

**Content**

# **Impact Assessment Toolkit Form**

**Dumfries &**

**Galloway**

**Together is  
Better**

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**Section 1 : General Information**

|   |   | Guidance   |
|---|---|--|
| 1 | Name of policy:<br>Virtual Consultations Policy   | The word policy is used throughout this document for ease but it could also be a strategy, plan, project or budget option (saving or income generation).                               |
| 2 | Is this policy: <input checked="" type="checkbox"/> new <input type="checkbox"/> reviewed   |  |
| 2 | Lead Service(s) involved in the delivery of this policy: All services who deliver virtual clinical consultations  |  |
| 4 | Who else is involved in the implementation of this policy: TEC Team, Strategic Planning, SAM Programme Office   | e.g. other Services or partner agencies  |
| 5 | Lead person:<br><br>Chris Fyles, TEC Lead<br><br>Ruth Griffith, Strategic Planning and Commissioning Manager, Digital Health and Long Term Conditions   | The lead person should be someone who has a good knowledge of the policy to be assessed and has been trained in the toolkit.   |
| 6 | Names and organisations of those involved in the EQIA process :<br><br>Ruth Griffith, Lynsey Fitzpatrick, Chris Fyles, Lynda Forrest<br><br>Members of the Equality and Diversity Working Group were invited to provide feedback on the draft strategy for D&G Digital Health and Care. | The tool should be completed by no fewer than two people. It is good practice to involve stakeholders and in particular the relevant Equality and Diversity Group(s) must be involved. |
| 7 | Date of Impact Assessment (IA): 20/10/2020  |  |
| 8 | Do all participants understand the Guidance?<br><br><input checked="" type="checkbox"/> Yes   | The lead person should check all attending have read and understood the purpose or process of IA   |

## Section 2 : Aims of the policy

| Guidance  |   |   |                           |   |                                      |   |  |                          |  |
|---|---|---|---------------------------|---|--------------------------------------|---|--|--------------------------|--|
| <p>9 What are the main aims of the policy? Please list</p> <p>This policy describes the considerations required of all clinical staff and NHS organisations as they develop methods for identifying, assessing, managing and controlling the risks associated with the use of virtual consultations. The policy has been consistency checked through D&amp;G H&amp;SCP governance and accountability structures, to ensure alignment with the National guidance on the use and delivery of virtual consultations.</p> <p>The policy is integral to the local digital health and care strategy, which sits within the framework of the national strategy published in April 2018. The national strategy is very direct and lays out clearly what the Scottish Government expects Health and Social Care Partnerships across the country to deliver. This local strategy lays out Dumfries and Galloway’s response and what we will do to scale up the use of digital technologies in health and care</p> | <p>This should describe the policy and what you are trying to do. Think about:</p> <ul style="list-style-type: none"> <li>Why is it needed?</li> <li>What outcomes does the organisation hope to achieve by it?</li> <li>In particular will the policy contribute to the organisations’ Objectives/Priorities, the Single Outcome Agreement and/or Health and Social Care Integration?</li> </ul> |   |                           |   |                                      |   |  |                          |  |
| <p>10 Will the policy assist in meeting the aims of legislation?</p> <p style="margin-left: 20px;">x Yes      <input type="checkbox"/> No</p> <p>Give details</p> <table style="margin-left: 20px; border: none;"> <tr> <td style="padding-right: 20px;">(a) The Equality Act 2010</td> <td style="text-align: center;">x</td> </tr> <tr> <td>(b) Human Rights Act 1998</td> <td style="text-align: center;">x</td> </tr> <tr> <td>(c) Climate Change Scotland Act 2009</td> <td style="text-align: center;">x</td> </tr> <tr> <td>(d) Environmental Assessment (Scotland) Act 2005</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>   | (a) The Equality Act 2010   | x | (b) Human Rights Act 1998 | x | (c) Climate Change Scotland Act 2009 | x | (d) Environmental Assessment (Scotland) Act 2005 | <input type="checkbox"/> | <p>The purpose of IA is to assess which individuals or groups will be most affected and how. Think also about how the policy will be delivered (e.g. through existing outlets?) and how it will be communicated to clients</p> |
| (a) The Equality Act 2010   | x   |   |                           |   |                                      |   |  |                          |  |
| (b) Human Rights Act 1998   | x   |   |                           |   |                                      |   |  |                          |  |
| (c) Climate Change Scotland Act 2009  | x   |   |                           |   |                                      |   |  |                          |  |
| (d) Environmental Assessment (Scotland) Act 2005  | <input type="checkbox"/>  |   |                           |   |                                      |   |  |                          |  |

## Section 3 : Evidence

|  | <b>Guidance</b>  |
|--|--|
| <p>11 What evidence has or will be used to identify any potential positive or negative impacts?</p> <p>Insert details in the boxes below (a) to (e):</p>   | <p>Evidence could be based on a specific geographical area or a community of interest and could include consultations, surveys, focus groups, interviews, pilot projects, user feedback (inc. complaints made), officer knowledge and experience, equalities monitoring data, academic publications, consultants' reports, etc. Also identify where there are gaps in the evidence and set out how these will be filled.</p> |
| <p>(a) Involvement in development/ review</p> <p>(i) For the Virtual Clinical Consultations Policy;</p> <ul style="list-style-type: none"> <li>• The engagement and consultation process for virtual consultations was undertaken at a National Level. A public engagement exercise was launched on 29th June to seek views and initially ran until 31st July. In mid- July, a virtual workshop was held with organisations representing the nine protected characteristics, following invitations to 3<sup>rd</sup> sector organisations including;</li> <li>• 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</li> <li>• This was followed up by a further virtual meeting on 6 th 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.</li> </ul> <p>(ii) For the over-arching D&amp;G Digital health and Care Strategy;</p> | <p>Who has been involved in the development so far of your policy?</p>   |

|   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• A survey monkey and engagement sessions were run in October 2018 for members of the public and staff across the HSCP.</li> <li>• Members of the Strategic Planning Group which includes representatives from organisations across the HSCP, and people who use services were invited to shape and influence this local strategy. Four members of this group have been involved with the development of this strategy providing feedback.</li> <li>• Engagement sessions also took place with members of Annan Day Centre and a Capability Scotland group to find out if people were accessing technology and how they felt about using it to support health and care</li> <li>• Over the course of the development of this strategy there were discussions on the use of digital technology at a range of management and boards across the Partnership.</li> <li>• The draft was also circulated to a number of groups across the Partnership and circulated on Social Media.</li> </ul> |   |
| <p>(b) Research</p> <p>The local Virtual Consultations Policy has been consistency checked, to ensure it aligns with Scottish Governments Vision for Near Me (May 2020), and the associated national EQIA for this work.</p> <p>The local Digital Health and Care Strategy outlines the strategic direction the HSCP will take with regard to using digital technology in the delivery of services, and aligns to Scottish Government’s vision on how technology should be used in health and care.</p>   | <p>Have you conducted any research or what research are you using?</p>                          |
| <p>(c) Officer/Practitioner knowledge and experience</p> <ul style="list-style-type: none"> <li>• TEC Lead for Technology Enabled Care</li> <li>• Strategic Planning and Commissioning Manager for Digital Health</li> <li>• Deputy Nurse Director</li> <li>• General Manager ICT</li> <li>• Associate Medical Director</li> </ul>  | <p>What expertise or individual information are the group using to inform their judgements?</p> |

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• SAM Programme Deliver Manager</li> <li>• E&amp;D Lead</li> </ul>   |  |
| <p>(d) Monitoring data<br/>The Office for National Statistics estimates that about 78% of people use smart phones and can access the internet on a regular basis from these devices. They also estimate that about 99% of adults ages between 16 and 34 are regular internet users.</p> <p>There is now an expectation by members of the public that they can use digital tools to access information and services quickly and this includes health and social care services.</p> <p>In addition, as part of the response to Covid-19, Near Me is now being used in every NHS Board area in Scotland and had Scottish Government endorsement as ‘tool of choice’ for clinical video consultations.</p> <p>Work is underway to procure a local evaluation methodology for capturing staff and patient experience of using Near Me/virtual consultations.</p> <p>Development of data gathering systems that indicate usage will be on-going. Currently, this data can be understood by geographical region and DNAs. Future developments will include working towards data extraction of usage by people who have or share protected characteristics, where that is possible and in line with GDPR.</p> | <p>What data is available locally or nationally to inform the group?</p>   |
| <p>(d) Feedback</p> <p>Locally, work is underway to explore options for the procurement of a qualitative data system that can evaluate people’s experience of using Near Me.</p> <p>This policy also includes clear reference to service-level operational responsibility for ensuring people are able to make informed choices about options for appointments, including undertaking individual risk assessment that support those choices which will best meet individual needs and circumstances.</p> <p>Nationally, a plan is being prepared to set out an on-going engagement process that will inform a revised EQIA towards the end of 2020.</p>   | <p>What feedback is available to inform the IA? e.g. both positive and negative users experiences of the policy – surveys, Board or Elected Members enquiries and comments etc</p> |

In developing the local Strategy, engagement with the public and service providers sought their views on which recommendations within the local strategy mattered most to them. This information was presented to the Integration Joint Board (IJB), and subsequently used to inform the local strategy.

## Section 4: Impact Areas

This section covers the Protected Characteristics, Human Rights, health, climate change and sustainable development.

### 12 AGE

This refers to children and adults of a particular age or age range.

Remember different age groups have different concerns e.g.

- violence is more likely to happen to you if you are a young man but the fear of crime can be debilitating if you are an older or lone woman.
- can all age groups access your service even on a dark winter night?
- children (people under 18) have a right to advice and information but this may need to be in a different format from the same information directed at adults
- when considering age/ children remember that some children are more vulnerable or have particular issues that may need additional consideration, for example children in poverty or Looked After Children (LAC).

Useful website: [UN Convention on the Rights of the Child](#) [Age UK](#)

How does your policy affect this protected characteristic?

| Indicate if the impact is positive or negative or if there is no impact | Positive Impact | No Impact | Negative Impact | Comments |
|---|-----------------|-----------|-----------------|----------|
|---|-----------------|-----------|-----------------|----------|



|  |   |  |          |  |
|--|---|--|----------|--|
| <p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>• removing or minimising disadvantage</li> <li>• meeting the needs of particular groups that are different from the needs of others</li> <li>• encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p> | <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> | <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> | <p>X</p> | <p>There are a number of benefits for people of all ages to embedding easy to use digital technology in health and care. These include</p> <ul style="list-style-type: none"> <li>• enable people to have greater choice and control over decisions affecting their care and support</li> <li>• deliver more integrated, efficient and effective care and support</li> <li>• improve access to care and support</li> <li>• provide people with more information about their own health</li> <li>• enable people to remain living independently for longer</li> </ul> <p>While the majority of people are confident at using digital tools consideration needs to be given to those who don't use it. To ensure that people are enabled to use digital technology to achieve better outcomes for their health and wellbeing, there needs to be easy to access training to enable people to use this technology. This potential negative impact will be mitigated through the digital inclusion programme of work.</p> <p>Carers of older people can be included in consultations more easily if they have virtual accessibility to join appointments.</p> |
|--|---|--|----------|--|

### 13 DISABILITY

A person has a disability if they have a physical or mental impairment (including learning disabilities) which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

- How does this policy affect disabled people in Dumfries and Galloway?
- Is there any reason to believe that disabled people are being, or could be, adversely affected by this policy?
- Are there any impairment groups who are particularly adversely affected by the policy?
- Could your policy adversely affect individuals as a result of something arising from their disability?
- Does your policy ensure that the rights of people with learning disabilities to dignity, equality and non-discrimination are respected and upheld?

Useful websites and publications: [Disability Rights](#) [Equality and Human Rights Commission](#) [DGVoice](#)  
[Keys to Life Report- Improving Quality of Life for People with Learning Disabilities](#)

How does your policy affect this protected characteristic?

| Indicate if the impact is positive or negative or if there is no impact  | Positive Impact                              | No Impact | Negative Impact | Comments  |
|--|--|-----------|-----------------|---|
| <p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>• removing or minimising disadvantage</li> <li>• meeting the needs of particular groups that are different from the needs of others</li> <li>• encouraging participation in public life</li> </ul> | <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> | <p>X</p>  |                 | <p>There are a number of benefits for people with disabilities to embedding easy to use digital technology in health and care. These include</p> <ul style="list-style-type: none"> <li>• enable people to have greater choice and control over decisions affecting their care and support</li> <li>• deliver more integrated, efficient and effective care and support</li> <li>• improve access to care and support</li> <li>• provide people with more information about their own health</li> <li>• enable people to live as independently as possible</li> </ul> <p>Some of research had suggested that people with physical</p> |

|   |                            |          |          |   |
|---|----------------------------|----------|----------|---|
| <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p> | <p>x</p> <p>X</p> <p>x</p> | <p>X</p> | <p>x</p> | <p>disabilities were less likely to use technology. Our engagement showed that this was not the case and that people with disabilities were using a range of technology to particularly reduce their social isolation. Eg social media</p> <p>Local easy read materials to support people (including those who have an intellectual disability) have been developed, to help ensure virtual consultations are accessible to all.</p> <p>There is significant evidence to suggest that digital technology is beneficial in mental health services. For example there is national eCognitive Behavioural Therapy available, this enables people to access the service at an early stage. Video consultations also provide people with mental health diagnosis with the choice of attending appointments from a location of their choice, reducing anxiety.</p> <p>BSL translators can access without having to travel</p> <ul style="list-style-type: none"> <li>- NM has 'chat box' function, which is welcomed by people whose first language is BSL</li> </ul> <p>There may be lack of compatibility with some other disability access tools and web-based packages, and people with a disability are more likely to live in relative poverty, and therefore not have access to web-based tools. This will be addressed through the digital inclusion programme of work.</p> |
|---|----------------------------|----------|----------|---|

## 14 SEX (GENDER)

This covers biological sex - whether you are a man, a woman or non-binary. Non-binary is used for people who don't feel male or female; they may feel like both, or something in between, or they may not relate to gender at all. Some prefer to use the pronoun "they" rather than he or she.

- e.g. does the function or policy take account of different roles and responsibilities?  
 does it assume, perhaps wrongly, that men for example, have no caring responsibilities?  
 is the function or policy flexible enough to provide a service that everyone can access?

Useful websites: [Scottish Women's Convention](#) [Fawcett Society](#) [Engender](#) [Equality and Human Rights](#) [A Voice for Men](#)

How does your policy affect this protected characteristic?

| Indicate if the impact is positive or negative or if there is no impact  | Positive Impact | No Impact | Negative Impact | Comments  |
|--|-----------------|-----------|-----------------|---|
| <p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>removing or minimising disadvantage</li> <li>meeting the needs of particular groups that are different from the needs of others</li> <li>encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p> | x               | X         | x               | <p>Evidence nationally does not appear to show greater use of technology by men or women. The use of technology can support men and women to have better health and wellbeing outcomes.</p> <p>Women more likely to be carer/single parent, and virtual consultations can offer easier access to appointments</p> <p>Consulting virtually rather than face to face can in some cases mean less opportunity to identify potential gender-based violence risks and issues. This will be mitigated in part through the requirement for individual risk assessment to be undertaken by clinicians, however further evaluation is required to monitor how likely gender-based violence is to go unrecognised as a direct result of promoting virtual consultations</p> |

## 15 GENDER REASSIGNMENT (TRANSGENDER IDENTITY)

This covers both:

- **Gender reassignment**, which is the process of transitioning from one gender to another. Individuals in this category are often termed transsexual. Gender reassignment does not need to involve any medical supervision or surgical procedures; it could simply involve a permanent change of the social gender role in which the person lives their life, (for example through a permanent change of name and the way they dress).
- **Other transgender identities** - such as polygender, androgyne, intersex, cross-dressing and transvestite people. The terms **transgender** and **trans** are both widely used by equality organisations to refer to a diverse range of people who find their gender identity does not fully correspond with the sex they were “assigned” at birth. Although the term transgender does refer in part to transsexual people (see above), not all transgender people will undergo the process of gender reassignment, but may face similar barriers to access.
- e.g. does your policy, function or service include people of different gender identities? Will your facilities impede transgender individuals in any way?

Useful websites: [Equality and Human Rights](#) [Transgender Equality and Rights](#) [Equality Network](#) [LGBT Youth](#)

How does your policy affect this protected characteristic?

| Indicate if the impact is positive or negative or if there is no impact   | Positive Impact | No Impact | Negative Impact | Comments   |
|---|-----------------|-----------|-----------------|--|
| <b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct  | X               |           |                 | Language is appropriate for being inclusive of different gender identities.  |
| <b>Advance</b> equality of opportunity by having due regard to: <ul style="list-style-type: none"> <li>• removing or minimising disadvantage</li> <li>• meeting the needs of particular groups that are different from the needs of others</li> <li>• encouraging participation in public life</li> </ul> | X               |           |                 | Digital technology offers people undergoing gender reassignment greater privacy, information on services being offered and may lead to less travel to access gender identity services. |
|   | X               |           |                 | Potential to address longer waits for dedicated gender reassignment services etc, and with potential to offer more privacy in accessing these appointments                             |
|   |                 |           | X               | A perceived lack of confidentiality was reported by some   |

|  |  |          |  |   |
|--|--|----------|--|---|
| <b>Foster</b> good relations – tackle prejudice, promote understanding |  | <b>X</b> |  | people with transgender identities. This will be addressed by the requirement for individual risk assessment, and monitored through the patient experience evaluation system that is being procured, and by the national on-going engagement process. |
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## 16 MARRIAGE AND CIVIL PARTNERSHIP

The rights and responsibilities that come with marriage and civil partnership are almost identical although civil partnerships in Scotland are currently only available to same-sex couples.

Under the Equality Act 2010 it is unlawful discrimination for people who are married or in a civil partnership to be treated less favourably in employment than people who are not married or in a civil partnership.

Equality legislation also protects people in relation to sexual orientation, which means that you cannot be treated less fairly as a same-sex couple than a mixed-sex couple would be treated.

Useful websites:

[Registration – Getting Married or Registering a Civil Partnership in Scotland](#)  
[Marriage and Civil Partnership in Scotland](#)

How does your policy affect this protected characteristic?

| Indicate if the impact is positive or negative or if there is no impact  | Positive Impact | No Impact  | Negative Impact | Comments |
|--|-----------------|--|-----------------|----------|
| <p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>• removing or minimising disadvantage</li> <li>• meeting the needs of particular groups that are different from the needs of others</li> <li>• encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p> |                 | <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> |                 |          |

## 17 PREGNANCY AND MATERNITY

Pregnancy is the condition of being pregnant/expecting a baby. Maternity refers to the period after the birth. Protection against maternity discrimination covers 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

e.g. Do you provide facilities for breastfeeding mothers?

Useful websites:

[Maternity Pay and Leave](#)

[Maternity Leave and Pay – ACAS](#)

How does your policy affect this protected characteristic?

| Indicate if the impact is positive or negative or if there is no impact  | Positive Impact                                       | No Impact         | Negative Impact | Comments  |
|--|---|-------------------|-----------------|---|
| <p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>• removing or minimising disadvantage</li> <li>• meeting the needs of particular groups that are different from the needs of others</li> <li>• encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p> | <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> | <p>X</p> <p>X</p> |                 | <p>Technology is being used extensively to support women during pregnancy. For example Badgernet which can be accessed via a smart phone is being used by 99% of pregnant women across Dumfries and Galloway to access test results etc and reducing unnecessary appointments.</p> <p>The diabetes service is also looking to use virtual clinics for women affected by diabetes during pregnancy to reduce the need for travel.</p> <p>Women and Children’s services are delivering some groups using video consultations, such as breast-feeding support</p> <p>Women with young babies and children can have easier access to appointments</p> <p>Partners can be more likely to have access to appointments</p> |



## 18 RACE

This refers to a group of people defined by their ethnic or national origins, race, colour, and nationality (including citizenship). All minority race and ethnic groups are covered including, for example, gypsies and travellers, Jews, English as well as visible minority groups like African, Caribbean and Asian.

Consider the impact your function or policy has on someone from a minority ethnic group. Remember the impact may differ depending on the gender, disability, faith, sexual orientation or age of the person as different cultures have different views on what is acceptable.

e.g. What about language and information? Is it in the right format?

Useful websites: [Equality and Human Rights](#) [BEMIS – Scotland’s Ethnic & Cultural Minority Communities](#) [CEMVO](#)

How does your policy affect this protected characteristic?

| Indicate if the impact is positive or negative or if there is no impact  | Positive Impact | No Impact | Negative Impact | Comments  |
|--|-----------------|-----------|-----------------|---|
| <p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>removing or minimising disadvantage</li> <li>meeting the needs of particular groups that are different from the needs of others</li> <li>encouraging participation in public life</li> </ul> | X               | X         |                 | <p>The development of the implementation plan to accompany this strategy will need to ensure that language needs are taken into account.</p> <p>Availability of translated supporting documentation is on-going; there are currently 6 versions available for use in the board area. The national team, in collaboration with England and Wales, are working on 25 language versions being available. The TEC Team/SAM Programme Board will monitor this development to ensure that it has benefit for our local populations.</p> <p>Use of video consultations can offer more efficient access to translators, where this is required</p> <p>Wider family are able to join consultations from out with the immediate area, including from overseas</p> |

|  |          |          |  |   |
|--|----------|----------|--|---|
| <b>Foster</b> good relations – tackle prejudice, promote understanding | <b>x</b> | <b>x</b> |  | Gypsies and travelling people can have better access to health and social care services, as remote access has the potential to fit better with the demands of a nomadic way of life |
|--|----------|----------|--|---|

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## 19 RELIGION OR BELIEF

Religion is the worship or faith in a God or Gods but belief is wider and includes religious, spiritual and philosophical beliefs. It also includes lack of belief or no belief in religion (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

e.g. Does the function or policy take into account different festivals, holidays, religious days and traditions? Will the different faith beliefs impact on, for example, women from that group and exclude or prevent them from using the service?

Useful website: [Interfaith Scotland](#) [National Secular Society](#)

How does your policy affect this protected characteristic?

| Indicate if the impact is positive or negative or if there is no impact  | Positive Impact | No Impact | Negative Impact | Comments |
|--|-----------------|-----------|-----------------|----------|
| <p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>removing or minimising disadvantage</li> <li>meeting the needs of particular groups that are different from the needs of others</li> <li>encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p> |                 | X         |                 |          |
|  |                 | X         |                 |          |
|  |                 | X         |                 |          |

## 20 SEXUAL ORIENTATION

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes. This includes people who are heterosexual, lesbian, gay or bisexual.

e.g. What are the issues for this group in terms of your function or policy? Are the needs of this group being met?

Useful website: [LGBT Youth](#) [Stonewall Scotland](#) [Equality Network](#)

How does your policy affect this protected characteristic?

| Indicate if the impact is positive or negative or if there is no impact  | Positive Impact | No Impact | Negative Impact | Comments   |
|--|-----------------|-----------|-----------------|--|
| <p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p>  | X               |           |                 | Evidence suggests that people who are LGBTQ+ can be more likely to have mental health issues. Video consultations can enable appointments to take place locally reducing anxiety and the stress of travelling to appointments.   |
| <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>removing or minimising disadvantage</li> <li>meeting the needs of particular groups that are different from the needs of others</li> <li>encouraging participation in public life</li> </ul> | X               |           | X               | <p>V/c's have potential to offer improved anonymity for people who require access to confidential support services</p> <p>A perceived lack of confidentiality was reported by some people. This will be addressed by the requirement for individual risk assessment, and monitored through the patient experience evaluation system that is being procured, and by the on-going national engagement process.</p> |
| <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p>  |                 | X         |                 |  |

## 21 HUMAN RIGHTS

This is about protecting and promoting individuals' rights and freedoms in relation to the Human Rights Act 1998. The UN Convention on the Rights of the Child has a much broader approach that may be of interest and reference although the focus of the Impact Assessment is the UK legislation, linked below.

|              |   |
|--------------|---|
| 1            | <b>The right to life</b> – protects your life, by law. The state is required to investigate suspicious deaths and deaths in custody;  |
| 2            | <b>The prohibition of torture and inhuman treatment</b> – you should never be tortured or treated in an inhuman or degrading way, no matter what the situation  |
| 3            | <b>The right to liberty and freedom</b> – you have the right to be free and the state can only imprison you with very good reason – for example, if you are convicted of a crime  |
| 4            | <b>Protection against slavery and forced labour</b> – you should not be treated like a slave or subjected to forced labour;   |
| 5 and 6      | <b>The right to a fair trial and no punishment without law</b> - you are innocent until proven guilty. If accused of a crime, you have the right to hear the evidence against you, in a court of law  |
| 7            | <b>Respect for privacy and family life</b> – protects against unnecessary surveillance or intrusion into your life  |
| 8            | <b>Freedom of thought, religion and belief</b> – you can believe what you like and practise your religion or beliefs  |
| 9 and 10     | <b>Free speech and peaceful protest</b> – you have a right to speak freely and join with others peacefully, to express your views   |
| 11           | <b>The right to marry</b> - you have the right to marry and raise a family  |
| 12           | <b>No discrimination</b> – everyone's rights are equal. You should not be treated unfairly – because, for example, of your gender, race, sexuality, religion or age   |
| 13,14 and 15 | <b>Protection of property, the right to an education and the right to free elections</b> – protects against state interference with your possessions; means that no child can be denied an education and that elections must be free and fair |

Please refer to the Guidance for more information.

Useful Websites and documents: [Scottish Human Rights Commission](#), [Equality and Human Rights Commission](#)  
[A Guide to the Human Rights Act for Public Authorities](#)  
[UN Convention on the Rights of the Child](#)

How does your policy affect people's human rights?

| Indicate if the impact is positive or negative or if there is no impact  | Positive Impact | No Impact | Negative Impact | Comments |
|--|-----------------|-----------|-----------------|----------|
| <p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> the aims of the Human Rights Act</p> <ul style="list-style-type: none"> <li>• Prevent breaches of human rights</li> <li>• Respect people's rights</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p> | x               | x         |                 | (7)      |

## 22 HEALTH & WELLBEING and HEALTH INEQUALITIES

This is about physical and mental health and wellbeing and includes e.g. feelings of safety and security, leisure activity, participation, creativity, affection and developing/achieving your potential. It also covers all aspects of poverty including income and fuel poverty, lack of confidence and self-esteem. **The Fairer Scotland Duty places a requirement on public bodies to actively consider how they can reduce inequalities of outcome in any major decision they make.**

Think about the determinants of health and the different causes of health inequalities:

- **fundamental causes** like macro-economic position, societal values about fairness and equity
- **wider environmental influences** like availability of jobs; physical environment e.g. pollution, housing, food production, learning, availability services, democratic engagement
- **individual experiences** like mental health and wellbeing, family income, home and heating, diet and nutrition, exercise and physical activity, substance use, learning, readiness for school, ability to navigate services, connectedness, community involvement and personal resilience
- **socio-economic disadvantage** like low income, low wealth, material deprivation and area deprivation

Think about the different causes and types of poverty:

- Will this policy give people and families experiencing poverty the opportunity to make sure that their **voice is heard**?
- Will the policy support people experiencing poverty to **move from dependence to independence**?
- Will the **information and services be easy to access**?
- Will the policy **provide services that meet the needs of people** experiencing poverty?

Think about how this policy will impact on increasing opportunities for:

- Participation in physical activity
- Accessing healthy food choices
- Promoting positive mental health and wellbeing

Useful websites and publications: [Health Services](#) [Health Inequalities in Scotland](#) [Joseph Rowntree Foundation](#) [Dumfries and Galloway Council Tackling Poverty](#) Fairer Scotland Duty

How does your policy impact on health and wellbeing and health inequalities?

| Indicate if the impact is positive or negative or if there is no impact                               | Positive Impact | No Impact | Negative Impact | Comments  |
|---|-----------------|-----------|-----------------|---|
| <b>Eliminate</b> inequalities and increase access to opportunities for improving health and wellbeing | X               |           |                 | Using virtual technology to deliver health and social care services has been an integral ambition of the Digital Health Strategy. This work has been scaled up since March 2020 in response to Covid-19, and is anticipated to become part of the 'new normal' way of working.  |
| <b>Advance</b> opportunities for increasing health and wellbeing across the whole population          | X               |           |                 | A good example of how technology can be used to reduce inequalities is by the use of video consultations. This means that people can attend appointments nearer at home or at home reducing the need to take time off work and travel. This can reduce the social and economic impact on people of attending appointments.  |
|   | X               |           |                 | Work has been undertaken across the region to develop video consultation rooms so that people who do not have access to technology can attend appointments closer to home.  |
|   | X               |           |                 | If services are offered virtually then they can be accessed by anyone at any location across the region.  |
| <b>Foster</b> good practice for population wide health and wellbeing                                  | X               |           |                 | It is estimated that as many as 30% of people in Dumfries and Galloway are digitally excluded because they don't have the confidence, kit or connectivity at home. The Scottish Government's 'Connecting Scotland' initiative aims to get 30,000 digitally excluded households online in 2020. Third Sector DG, in partnership with the Council's community resilience team, has been facilitating the local delivery of this programme. The programme provides |



|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | <ul style="list-style-type: none"><li>• Access to kit – an appropriate internet enabled device (Chromebook or iPad)</li><li>• Access to connectivity – a mobile hotspot and 12 months of data</li><li>• Support to develop skills and confidence online</li></ul> <p>Over the next 2 years Connecting D&amp;G will use the learning from 'Connecting Scotland' to ensure more people can access digital, particularly those from more vulnerable groups who require longer term health, care and support.</p> |
|--|--|--|--|---|

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## 23 ECONOMIC AND SOCIAL SUSTAINABILITY

This is about e.g. pay, employment opportunities, assisting businesses to develop or grow, welfare to work schemes and disadvantaged groups, local self-help schemes, and valuing and supporting voluntary work. It also covers issues around aspects of poverty including individual and community resilience. **The Fairer Scotland Duty places a requirement on public bodies to actively consider how they can reduce inequalities of outcome in any major decision they make.**

How will your policy impact on e.g. social status, employment (paid or unpaid), opportunities to expand on learning experiences, opportunities for volunteering, encourage investment in skills and training, assist people on low incomes or support other disadvantaged groups in any way, help people access advice on financial inclusion, availability or delivery of services for people living rurally, and increase access to facilities for arts, cultural and leisure pursuits.

How will the policy work in rural areas where the existing infrastructure is typically less developed or where infrastructure does not exist (e.g. mains gas, fast broadband connections)?

Does your policy encourage the payment of the Living Wage?

Useful websites and publications: [Poverty Alliance](#) [Scottish Living Wage](#)

| Indicate if the impact is positive or negative or if there is no impact | Positive Impact | No Impact | Negative Impact | Comments  |
|---|-----------------|-----------|-----------------|---|
| <b>Eliminate</b> disadvantage or inequality                             | x               |           |                 | The Scottish Government are committed to ensuring that every area has access to mobile phone technology and broadband.  |
| <b>Advance</b> opportunities for individuals                            | x               |           |                 | Some community groups across the region are exploring how to develop community hubs that are accessible for people and enable them to attend video appointments within their community. |
|   | X               |           |                 | People are less likely to have to take time off work, where they can access consultation virtually.   |
|   | x               |           |                 | Costs associated with travel time can be significantly  |

|  |  |          |  |   |
|--|--|----------|--|---|
| <b>Foster</b> good relations and sustainability of communities |  | <b>x</b> |  | reduced for some people who use virtual consultations |
|--|--|----------|--|---|

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## 24 ENVIRONMENTAL SUSTAINABILITY, CLIMATE CHANGE AND ENERGY MANAGEMENT

This is about enhancing the built environment, preserving local heritage, reducing the need to travel by improving or adding to local facilities, conditions for pedestrians and cyclists and promote public transport, living conditions such as housing and green spaces, biodiversity, the amount of emissions, fuel consumption, fuel use, renewable energy technologies,

If the effect or possible effect is minimal, no action is required under the requirements of Strategic Environmental Assessment (SEA) but there is a duty under the Environmental Assessment Scotland Act 2005 to notify the SEA authorities. There are templates available to help this process. This should be noted on the summary sheet.

If there is any likely positive or negative environmental effect, a full SEA may be required.

In order to comply with the Climate Change (Scotland) Act and [Carbon Reduction Commitment Energy Efficiency Scheme](#) organisations must maintain accurate records and data with regard to its Emissions. If your policy may lead to a change in levels of emissions, has account been taken of the need to accurately record this data?

Will your policy affect infrastructure, land or buildings?

| Indicate if the Impact is High (H), Medium (M) or Low (L) or (✓) if No Impact | Positive Impact | No Impact | Negative Impact | Comments  |
|---|-----------------|-----------|-----------------|---|
| <b>Eliminate</b> bad practice particularly in waste and carbon usage          | X               |           |                 | The use of digital technology for video appointment for example will reduce unnecessary travel for people who use and deliver services. The use of telehealth equipment will also reduce the need for appointments as clinicians will be able to access data remotely to assess whether there the person has deteriorated.<br><br>National data suggests that every 1 in 20 journeys undertaken in Scotland is in relation to accessing care and support for health-related needs |
| <b>Advance</b> good practice, particularly the use of innovative technology   | X               |           |                 |   |
| <b>Foster</b> a culture of personal responsibility                            | x               |           |                 |   |

## 25 SUMMARY OF IMPACT

Summarise your results from section 12 to 24 in the table below:

| <b><u>Impact Area</u></b>  | <b><u>Positive Impact</u></b> | <b><u>No Impact</u></b> | <b><u>Negative Impact</u></b> |
|--|-------------------------------|-------------------------|-------------------------------|
| Age  | 6                             | 2                       | 1                             |
| Disability   | 8                             | 2                       | 1                             |
| Sex  | 1                             | 2                       | 1                             |
| Gender reassignment and Transgender                                | 3                             | 1                       | 1                             |
| Marriage and Civil Partnership                                     |                               | 3                       |                               |
| Pregnancy and Maternity  | 5                             | 2                       |                               |
| Race   | 4                             | 2                       |                               |
| Religion or belief   |                               | 3                       |                               |
| Sexual orientation   | 2                             | 1                       | 1                             |
| Human Rights   | 1                             | 2                       |                               |
| Health & Wellbeing & Health Inequalities                           | 5                             |                         |                               |
| Economic & Social Sustainability                                   | 4                             | 1                       |                               |
| Environmental Sustainability, Climate Change and Energy Management | 3                             |                         |                               |
|  | Total Positive Impacts = 42   | Total No Impacts = 21   | Total Negative Impacts = 5    |

Positive and No Impact(s) - the Policy needs no further IA at this stage. Transfer the totals to the Summary Sheet for publication

Negative Impact(s) - please complete section 26

26 If Negative Impact(s) have been identified choose the most appropriate option below (a, b or c). Once you have your identified your option, record your decision in the table below highlighting the Impact Area and action to be taken.

- a. **unjustifiable** - your policy must be revised and rewritten to remove the negative impact. This is the concept of 'treat' in risk management
- b. **can be justified** without further consultation. The justification is noted and recorded and the policy is signed off. This is the concept of 'managed' in risk management
- c. **may or may not be justifiable** - the proposed justification for the risk is noted and the policy is then consulted upon at the level that is appropriate. For instance, an employment policy may require only internal consultation where as a service delivery policy may require partner and external consultation.

| Impact Area   | Option (a), (b) or (c) | Explanation and action to be taken   |
|---|------------------------|--|
| Digital technology and tools are not currently accessible to everyone   | (b)                    | Evidence shows that the majority of the population use digital technology, and so advances are justifiable. SG are committed to ensuring everyone has access to mobile phone technology. The local digital inclusion programme of work will seek to address this through for example, the provision of training to improve people's skills and confidence, and the provision of technical means to enable engagement.  |
| Reduction in face to face contact may represent a reduction in opportunities for staff and services to identify issues of gender-based violence | (c)                    | The policy includes the need for individual risk assessments to be carried out, and recognises that virtual consulting is not always appropriate. Further analysis will be require to evaluate whether there is a reduction in the identification of gender based violence that correlates with the promotion of virtual consults.   |
| During consultation, some members of the LGBTQ+ voiced a perceived lack of confidentiality associated with consulting virtually                 | (b)                    | The policy has the aim of ensuring that services use appropriate technology as endorsed by NHS, which complies with GDPR regulations and confidentiality requirements. On-going engagement processes are in place, and a local system to capture patient experience will be procured. A region-wide comms message is anticipated to raise awareness of the benefits and limitations of consulting virtually. These measures will offer the opportunity to sense-check whether the perceived concerns have been alleviated over time, or whether further engagement work to offer additional reassurance is required. |
| The technology used for virtual consultations may not be compatible with other adaptive equipment used by                                       | (c)                    | The policy includes the need for individual risk assessments to be carried out, and recognises that virtual consulting is not always appropriate. On-going engagement processes are in place, and a local system to capture patient experience will be procured  |

|                 |  |   |
|-----------------|--|---|
| disabled people |  | – this will support qualitative evaluation. A key aim of the local digital inclusion programme of work seeks to provide technical means to enable engagement. |
|                 |  |   |

Once completed transfer the actions to the Summary Sheet for publication

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## Section 5 : Monitoring And Reviewing

|  | <b>Guidance</b>  |
|--|--|
| <p>27 How will the implementation of the policy be monitored?</p> <p>An implementation plan for the scale up of the use of virtual consultations has been in place since March 2020, and qualitative and quantitative performance measures have been developed. The engagement process will be on-going at national level, and a local system for the evaluation of patient experience and feedback is being procured. This information will be used to inform improvements to the systems and policies, monitored through Oversight and Scrutiny Group.</p> | <p>e.g. customer satisfaction questionnaires.</p>  |
| <p>28 What (if any) environmental data is to be monitored and who is responsible for the collection of this data?</p> <p>The reduction in health miles is included as a performance measure, and will offer some indication of the reduction in carbon emissions.</p>  |  |
| <p>29 How will the results of the monitoring be used to develop the policy?</p> <p>The results of this monitoring will over seen by Oversight and Scrutiny Group, and the on-going programme management for this work is a key deliverable by the SAM Programme Board.</p>   | <p>This information will be useful when you review the policy</p>  |
| <p>30 When and how is the policy due to be reviewed?</p> <p>The policy will be reviewed annually, and also as and when required, in line with emerging evaluation.</p>   | <p>Detail who is responsible. If there are a significant number of negative impacts, then an earlier date may be recommended</p> |



## Section 6 : Quality Assurance and Public Reporting of Results

(Information required for the Summary Sheet)

The organisation is required to publish the findings and results of all IAs conducted.

Monitoring of IA returns will be carried out by expert advisors and may result in additional information being required or a revised assessment.

The lead person is responsible for collating the key comments and actions. All members of the group should receive a copy of the final impact assessment.

The impact assessment information should be reported as part of the approval process for the policy.

The lead person is responsible for sending a copy of this completed Impact Assessment Toolkit form to the relevant service for the lead organisation where it will be quality assured and then part or all will be published on the public website.

For Dumfries and Galloway Council this is the Planning and Performance Unit - email it to [ImpactAssessment@dumgal.gov.uk](mailto:ImpactAssessment@dumgal.gov.uk)

For NHS Dumfries and Galloway email it to [lynsey.fitzpatrick@nhs.net](mailto:lynsey.fitzpatrick@nhs.net)

## Section 7 : Improving the Impact Assessment Process

**Feedback (optional)** - Please use the space below to detail any matters arising from the Assessment which will help us improve the process

Please tick (✓)

Please score from 1 to 6 where 1 is low and 6 is high

|   | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| 1 How well did this toolkit help you understand the IA process? |   |   |   |   | x |   |
| 2 Did the toolkit assist you in improving your policy?          |   |   |   |   | x |   |
| 3 Was the language and format easy to follow?                   |   |   |   |   | x |   |

4 Any other comments

This impact assessment was started in December 2018 and takes into account all engagement that took place as part of the development of this strategy.

Please send this form to:

Planning and Performance Unit, Dumfries and Galloway Council, Council Offices, Dumfries DG1 2DD Drop Point: 320  
or email: [ImpactAssessment@dumgal.gov.uk](mailto:ImpactAssessment@dumgal.gov.uk)

Equality and Diversity Lead, NHS Dumfries and Galloway, High East, Crichton Hall, The Crichton, Dumfries DG1 4TG  
or email: [lynsey.fitzpatrick@nhs.net](mailto:lynsey.fitzpatrick@nhs.net)