

Equality and Children's Rights Impact Assessment (Stage 1)

This is a legal document as set out in the

- Equality Act (2010), the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012,
- the UNCRC (Incorporation) (Scotland) Act 2024,

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 and/or Children's Rights and Wellbeing impact Assessment (CRWIA). Consideration of the impacts using evidence, and public/patient feedback may also be necessary.

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

Connect Me Blood Pressure Monitoring Pathway

Question 2a: Lead Assessor's details

Name	Karen Gregory	Tel. No	07815595225
Job Title:	Senior Project Manager	Ext:	
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Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

Connect Me Blood Pressure Monitoring 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	Connect Me: Remote Health Pathway is the use of simple monitoring technology to enable people outside of traditional healthcare settings a greater choice and flexibility to receive, record and send clinically relevant information about their current health and wellbeing.
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Digital Remote Health Monitoring/Connect Me uses the Inhealthcare platform which is available for all NHS boards and Health & Social Care Partnerships to access.

The NHS Scotland programme aims to deliver a pathway within Primary Care for hypertension (high blood pressure) diagnoses, intervention, treatment, and ongoing monitoring.

Patients can access the service through four communication channels (SMS, telephone touch-tone, App and web portal).

Currently the remote Health Pathway (RHP) Service is an option for patients to use and will be supported by other care pathways if digital access is not appropriate for an individual.

How to register on the Inhealthcare platform

The patient will have had a consultation with, or written contact from, their GP, nurse, or other healthcare specialist before receiving the email asking the patient to register on the Inhealthcare platform. Their account will be registered to the relevant service.

The app can be downloaded from the App Store (Apple) or Google Play (Android) and patients can register and then log in using their unique username and password.

There are three available protocols for a patient, the healthcare professional can enrol the patient on any of these protocols, but the default will be to start in Diagnosis and close monitoring protocol and move sequentially to the Medication titration protocol, and finally to Long term monitoring.

Diagnosis and close monitoring stage (Daily):

- Duration: 14 days (with the option to change to 7 days).
- Reporting: 14 days (with the option to change to 7 days).
- Readings: Every day at 8am and 5pm (with the option to change both these times).

Medication/Titration stage (Weekly):

- Duration: 3 months total.
- Reporting: Monthly – fixed.
- Readings: Tuesday and Friday at 8am and 5pm (with the option to change both days and times).

Long term monitoring stage (Monthly):

- Duration: 10 years total.
- Reporting: 6 months (with the option to change to 3 months or 12 months).
- Readings: Twice a day on a Tuesday once a month at 8am and 5pm (with the option to change both day and times).

Objectives

Supported by the Scottish Government's Digital Health and Care Strategy.

	<p>Offers access to online support and information whilst also allowing the patient to be able to feed in important information on their condition from home and is appropriate to their needs.</p> <p>Promotes self-management and a person-centred approach in effectively supporting and managing those patients who have been diagnosed with hypertension.</p> <p>Outcomes</p> <p>Improves early detection and intervention around the management and support of hypertension.</p> <p>Improve patient's confidence with technology and self-management of condition.</p> <p>Reduction in hypertension healthcare impacts (reduced risk of heart disease or stroke).</p>
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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
<p>Age - <i>Think: adults, older age etc.</i></p> <p><i>For impacts on 0-18 year old, please refer to the below Question 5 - children's rights assessment (CRWIA).</i></p>	<p>This service provides additional flexibility in managing people's health remotely with a more self-management/proactive service offering.</p> <p>The pathway is designed to have a positive effect on targeted conditions.</p> <p>It will enable new ways of interacting with healthcare professionals in managing various health related conditions associated with high blood pressure, avoiding the need for face-to-face engagement where appropriate.</p> <p>Older adults may face challenges using healthcare apps due to physical limitations, unfamiliarity with technology and difficulties with information processing but these can be mitigated with user-friendly design, accessibility features, support and engagement strategies.</p>
<p>Disability – <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>Some individuals may experience challenges using Apps and digital technology. Support will be provided by the service and issues addressed to enable their full participation as required.</p>

	<p>Patients with visual impairment will be able to opt for assistance via the telephone. This service will allow them to receive guidance and support from healthcare professionals over the phone, ensuring they can effectively manage their health despite any visual challenges or by attending the GP Practice if that is their preference.</p> <p>Patients with hearing impairment should not be impacted as the material is in written form. For BSL users, it may be more appropriate for direct engagement to enable them access to BSL interpreters, should they wish.</p> <p>Patients with extra learning needs will be able to complete these questions with their usual carers helping or the assistance of the service.</p>
<p>Race and Ethnicity – <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i> <i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i> <i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	<p>Attitudinal barriers may result in restricted offer to use the blood pressure monitoring pathway for certain groups due to digital exclusion including Gypsy Travellers. Gypsy Travellers communities are less likely to engage in digital solutions due to significant digital exclusion, limited internet access, attitudinal barriers and health inequalities.</p> <p>The services should continue to provide face to face appointments with interpretation services for people whose preferred language is not English.</p>
<p>Sex – <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>Patients are encouraged to complete their Connect Me Mental Health Service questionnaire in a safe, private space at home, ideally with trusted individuals or carers present, and away from any environments where domestic violence may be occurring.</p>
<p>Sexual Orientation - <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>No Impact - The blood pressure monitoring pathway does not record data items in relation to sexual orientation. No treatment decisions will be made based on sexual orientation.</p>

<p>Religion and Belief - <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i> <i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p>No Impact - The blood pressure monitoring pathway does not collect data items relating to religion or belief. This information would be collected during an appointment and treatment planning process.</p>
<p>Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i> <i>Think: transgender, gender fluid, nonbinary, etc.</i></p>	<p>No Impact - The blood pressure monitoring pathway does not collect data items relating to gender reassignment.</p>
<p>Pregnancy and Maternity – <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i> <i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p>High blood pressure in pregnant women poses serious health risks. The blood pressure monitoring pathway helps by ensuring monitoring, promoting better health outcomes for both mother and baby, which is a positive impact. This therefore will likely have a substantial positive impact on this group.</p>
<p>Marriage and Civil Partnership – <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i> <i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p>No Impact - The blood pressure monitoring pathway does not collect data related to marriage and civil partnerships. This aspect of personal information is not gathered within the application, ensuring that such details are managed separately and addressed through other appropriate means.</p>

Question 5: Children's Rights & Wellbeing Impact Assessment

From July 2024, the UNCRC is enforceable by law. This means public bodies must act compatibly with children's rights. Please consider here any impacts of your proposal on children's rights as per the [UNCRC](#) articles. The UNCRC applies to all under 18s, with no exceptions.

Even if your proposal does not directly impact children, there may be indirect impact, so please work through the below regardless.

UNCRC Right	Anticipated Impacts & Relevant Mitigations
<p>Article 3 - Best Interests of the Child <i>Note: Consideration to how any proposal may impact children must be made. Decisions must be made whilst considering what is best for children.</i></p>	<p>Connect Me is designed with the best interests of children in mind. By improving access to healthcare services and enabling children to manage their hospital care.</p>

<p>Article 6 & 19- Life, Survival and Development & Protection <i>Think: Children have the right to life. Governments should make sure that children develop and grow healthily and should protect them from things or people which could hurt them.</i></p>	<p>Regular blood pressure monitoring should be provided for children to promote health development and protect them from potential health risks.</p>
<p>Article 12 & 13 – Respect for Children’s Views and Access to Information <i>Note: every child has the right to have a say in decisions that affect them this could include making a complaint and accessing information.</i></p>	<p>Connect Me ensures that children have a voice in healthcare decisions and can access relevant information. By allowing children to express their views and participate in their care, their rights are respected, and this will enhance overall health outcomes.</p>
<p>Article 22 & 30 – Refugee &/or Care Experienced Children <i>Note: If a child comes to live in the UK from another country as a refugee, they should have the same rights as children born in the UK. Some children may need additional considerations to make any proposal equitable for them (e.g. The Promise, Language interpretation or cultural differences).</i></p>	<p>The platform on which Connect Me relies does not differentiate between children born in the UK and those living in the UK as refugees. Therefore, Connect Me will not differentiate. Interpreter facilities will be used as usual to enable digital engagement.</p>
<p>Article 23 – Disabled Children <i>Note: Disabled children should be supported in being an active participant in their communities.</i> <i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i></p>	<p>Support will be provided by the service and issues addressed to enable their full participation as required.</p>
<p>Article 24 & 27 – Enjoyment of the Highest Attainable Standard of Health <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i> <i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	<p>Connect Me aims to improve access to healthcare services by providing a user-friendly platform that helps patients manage their hospital care more effectively. Support will be provided by GPs to ensure comprehensive care.</p>
<p>Other relevant UNCRC articles: <i>Note: Please list any other UNCRC articles that are specifically relevant to your proposal.</i></p>	<p>N/A</p>

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:

The implementation is being pursued to meet national strategic objectives, allowing patients to choose how they communicate with healthcare providers. Additionally, it is expected to deliver cost-saving efficiencies by reducing reliance on traditional paper processes. The initiative also aims to minimise travel, save time, and enhance clinical decision-making.

Case Study:

The Connect Me team use Inhealthcare to expand remote monitoring across Scotland:

[Scottish-case-study-4.pdf](#)

[Calsayseat Medical Group Aberdeen](#)

[Digital Services - Care in the Digital Age: delivery plan 2024 to 2025 - gov.scot](#)

Strategy:

Aim 1: Citizens have access to, and greater control over, their own health and care data – as well as access to the digital information, tools and services they need to help maintain and improve their health and wellbeing.

Aim 2: Health and care services are built on people-centred, safe, secure and ethical digital foundations which allow staff to record, access and share relevant information across the health and care system, and feel confident in their use of digital technology, to improve the delivery of care.

Aim 3: Health and care planners, researchers and innovators have secure access to the data they need to increase the efficiency of our health and care systems and develop new and improved ways of working.

Deliver the aims and focus on six priority areas:

Digital access: People have flexible digital access to information, their own data and services that support their health and wellbeing, wherever they are.

Digital services: Digital options are increasingly available as a choice for people accessing services and staff delivering them.

Digital foundations: The infrastructure, systems, regulation, standards, and governance are in place to ensure robust and secure delivery.

Digital skills and leadership: Digital skills are seen as core skills for the workforce across the health and care sector.

Digital futures: Our wellbeing and economy benefits as Scotland remains at the heart of digital innovation and development.

Data-driven services and insight: Data is harnessed to the benefit of citizens, services and innovation.

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	
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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?

Input has been gathered with the Primary Care Manager, GP Clinical Director & Digital & Information Lead (Primary Care), Consultant Physician & Associate Medical Director Fife HSCP, Digital Enablement Co-Ordinator (Primary Care), Programme Manager NSS and the NHS Scotland Service Desk to assess the impacts.

StaffLink/social media will raise awareness of the Connect Me – Blood Pressure Monitoring Pathway.

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	Comments
1. No Further Action Required. Impacts may have been identified, but mitigations have been established therefore no requirement for Stage 2 EQIA or a full Children's Rights and Wellbeing Impact Assessment. (CRWIA)	The identified impacts have been effectively mitigated, therefore no need for further action.
2. Requires Further Adjustments. Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.	
3. Continue Without Adjustments Negative impacts identified but no feasible mitigations. Decision to continue with proposal without adjustments can be	

objectively justified. Stage 2 EQIA /full CRWIA) may be required.	
4. Stop the Proposal Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments.	


PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)


If you have identified that a full EQIA/CRWIA 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/CRWIA 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	
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Signature	
Date	12/6/25

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
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Email	Isla.bumba@nhs.scot
Telephone (ext)	29557
Signature	
Date	12/6/25

Return to Equality and Human Rights Team at
Fife.EqualityandHumanRights@nhs.scot