Equality Impact Assessment
(Stage 1)

This is a legal document as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA.

Consideration of the impacts using evidence and public/patient feedback is necessary.

Question 1: Title of Policy, Strategy, Redesign or Plan

Buddy Healthcare Pre-Operative Assessment App

Question 2a: Lead Assessor's details

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Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

ICARUS Project Team

Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

Aim	
	The main aim is to implement The Buddy Healthcare Pre-Operative Assessment App (Elsie) within NHS Fife. Elsie will change the way we assess patients by moving from a face-to-face assessment in hospital to a brand new digital system.
	Buddy Care is a mobile care coordination platform, where patients access a variety of information support services through an app that can be downloaded to both iOS and Android phones.
	The mobile app helps patients to navigate through their care pathways and

	ensures they have access to important care-related information 24/7. Automated and timed reminders and push notifications also ensure patients receive the right information at the right time.
	Push notifications may be used to share:
	• Information relating to a surgical procedure
	• Administrative forms (pre-operative assessments)
	• Prehabilitation instructions
	• Procedure checklists
	• Educational videos or photos
	• When to take or stop the medication
	• Wound care
	• Rehabilitation exercises
	• Pain meter and other VAS measurements
	• In-app questionnaires (PROMs, PREMs, QoL)
	• Secure two-way messaging between patients and care teams
Purpose	
	The ICARUS Project Team has been established to change the paper based Pre-Operative Assessment to a digital solution. The Pre-Assessment clinical staff will work across Acute/Community to successfully implement the change across a range of patients. It is essential to ensure that all patients have the opportunity to complete a Pre-Assessment and receive the same information and care on their procedure pathway. Through the clinical dashboard care providers can view all the patients care pathways and activities. The automated platform provides attention notifications helping healthcare providers to intervene sooner to early signs of potential Did Not Attends (DNAs)/ no-shows or cancellations. The interactive platform also supports sending additional reminders and messages to the patients at risk.

Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
Age - think: children and young people, adults, older age etc.	Ages from 18+ can be impacted – Moving to a digital solution will rely on service users having access to electronic devices and a method of connection which may not be affordable for some families. It should be

	noted too that the current method of face-to-face will remain in place for those who do not have access to digital technology and all under 18's. For patients who do not have access to digital technology and those who do not have a family member or carer will follow the traditional pathway of face to face.
Disability – *think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.*	1. Some individuals may experience challenges using Apps and digital technology. Support will be provided by the Pre-Assessment staff and issues addressed to enable their full participation as required. 2. Patients with disabilities requiring patient transport or with difficulties attending hospital will have reduced hospital visits limiting the impact of transport needs. 3. Patients with visual impairment will be able to opt for assistance via the telephone or by attending the hospital if that is their preference. 4. Patients with hearing impairment should not be impacted as the material is in written form. 5. Patients with extra learning needs will be able to complete these questionnaires with their usual carers offering assistance or the assistance of the pre-assessment team. 6. Those requiring BSL interpreters will require a telephone or onsite appointment as the system does not currently support multiple languages.
Race and Ethnicity – *Note: Race = "a category of humankind that shares certain distinctive physical traits" e.g. Black, Asian, White, Arab* *Ethnicity = "large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background"* *Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.*	Attitudinal barriers may result in restricted offer to use the Pre-Assessment App for certain groups due to digital exclusion including Gypsy Travellers. The App requires use and understanding of English language to use. Pre-assessment would follow traditional pathway of face-to-face appointment with interpretation services included in groups of people in whom this is required.

Sex – *think: male and/or female, intersex, Gender-Based Violence*	Patients are recommended to complete their Pre-Assessment questionnaire in a safe and confidential space in their house with others, carers and away from situations where domestic violence is occurring. Pre-Assessment staff will be encouraged to stay extra vigilant in looking for signs of domestic abuse when patients do attend clinic.
Sexual Orientation - *think: lesbian, gay, bisexual, pansexual, asexual, etc.*	Sexual orientation should not affect the manner in which individuals interact with the Elsie App. No Pre-Assessment decisions will be made on the basis of sexual orientation or self-identification.
Religion and Belief - *Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.* *Think: Christian, Muslim, Buddhist, Atheist, etc.*	The system allows for the patient to describe any religious requirements and also identifies any religion that may have any bearing on their clinical requirements.
Gender Reassignment – *Note: transitioning pre and post transition regardless of Gender Recognition Certificate* *Think: transgender, gender fluidity, nonbinary, agender, etc.*	The Elsie App asks, 'is the gender you identify with the same as your sex registered at birth?' If this is highlighted it will be made available to the treating team.
Pregnancy and Maternity – *Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.* *Think: workforce maternity leave, public breast feeding, etc.*	By removing a face-to-face Pre-Assessment appointment this reduces the risk of infection as the patient will not be waiting in a public waiting area where other patients are waiting to be seen. Within the Pre-Assessment App there is a section to accommodate breast feeding and pregnancy.
Marriage and Civil Partnership – *Note: Marriage is the union between a man and a woman or between same-sex couples. Same-sex couples can also have their relationships legally recognised as a civil partnership.* *Think: workforce, inpatients visiting rights,*	Within the App the patient has the ability to depict themselves and next of kin as they see fit. The App asks for 'next kin details and the relationship to patient'.

etc.	

Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.

Current Drivers for Change

Best Practice Guidance: Both the Royal College of Anaesthetisists[1] and NICE have indicated their support for digital support for pre-assessment clinics. The RCOA recommend:

5.26 Documentation and communication of information on preoperative preparation are essential. Electronic systems should be considered to enable the capture and sharing of information, support risk identification and allow data to be collected and available for audit and research purposes.
They also reinforce the benefits of a well-designed pre-assessment service in achieving efficiency.

6.2 A well-designed preoperative service should minimise patient delays through the journey to surgery, while allowing appropriate time for initiation of interventions likely to improve patient outcome. By optimising planning of patient care, with the right staff and resources available, cancellations can be reduced and the efficiency of operating lists improved.

[1]https://www.rcoa.ac.uk/gpas/chapter-2

NHS Fife Digital Strategy: The NHS Digital strategy aspires to achieve 85% paperless by 2022. Using a digital solution as part of the pre-assessment clinics transformational is consistent with NHS strategy to deliver a paperlite environment. This change has cross speciality benefits for any surgical service that utilise a pre-assessment process.

COVID: The general guidance outlined in the COVID-19: RE-MOBILISATION: NEXT PHASE OF THE HEALTH & SOCIAL CARE RESPONSE (CEL Aug 2020) document, outline the framework for remobilisation during the COVID pandemic. It reinforced the need to "re-design" services in light of COVID restrictions and find "new and effective ways of working". It urged boards not to return to old ways of working. The digital support for pre-assessment delivers on both these instructions. It offers an opportunity to redesign the service in the light of COVID, but also delivers a more efficient and leaner service.

The redesign with digital support will allow up to 40% of patients to be managed from home. For NHS Fife this equates to 3600 fewer hospital attendances per year.

In addition, the adoption of digital solution result in considerable carbon saving. Liverpool NHS Hospitals demonstrated an 80% reduction in printed paper when a digital process was adopted in their pre-assessment service.

Strategic Fit of A Digital Pre-operative Assessment Platform

Digital Strategy

The implementation of an electronic Pre-assessment solution contributes to the aims and objectives with the Scotland Digital Health and Care Strategy (2018) and NHS Fife Digital Strategy (2019 – 2024). It is also consistent with the framework for remobilisation in response to COVID.

Dependent on the preferred provider, an electronic solution can offer many benefits that the current process cannot offer. The adoption of such a platform will help Digital & Information (formerly eHealth) to meet its objectives outlined in the Digital Strategy document. These are:

1. Support delivery of a fit for purpose, safe and secure, resilient technological service
2. Ensure Digital Health and Information continuous engagement with services and stakeholders to achieve delivery of change at a local, regional and national level
3. Improve flexibility through understanding of user needs, convergence of currently disparate existing systems, collaboration and innovation with improved patient care being our ultimate goal
4. Provide clinically relevant information at the right time at the point of contact
5. Improve data quality and availability to support delivery of service

Such digital system would also enable NHS Fife to meet its Key Ambitions for 2019 – 2024 by modernising patient delivery, using information and informatics to plan, manage and monitor the effectiveness of our service, whilst ensuring information governance and security. These will be achieved through the following benefits:

Below are comments from colleagues in NHS Lanarkshire who have already implemented the system

Dr Miriam Stephens, Lead for Pre-operative Assessment in Lanarkshire

"Before COVID-19 there was an 8 week wait for patients to get a pre-operative assessment appointment. We were very short staffed and our processes while very robust were very old fashioned. Everything was on paper, whereas the rest of the hospital is digital. This has been an enormous project for our team across Lanarkshire, easily the biggest innovation we have seen in the last twenty years."

Senior Nurse Mandy Gilroy, in Lanarkshire

One of our issues is we don't have enough space for our staff to work on-site in Wishaw. With Elsie, we can get our nurses to work more flexibly. We won't need to wait for one of our doctors to physically come to the pre-assessment clinic anymore. They can do their work remotely, on any site in Lanarkshire. It will make our processes much more efficient. It feels like we are catching up with the rest of the working world."

"We had long felt a digital system would be better, and with Buddy Healthcare's Elsie app, we have a fully interactive system. The patients don't have to take time off to come all the way to hospital, or even do a telephone appointment in many cases. They can fill in a lot of the

details themselves on the app. Our specialist nurses will check it, and for a lot of patients, they won't need to see us at all at pre-assessment.

Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?

(Please tick)

Yes	✓	No	

If yes, **who** was involved and **how** were they involved?
If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Think: Who did you ask? When and how? Did you refer to feedback, comment or complaints etc?

Who?

The ICARUS Project Team has engaged with the Pre-Assessment staff at VHK & QMH and 2 Consultant Anaesthetists have been consulted.

The 2 Consultant Anaesthetists have been involved in addressing the EQIA.

How?

Buddy Healthcare has arranged staff awareness sessions for the Pre-Assessment clinical staff.

The Pre-Assessment clinical staff and the ICARUS Project Team are involved in providing feedback to support development of the APP. Project Team meeting have been held regularly and highlight reports to the Project Board meetings.

Staff Link/Social Media will raise awareness of the APP.

Question 10: Which of the following 'Conclusion Options' applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.

Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.

Conclusion Option 1: No further action required

Where no negative impacts or potential for improvement is identified, no further action is required.

No stage 2 EQIA required.

N/A

Conclusion Option 2: Adjustments Made

Potential or actual negative impacts and/or potential for a more positive impact has been identified, therefore appropriate adjustments have been made to mitigate risks and/or make further improvements.

No Stage 2 EQIA required

This stage 1 EQIA has identified few potential impacts on specific protected characteristics groups however mitigations for each of these have been described in Question 4 of this document.

Conclusion Option 3: Requires Further Adjustments

Potential or actual negative impacts and/or potential for a more positive impact has been identified, but were not successfully made during the Stage 1 EQIA, therefore further adjustments must be made to mitigate risks and/or make further improvements.

Stage 2 EQIA is required to ensure further adjustments are made and appropriate workforce/public/stakeholder engagement has been undertaken.

N/A

Conclusion Option 4: Continue Without Adjustments

Continue with Plan, Project, Strategy, Redesign etc despite a potential or actual negative impact or potential for a more positive impact being identified, but the decision to not make adjustments can be objectively justified.

Stage 2 EQIA is required to fully explore the potential to make adjustments by appropriate workforce/public/stakeholder engagement, or to develop evidence for continuing with the plan without making said adjustments.

N/A

Conclusion Option 5: Stop

Stop the Plan, Project, Strategy, Redesign etc due to a serious risk of negative impact being identified.

Stage 2 EQIA required to fully explore the serious negative impact and engage appropriately with workforce/public/stakeholders to source solutions to mitigate the serious impact, and where no mitigations found, stop the Plan, Project, Strategy, Redesign etc.

N/A

PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA.

If you have identified that a full EQIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at fife.participationandengagements@nhs.scot to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor		To be completed by Equality and Human Rights Lead officer – for quality control purposes	
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