Equality & Poverty Impact Assessment 00783 (Version 1)

SECTION ONE: ESSENTIAL INFORMATION

Service & Division:	Social Work Adult Services Community Care	**Lead Officer Name:**	David Keenan
		Team:	Performance
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Proposal:	This EPIA is completed on behalf of Amy Walker and Lorna Cherrie: Current Musculoskeletal system (MSK) Waiting time is for a routine outpatient appointment is 30 weeks with 3885 patients, at date of writing, on waiting list. MSK Physiotherapy Outpatients are monitored against a 4-week national target. Currently patients that are added to the Routine MSK Physiotherapy waiting list are sent a letter to acknowledge they have been added to the waiting and lists some websites for self management (NHS Inform and NHS Forth Valley Physiotherapy website). All patients that are referred to MSK are triaged to Urgent or Routine by a senior physio. In this proposal, routine patients that are referred to MSK Physiotherapy service would be offered the opportunity to engage with these Digital Tools (DT's) offered by provider EQL. Those that choose to engage with this will complete a digital triage of their condition. Those that have a triage outcome of self management (estimated as 65% by EQL data from NHS Highland) will have immediate access to safe, effective, evidenced based and data-informed support. This will enable them to self manage their symptoms, prevent deterioration or enable improvement in their overall condition. The DT's also provide	**Reference No:**	

further safety opportunities through ongoing symptom surveillance, access via chat feature to discuss symptoms, safety netting and in a very small number of cases (if appropriate) the signposting of care and or escalation should concerns related to a deteriorating presentation or serious pathology be identified.

Patients that are triaged as Routine and request to not have their details shared with EQL, do not opt in to the service will remain on the Routine waiting list as per Business as Usual.

Those that are triaged to and engage with self management will be made inactive on Trak under the code ACRT. Patients will be reinstated to the waiting list (as per their original referral date) should the following occur:

- They have ongoing problems after 12 weeks of engagement with EQL,
- They have stopped engaging with EQL,
- They that do not engage with EQL
- They have been escalated by the EQL team

When routine patients on the "active" waiting list reach the front of the waiting list they will be sent an offer letter asking them to contact MSK Physiotherapy to arrange a suitable appointment.

The DT's has the facility for patients to advise that they no longer require physiotherapy (opting out of the MSK Physiotherapy service) or in a small number of cases have their referral expedited based on the clinical information provided by the patient and reviewed by the clinicians within EQL. These outcomes are provided by reports from EQL to NHS Forth Valley MSK Physiotherapy service.

Patients that engage with EQL and then attend for MSK

	Physiotherapy will have their information from EQL attached to their clinical record in Physio as part of the complete patient record. Those patients that engage with EQL but then do not engage with MSK Physiotherapy will have their patient record uploaded to our electronic clinical records (Morse) and will be retained and subsequently destroyed by EQL and NHS Forth Valley in line with NHS guidance (destroyed 6 years after the last entry/contact made).		

What is the Proposal?	Budget & Other Financial Decision	Policy (New or Change)	HR Policy & Practice	Change to Service Delivery / Service Design
	Yes	No	No	Yes

Who does the Proposal affect?	Service Users	Members of the Public	Employees	Job Applicants
	Yes	No	Yes	No
Other, please specify:				

Identify the main aims and projected outcome of this proposal (please add date of each update):	
28/06/2024	- Improve the patient experience by offering early support and guidance on self management of their MSK Condition after being referred to MSK Physiotherapy. - Reduce the number of patients that require face to face specialist intervention from Physiotherapy. - Reduce the number of appointments required with Physiotherapy when they do access the service. - Reduce the clinical risk associated with long waiting times.

SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:			Benchmark, e.g. Scottish Average
Current spend on this service (£'0000s)	Total:		
Reduction to this service budget (£'0000s)	Per Annum:		
Increase to this service budget (£'000s)	Per Annum:		
If this is a change to a charge or concession please complete.	Current Annual Income Total:		
	Expected Annual Income Total:		
If this is a budget decision, when will the saving be achieved?	Start Date:		
	End Date (if any):		

SECTION THREE: EVIDENCE	Please include any evidence or relevant information that has influenced the decisions contained in this EPIA. (This could include demographic profiles; audits; research; health needs assessments; national guidance or legislative requirements and how this relates to the protected characteristic groups.)

A - Quantitative Evidence	This is evidence which is numerical and should include the number people who use the service and the number of people from the protected characteristic groups who might be affected by changes to the service.

Demographic analysis of the current new routine referrals to MSK physiotherapy service (2023 patients)

Sex

Female 59.8%

Male 40.2%

Ethnicity (1547 patients from the current new routine referrals as above told us their ethnicity)

0.3 % African, Scottish African or British African

0.2% Any mixed or mulitple ethnic groups

0.3% Arab, Scottish Arab, British Arab

0.1% Chinese, Scottish Chinese or British Chinese

0.4% Indian, Scottish Indian or British Indian

0.6% Irish

0.3% Other Asian, Scottish Asian or British Asian

15.8% Other British

0.8% Other ethnic group

2.5% Other white ethnic group

1.2% Pakistani,Scottish Pakistani or British Pakistani

0.7% Polish

76.9% Scottish

B - Qualitative Evidence	This is data which describes the effect or impact of a change on a group of people, e.g. some information provided as part of performance reporting.

Social - case studies; personal / group feedback / other

Both Quantitative and Qualitative evidence has been drawn from NHS Highland Report (see attached)

Particular points of note:

Digital tools unlock potential for increased access. Undoubtedly, it enables users to interact with healthcare services at a time and location of their choice. Indeed, the 'out of hours' completion times of assessments were recorded as between 28-33%. Achievement of over a quarter of assessments being completed out of hours is impactful given the demographic or geographical location of the pilot. Moreover, improved access in rural locations can elicit several benefits to the population such as; facilitate early prevention and detection (thus aid better care and outcomes), reduce healthcare disparities and economic (e.g. time and travel) savings.

The average age of users across both cohorts were very similar (54.5 and 57.5 years, phase 1 and 2, respectively). The average age and the ranges on a whole were representative of the population. According to the office of national statistics [30], of the Highland population (2021) it is the 45-64 age group that is the largest represented (n=69,424).

Acknowledging the learnings and potential limitations, there is evidence that the aims and objectives of this pilot were confidently met. The DT's demonstrated their ability to provide accessible and user friendly experiences. Users in a rural community made use of out of hours services. These tools demonstrated the ability to safely and accurately sign-post people into correct pathways of care aligning with the ''Getting it right for everyone'' agenda .Equally, the clinical oversight provided by the DT's clinical team further contributed to this. Safety concerns were not raised and indeed further benefits were clearly highlighted. With regards to outcomes, the DT's demonstrated clear positive trends across the partaking individuals. Finally, unintended financial benefits were elucidated. Therefore, the ultisation of the DT's as outlined were deemed suitably safe, accessible, usable, effective and financially viable when used to support a MSK physiotherapy 'waiting-well' initiative in Scotland, UK.

Throughout the trial period (June '24-June'25) data will be captured as below;

Number of patients that engage with the digital triage.

Percentage of people that (after completing the digital triage) are signposted to supported self management.

Percentage of patients that are signposted to supported self management that end up returning to the MSK Physiotherapy waiting list.

Clinical outcomes as collected via patient including: pain scores, quality of life,

Day and time that patients access the digital support tools

Number of patients that are signposted to urgent clinical care.

Rate of agreement between digital decision and clinicians decision based on the information provided.

Patient demographics that access the digital tools – age, gender.

Rates of engagement and clinical outcomes comparing different body parts: shoulder, neck, back etc.

Throughout the trial period (June '24-June'25) feedback wil be gathered via;

Patient satisfaction questionnaire

Staff feedback questionnaire

Stakeholder feedback

Best Judgement:	
Has best judgement been used in place of data/research/evidence?	No
Who provided the best judgement and what was this based on?	
What gaps in data / information were identified?	
Is further research necessary?	No
If NO, please state why.	Evidence base has been taken from NHS Highlands and Islands.

SECTION FOUR: ENGAGEMENT — Engagement with individuals or organisations affected by the policy or proposal must take place

Has the proposal / policy / project been subject to engagement or consultation with service users taking into account their protected characteristics and socio-economic status?	No
If YES, please state who was engagement with.	
If NO engagement has been conducted, please state why.	Evidence base taken from NHS Highland testbed. Due to NHSScotland wide shortage of physiotherapists a digital solution to reduce waiting times is required.

How was the engagement carried out?		**What were the results from the engagement? Please list...**
Focus Group	No	
Survey	No	
Display / Exhibitions	No	
User Panels	No	
Public Event	No	
Other: please specify		

Has the proposal / policy/ project been reviewed / changed as a result of the engagement?	No
Have the results of the engagement been fed back to the consultees?	No
Is further engagement recommended?	No

SECTION FIVE: ASSESSING THE IMPACT

Equality Protected Characteristics:	What will the impact of implementing this proposal be on people who share characteristics protected by the Equality Act 2010 or are likely to be affected by the proposal / policy / project? This section allows you to consider other impacts, e.g. poverty, health inequalities, community justice, carers etc.

Protected Characteristic	Neutral Impact	Positive Impact	Negative Impact	Please provide evidence of the impact on this protected characteristic.
Age			✓	Studies show low levels of digital competence in older groups (65+ and 75+) Levels of digital technology competence also declined with decreasing social grade. – See poverty. Digital-technology-competence-and-experience-in-the-UK-population-who-can-do-what.pdf (ergonomics.org.uk).
Disability			✓	BSL users may find engaging with the web based tool more difficult to understand and navigate. Partially sighted/blind users will struggle to access the web based tool. Conversely for those with disabilities that impact on their mobility and/or ability to travel being able to prevent travel to face to face appointment would be beneficial.
Sex	✓			There is insufficient evidence to support any positive or negative impact on this basis.
Ethnicity			✓	For those of whom English is not their first language engaging with the web based tool may be more difficult to understand and navigate.
Religion / Belief / non-Belief	✓			There is insufficient evidence to support any positive or negative impact on this basis.
Sexual Orientation	✓			There is insufficient evidence to support any positive or negative impact on this basis.
Transgender	✓			There is insufficient evidence to support any positive or negative impact on this basis. However Stonewall's Trans Report (2017) https://www.stonewall.org.uk/resources/lgbt-britain-trans-report-2018 , details that 24% of trans people fear discrimination from a healthcare provider. Therefore use of the web based tool and avoidance of attending face to face appointments may be seen as advantageous by this group.

Public Sector Equality Duty: Scottish Public Authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance quality of opportunity and foster good relations. Scottish specific duties include:				
				appointment may benefit this group.
Marriage / Civil Partnership	✓			There is insufficient evidence to support any positive or negative impact on this basis.
Poverty	✓			Access to technology maybe reduced for this group on the basis of internet access costs and/or access to suitable hardware such as smart phone, tablet, laptop or desk top computer. Studies show the sample of ages 40-64 in social grades C2DE had a low level of digital competence, and the group aged 65+ in these social grades had a very low level of digital competence. Digital-technology-competence-and-experience-in-the-UK-population-who-can-do-what.pdf (ergonomics.org.uk)) Conversely there are positive opportunities of cost avoidance for this group – no travel costs to travel attend face to face appointments. As the web based tool can be accessed at anytime it would mitigate any working time which may be lost attending face to face appointments. On balance, the impact is assessed as neutral.
Care Experienced	✓			There is insufficient evidence to support any positive or negative impact on this basis.
Other, health, community justice, carers etc.	✓			There is insufficient evidence to support any positive or negative impact on this basis.
Risk (Identify other risks associated with this change)				

	Evidence of Due Regard
Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):	

Advance Equality of Opportunity:	Equal opportunity will be advanced by providing self-help/ownership to manage their own conditions and treatment.
Foster Good Relations (promoting understanding and reducing prejudice):	

SECTION SIX: PARTNERS / OTHER STAKEHOLDERS

Which sectors are likely to have an interest in or be affected by the proposal / policy / project?		Describe the interest / affect.
Business	Yes	Cost and workforce implications associated with introduction of new system.
Councils	No	
Education Sector	No	
Fire	No	
NHS	Yes	Members of the multidisciplinary team will have patients that are referred to physiotherapy. They should be aware of a new service being provided that patients will be able to access.
Integration Joint Board	Yes	MSK is a delegated function.
Police	No	
Third Sector	No	
Other(s): please list and describe the nature of the relationship / impact.		

SECTION SEVEN: ACTION PLANNING

Mitigating Actions: **If you have identified impacts on protected characteristic groups in Section 5 please summarise these in the table below detailing the actions you are taking to mitigate or support this impact. If you are not taking any action to support or mitigate the impact you should complete the No Mitigating Actions section below instead.**

Identified Impact	To Who	Action(s)	Lead Officer	Evaluation and Review Date	Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes
Age	Older People	Ensure patient letter introducing PHIO system has telephone number to allow request of self management leaflets should digital option be unsuitable	Lorna Cherrie	19/06/2025	
Ethnicity	Minority Ethnic People	Link with NHS Forth Valley translation services to ascertain most commonly used community languages within the health board – • Polish • Ukrainian • Arabic • Urdu • Punjabi • Mandarin • Hungarian Have self management leaflets in community languages available upon request and translate on a need driven basis.	Lorna Cherrie	19/06/2025	

Identified Impact	To Who	Action(s)	Lead Officer	Evaluation and Review Date	Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes
Disability	People with disabilities	EQL Web Content Accessibility Guidelines (WCAG) Accessibility rating for Phio is A/AA: Additional accessibility considerations: If the technologies being used can achieve the visual presentation, text is used to convey information rather than images of text Headings and labels describe topic or purpose Any keyboard operable user interface has a mode of operation where the keyboard focus indicator is visible Components that have the same functionality within a set of Web pages are identified consistently If an input error is automatically detected and suggestions for correction are known, then the suggestions are provided to the user, unless it would jeopardise the security or purpose of the content	Lorna Cherrie	19/06/2025	
Poverty	People in poverty/low income	Ensure patient letter introducing PHIO system has telephone number to allow request of self management leaflets should digital option be unsuitable	Lorna Cherrie	19/06/2025	

No Mitigating Actions	
Please explain why you do not need to take any action to mitigate or support the impact of your proposals.	
Are actions being reported to Members?	No
If yes when and how ?	

SECTION EIGHT: ASSESSMENT OUTCOME

Only one of following statements best matches your assessment of this proposal / policy / project. Please select one and provide your reasons.		
No major change required	Yes	Actions can be taken to mitigate any potential negative impact.
The proposal has to be adjusted to reduce impact on protected characteristic groups	No	
Continue with the proposal but it is not possible to remove all the risk to protected characteristic groups	No	
Stop the proposal as it is potentially in breach of equality legislation	No	

SECTION NINE: LEAD OFFICER SIGN OFF

Lead Officer:			
Signature:	David Keenan	**Date:**	19/06/2024

SECTION TEN: EPIA TASK GROUP ONLY

OVERALL ASSESSMENT OF EPIA:	**Has the EPIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties?**	Yes

ASSESSMENT FINDINGS **If YES, use this box to highlight evidence in support of the assessment of the EPIA** **If NO, use this box to highlight actions needed to improve the EPIA**	Most of the data was obtained from NHS Highlands and patient/staff consultations took place.	
Where adverse impact on diverse communities has been identified and it is intended to continue with the proposal / policy / project, has justification for continuing <u>without making changes been made</u>?	Yes	If YES, please describe: Older People, Ethnicity and People with disabilities - negative impact, all others were neutral.

LEVEL OF IMPACT: The EPIA Task Group has agreed the following level of impact on the protected characteristic groups highlighted within the EPIA

LEVEL		**COMMENTS**
HIGH	Yes / No	
MEDIUM	Yes	Proportionately smaller groups of people will be impacted and sufficient level of mitigation in place through more traditional ways of accessing self help and accessible communication.
LOW	Yes / No	

SECTION ELEVEN: CHIEF OFFICER SIGN OFF

Director / Head of Service:			
Signature:	Martin David Thom	**Date:**	19/06/2024