would be made at the first one but if they do not attend the first, this system will break down. Text reminder would be very good. Targeted messages on social media for ethnic minority population.	Minority Ethnic Groups
There may be hesitation if abusive marks are on their body however there might be opportunities to reach out to health and social care professionals in their vaccination rooms. Community Pharmacies may be safe spaces people can go to.	Domestic Abuse
This is a very transient population and some will have no address, others will move frequently but also the likelihood of responding to an invitation letter is low. Some people living in temporary accommodation such as hostels and hotels may use a family or friends address but not actually stay there so may not receive the letter in time. In services working with inclusion health groups we have found that phone calls or outreach to see the person is the most effective way to engage.	Substance Misuse Mental Health
Religious beliefs – Porcine in vaccine could liaise with Muslim council to get statement same as flu.	Minority Ethnic Groups
3. Booking an appointment	
Enablers As above – it would make the booking of an appointment easier for all participants which would improve uptake with this group and have an overall positive impact on herd immunity. It would also ensure these groups of people are not forgotten about.	
Barriers A National booking system being developed which is out with Boards control as this is being done on a one for Scotland approach centrally from the Scottish Government. Boards may not have the opportunity to have input into this	
Provide flexible and diverse systems for booking appointments, recall and reminders, for example texts are useful when Gypsy/Travellers are shifting/travelling.	Gypsy Travellers/ migrants/Minority Ethnic Groups

<p>Identify Gypsy/Travellers in health records to record immunisation uptake and tailor support.</p> <p>Increase diversity and range of language for migrants, ethnic minorities/Roma travellers.</p>	
<p>Mainly online so IT literacy and availability of digital equipment</p> <p>Use third sector to help with digital access e.g. Streetwork, Help the Aged, Access Point, Access Practice.</p>	All groups
<p>Digital Inequalities/Exclusion - significant problem for older people, with approximately 500,000 people over the age of 60 not using the internet in Scotland.</p> <p>Age Scotland's experience during the flu vaccination this year was that many older people found the NHS Inform webpage on flu vaccination too difficult and confusing to navigate.</p> <p>We would recommend that people are given the option of a phone number to call to book their Covid-19 vaccinations. On NHS Inform website it says the freephone number cannot be used for booking appointments. Allowing bookings through the NHS Inform freephone number just for certain age groups or people with other protected characteristics could also make navigating the system easier for these groups.</p> <p>We would suggest that using third-sector partners with their own freephone helplines to refer people through to NHS Inform booking system could work well.</p> <p>Difficulty using telephone hold lists Age Scotland helpline has heard from older people who struggle with telephone hold lists as they find them very difficult to use and do not always end up getting through to the service they intended to speak to.</p> <p>Adequate staffing of the Freephone number This year has demonstrated more than ever the importance of having telephone numbers that older people can call for clarity and advice. We would like to see the NHS Inform Freephone number be well staffed.</p> <p>Local information from NHS Lothian It was mentioned during the meeting that the report on the EQIA will be hosted on the NHS Lothian website.</p> <p>We have found that tailored-local information is hugely beneficial when advising older people of how to get their flu vaccination. So, if NHS Lothian is able to host local information clearly on their website, this would be of great help.</p>	Older People
<p>4. Getting to appointment</p>	

Enablers

As above would make the booking of an appointment easier for all participants which would improve uptake with this group and have an overall positive impact on herd immunity. It would also ensure these groups of people are considered. This is important due to some of the minority groups such as gypsy/travellers living in close proximity to each other, with little social distancing, therefore increasing the risk of transmission.

Poor hygiene amongst some groups could also increase the risk of transmission.

Barriers

National guidelines have been issued to Boards on how the programme should be delivered and to which cohorts and when.

Mass vaccination sites are the Scottish Governments model and Boards have restrictions around how to deliver these locally.

The issue around free transport is a local authority decision and again out with the Boards control.

Again, funding for travel expenses would come from central government and would be out with Boards control.

May not get appointment at local site – not protected for local people.

All groups

Accessibility for rural communities, elderly

Older population/Rural communities

Could ask Lothian buses to provide free transport to venues or NHS Lothian could provide mini-buses.

Outreach workers could accompany people

Mop up clinics could take vaccine out to communities/groups in the same way as flu. Importance of local mop up venues.

Consider other locations e.g. campus for students

Local resilience network with local volunteers will know older people who can't get out and can't travel – could identify those people through this.

Large sites could take all day to get to and from appointments for some communities

Age Scotland knows from the flu vaccinations this year that many older people struggle to get to drive in vaccination sites.

Many older people do not have access to a car and would have been reliant on public transport before the pandemic.

We would suggest that supporting the provision of community transport could be a good option for older people to reach mass vaccination sites safely.

Some people from this group may be worried that they may not be able to afford the cost of the vaccine or the travel to get there so it may be important to clarify eligibility	All groups/Refugees/Asylum Seekers
Individuals with Morbid obesity and reduced mobility might have additional challenges with transport and commute..	Morbid Obesity
<p>Consider approaching pharmacists to relay information to patients and to give vaccines or use substance misuse service where engagement is already present.</p> <p>Digital access not consistent or available for all Booking systems not appropriate-long waits, giving info a real issue for many.</p> <p>Travel to mass clinics will be a huge issue and concern.</p> <p>Drive through and access to transport may be an issue Think about the possibility of providing free day tickets for the trips to get their vaccination</p> <p>Look at buddy systems, bring a friend, relative or peer along to get vaccinated together</p> <p>Some people may struggle to leave the house or be anxious (PTSD, Agoraphobia, Trypanophobia (fear of needles))- can there be quiet times set up for these groups</p> <p>Volunteer services that can provide transport to bring people to appointments</p>	Substance Misuse
<p>Issues with people who live with large extended families being dependent on family to take them to appointment.</p> <p>Could do this through community pharmacists, GP.</p>	Minority Ethnic Groups
5. The Appointment	
<p>Enablers Patient centred care would ensure members of the population return for their second appointment, which would have an overall positive impact on the population at large as this would help with herd immunity.</p> <p>Barriers Due to the guidelines from the Scottish Government and their preference for mass vaccination sites, it may not be possible to engage community pharmacists or groups of healthcare professionals that the minority groups are familiar with.</p>	
<p>Important to ensure a good experience so people are encouraged to come back for second dose.</p> <p>Reliance on booking second appointment at time of first.</p> <p>Text reminders or other methods of reminder.</p>	All groups
<p>Would be good if vaccinators were familiar faces-such as pharmacists, CPNs, GPs more trusting of professionals who have regular contact.</p> <p>What happens if people do not attend for an appointment? We often find that the groups we are considering struggle with appointments.</p>	Substance Misuse and Mental Health

Environment and Sustainability	Affected Populations
<p>Enablers Intention is to deliver a sustainable solution to the Covid pandemic</p>	All
<p>Barriers Possible increase in road traffic and congestion at drive through centres – carbon and other pollutants</p>	All, but particularly local residents and workers

Economic	Affected Populations
<p>Enablers Not discussed. There is a cost of procurement and additional resource to safely deliver the rollout of the vaccination programme. However, mass vaccination of the population for Covid-19 has positive effects on the economy enabling people to return to work and business to operate without restrictions.</p>	
<p>Barriers Not discussed – cost of vaccination programme on NHS finances may have a negative impact on the overall economy and may affect future NHS funding in some areas. Ripple effects of missed and rescheduled care (including screening programmes and procedures) will have an impact on increased waiting times.</p>	

8. Is any part of this policy/service to be carried out wholly or partly by contractors and how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?

Contracts will be in place in mass vaccination sites however this will be for building and site management only. NHS Lothian operational leads will be in place at each site to ensure NHS policy is adhered to for all of those attending an appointment.

9. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

Communications for the Covid-19 vaccination programme is being led by a national campaign via the Scottish Government, along with local communications. They have a National Programme Group in place to assist boards with the delivery of the programme and via Public Health Scotland are issuing information on appointments and information on the vaccine, directly to the public for those age 16 to 79, which are part of wave 2 onwards of the programme. Wave 1 which includes residents and staff within care homes, over 80s, housebound and health and social care workers will be delivered via staff vaccination clinics, GP practices and through care home managers. All communications for wave 1 will be issued centrally also by Public Health Scotland through these delivery channels.

The national campaign includes a wide mix of national marketing, advertising, media and engagement activities targeting the Scottish population as a whole to encourage and reassure the public in accepting the vaccine. As part of this the Scottish Government has carefully considered how activity can be made easily accessible and

will reach a wide range of audiences. All information will be made available in braille, large print, translations, easy read, British sign language and audio. This content will be accessed via NHS Inform and will also be signposted as part of a national door drop campaign. Where possible this will also be supported at a local level.

We will develop a local Covid Vaccination Communications plan to complement the National Communications Strategy, building on local experience of engaging our local communities, including homeless people.

- 10. Does the policy concern agriculture, forestry, fisheries, energy, industry, transport, waste management, water management, telecommunications, tourism, town and country planning or land use? If yes, a Strategic Environmental Assessment should be completed, and the impacts identified in the IIA should be included in this.**

N/A

11. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

Group will meet again in March/April 2021 to discuss progress of the programme and outcome in relation to impact assessment. The group will explore if any further changes required.

12. Recommendations (these should be drawn from 6 – 11 above)

Work with local communities which may be at risk of not knowing about or taking up the opportunity to have the vaccination. In partnership with key third sector and other embedded organisations, test national communications, and develop appropriate information, and possibly delivery mechanisms for the vaccination where there is particular risk of people missing out.

The change in service delivery should be communicated clearly, concisely and translated into numerous languages (including British Sign Language) to meet the requirements of the residents of Lothian. Consideration should be given to ensure this communication is easily understood. Seek to use local networks, services, third sector organisations to spread the word.

Various media platforms and strategies should be utilised to communicate this service change to ensure it reaches as wide a distribution throughout Lothian as possible and be clearly documented within the local Communication Plan.

From both the national Near Me EQIA and via discussion from the focus group session the group strongly felt that although virtual consultation does have numerous benefits, access to face to face consultations should continue to be offered as an alternative option in order to mitigate any barriers.

For those individuals who are anxious or are less experienced using digital technology local NHS Boards should offer the opportunity of a test consultation and provide patient information detailing the Near me process prior to their virtual appointment. Further information for this is available on the NHS Lothian Internet page and via the Near Me website (<https://www.nearme.scot/>).

- 13. Specific to this IIA only, what actions have been, or will be, undertaken and by when? Please complete:**

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
Prison Population – requirement for national guidance relating to vaccination scheduling for prisoners has been added to the national action log	Alyson Cumming		
National Communications Update (14 December) – a national TV campaign will start on 28 December and a national door drop leaflet about the covid vaccine programme will take place from 5 January. Further details have been requested. Need for review of national / local vaccination campaign to ensure plans address IIA feedback.	Alyson Cumming	Raised with NHS L Communication Team for details on 14 Dec	
Feed the information collated within this report back to the Lothian Covid 19 Vaccination Programme Board for inclusion in planning going forward.	Alyson Cumming	Present this report at the Programme Board Meeting on 22 nd December for Board approval.	
Feed information collated within this report back to the Lothian Covid-19 Vaccination Programme Board to identify which areas of planning are not suitable for these groups of service users and implement alternative plans to ensure all equity and inclusion.	Alyson Cumming	Add as agenda item under mass vaccination planning for regular discussion to keep issues on the agenda.	
A second focus group will be arranged for March/April 2021 to review progress of the programme and impact so far on service user groups.	Frieda Cadogan	Arrange meeting February 2021.	

14. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?

National data collection via the TURAS app which all clinics throughout Scotland will use to capture accurate data on participants/attendees. This data plan includes the development of a Tableau dashboard which will capture all relevant information on all

cohorts in relation to uptake. This will allow us to analyse equity of service provision and outcomes by protected characteristic(s).

Additionally, NHS Lothian will aim to obtain service user feedback via a qualitative survey and through holding future focus group events in due course. A second IIA group will be arranged for March/April 2021.

15. Sign off by Head of Service/ Project Lead

Name:

Date:

16. Publication

Send completed IIA for publication on the relevant website for your organisation. [See Section 5](#) for contacts.