The Scottish Ambulance Service
A Special Health Board of NHS Scotland

Equality Impact: Screening and Assessment Form

Section 1: Policy details - policy is shorthand for any activity of the organisation and could include strategies, criteria, provisions, functions, practices and activities including the delivery of our service.	
a. Name of policy or practice (list also any linked policies or decisions)	Strategy Refresh "Towards 2020: Taking Care to the Patient"
b. Name of department	Strategy and Quality Directorate
c. Name of Lead	Heather Kenney
d. Equality Impact Assessment Team [names, job roles]	Heather Kenney, Director of Strategy and Quality Improvement Stephanie Phillips, Head of Strategic Planning, Policy and Performance
e. Date of assessment	09/01/15
f. Who are the main target groups / who will be affected by the policy?	All patients, public, partner organisations and SAS staff
g. What are the intended outcomes / purpose of the policy?	The document sets out the strategic direction and commitments of the Scottish Ambulance Service from 2015 to 2020
h. Is the policy relevant to the General Duty to eliminate discrimination? advance equality of opportunity? foster good relations?	Yes
If yes to any of the three needs complete all sections of the form (2- 7) If no to all of the three needs provide brief detail as to why this is the case and complete only section 7 If don't know: complete sections 2 and 3 to help assess relevance	

Section 2: Evidence, consultation and involvement Please list the available evidence used to assess the impact of this policy, including the sources listed below. Please also identify any gaps in evidence and what will be done to address this.			
a. Previous consultation / involvement with community, including individuals or groups or staff as relevant. Please outline details of any involvement / consultation, including dates carried out and protected characteristics			
Details of consultations - where, who was involved	Date	Key findings	Protected characteristics
Inverness, Dundee, Glasgow, Ayr and Edinburgh annual PFPI meetings focussed on strategy refresh discussion document facilitated by Comms and Strategy team. Around 80 attendees across 5 events	4/02/14 6/02/14 10/02/14 11/02/14 12/02/14	• Agreement in principle to keeping patients at home but general agreement that need to raise public awareness of changes and reasons for decision to leave at home • Recognition of difficulties with integration currently and need to work closely with partners to ensure effective service and avoid duplication and confusion for patients • Alternative pathways and services need to be in place • SAS needs to have the right clinical skills in ACC and crews	Mixed age and gender groups, carers, patients with long-term conditions, mix of urban and rural
King Cross Hospital, Dundee Workshop with 12 patients with long-term conditions facilitated by Scottish Health Council. Stephanie Phillips and Keith Colver attended from SAS	10/11/14	• General expectation that if patients dial 999 they expect an ambulance, however, recognise that if public more aware that perception could change. • View that information is already shared and generally supportive of this to improve patient care. Important to share that with GP and keep them informed where patients have long-term condition but some anxiety around how up-to-date GPs keep records. • Need to raise awareness for public around changes	Long-term conditions, disability, health inequalities, mix of urban and rural attendees, mixed age and gender

		to service and look at working alongside GPs and NHS 24 to do this.	
An Lanntair Community Centre, Stornoway with 3 members of Ness community facilitated by Scottish Health Council. Stephanie Phillips attended from SAS	12/11/14	• Helpful to have clinical input into triage and need to ensure that vulnerable, particularly elderly patients' anxiety may increase with too many questions without explanation • Recognition of the community resilience support from CFRs and community networks to support SAS • Generally positive around sharing and accessing information to improve treatment providing robust governance in place but need to ensure patients and public aware and remember carers and vulnerable patients when considering communication • If the triage is effective and the clinical skillset appropriate then support for see and treat • Support opportunities to use telehealth to facilitate see and treat	Mixed age and gender, remote and rural island community
Darnley Primary School, Glasgow Workshop with 23 young people facilitated by Scottish Health Council. Stephanie Phillips and local paramedic and occupational therapist from GG&C community falls team attended on	17/11/14	• Mixed response but opportunity to raise awareness with children of the role of SAS	Age

behalf of SAS			
St Ola Community Centre, Kirkwall. Workshop with 9 people facilitated by Scottish Health Council. Stephanie Phillips and ASM for Orkney attended from SAS	26/11/14	• General presumption that dialling 999 will result in an ambulance arrival, however, with public awareness and explanation of decision around triage this could be mitigated. • Anxiety about the length of triage and duplication with NHS 24 processes • Should be clinical staff in ACC • No issues with sharing and accessing information to improve treatment with consent • Strongly supportive of see and treat, although some anxiety expressed that this is about better treatment and not saving money. • Need to ensure good communication in respect of handover and onward referral of patient, links with carers	Mixed age and gender group, island community, long-term conditions.
Nexus, King Street, Peterhead. Workshop with 8 users of mental health services facilitated by Scottish Health Council. Keith Colver attended from SAS	27/11/14	• Supportive of additional triage if it supports more effective care at home • Concern expressed around current confusion for some knowing which organisation to contact to access healthcare • Support for accessing and sharing patient information to improve treatment so long as avoid duplication • Support for see and treat but need to link in with pathways e.g. OOH CPN cover unavailable so 999 can be only option	Mental health
Biggart Hospital, Prestwick.	11/12/14	• Generally supportive of additional triage and hear and treat although still some expectation that	Mixed age and gender group, long-term conditions, carers.

Workshop with 4 carers and public facilitated by Scottish Health Council. Stephanie Phillips and TL from Kilmarnock attended from SAS		• dialling 999 would result in ambulance attendance • Concerns around potential confusion with NHS 24 and ensuring ACC staff are clinical or have clinical support • Strong support for sharing and accessing patient information to improve treatment and care • Support for see and treat and recognition of the challenges for SAS in accessing and developing pathways, notably mental health • Need to link in with other areas of system and support carers and those with long-term conditions to self-manage care	
Well Multi-cultural Resource Centre, Glasgow. Workshop with 4 members of the BME Well Women Group facilitated by Scottish Health Council.	12/12/14	• Difficulties in accessing help where English is not first language and access to translation and support – makes triage process and hear and treat challenging • No issue with information being shared between professionals to improve care but again highlighted language barriers which could lead to misinterpretation • Supportive of see and treat and prefer to be treated at home if safe to do so but sought reassurance that if real emergency would still be taken to hospital • Positive response to strategy and opportunity to engage	Race, gender

	Available evidence
b. Research and relevant information	
c. Knowledge of policy lead	
d. Equality monitoring information -- including service and employee information	Equality monitoring was part of SHC sessions and PFPI sessions. Equality monitoring data collection was not complete as not all forms given to participants at public meetings were returned. Participants covered a range across protected characteristics.
e. Feedback from service users, partner or other organisations as relevant	Discussion document responses
Final summary report from PFPI meetings 2014
Individual workshop reports and Summary report from Scottish Health Council workshops November / December 2014
f. Other	
g. Are there any gaps in evidence? Please indicate how these will be addressed	
Gaps identified	Incomplete equality monitoring data for participants at events
Measure to address these; give brief details.
Further research?
Consultation?
Other	Discussion with groups in future to highlight the importance of providing this information.
Note: specific actions relating to these measures can be listed at section 5	

The Scottish Ambulance Service
A Special Health Board of NHS Scotland

Section 3: Analysis of positive and negative impacts Please detail impacts in relation to the three needs specifying where the impact is in relation to a particular need - eliminating discrimination, advancing equality of opportunity and fostering good relations			
Protected characteristics	**i. Eliminating discrimination**	**ii. Advancing equality of opportunity**	**iii. Fostering good relations**
Age			
Positive impacts	Access to shared information will assist elderly patients and callers who might experience confusion		
Negative impacts	Perceived difficulty for elderly patients who would prefer to use Gaelic - this is available through Language Line Service		
Opportunities to enhance equality			
Disability			
Positive impacts	Access to shared information may provide clinicians with details of disabilities thus highlighting the need to adapt communication where appropriate		
Negative impacts	Additional questions through triage could add to anxiety for particularly for those with complex and communication support needs		
Opportunities to enhance equality	This highlights need to enhance training specifically around communication support to ensure we eliminate discrimination		
Gender reassignment			
Positive impacts			
Negative impacts	No negative impact has been identified		
Opportunities to enhance equality			
Gender / sex			
Positive impacts			

Negative impacts	No negative impact has been identified
Opportunities to enhance equality	
Marriage / civil partnership	
Positive impacts	
Negative impacts	No negative impact has been identified
Opportunities to enhance equality	
Pregnancy / maternity	
Positive impacts	
Negative impacts	No negative impact has been identified
Opportunities to enhance equality	
Race	
Positive impacts	
Negative impacts	Perceived difficulty regarding availability of interpreting via Language Line and how this would work./ barriers should no interpreting be available
Opportunities to enhance equality	Further promote use of Language Line Service through website and publications to ensure we advance equality of opportunity regarding access
Religion / belief	
Positive impacts	
Negative impacts	No negative impact has been identified
Opportunities to enhance equality	
Sexual orientation	
Positive impacts	
Negative impacts	No negative impact has been identified
Opportunities to enhance equality	

Cross cutting - e.g. health inequalities people with poor mental health, low incomes, involved in the criminal justice system, those with poor literacy, are homeless or those who live in rural areas. Other	
Positive impacts	o More time spent on triage would lead to better outcomes for patients o Clarity around what resource is to be sent would help understanding and manage expectations o Shared medical records beneficial for patient but these should be proportionate to need, i.e. where relevant to condition and at time of the call
Negative impacts	o Asking additional questions through triage could add to anxiety for patient / caller o Limited coverage in an area might be worsened if more time is spent on see and treat / hear and treat and not taking all patients to hospital
Opportunities to enhance equality	
General points: o Education critical for the public and GP around this, triage and expectations regarding ambulances being sent o Use of social media utilised to communicate changes / joint campaign with NHS24 to clarify when to contact SAS / NHS24 / use of local media / TV?/Radio? o Could social care partners assist with disseminating information about SAS? GP practices? Carrying cards to give health details o Concern re hear and treat and need for clinically qualified person to deal with call - assurance around this o Concern re ensuring robust governance around consent to access medical records o Governance arrangements / ethical considerations for shared records must be robust and clear and considered before these changes are introduced	

- o Concern that information might be shared in error, e.g. where there are two people with the same name at the same address - promotion and awareness raising around Community Health Index numbers would help in this regard.
- o Concern raised from those in remote and rural settings who do not want sensitive information to be shared
- o Poor communication highlighted particularly between service providers which causes concern if more links are to be established between SAS and social care / GP etc.
- o If paramedics are to be used in a different way would their skills be lost?

Section 4: Addressing impacts
Select which of the following apply to your policy and give a brief explanation - to be expanded in Section 5: Action plan

	Reasons
a. **No major change** - the EQIA shows that the policy is robust, there is no potential for discrimination or adverse impact and all opportunities to promote equality have been taken	The EQIA has shown that the Service has sought to engage with a wide range of stakeholders to test key assumptions within the strategic framework Towards 2020 and no adverse effect has been identified. The Service will continue to engage stakeholders as it progresses implementation.
b. **Adjust the policy** – the EQIA identifies potential problems or missed opportunities and you are making adjustments or introducing new measures to the policy to remove barriers or promote equality or foster good relations	
c. **Continue the development and implementation of the policy without adjustments** – the EQIA identifies potential for adverse impact or missed opportunity to promote equality. Justifications for continuing without making changes must be clearly set out, these should be compelling and in line with the duty to have due regard. See option d. if you find unlawful	

discrimination. Before choosing this option you must contact the Equalities Manager to discuss the implications.	
d**. Stop and remove the policy** - there is actual or potential unlawful discrimination and these cannot be mitigated. The policy must be stopped and removed or changed. Before choosing this option you must contact the Equalities Manager to discuss the implications.	

The Scottish Ambulance Service
A Special Health Board of NHS Scotland

Section 5: Action plan
Please describe the action that will be taken following the assessment in order to reduce or remove any negative / adverse impacts, promote any positive impacts, or gather further information or evidence or further consultation

Action	Output	Outcome	Lead responsible	Date	Protected characteristic / cross cutting issue*
Communication plan in place to support delivery of strategy	Programme of mixed communication and ongoing engagement	Raise awareness of service changes and current services, such as language line, and help patients access care appropriately	Heather Kenney / Sharon Hammell	Ongoing	Various
Once the strategy is implemented patient data involving see and treat/ hear and treat outcomes will be monitored	Patient reports	Identify any areas where progress is not being made or where there have been poor outcomes in order to support improvement where appropriate	Heather Kenney	Ongoing	Various

* list which characteristic is relevant - age, disability, gender reassignment, gender / sex, marriage and civil partnership, pregnancy and maternity, race, religion / belief, sexual orientation or cross cutting issue e.g. poor mental health, illiteracy etc

Section 6: Monitoring and review Please detail the arrangements for review and monitoring of the policy	
	Details
a. How will the policy be monitored? Provide dates as appropriate	The policy will be monitored through the 2020 Steering Group and SAS Executive Team and Board on a monthly basis
b. What equalities monitoring will be put in place?	The strategy remains a standing item on the national PFPI Steering Group and will be reviewed continually as plans are developed and implemented.
c. When will the policy be reviewed? Provide a review date.	The EQIA will be reviewed on an annual basis as part of the development of the Corporate Plan in each year of the strategy; this process will take place around November of each year beginning November 2015.

Section 7: Sign off Please provide signatures as appropriate			
Name of Lead	Title	Signature	Date
Heather Kenney	Director of Strategy & Quality Improvement		15/01/15
Completed form: copy of completed form to be retained by department and copy forwarded to Equalities Manager for publication on Service website			
Provide date this was sent	15/01/15		