## NHS Fife Equality Impact Assessment

Please refer to the guidance document while completing this form.

Contact the Equality and Diversity Team if support is required to completed the EQIA paperwork by email: fife-UHB.EqualityandDiversity@nhs.net

<table>
<thead>
<tr>
<th>Title of proposal, policy or service redesign</th>
<th>NHS Fife Patient Access Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of proposal including intended outcomes and purpose</td>
<td>The National Access Policy has been developed to provide a common vision, direction and understanding of how NHS Boards should ensure equitable, safe, clinically effective and efficient access to services for their patients.</td>
</tr>
<tr>
<td>Directorate, service area or partnership</td>
<td>Fife Wide</td>
</tr>
<tr>
<td>EQIA lead reviewer</td>
<td>Acting Director of Acute Services</td>
</tr>
<tr>
<td>Staff involved in carrying out this EQIA</td>
<td>Acting Director of Acute Services, Director of Clinical Delivery, Head of Health Records and Scottish Government</td>
</tr>
<tr>
<td>Start date of EQIA</td>
<td>September 2012</td>
</tr>
<tr>
<td>Policy Number</td>
<td></td>
</tr>
</tbody>
</table>

### Part 1: Checklist - Identifying Relevance to Equality

How relevant do you think the proposal will be to the following protected characteristics *(See Appendix 1 for an explanation of relevance and evidence)*

<table>
<thead>
<tr>
<th>Protected characteristics</th>
<th>Employees</th>
<th>Equality group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Relevance of proposal to each group H-High, M-Medium, L-Low</td>
<td></td>
</tr>
<tr>
<td>Age (children and young people, older people)</td>
<td>L</td>
<td>M</td>
</tr>
<tr>
<td>Disability (including people with mental health difficulties)</td>
<td>L</td>
<td>H</td>
</tr>
<tr>
<td>Race (black and ethnic people incl. gypsy travellers, refugees and migrant workers)</td>
<td>L</td>
<td>H</td>
</tr>
<tr>
<td>Sex (women and men)</td>
<td>L</td>
<td>M</td>
</tr>
<tr>
<td>Sexual orientation (lesbian, gay and bisexual)</td>
<td>L</td>
<td>M</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>L</td>
<td>M</td>
</tr>
<tr>
<td>Gender reassignment</td>
<td>L</td>
<td>M</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>L</td>
<td>M</td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>L</td>
<td>M</td>
</tr>
<tr>
<td>Are there any other groups this proposal may affect e.g. people living in rural areas, areas of disadvantage, homeless people, people on low incomes or people involved in the criminal justice system. Expand box as appropriate.</td>
<td>N/A</td>
<td>H</td>
</tr>
</tbody>
</table>
Having considered the range of evidence available, what kind of impact will the proposal have on the equality duty? This will help to identify whether the proposal has any potential to discriminate against the protected characteristics.

<table>
<thead>
<tr>
<th>Positive</th>
<th>No impact</th>
<th>Negative</th>
<th>Evidence for choice of impact (provide a brief explanation of evidence used and also whether there is insufficient evidence to determine impact)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster good relations</td>
<td>✓</td>
<td></td>
<td><a href="http://www.scotland.gov.uk/Topics/People/Equality/18507/EQIASearch/18weeks">http://www.scotland.gov.uk/Topics/People/Equality/18507/EQIASearch/18weeks</a></td>
</tr>
<tr>
<td>Advance equality of opportunity</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Accessibility of services including information and physical access</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Engagement and inclusion</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Range of facilities and services</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Positive impact</th>
<th>No impact</th>
<th>Negative impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>High relevance</td>
<td>EQIA not required</td>
<td>EQIA not required</td>
<td>Full EQIA required</td>
</tr>
<tr>
<td>Medium relevance</td>
<td>EQIA not required</td>
<td>EQIA not required</td>
<td>Full EQIA required</td>
</tr>
<tr>
<td>Low relevance</td>
<td>EQIA not required</td>
<td>No EQIA required</td>
<td>EQIA may be required – contact the Equality and diversity Team for advice</td>
</tr>
</tbody>
</table>

- All proposals which have been marked high or medium relevance above and have a negative impact **MUST** be equality impact assessed (see the Equality Impact Assessment form at Part 2 and complete the EQIA summary).
- If you found that a proposal has low relevance to the protected characteristics and the impact is positive, please now complete the EQIA summary.

Having considered the relevance and nature of the impact above in relation to the equality groups please indicate in the matrix below whether a full equality impact assessment is required.
Part 2 – Full Equality Impact Assessment
(This form must be completed if a high or medium relevance and negative impact has been identified in relation to any of the protected characteristics)

1. Contributors to the EQIA
   Acting Director of Acute Services, Director of Clinical Delivery, Head of Health Records

2. Name of policy, procedure or service redesign and brief description of proposed changes
   NHS Fife Patient Access Policy

3. In Part 1 checklist (identifying relevance to equality) provide a brief explanation of the reasons for identifying high or medium relevance to one or more of the protected characteristics.
   There is an increased emphasis in the policy, as a result of changes to national guidance, on patients contacting NHS Fife, this may be to change appointments or to make appointments or to inform NHS Fife of changes to their names, address telephone or GP etc. Some patient groups may be unable to contact us or communicate with us in the ways which we have set out in the policy.

4. Summarise the negative impacts for each protected characteristic
   Access for BSL users, access for people who have problems with language eg CVA, laryngectomy, patients who do not have English as their first language.

5. What data, research or other evidence has been used to inform this assessment?

6. Details of consultation and involvement. What will change as a result of this proposal
   The issues raised above have already been recognised as part of our day to day work and work is ongoing to find ways to address these issues. Pilots of possible solutions are being undertaken and following evaluation and identification of feasible options there will be consideration of how these can be implemented across NHS Fife
   Consultation with the population of the Deaf Community in Fife – engagement events. 3 this year.
   Consultation with the Fife Society with the Blind.
   Consultation with Fife Disability Forum.
   Consultation with FRAE Fife

7. What does the consultation indicate about the negative impact of the proposal on the protected characteristics?
   Consultations so far have indicated that
   • people who have a disability – DEAF cannot easily access NHS Fife to follow the
types of processes outlined in the policy

- People who do not have English as their first language cannot easily access NHS Fife.
- Letters telling people about appointments are not in accessible formats.
- There is not comprehensive information about communication needs of patients recorded in their health records.
- We do not text people with information about appointments.
- The reminder text system does not allow us to remind deaf patients, or patients who are hard of hearing or who do not speak English.
- Deaf people who do not have interpreters booked have to come back for another appointment when an interpreter is available if we are unable to prioritise this for an early appointment then we may be discriminating against access.
- There are also difficulties and challenges for people with learning disabilities to follow the processes in the policy.
- We need to ensure that there is no problem for patients using hospitals outside fife due to cost in relation to low socio economic factors.

8. Recommendations and implementation
Following evaluation of the current pilot of the SMS texting consideration of how this can be implemented across the organisation for DEAF patients or patients who are physically unable to communicate
Working with various community groups to develop appointment letters that make it easier to understand when appointments are and how to make changes.
Monitoring how many appointment letters go out in alternative formats.
Monitoring by the equality monitoring in the Census 2011 whether patients from the protected characteristics have higher levels of DNA.

9. Monitoring and review arrangements
This will be reviewed in 6 months with a drawing up of an action plan to address all the issues identified in this EQIA

10. If you believe your service is doing something that ‘stands out’ as an example of good practice please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

1) Pilot for SMS texting for BSL users in the Equality and Human Rights
2) Starting to record ethnicity in all outpatients, and inpatients on SMR00 and SMR01 which will help to identify patients that do not attend
3) Use of language line in outpatients so there is more accessibility for non English speaking patients.
4) pilot of online BSL using ipads with NHS 24

Date completed: _06/11/12________________________
Review date: ______23/6/12________________________

Lead reviewer: ___George Cunningham_______________________________

Signature: __________________________________

Job title: ___ Acting Director of Acute Services.
_______________________________________________

Date sent to Equality and Diversity Team: ______6th November 2012_______________________

fife-UHB.EqualityandDiversity@nhs.net
### Identified Impacts and Recommendations

**Key positive impacts**

- Has a positive impact on men and women, children, young people, adults and older people making 12 weeks the longest that a patient waits for inpatient or day case procedure.
- Children have specific criteria to ensure that there appointments are not part of the normal return to GP policy if they do not attend.

**Recommendations to enhance impacts**

- Evaluate SMS texting pilot and determine how to implement across NHS Fife.
- Set up a working group to look at the appointment letter, work with community groups to ensure that it is in a format that is accessible.
- Ensure that BSL interpreter are booked where required and if they are not that there is a process in place to get a new appointment quickly.
- Monitor DNAs in relation to the protected characteristics.

**Key negative impacts**

- NHS Fife may be inaccessible to patients with a disability or those who do not speak English to change appointments or to receive information about their appointments.
- Patients who are registered blind cannot see the letters that we send out.
- Letters in English for non speaking patients are inaccessible.

**Recommendations to minimise impacts**

- Work with equality and human rights lead to draw up an action plan to overcome negative impacts.
- Work with community groups to identify key areas as priority.

**Key no impacts**

- Recommendations to address no impact

### Any other issues arising from EQIA

- What is the outcome of the EQIA? (please tick)
  - Outcome 1
  - Outcome 2
  - Outcome 3  x

If Outcome 3 has been selected an EQIA should have been carried out using the Part 2 form.

### EQIA Sign Off

**Lead reviewer:**
Acting Director of Acute Services  
**Job title:**  
**Date:** 23/11/12

**To be completed by Equality and Diversity Team**

**EQIA checked by:**
Angela Heyes  
**Date any comments** 23/11/12  
**passed to Lead contact:**
If outcomes 1 or 2 have been selected above, please send the completed Part 1 Checklist and the EQIA summary form to the Equality and Diversity Team for recording and publication.

If outcome 3 has been selected above, please send the completed Part 1 Checklist, EQIA Full Impact assessment and the EQIA summary to the Equality and Diversity Team for publication. fife-UHB.EqualityandDiversity@nhs.net