Integrated Impact Assessment : Summary Report Template

Each of the numbered sections below must be completed

Interim report	√	Final report		(Tick as appropriate)

1.   Title of plan, policy or strategy being assessed

Re-design of Urgent Care – Scheduling Unscheduled Care

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

Redesigning Urgent Care aim is to ensure the safety and wellbeing of public, patients and staff by supporting the public to access the right care, at the right place, at the right time. The following current service provision will remain the same:

- Signposting the public to access services such as NHS Inform for high quality information and self help guides.
- Advising the public to visit their local pharmacy for advice and care and to use their minor ailments service, known as Pharmacy First.
- Advising the public to call their GP practice, dentist or optometrist 8am to 6pm to access help for same day urgent care and routine care.
- In a life-threatening emergency the public will be advised to continue to dial 999 in a life-threatening emergency

The proposed service changes include:

- Asking the public to call 111 before attending a minor injuries unit or emergency department when it is not a life-threatening emergency. NHS24 will provide an initial telephone assessment and if required a scheduled virtual or face to face appointment at a minor injuries or emergency department can be provided.

It is anticipated this change will ensure patients are directed to the most appropriate service at the start of their patient journey, and provide care closer to home where possible. This will help to relieve pressure at emergency departments and avoid overcrowding which is essential under the current circumstances in order to maintain safe physical distancing and reduce infection risk.

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

The RUC proposal builds on related pieces of national work, including the rapid roll out of Attend Anywhere / Near Me consultations during the Coronavirus Pandemic Lockdown. That piece of work benefitted from widespread public engagement and an initial impact assessment, both of which have informed our work in Lothian on RUC.

In Lothian, an invite was sent via the NHS Lothian Get Involved Network encouraging individuals to attend a focus group session to discuss the proposed service change and the impact this may have both positively and negatively on service users.
Future focus group sessions will be arranged in due course (provisional date scheduled for February 2021) to evaluate and obtain feedback from service users regarding this service change and highlight possible future service amendments as required. Future focus groups will include core membership from the initial group in order to develop the dialogue around the changes and increase the qualitative value of the sessions.

4.   Date of IIA: 14.10.2020

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	Equality and Human Rights Lead NHS Lothian Facilitator	November 2017
Simon Malzer	Public Involvement Manager NHS Lothian Co-facilitator	N/A
Rakiya Suleiman	Equality and Diversity Advisor NHS Lothian Co-facilitator	September 2020
Jenny Long	RUC Programme Director NHS Lothian Lead Officer	N/A
Gill Clarke	Emergency Department Clinical Service Manager NHS Lothian	N/A
Keren Tipton	Service Improvement Manager NHS Lothian	N/A
Lynne Ziarelli	Communications Manager NHS Lothian	N/A
Pamela Holland	Project manager NHS Lothian Report writer	N/A
Fifteen public representatives	The public representative group contained people with insights into older people, carers, BAME, visual	N/A

	impairment, children and young people and individuals with long term health conditions	

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need	Yes - from National Near Me EQIA	- People of older / middle years may be less likely to engage with services digitally. - Individuals of ethnic minority are less like to engage with the internet. - For those where English is their second language, there may be an initial delay when accessing services remotely. - Services should consider how to communicate changes for individuals where English is their second language, have low literacy skills, people with a sensory impairment, for example blind and partially sighted people, or may be young carers and include plan within local Communications strategy - People living with socio-economic deprivation are more likely to be digitally excluded. - Disabled people experiencing gaps in social care may be more likely to attend A&E. - Parents and / or carers are more likely to attend A&E. - Those individuals who have experienced previous discrimination or had a negative experience may be more likely to attend A&E instead of alternative services. - Those experiencing mental health crisis are more likely to attend A&E particularly when access to alternative services is not available or difficult. - Women and LBGT people are more

Evidence	Available?	Comments: what does the evidence tell you?
		likely to live in difficult home circumstances. If an initial virtual assessment is carried out within the home environment it may increase risk and therefore result in them being reluctant to engage. Services must ensure any service change does not miss this patient group and alternative access to services is offered. - Students and young people are more likely to live in shared accommodation and may lack space to undertake a confidential consultation. - Gypsy Traveller communities may have difficulties with GP registration, anticipated discrimination or poor treatment, literacy and communications which require to be considered. Older gypsy travellers may benefit from a pictorial explanation of service change. - Service change may have a positive impact to all patients as there will be less need to travel which will reduce cost, be more convenient and safe for individuals as the infection risk is reduced. - This may also increase equity of access to services for all patients.
Data on service uptake/access	Yes	Over 1000 members of the public used the service during the pilot. Access to or ability to use the technology for the Call MIA service was recognised as a constraint for the service and additional scheduled face to face pathways are being developed to support the wider population. A free phone number has been introduced to support people living with socio-

Evidence	Available?	Comments: what does the evidence tell you?
		economic deprivation.
Data on equality outcomes	Yes	Gender, age and place of residence. No evidence of differential outcome at time of IIA
Research/literature evidence	Yes - from National Near Me EQIA	
Public/patient/client experience information	Yes – from NHS Lothian Call MIA	An example of a patient experience of using NHS Lothian Call MIA service can be found on the this STV News link
Evidence of inclusive engagement of service users and involvement findings	Yes	An NHS Lothian focus group was organised on the 14th Oct 2020. Participants were invited to attend via the Get Involved Network to provide an overview of the proposed change in service delivery and discuss the impact of this. A further focus group is provisionally scheduled for Feb 2021 to re-assess this service change.
Evidence of unmet need	Not known	
Good practice guidelines	No	There are no good practice guidelines available at present for Scheduling Unscheduled Care as this is a new innovative way of working. As this re-design of urgent care is implemented throughout the United Kingdom any good practice guidelines which are published in due course will be reviewed and recommendations considered for implementation locally.

Technology Enabled Care in Scotland have written guidance for the implementation and use of the Near Me platform for virtual consultations for scheduled and unscheduled patient care models for NHS organisations. A summary of this guidance can be found via this TEC Scotland link |
| Environmental data | Scottish Health and Inequalities Impact | This change in service delivery may contribute to carbon reduction and |

Evidence	Available?	Comments: what does the evidence tell you?
	Assessment	enhance environmental sustainability.
Risk from cumulative impacts	Not known	
Other (please specify)		
Additional evidence required		

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

Equality, Health and Wellbeing and Human Rights	Affected populations
Positive	
Proposal seeks to enable all individuals to attend appointments in a safe scheduled manner either virtually or face to face avoiding overcrowding.	All population groups
Potentially improved access to services for all individuals by removing the requirement to travel.	All population groups
Facilitates participation of family member/carer or interpreter to be involved in appointment consultation if required.	People requiring language support or carer support
Negative	
Individuals who are digitally excluded may experience difficulty with accessing service.	Older people People experiencing poverty
Lack of safe, confidential space may prevent individuals from accessing service.	People experiencing domestic abuse
Language barriers may result in individuals being unaware of change in service delivery.	People who do not speak or read English
Individuals may experience increased steps / processes in their patient journey which may result in a delay access to services.	All population groups

Environment and Sustainability	Affected populations
Positive	
A positive impact is anticipated due to a reduction in travel to	All populations

	All populations
hospital sites which should reduce carbon footprint. **Negative** Until service change is fully embedded those individuals who attend Emergency Department unscheduled may be requested to attend at another scheduled time which may increase overall travel, potentially increasing carbon emissions.	

Economic Positive	Affected populations
With scheduling of appointments and a possible reduced need to attend Emergency Department in person, individuals should require to take less time off work / school with reduced travel costs (public transport, parking etc).	All populations
Negative With possible increased steps in patient journey this service change may increase overall time to access care which may result in increased time off work etc.	Rural populations in particular

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?

No

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 redesign of urgent care is being led by a national campaign via the Scottish Government. They have designed an overarching communications strategy to support the strategic objectives of redesigning urgent care and the introduction of the Right Care, Right Place approach to service delivery.

This national campaign includes a wide mix of national marketing, advertising, media and engagement activities targeting the Scottish population as whole to change public behaviour. 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.

At a national level the communications campaign will seek to engage with a wide range of organisations and stakeholders including those who work with children and young people, those affected by sensory or speech impairment, low level literacy or numeracy, learning difficulties or England as second language and can help to distribute and share campaign messaging in an appropriate format. This includes the Child Poverty Action Group, Coalition of Carers, Deaf Scotland, Scottish Refugee Council, Ethnic Minority Scotland, BEMIS Scotland, MECOPP.

At a local level we will seek to engage with stakeholders such as YoungScot, EVOC, RNIB and Lothian Centre for Inclusive Living.

Key national campaign materials, such as leaflets or website copy, will be translated into a variety of languages and accessible formats such as Easy Read and BSL. This content will be accessed via NHSInform 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 RUC Communications Strategy 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, an SEA should be completed, and the impacts identified in the IIA should be included in this.

No

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.

We noted the actual experience is likely to be different from what was foreseen. Future focus group provisionally scheduled for Feb 2021.

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

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 do 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/).

A further recommendation for virtual consultation is that NHS Boards should offer the ability for a three way consultation to enable family members/ carers/ interpreters participation as required. The opportunity for three way consultation is available via the NHS Lothian Near me platform. We are monitoring the effectiveness of this, in particular where BSL interpretation requires a high quality internet connection.

In order to overcome some potential barriers and to facilitate patient virtual access NHS Boards should consider loaning of devices or access to devices at local hubs. This will improve the opportunity for patients to attend appointments virtually and facilitate privacy for those who live in challenging home environments.

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
Launch of local NHS Lothian communication strategy in line with national campaign, and taking	Lynne Ziarelli Communications Manager	December 2020	January 2021

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
account of local demographics			
Development of leaflets and website information will be translated into a variety of languages and accessible formats such as Easy Read and BSL	Lynne Ziarelli Communications Manager	December 2020	March 2021
Minor injury and Emergency Department to continue to offer patients face to face consultations where these are preferred	Project Delivery Group	Oct 2020	Complete
Patients scheduled for virtual appointment to be provided with information regarding Near Me platform and opportunity to have test call	Keren Tipton Service Improvement Manager	December 2020	March 2021
Enable opportunity for virtual Near Me 3 way consultation	Paul Schofield Head of Digital Innovation	Oct 2020	Complete
Monitor effectiveness of BSL Interpreter in Near Me consultations and produce recommendations for appropriate use if required	Service Manager, NHS Lothian Interpretation & Translation Service	February 2021	March 2021

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

The NHS Lothian Re-design of Urgent Care Project Delivery Group has developed a plan to capture all data for this service change. This data plan includes the development of a Tableau dashboard which will capture all NHS24 urgent patient referrals to NHS Lothian and the outcome of these referrals, alongside data on protected characteristics of the patients. This will allow us to analyse equity of service provision and outcomes by protected characteristic(s).

Within this data plan, 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 focus group is provisionally scheduled for February 2021.

15. **Sign off by Head of Service/ Project Lead**

Name: Jenny Long

Date: 25th Nov 2020

16. **Publication**

Send completed IIA for publication on the NHS Lothian website via
impactassessments@nhslothian.scot.nhs.uk