



Equality Impact: Screening and Assessment Form

Section 1: Policy details - policy are 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)	Digital Patient Handover. NHS24 will request an emergency or timed patient admission ambulance digitally, in lieu of a phone call to SAS. SAS will refer patients to NHS24 who will proactively contact the patient, with the patient demographics and presenting complaint already known.
b. Name of department	Integrated planned, unscheduled and urgent care portfolio.
c. Name of Lead	Stephen Massetti, Director of National Operations
d. Equality Impact Assessment Team [names, job roles]	Stephen Massetti, Director of National Operations Stewart Clark, Project Manager Ashley Sinclair, Programme Support Officer.
e. Date of assessment	29/11/23
f. Who are the main target groups / who will be affected by the policy?	<ul style="list-style-type: none"> • Patients. • NHS24 and SAS Call Handlers. • NHS24 Contact Centre and SAS Ambulance Control Centre (ACC) clinical staff. • ICT Support staff.
g. What are the intended outcomes / purpose of the policy?	<ul style="list-style-type: none"> • To provide a fast method to request an ambulance for an emergency or timed admission in lieu of a phone call from NHS24 to SAS.

Doc: DPH-EQIA.docx	Page 1	Author: Stewart Clark
Date 07/12/2023	Version 1.0	Review Date: TBC

	<ul style="list-style-type: none"> • To provide a clinically safe method to transfer the duty of care of a patient from SAS to NHS24 when appropriate to refer a patient for NHS24 follow up. • To reduce the demand on the telephone booking process with a target of 80% of all daily bookings to transition from telephone to digital handover. • To optimise staff utilisation by freeing up SAS Call Handler resources to pick up 999 calls and calls from Police Scotland and other incident types not eligible for Digital Patient Handover or Healthcare Professional Online Booking. • To improve the experience of NHS24 staff and patients regardless of whether protected characteristics are present or not.
<p>h. Is the policy relevant to the General Duty to eliminate discrimination? Advance equality of opportunity? Foster good relations?</p>	<ul style="list-style-type: none"> • The policy is relevant to foster good relations and the system by its nature will support all healthcare users and benefit all patients regardless of protected characteristics. NHS24 staff will be able to book an ambulance online using their professional judgement without the need to speak with an HCP Call Handler. By using digital handover, NHS24 staff will save time and ACC staff are freed up to optimise their service to other call types, thereby improving efficiency. Patient safety will improve from faster dispatch resulting in improved patient experience. Digital referrals will also reduce reliance on signposting patients to follow up with NHS24 directly, and give both organisations a better understanding of the patient journey via business intelligence reporting. Data quality is expected to improve by mitigating the risk of misinterpretation during verbal handover.

Doc: DPH-EQIA.docx	Page 1	Author: Stewart Clark
Date 07/12/2023	Version 1.0	Review Date: TBC

<p>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</p>	
--	--

<p>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.</p>			
<p>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</p>			
<p>Details of consultations - where, who was involved</p>	<p>Date</p>	<p>Key findings</p>	<p>Protected characteristics</p>
			<p>Age</p>
			<p>Disability</p>
			<p>Gender reassignment</p>
			<p>Gender / sex</p>
			<p>Marriage / civil partnership *</p>
			<p>Pregnancy / maternity</p>
			<p>Race</p>
			<p>Religion / belief</p>
			<p>Sexual orientation</p>
			<p>Cross cutting - e.g. health inequalities - people with poor mental health, low</p>

<p>Doc: DPH-EQIA.docx</p>	<p>Page 1</p>	<p>Author: Stewart Clark</p>
<p>Date 07/12/2023</p>	<p>Version 1.0</p>	<p>Review Date: TBC</p>

			incomes, involved in the criminal justice system, those with poor literacy, are homeless or those who live in rural areas. Other?
Benefits Realisation, Risk Register and Issue Register James McGuire Steph Jones Anne Marie Di Palo Stevie Cairns Stewart Clark	June - August 2022	<p>A key benefit of the Digital Patient Handover project for SAS is that less time will be required from HCP Call Handlers to respond to inbound calls from NHS24, thereby being freed up to respond to other call types.</p> <p>A benefit for ACC operations is that 999 callers will have an improved experience, including shorter call waiting times.</p> <p>An assessment of risks and current issues has taken place to determine if introduction of Digital Patient Handover could have any adverse effects in relation to equality and no concerns have been identified.</p>	

	Available evidence – Benefits Realisation Plan, Risk Register, and Issue Register
b. Research and relevant information	The solution will comply with equality and diversity policies, and there is no change to the information recorded in either SAP CRM or MIS C3, the applications used by NHS24 and SAS respectively, to manage patient contact records.

Doc: DPH-EQIA.docx	Page 1	Author: Stewart Clark
Date 07/12/2023	Version 1.0	Review Date: TBC

c. Knowledge of policy lead	Digital Patient Handover will use a proven interface standard that is used nationally by ambulance and 111 services, including the Service. For SAS, this policy will extend the use of existing capabilities. The same principles will be used to introduce processes to transfer incidents between NHS24 and SAS, as already occurs between SAS and other national ambulance services.
d. Equality monitoring information -- including service and employee information	<p>The same patient demographic and clinical information will be captured to make a digital ambulance request or transfer a digital referral as is recorded with as-is processes.</p> <p>One process change for NHS24 is that based on the answers to the scripted question set, a patient's presenting complaint will be mapped to one of 13 dispatch codes before the request is sent to SAS.</p> <p>Affected NHS24 and SAS users will have the opportunity to provide feedback following the implementation of the policy change, the first phase of which will focus on Timed Admissions.</p>
e. Feedback from service users, partner or other organisations as relevant	<p>SAS ACC staff and NHS24 operational staff are part of the Project Team in the capacity of internal Senior Supplier.</p> <p>Both organisations have a Clinical Lead to ensure that process changes either deliver staff and patient improvements or maintain the status quo as a minimum. The Clinical Lead is a Senior User.</p>

Doc: DPH-EQIA.docx	Page 1	Author: Stewart Clark
Date 07/12/2023	Version 1.0	Review Date: TBC

	<p>The project is focused on improving patient safety and both patient and staff experience. There is a risk identified that the volume of patients cared for by NHS24, via SAS referrals will rise because it is assumed that not every patient currently signposted to NHS24 will make contact via 111. There will be measurement post go-live to ensure any changes in demand can be met.</p> <p>Moreover, any unintended equality or diversity implications should be identified and addressed following go-live.</p>
f. Other	None.
g. Are there any gaps in evidence? Please indicate how these will be addressed	No such implications are anticipated because the same patient demographic and clinical information will be captured in the “to-be” and “as-is” processes.
Gaps identified	The policy change may take a little adjustment for NHS24 staff who are in the habit of contacting SAS HCP Call Handlers to request an ambulance. It is however expected that the users will quickly recognise the time saving which will be seen as a benefit.
Measure to address these; give brief details. Further research? Consultation? Other	<p>All directly affected users will have the opportunity to provide feedback following the implementation of the policy change.</p> <p>Business Intelligence reporting will help to provide a storyboard of user behaviour e.g. the number of exceptions which don't follow the 'to-be' processes. The increased availability of data will also support better-informed future</p>

Doc: DPH-EQIA.docx	Page 1	Author: Stewart Clark
Date 07/12/2023	Version 1.0	Review Date: TBC

	decision-making once demand can be baselined and then measured over time.
Note: specific actions relating to these measures can be listed at section 5	

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			
Negative impacts	No negative impact has been identified.		
Opportunities to enhance equality			
Disability			
Positive impacts			

Doc: DPH-EQIA.docx	Page 1	Author: Stewart Clark
Date 07/12/2023	Version 1.0	Review Date: TBC

Negative impacts	No negative impact has been identified.
Opportunities to enhance equality	
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	

Doc: DPH-EQIA.docx	Page 1	Author: Stewart Clark
Date 07/12/2023	Version 1.0	Review Date: TBC

Negative impacts	No negative impact has been identified
Opportunities to enhance equality	
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	Digital Patient Handover has been designed to streamline the booking process for users and to shorten the patient waiting time for crew to arrive on scene, improving patient experience and patient safety. In relation to referrals, it will deliver a much-improved patient experience because NHS24 will proactively follow up with a patient referred by SAS, with demographic and clinical details shared between the two organisations.

Doc: DPH-EQIA.docx	Page 1	Author: Stewart Clark
Date 07/12/2023	Version 1.0	Review Date: TBC

	It is an improvement on the existing processes, regardless of the presence of protected characteristics. It has been designed to deliver an improved service, and to simplify the ambulance booking and referrals processes. It has also been designed to be inclusive and involves no discernible changes to the contact record / computer aided dispatch applications used by NHS24 and the Service, respectively.
Negative impacts	No negative impact has been identified.
Opportunities to enhance equality	As detailed in positive impacts
Note: specific actions relating to these measures can be listed at section 5	

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 shows that the outcomes of the Digital Patient Handover project will have no adverse effect on anyone affected by its introduction, either directly or indirectly. This includes SAS staff, NHS24 staff, and patients. The skills are already present from a SAS perspective sending/receiving 999 incidents so the emphasis for SAS will be on extending use of the technical solution to cover 111 incidents and ensuring that any existing processes are adapted if necessary, such as what happens in the event of unplanned downtime.
b. Adjust the policy – the EQIA identifies potential problems or missed opportunities and you are making adjustments or introducing new	Telephone and digital handover are both viable booking methods. Eligible NHS staff who request ambulances will have the option to save time when there isn't a need to speak with an HCP Call Handler. Incidents when a

Doc: DPH-EQIA.docx	Page 1	Author: Stewart Clark
Date 07/12/2023	Version 1.0	Review Date: TBC

<p>measures to the policy to remove barriers or promote equality or foster good relations</p>	<p>patient has an immediately life-threatening condition must continue to be transferred verbally.</p> <p>The Service will be expected to transfer referrals digitally other than by exception. On local holidays, patients will be signposted to try General Practice first during 'in hours' and to contact NHS24 on 111 if General Practice is closed.</p>
<p>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.</p>	<p>Telephone and digital handover are both viable booking methods and this policy change will deliver benefits to NHS24, SAS, and their patients.</p> <p>The need for an adjustment could arise following go-live but none have been identified at this stage.</p>
<p>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.</p>	<p>There are currently no concerns relating to the policy that would be affected by equality and diversity considerations.</p>

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

Doc: DPH-EQIA.docx	Page 1	Author: Stewart Clark
Date 07/12/2023	Version 1.0	Review Date: TBC

Action	Output	Outcome	Lead responsible	Date	Protected characteristic / cross cutting issue*
<p>Communicate positive impacts to stakeholders including NHS24 and SAS staff as users of the system interface/processes, and also patients affected by the change.</p> <p>A business-as-usual support model must be agreed with both ICT organisations and assessment of changes to business continuity plan.</p>	<p>Team meetings, pilot briefings, staff bulletins</p>	<p>Knowledgeable staff, trained and able to follow the 'to-be' processes, upon implementation. Stakeholders informed of positive impacts. Raised awareness among staff</p> <p>Updated Business Continuity Plan to ensure clarity in the event of unplanned events.</p>	<p>Project Manager, Digital Patient Handover</p>	<p>As per Communication Plan</p>	<p>All affected users regardless of protected characteristics</p>
<p>Produce a SAS/NHS24 joint Standard Operating Procedure.</p>	<p>Scope, exclusions and what-if (error handling) scenario descriptions</p>	<p>Well-informed users who can make bookings unassisted, quickly and easily, and follow up referrals</p>	<p>Joint responsibility between NHS24 and SAS Project Managers</p>	<p>As per Project Plan</p>	<p>All users regardless of protected characteristics</p>

Doc: DPH-EQIA.docx	Page 1	Author: Stewart Clark
Date 07/12/2023	Version 1.0	Review Date: TBC

		transferred from SAS to NHS24. Users will know how to report an issue.			
* 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					

Doc: DPH-EQIA.docx	Page 1	Author: Stewart Clark
Date 07/12/2023	Version 1.0	Review Date: TBC

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 continue to be monitored and reviewed by the Portfolio Lead / Digital Patient Handover Project Board until the closure of the project.
b. What equalities monitoring will be put in place?	The policy will continue to be monitored from an EQIA perspective until the closure of the project, with pilot feedback expected to identify any unintended inequalities of the project.
c. When will the policy be reviewed? Provide a review date.	The EQIA will be next reviewed at a date stipulated by the Project Board, expected to be two years from approval date.

Section 7: Sign off Please provide signatures as appropriate			
Name of Lead	Title	Signature	Date
Stephen Massetti	Director of National Operations		01/12/2023
Completed form: copy of completed form to be retained by department and copy forwarded to Equalities Manager for publication on the Service website			
Provide date this was sent	04/12/2023		

Doc: DPH-EQIA.docx	Page 1	Author: Stewart Clark
Date 07/12/2023	Version 1.0	Review Date: TBC