

Near Me Video Consulting Programme

National Equality Impact Assessment

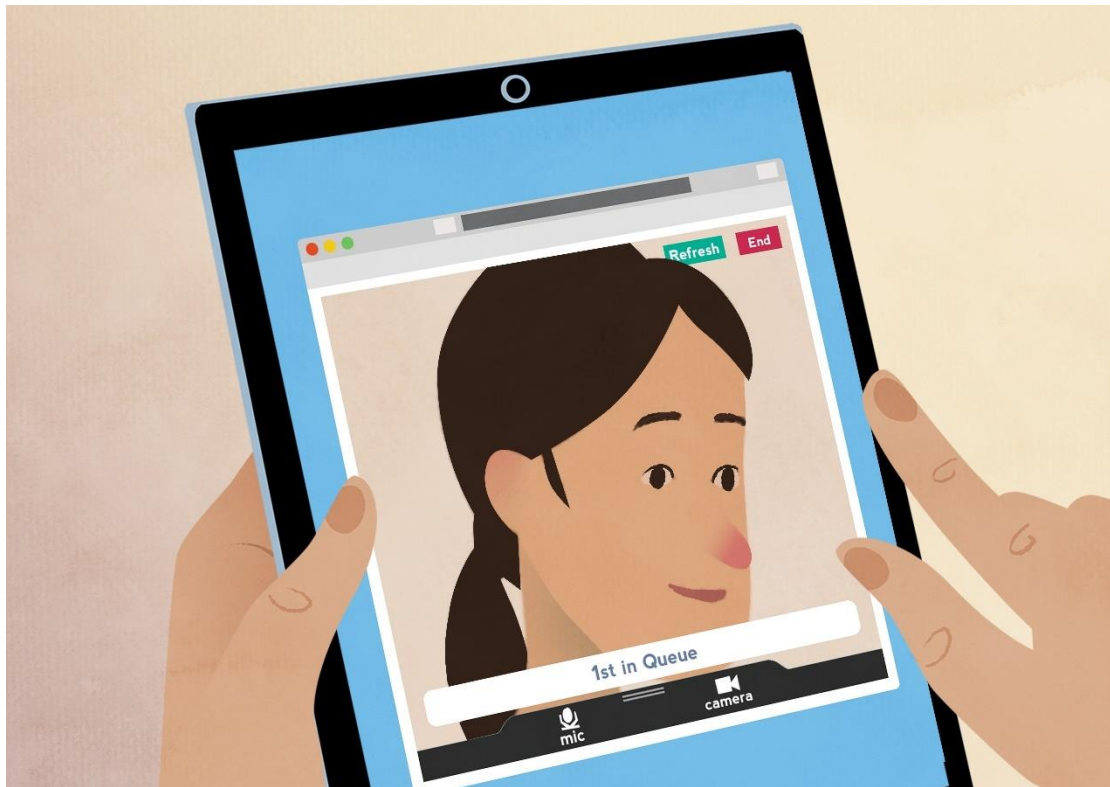
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Near Me Video Consulting Programme

National Equality Impact Assessment



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26th August 2020

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Appendix 1 [Data and evidence gathering, involvement and engagement](#)

Equality impact assessment record

Title of policy/ practice/ strategy/ legislation etc.	Near Me Video Consulting Programme	
Lead official	Margaret Whoriskey, Head of Technology Enabled Care and Digital Healthcare Innovation	
Officials involved in the EQIA	name	team
	Louise MacLennan	NHS NSS, Head of Public Participation & Engagement
	Chris Bruce	NHS Lothian, Lead on Equalities & Human Rights
	Elaine Savory	NHS Ayrshire & Arran, Equality & Diversity Advisor
	Jacqueline Ross	NHS Greater Glasgow & Clyde, Inequalities Manager
	Maimie Thompson	National Near Me team, Communications and Engagement Lead
	Rachel Bourke	National Near Me team, Programme Manager (NHS NSS)
Directorate: Division: Team	Digital Health & Care Directorate	
Is this new policy or revision to an existing policy?	VC has been part of Digital Health and Care Policy and TEC policy for several years. The Vision for Near me produced in May 2020, however, is new.	
Approval	Near Me Covid-19 Response National Group, 26 th August 2020	

Executive Summary

Policy vision and aim

Near Me is a video consulting service that enables some people to have health and social care appointments from home or ideally, wherever is convenient and practical. This is a free and confidential web-based platform. To have a video consultation a device for making video calls like a smartphone and an internet connection is required, as well as space to attend an appointment.

The aim is for all health and care consultations are provided by Near Me whenever it is appropriate.

Background / context

Near Me is transforming the way people are accessing health and care appointments. Following an initial pilot phase in 2017, and early scale up programmes in the North of Scotland, a national rollout programme was established in 2018. A key driver, particularly in rural areas has been to reduce inequalities in accessing services, in part, due to lengthy travel times.

As part of the response to Covid-19 in March 2020 Near Me is now being used in every NHS Board area in Scotland (hospitals, GP practices) and is being expanded to other services and settings.

Prior to March, there were around 300 Near Me consultations a week and by May it was around 14,000 a week. Recognising the transformational change, a [Vision for Near Me was produced in May 2020](#), endorsed by the Cabinet Secretary for Health and Sport.

Introduction

Based on the available evidence to date this document represents the first National EQIA for the Near Me on-line video consultation service. It assesses some potential impacts for each of the protected characteristics, socio-economic factors, and remote and rural settings.

National and localised mitigation strategies to address any barriers to accessing Near Me are considered. This will be reviewed later this year, but several mitigating actions have already been highlighted.

The EQIA has been prepared on behalf of the Scottish Government under the leadership of Dr Margaret Whoriskey, Head of Technology Enabled Care and Digital Healthcare Innovation. There is no evidence to date that the policy is directly or indirectly discriminatory under the Equality Act 2010.

Engagement and evidence gathering

Since publishing the Vision in May 2020, a range of engagement and evidence gathering approaches have taken place to further understand the potential benefits and barriers of using Near Me. A public engagement exercise was launched on 29th June to seek views and initially ran until 31st July¹. In mid- July, a virtual workshop was held with organisations representing the nine protected characteristics. This was followed up by a further virtual meeting on 6th August 2020.

The work to co-produce the EQIA sits within the wider context of the public engagement exercise which took place in July and August 2020. The findings will be reported in September including feed-back to groups who participated, health boards and through the media. Following on from this national plan will be prepared setting out ongoing engagement and process to revise EQIA towards the end of the year.

“Video consulting should continue to be offered after physical distancing is over, but it is not universally appropriate. It should therefore be an option rather than mandatory.”

One of the issues to be further explored is how to ensure that people are able to make informed choices about options for appointments which will best serve their needs and circumstances, recognising that the options on offer may vary.

Overview high-level summary analysis

A strong theme which emerged during the engagement was concern that moving to a system where video consultation is the default would be detrimental to certain protected characteristic groups, and in indeed other groups. Connected to this was a worry that for various groups including women and LGBT people who are in difficult domestic situation it would not be appropriate to have a consultation from home. It is therefore important to ensure that face to face appointments (in person) continue to be an option. A further mitigation of this potential inequality could be to ensure that there are options of local places outside the home where people can have privacy to have their appointments.

Another theme of note was the need to consider the intersectionality between each of the characteristic groups. For example:

- Older people from ethnic minority backgrounds may have a different experience than older people in general.
- Young LGBT community also have higher rates of mental health problems.
- People with protected characteristics are associated with higher rates of relative poverty, e.g. disabled people.

¹ A survey for health care professionals was launched on 15 July.

Common to all / many

Feed-back from public engagement highlighted potential benefits and barriers. This was also the case within each protected characteristic reflecting their heterogeneity. This is an important finding since assumptions or generalisations were being made about the appropriateness (or otherwise) of the use of Near me.

- Near Me reduces travel time, inconvenience, and risk of infection with benefits for all protected characteristics.
- In its current form Near Me is not yet fully accessible for everyone to use from home. This is due to digital exclusion and/or a lack of confidential or suitable space being barriers for some.
- Some of the barriers highlighted the importance of face to face (in person) being continued to be offered.
- The use of local clinics/hubs and loaning of devices may further help to overcome many barriers.
- The need for inclusive communications was highlighted.

Potential benefits, barriers, and mitigation

Potential benefits and barriers and associated national and local mitigations are summarised in boxes one to four, respectively.

Box 1 Potential benefits in accessing Near me, including:
<ul style="list-style-type: none">• Enables people to attend appointments in a safe manner, reducing the risk of infection, particularly for older people, individuals shielding and pregnant women.• Improved access to health and care services through removing travel barriers. This is particularly relevant for people with disabilities, elderly/frail people, people suffering chronic pain, people with carer responsibilities and people living in rural and remote communities.• Reduced time off work or education to attend appointments, especially relevant for carers, young people, and low socio-economic backgrounds.• Supports carers, family members and translators to be involved in an appointment, particularly for ethnic minorities, those with disabilities and older people.

Box 2 | Potential barriers to accessing this service, including:

- Attitudinal barriers resulting in limited use of Near Me for certain groups where clinicians or organisations may make assumptions about video appointments not being appropriate for these cohorts.
- Lack of a safe and confidential space to conduct a video appointment, particularly for younger people in a house with others, carers or those with disabilities and situations where domestic violence is occurring.
- Lack of inclusive communication of Near Me information and patient resources limits use, especially for people where English is not their first language, have a learning disability or low literacy skills.
- People who are digitally excluded for whatever reason. Particularly for younger and older people, minority ethnic populations including gypsy travellers, homeless people, rural and remote communities, and those from low socio-economic backgrounds.

Box 3 | National mitigation

- Build links with Connecting Scotland, Public Health Scotland, and Scottish Council of Voluntary Organisations to understand the scope and impact of digital exclusion on use of Near Me and provide advice to ensure compatibility.
- Develop inclusive communication and guidance materials for using Near Me, including easy read, languages other than English and bespoke to groups as required (e.g. young carers).
- Share best practice inclusive guides/resources with health boards across Scotland.

Box 4 | Local mitigation:

- Continue to maintain choice and appropriate deployment of consultation type including face to face appointments
- Consider the need for local hubs/clinics to access Near Me
- Establish processes to enable interpreters to join Near Me appointments where appropriate. This would include both service-provided interpreters and informal interpreters/support for appointments, such as from family members.
- Establish and communicate processes to enable patients to do a test call.
- Raise awareness about consultation options including the appointments by video.

Next steps

- As all health boards are now using Near Me, they will be expected to review the national EQIA and adopt it following any relevant modifications and mitigation as per local circumstances.
- The national team will develop a plan to support ongoing engagement and to address any mitigation required.
- Work with each Health Board and other stakeholders to communicate the findings from the public engagement.
- Continue to explore the use of Near Me in prison and custody services including preparation of EQIA or suitable provision of Version 2.0.
- Any potential technical modifications will be described and progressed in partnership with Attend Anywhere who have recently appointed a User Experience Design Lead.
- As part of preparing version 2.0 of the EQIA the vision for Near Me will be reviewed to ensure it is consistent with feedback and evidence. Mitigation strategies and plans will be further developed and implemented.

Ends

National Equality Impact Assessment

Screening

Policy vision and aim

Near Me is a video consulting service that enables people to have planned health and social care appointments from home or ideally, wherever is convenient and practical. This is a free and confidential web-based platform. To have a video consultation a device for making video calls like a smartphone and an internet connection is required, as well as space to carry out an appointment.

The aim of the Near Me Video consultation programme is for all health and care consultations to be provided by Near Me, where clinically appropriate.

Objectives:

- 1) **Enables physical distancing:** Near Me enables services to continue to be provided without potential exposure to COVID-19 or other infectious diseases and reduces footfall in NHS and social care premises.
- 2) **Delivers person centred choice and convenient care:** Near Me enables people to attend appointments from the location of their choice. This can reduce travel, minimise time taken off work or school, or avoid the need for carers to attend support.
- 3) **Addresses some environmental imperatives:** by reducing travel.

In May the Scottish Government produced and published a vision <https://www.nearme.scot/views> and has undertaken an engagement exercise to seek views from the public and professionals. The first phase of the national public engagement took place from the end of June until mid-August. The findings are in the process of being written up.

Who will it affect?

The expansion of Near Me video consultations will be applied across Scotland and does not specifically target groups or sections of society. The vision reflects the fact that different people will have different needs and that these needs and circumstances will vary. In turn this will influence choices for accessing care.

To date we know that service users² from all demographics have been using Near Me to see their health or social care provider. Currently (as of 14 August

² In this document we use the term patient and service user interchangeably. This is to reflect that the service might be used in a range of settings other than more traditional healthcare where the term patient is more commonly used

2020), a maximum of over 17,000 video consultations occurred during one week in June across all Health Boards, Health and Social Care Partnerships (HSCP) and some third sector organisations. Use has varied per board / local authority area and across specialities, GPs, and the care sector. Work is ongoing to understand this variation and analysis includes looking at use relative to population size³.

The expansion of Near Me has several potential benefits for different groups of people within the community, including:

- Improved access to health and care services, through removing travel barriers⁴. This is particularly relevant for people at a distance from services, with physical disabilities, older people, people suffering chronic pain and with caring responsibilities.
- Supports carers and family members to be involved in appointments.
- Reduced time off work/education to attend appointments.
- Reduces the spread of infectious disease such as influenza, common cold, Covid-19, by staying at home and not having to attend GP, community, or hospital services.

However, there are several groups that face barriers when accessing this service from home, including people who require hands on care and tests or who are digitally excluded for whatever reason (including due to connectivity). The equality impact assessment (EQIA) explores these barriers and starts to identify mitigation strategies to support diverse groups of individuals to access Near Me video consultations should that be desirable.

What might prevent the desired outcomes being achieved?

The Near Me programme is influenced by the wider socio-economic context in Scotland. This context may impact desired outcomes being achieved due to:

- Lack of connectivity in rural, remote and island regions.
- Digital exclusion of certain groups in the community. This is based on lack of connectivity, limited IT literacy, lack of device, income (including phone and data costs) associated with mobile data.
- Reluctance or difficulties accessing the Near Me system.
- Feeling vulnerable through lack of confidence in security and safeguards.
- Lack of support from professionals and / or public.

See Stage Three for a more detailed analysis of benefits and barriers to use of Near Me.
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³ This analysis will be ongoing alongside wider evaluation and engagement and will inform final national EQIA due to be published at end of 2020

⁴ Data from pop-up survey at end of Near Me consultation has data on self-reported travel distances

Stage 1: Framing

Results of framing exercise

The outbreak of COVID-19 in early March 2020 has increased the use and reliance of Near Me to support physical distancing and reduce the spread of infection. While some local EQIAs were prepared there was no national EQIA in place. Now that there is a vision to grow the service it was timely and essential to co-produce a national EQIA.

Furthermore, there is likely to be a continued reliance on Near Me as routine services recommence, as outlined in all Health Board's remobilisation plans. As a result, the Near Me programme has the potential to impact all users of health and care services across Scotland.

A project team was established with representatives from the National Near Me project team and the NHS Equality and Diversity Leads Network. The project team identified a need to develop a national Near Me EQIA in response to the recent expansion of the service. The EQIA process aimed to engage with diverse user groups to ensure that enablers and barriers to using Near Me are understood and strategies can be developed to improve access to this service.

To understand the impact on users/ potential users an analysis of existing evidence was undertaken including engagement and independent evaluation conducted as part of the Near Me programme:

- Analysing results of a pop-up survey at the end of Near Me consultations.
- Early engagement with clinical teams and organisations representing vulnerable patients.
- Ongoing engagement with protected characteristic groups both nationally and across territorial board areas.
- Regular engagement with Health Board implementation teams. This provides feedback on opportunities and barriers to use for both clinicians and patients.
- Uptake data for use of Near Me across health and care services.
- Work being taken forward on digital exclusion (Connecting Scotland and review by Public Health Scotland).
- An exercise by the Health Foundation across the UK to gather opinions about the use of video consultations during Covid-19.

The main issues are to better understand the reasons why people currently do not, or want to access the service, and where use would not be appropriate. Equally it is important to understand if people wish to use the service and are being excluded. An engagement exercise took place across a wide range of stakeholders including surveys for the public and service providers which will further assist with this. Issues of connectivity may be more difficult to overcome in terms of providing a service for people from their own home.

There are, however, local solutions being developed. Work with Attend Anywhere (the platform that powers Near Me) is ongoing to consider any technical reasonable adjustments.

Extent/Level of EQIA required

The remobilisation of outpatient services and reliance on Near Me across all Health Boards including GPs, created a need to develop a national EQIA to assist local boards to appropriately extend their use of Near Me.

Since publishing the vision, a range of engagement and evidence gathering approaches have taken place to further understand the potential benefits and barriers. A public engagement exercise was launched on 29th June to seek views and initially ran until 31st July⁵. Informal engagement got underway in March.

In mid-July, a virtual workshop was held with organisations representing the nine protected characteristics. Organisations invited included:

- Age Scotland
- Alzheimer's Scotland
- BEMIS
- Children in Scotland
- CRER
- Deafscotland
- Disability Equality Scotland
- Inclusion Scotland
- LGBT Youth Scotland
- MECOPP
- Muslim Women's Resource Centre
- Poverty Alliance
- Scottish Commission for Learning Disabilities
- Scottish Trans Alliance
- Stonewall Scotland
- Terrence Higgins Trust

Ten organisations were in attendance on the day (14th July 2020). Following the event, a draft national EQIA was drafted and circulated for comment. A follow up virtual meeting was held on 6th August 2020 to consider the draft content and format of the document.

It was agreed to simplify the document by including the data gathered and any supporting evidence in an appendix. It was all agreed to highlight any themes issues common to all / many and to highlight and reflect some of the intersectionality considerations. Finally, it was agreed it would be helpful to have an executive summary. All these helpful comments have been incorporated.

⁵ A survey for health care professionals was launched on 15 July.

Overview high-level summary analysis

From the perspective of the National Near Me team leading the co-design and roll out it has always been emphasised that Near Me offers a further clinical tool, offering choice but to be used appropriately through discussions between professional, patient and others as appropriate. It was clear from the wide range of feed-back that there were some fears or misunderstanding that use of Near Me would replace alternative approaches.

A strong theme was concern that moving to a system where video consultation is the default would be detrimental to certain protected characteristic groups. Connected to this was a worry that for various groups including women, LGBT people who are in difficult domestic situation where their family may be either abusive/controlling or may not be aware of a particular health issue they want to discuss that it would not be appropriate to have a consultation from home.

It is therefore important to reinforce that the continued use of Face to Face appointments is important including as mitigation against some of the current barriers highlighted.

A further mitigation of this potential inequality could be to ensure that there are options of local places outside the home where people can have access, support, and privacy to have their appointments.

Another theme of note was the need to consider the intersectionality between each of the characteristic groups. For example:

- Older people from ethnic minority backgrounds may have a different experience than older people in general.
- Young LGBT community also have higher rates of mental health problems.
- People with protected characteristics are associated with higher rates of relative poverty, e.g. disabled people.

It was felt that a patient's selected method of health care delivery may result in delays in accessing care. For example, if it took longer to see a health professional face to face than by video or telephone. Indeed, this may well be the case currently, but the evidence will need to be checked. It was suggested that any changes to service delivery should consider patient's preferred method of contact and ensure equal and fair access across all methods. This again highlights the importance of offering choice.

There was some evidence (small studies) that the use of Near Me may reduce Did Not Attend rates, however, this data is not routinely or consistently collected (in secondary) care and would require further data collection and analysis to confirm the impact.

Feed-back from public engagement highlighted potential benefits and barriers across the characteristics. This was also the case within each protected characteristic reflecting their heterogeneity. This is an important finding since through the process it was also identified some barriers whereby people (clinicians, organisations, public) made assumptions or generalisations about who Near Me is suitable for or rather not.

- Near Me reduces travel time, inconvenience, and risk of infection with benefits for all protected characteristics.
- In its current form Near Me is not yet fully accessible for everyone to use from home. Digital exclusion and/or a lack of confidential or suitable space are barriers for some.
- Maintaining the option of face to face and the uses of local clinics/hubs and loaning of devices will help overcome many barriers.
- The need for inclusive communications was highlighted.

Issues of training were touched upon. It was noted that training had tended to focus on technical aspects whereas it was recognised service providers may benefit from wider training and development in how to conduct an on-line consultation. Some feed-back from the professionals related to impacts on staff carrying out on-line consultations. These issues will need to be explored in further detail.

More generally, it was often the case that issues wider than Near Me video consultations were raised reflecting wider societal issues. For example linked to loneliness and isolation; that people prefer human contact and that a move away from face to face was linked to 'cuts' or perceived efficiencies.

In the next section – stage 2 the detail behind this high level analysis is summarised in a tabular format. The supporting evidence gathered and some of the engagement to date is summarised in [Appendix 1](#)

Stage 2: Table setting out data gaps, actions taken and possible mitigation, by each characteristic

Characteristic	Data gaps	Actions taken/mitigation ⁶
<p>Age</p>	<p>In its current form Near Me is not yet fully accessible for everyone to use from home depending on circumstances. The preferred method of undertaking health appointments per age group varies.</p> <p>Systematic impact of use of Near Me on Did Not Attend rates.</p> <p>We have identified some barriers whereby people (clinicians, organisations, public) make assumptions about who Near me is suitable for.</p>	<p>Feed-back from public engagement has highlighted benefits and barriers. Possible mitigation currently identified:</p> <ul style="list-style-type: none"> • Consideration to develop local clinics/hub or devices for loaning. • Develop guidance on how to undertake a video consultation, including step-by-step guide on how to enter the web link to assist older patients use Near Me. • Explore enabling young people to use Near Me within educational facilities, e.g. Private space within a school or college. • Explore provision of free data for Near Me consultations • Maintaining the option of face to face appointments. • Support service users to do a practice or test call. <p>Further mitigation strategies will be developed after the feed-back from public and professional engagement has been fully explored, particularly for those digitally excluded.</p>
<p>Disability</p>	<p>In its current form Near Me is not yet fully accessible for everyone to use from home depending on circumstance.</p> <p>Lack of consistency across resources designed specifically for people with disabilities.</p> <p>Systematic impact of use of Near Me on Did Not Attend rates.</p>	<p>Feed-back from public engagement has highlighted benefits and barriers. Possible mitigation currently identified:</p> <ul style="list-style-type: none"> • Assess Near Me against web accessibility standards. • Consideration to develop local clinics/hub or devices for loaning. • Ensure Near Me platform is compatible with Apple products that visually impaired and blind people use. • Explore live captioning/BSL requirements with discussion underway with contact SCOTLAND. • Maintaining the option of face to face

⁶ Throughout this table bullet points are listed in alphabetical order not in order of any priority

	<p>We have identified some barriers whereby people make assumptions about who Near me is suitable for.</p>	<ul style="list-style-type: none"> • National approach to easy read guidance. • Promote BSL interpreters and electronic note takers to join virtual appointments to ensure effective interpreting support. This may reduce the issue of interpreters not attending and in so doing leaving patients with no communication support. • Support patients with learning disabilities to hold a video consultation. <p>Further mitigation strategies will be developed after the feed-back from public and professional engagement has been fully explored, particularly for those digitally excluded.</p>
Sex	<p>Further exploration is required to identify preferred methods of seeking health care.</p> <p>Understand any barriers for lone parent households.</p> <p>Confidentiality and domestic violence within the household may be barriers to use of Near Me.</p> <p>Systematic impact of use of Near Me on Did Not Attend rates was identified as a gap.</p> <p>We have identified some barriers whereby people make assumptions about who Near me is suitable for.</p>	<p>Feed-back from public engagement has highlighted benefits and barriers. Possible mitigation currently identified:</p> <ul style="list-style-type: none"> • Consideration to develop local clinics/hub or devices for loaning. • Explore provision of free data for Near Me consultations. • Maintaining the option of face to face <p>Further mitigation strategies will be developed after the feed-back from public and professional engagement has been fully explored, particularly for those digitally excluded.</p>
Pregnancy and maternity	<p>Understand any barriers for lone parent households.</p>	<p>Feed-back from public engagement has highlighted benefits and barriers. Possible mitigation currently identified:</p> <ul style="list-style-type: none"> • Consideration to develop local clinics/hub or devices for loaning. • Explore provision of free data for Near Me consultations.

	<p>Confidentiality and domestic violence within the household may be barriers to use of Near Me.</p> <p>Systematic impact of use of Near Me on Did Not Attend rates.</p> <p>We have identified some barriers whereby people make assumptions about who Near me is suitable for.</p>	<ul style="list-style-type: none"> • Maintaining the option of face to face <p>Further mitigation strategies will be developed after the feed-back from public and professional engagement has been fully explored, particularly for those digitally excluded.</p>
Gender reassignment	<p>Further evidence is required to assess the impact of Near Me on those people who have undergone gender reassignment.</p> <p>Systematic impact of use of Near Me on Did Not Attend rates.</p> <p>Potential barriers around consent and perceived lack of confidentiality and governance issues.</p>	<p>Feed-back from public engagement has highlighted benefits and barriers. Possible mitigation currently identified:</p> <p>Further actions will be determined following analysis of public and professional engagement feed-back and ongoing work.</p>
Sexual orientation	<p>Further evidence is required to assess the impact of Near Me due to a person's sexual orientation. However, confidentiality within the household may be barriers to use of Near Me.</p> <p>Systematic impact of use of Near Me on Did Not Attend rates.</p>	<p>Feed-back from public engagement has highlighted benefits and barriers. Possible mitigation currently identified:</p> <ul style="list-style-type: none"> • Consideration to develop local clinics/hub or devices for loaning. • Maintaining the option of face to face <p>Further actions will be determined following analysis of public and professional engagement feed-back and ongoing work.</p>
Race	<p>Further work is required to assess digital exclusion within the minority ethnic population. This will include analysis of existing data sets and qualitative interviews</p>	<p>Feed-back from public engagement has highlighted benefits and barriers. Possible mitigation currently identified:</p> <ul style="list-style-type: none"> • Local Health Boards continue work to set interpreter services.

	with non-English speaking users identified as Near Me service users.	<ul style="list-style-type: none"> Near Me programme work with trusted community intermediary bodies to improve awareness of Near Me and mitigate any barriers. Provide guides, documents, and videos in languages other than English as part of a move towards more inclusive communications. <p>Further actions will be determined following analysis of public and professional engagement feed-back and ongoing work.</p>
Religion or belief	Although a range of faith groups were contacted none responded. We are not aware of any relevant existing evidence on religion or belief in relation to the Near Me programme.	As part of the wider engagement, we will explore any impacts of video consultation based on religion or belief. For instance, it could be more flexible.
Marriage and civil partnership	We are not aware of any relevant existing evidence on religion or belief in relation to the Near Me programme.	We are not aware of any mitigation or further action required
Other considerations under fairer scotland act		
Rural and remote localities	<p>Further work may be required to assess how people feel about social isolation and use of remote consultations.</p> <p>Systematic impact of use of Near Me on Did Not Attend rates.</p>	<p>Feed-back from public engagement has highlighted benefits and barriers. Possible mitigation currently identified:</p> <ul style="list-style-type: none"> Consideration to develop local clinics/hub or devices for loaning. Explore provision of free data for Near Me consultations. Work is ongoing on several fronts to address issues with connectivity. <p>Further actions will be determined following analysis of public and professional engagement feed-back and ongoing work.</p>
Socio-economic background	<p>Further work may be required to assess how people feel about social isolation and use of remote consultations.</p> <p>Systematic impact of use of Near Me on Did Not Attend rates.</p>	<p>Feed-back from public engagement has highlighted benefits and barriers. Possible mitigation currently identified:</p> <ul style="list-style-type: none"> Consideration to develop local clinics/hub or devices for loaning. Explore provision of free data for Near Me consultations. Maintaining the option of face to face

	Further work to determine specific issues relating to digital exclusion	<ul style="list-style-type: none"> • Work is ongoing to address issues with connectivity. <p>Further actions will be determined following analysis of public and professional engagement feed-back and ongoing work.</p>
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Stage 3 Assessing the impacts and identifying opportunities to promote equality

Having considered the data and evidence gathered, stage three considers the potential impacts – benefits and barriers –implementing the policy might have on each of the protected characteristics. It is important to remember the duty is also a positive one – that we are required to explore whether the policy offers the opportunity to promote equality and/or foster good relations.

Stage 3: Table assessing the impacts and identifying opportunities to promote equality, by characteristic

Age				
Equality consideration	Benefits	Barriers	Neutral	Reasons for our decision
Eliminating unlawful discrimination, harassment, and victimisation			X	Near Me does not create unlawful discrimination
Advancing equality of opportunity	X	X		Near Me reduces travel time, inconvenience, and risk of infection with benefits for all age cohorts. Digital exclusion and/or a lack of confidential or suitable space are barriers for some.
Promoting good relations among and between different age groups	X			Near Me may promote better relationships and rapport by offering choice. Younger people / relatives may be able to assist older people to use technology. However, this should not be an expectation as privacy and, confidentiality issues are important considerations.
Disability	Benefits	Barriers	Neutral	Reasons for our decision
Eliminating unlawful discrimination, harassment, and victimisation			X	Near Me does not create unlawful discrimination
Advancing equality of opportunity	X	X		Near Me reduces travel time, inconvenience, and risk of infection. Not having to travel has the potential to reduce distress. For example, people with learning disabilities, autism, chronic pain, anxiety, and mobility issues. Near Me is not yet fully accessible.
Promoting good relations among and between disabled and non-disabled people			X	Near Me is unlikely to impact relations among disabled and non-disabled people.

Sex	Benefits	Barriers	Neutral	Reasons for our decision
Eliminating unlawful discrimination			X	Near Me does not create unlawful discrimination
Advancing equality of opportunity	X	X		<p>There may be differences in benefits and barriers based in lone parent households where a majority are headed by women.</p> <p>Small scale tests of change have shown that using the Near Me system men are less likely to be excluded from Health Visitor appointments.</p> <p>Confidentiality and domestic violence within the household may be barriers.</p>
Promoting good relations between men and women			X	Near Me is unlikely to impact relations between men and women.
Pregnancy and Maternity	Benefits	Barriers	Neutral	Reasons for our decision
Eliminating unlawful discrimination			X	Near Me does not create unlawful discrimination.
Advancing equality of opportunity	X			<p>Near Me reduces travel time, inconvenience and reduces the risk of infection.</p> <p>The implementation of this service has the potential to have a positive impact on all aspects of maternity care, (pre and postnatal), where travel to attend a GP or hospital appointment is not required.</p> <p>It has also enabled partners to attend appointments remotely (due to Covid-19 restrictions or home/work circumstances of partner).</p> <p>Potential for staff to miss signs of gender-based violence / post-natal depression during pregnancy if consultation is remote rather than in person.</p>

Promoting good relations			X	Near Me is unlikely to impact relations for women due to pregnancy and maternity.
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Gender reassignment	Benefits	Barriers	Neutral	Reasons for your decision
Eliminating unlawful discrimination			X	Near Me does not create unlawful discrimination
Advancing equality of opportunity	X	X		Near Me may assist people who are considering or have undergone gender reassignment by removing barriers based on traditional service delivery model and enabling a safe space to hold an appointment. Potential barriers around consent and a lack of perceived confidentiality.
Promoting good relations			X	Near Me is unlikely to impact relations due to gender reassignment.
Sexual orientation	Benefits	Barriers	Neutral	Reasons for your decision
Eliminating unlawful discrimination			X	Near Me does not create unlawful discrimination.
Advancing equality of opportunity	X	X		Near Me may assist the LGBT community by removing barriers based on traditional service delivery model and enabling a safe space to hold an appointment. Potential barriers around consent and perceived lack of confidentiality.
Promoting good relations			X	Near Me is unlikely to impact relations due to sexual orientation.

Race	Benefits	Barriers	Neutral	Reasons for your decision
Eliminating unlawful discrimination			X	Near Me does not create unlawful discrimination
Advancing equality of opportunity	X	X		<p>Community language interpreters will be able to join virtual appointments to ensure effective support but without either having to travel. This may reduce the issue of interpreters not attending leaving patients with no communication support. Where desirable it will also facilitate extended family member to join consultations, including from overseas.</p> <p>It may support some BAME communities (i.e. those people working for small commercial businesses, who work anti-social hours or who have irregular working hours) attend appointments</p> <p>Near Me reduces travel time, inconvenience, and risk of infection. The research has shown that people with BAME background are more likely to be impacted by Covid-19.</p> <p>Digital exclusion and inclusive guidance and information on Near Me for people who do not speak English is a barrier to using Near Me. The broader public engagement activity should help to explore these barriers further and identify ways to support access to Near Me for this cohort.</p>
Promoting good race relations	X		X	Near Me is unlikely to impact relations due to race.

Religion or belief	Benefits	Barriers	Neutral	Reasons for your decision
Eliminating unlawful discrimination			X	Near Me does not create unlawful discrimination.

Advancing equality of opportunity			X	We are not aware of any relevant evidence, at this time, on religion or belief protected characteristic in relation to Near Me. The broader public engagement activity should help to identify any areas where Near Me may have disproportionate effects on people due to their religion or beliefs.
Promoting good relations			X	Near Me is unlikely to impact relations due to religion or belief.
Marriage and Civil Partnership⁷	Benefits	Barriers	Neutral	Reasons for your decision
Eliminating unlawful discrimination			X	Near Me does not create unlawful discrimination related to marriage or civil partnership.
Advancing equality of opportunity			X	
Promoting good relations			X	Near Me is unlikely to impact relations due to marriage and civil partnerships.

⁷ In respect of this protected characteristic, a body subject to the Public Sector Equality Duty (which includes Scottish Government) only needs to comply with the first need of the duty (to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010) and only in relation to work. This is because the parts of the Act covering services and public functions, premises, education etc. do not apply to that protected characteristic. Equality impact assessment within the Scottish Government does not require assessment against the protected characteristic of Marriage and Civil Partnership unless the policy or practice relates to work, for example HR policies and practices.

Stage 4: Decision making and monitoring

Identifying and establishing any required mitigating action

Have positive or negative impacts been identified for any of the equality groups?	<p>Yes. The national EQIA has identified several impacts of providing Near Me service. These have been considered for each of the protected characteristics, and fairer duty act, as listed in this document.</p> <p>The analysis has been undertaken using the data and evidence available to date. It will be subject to further review after of public engagement activity has been fully analysed and any new evidence considered.</p> <p>Engagement will continue for the rest of the year (2020) to gather further evidence and address any gaps. This is to ensure that any potential impacts are captured, and adjustments made to the programme to ensure equality of access. There will be a focus on reaching out to those who are seldom on-line.</p>
Is the policy directly or indirectly discriminatory under the Equality Act 2010 ⁸ ?	There is no evidence, so far within this EQIA that the policy is directly or indirectly discriminatory under the Equality Act 2010.
If the policy is indirectly discriminatory, how is it justified under the relevant legislation?	Not applicable
If not justified, what mitigating action will be undertaken?	Not applicable

⁸ See EQIA – Setting the Scene for further information on the legislation.

Describing how Equality Impact analysis has shaped the policy making process

The original development of Near Me service in Scotland was in response to equality issues raised, and, around remote and rural and socio-economic impacts. The early development of the service was co-produced with service users, public, partners and academics.

The equality impact analysis has further helped with the identification of potential impacts of Near Me on people with protected characteristics. It has also helped to highlight areas where there is limited evidence on the impacts on some people with protected characteristics.

The process has helped us to shape our plans for ongoing public and staff engagement so that we can address and mitigate any potential negative impacts and improve use and access of Near Me.

Several mitigation strategies will be undertaken in response to the engagement to date. These actions will be both at a National and Health Board level:

National mitigation strategies

- Build links with Connecting Scotland, Public Health Scotland and Scottish Council of Voluntary Organisations (SCVO) to understand the scope and impact of digital exclusion on use of Near Me and provide advice to these project teams to ensure patient's access to Near Me is considered in any mitigation plans.
- Develop inclusive communication and guidance materials for using Near Me, including easy read and in languages other than English.
- Review the Near Me vision to ensure it is consistent with feedback from the engagement activities.
- Work with each Board's Near Me lead, communication team and equality and diversity lead to communicate engagement findings and establish localised mitigation strategies.

Local mitigation strategies

- Communicate and establish processes to enable patients to do a test call, if required. This may include adding a test button to the Health Board website.
- Consider the need for local hubs or clinics to access Near Me in remote and rural locations.
- Establish localised mitigation strategies/action plan to address barriers to accessing Near Me.
- Establish processes to enable interpreters to join Near Me appointments, where appropriate.
- Maintaining the option of face to face appointments.
- Share best practice inclusive guides and resources with health boards across Scotland.

Monitoring and Review

An EQIA has been developed to assess gaps in knowledge and potential impacts for use of Near Me across the protected characteristic groups as well as the Fairer Scotland Duty.

The EQIA will be reviewed towards the end of the year once feedback has been fully analysed.

Part of the review process will look at the Vision and aims to reflect analysis of feedback. Ongoing work is summarised (Box 5).

Box 5 | Ongoing engagement and evidence gathering

There are several activities underway within the Near Me programme and across Scottish Government, local boards and other agencies which will impact on the EQIA and include:

- Analysis of public engagement feed-back
- Connecting Scotland and Scottish Council for Voluntary Organisations (SCVO).
- EQIA by Health Improvement Scotland to understand and mitigate the impact of Covid-19 in terms of engagement.
- External Evaluation of Near Me by Oxford University.
- Informal meetings and correspondence with a wide range stakeholder.
- Ongoing public and staff engagement.
- Working with prison and custody services to explore use of Near Me in their settings, and as required, develop EQIA or amend the current document.

Stage 5 - Authorisation of EQIA

Please confirm that:

- ◆ This Equality Impact Assessment has informed the development of this policy:

Yes No

- ◆ Opportunities to promote equality in respect of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation have been considered, i.e.:

- Eliminating unlawful discrimination, harassment, victimisation.
- Removing or minimising any barriers and/or disadvantages;
- Taking steps which assist with promoting equality and meeting people's different needs;
- Encouraging participation (e.g. in public life)
- Fostering good relations, tackling prejudice and promoting understanding.

Yes No

- ◆ If the Marriage and Civil Partnership protected characteristic applies to this policy, the Equality Impact Assessment has also assessed against the duty to eliminate unlawful discrimination, harassment, and victimisation in respect of this protected characteristic:

Yes No Not applicable

Declaration

I am satisfied with the equality impact assessment that has been undertaken for NHS Near Me Video Consulting Programme and give my authorisation for the results of this assessment to be published on the Scottish Government's Technology Enabled Care website.

Name: Margaret Whoriskey

Position: Head of Technology Enabled Care and Digital Healthcare Innovation

Authorisation date:

Ends



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