

# 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**

Improving the management of people with dizziness through the development of a collaborative clinic between Physiotherapy and Ear Nose and Throat (ENT).

## **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?**

No

## **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.**

<b>Aim</b>	To pilot a vestibular physiotherapist (PT) within a current Ear, Nose and Throat (ENT) clinic for 5 months to assess and treat patients over 18 years with dizziness who would normally be assessed by consultants, reducing the ENT waiting list by 10% for patients with dizziness.
<b>Outcomes</b>	
<b>Quality / Customer Care</b>	Providing an MDT approach and with the input of physiotherapy it will hopefully provide

	<p>better patient outcomes through the holistic approach and ability to provide a more in-depth assessment and treatment of their dizziness. If a physiotherapist is able to provide assessment and treatment this may reduce waiting lists for non- dizzy ENT patients.</p> <p>Reduce risk of falls with improvement in dizziness.</p> <p>Collect patient reported experience and outcome measures and key performance indicator data to measure effectiveness.</p> <p><b>Workforce</b></p> <p>Reduce waiting lists and pressure on the healthcare system.</p> <p>Reduce pressure on ENT consultants, they could direct time on more complex patients.</p> <p>Improved knowledge and skills of AHPs managing patients with dizziness. This knowledge can be disseminated to colleagues for improved management across Fife.</p> <p><b>Financial</b></p> <p>Cost savings of Band 7 Physiotherapist vs ENT consultant management of patient.</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><b>Age -</b> <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>Positive : Service users will receive a more in depth assessment of dizziness using a more holistic approach.</p> <p>Negative: Length of assessment time may negatively impact the older person if they fatigue quickly, this will be adjusted according to the patient.</p>
<p><b>Disability –</b> <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>Physiotherapy assessment may required to be adapted for physical disability for the individual needs of the patient.</p> <p>Use of interpreter/British Sign Language interpreter will be provided as required.</p>

<p><b>Race and Ethnicity –</b>  <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i></p> <p><i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i></p> <p><i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	<p>Service users whose preferred language is not English will have equal access to interpreters.</p>
<p><b>Sex –</b>  <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>There are no adverse impacts identified in this group.</p>
<p><b>Sexual Orientation -</b>  <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>There are no adverse impacts identified in this group.</p>
<p><b>Religion and Belief -</b>  <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></p> <p><i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p>There are no adverse impacts identified in this group.</p>
<p><b>Gender Reassignment –</b>  <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i></p> <p><i>Think: transgender, gender fluid, nonbinary, etc.</i></p>	<p>There are no adverse impacts identified in this group.</p>
<p><b>Pregnancy and Maternity –</b>  <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i></p> <p><i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p>Assessment and treatment positions can be adapted for those who are pregnant.</p>
<p><b>Marriage and Civil Partnership –</b>  <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></p> <p><i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p>There are no adverse impacts identified in this group.</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><b>Article 3 - Best Interests of the Child</b>  <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>This is an adults only initiative and therefore no direct impacts on children and young people.</p> <p>Indirect impact: if a parent is impacted by severe dizziness this may impact their ability to care for dependents and timely assessment and treatment could positively impact the best interests of the child.</p>
<p><b>Article 6 &amp; 19- Life, Survival and Development &amp; Protection</b>  <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>There are no adverse impacts identified.</p>
<p><b>Article 12 &amp; 13 – Respect for Children’s Views and Access to Information</b>  <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>There are no adverse impacts identified.</p>
<p><b>Article 22 &amp; 30 – Refugee &amp;/or Care Experienced Children</b>  <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>There are no adverse impacts identified.</p>
<p><b>Article 23 – Disabled Children</b>  <i>Note: Disabled children should be supported in being an active participant in their communities.</i></p> <p><i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i></p>	<p>There are no adverse impacts identified.</p>

<p><b>Article 24 &amp; 27 – Enjoyment of the Highest Attainable Standard of Health</b>  <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i></p> <p><i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	<p>There are no adverse impacts identified.</p>
<p><b>Other relevant UNCRC articles:</b>  <i>Note: Please list any other <a href="#">UNCRC</a> articles that are specifically relevant to your proposal.</i></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.**

Pothula et al. (2004) reported that 80% of unexplained fallers presenting to Accident & Emergency (A & E) had symptoms of vestibular dysfunction. In 2024/25 NHS Fife had a 33% higher admission rate for falls compared to the national average (Public Health Scotland, 2025), leading us to speculate that there are a high number of people living in NHS Fife with a vestibular dysfunction.

Nationally ENT services are under significant pressure, Murphy et al. (2021) reported an average wait of 441 days to an ENT service for people with dizziness. In NHS Fife in August 2025 this was even higher with a 679 day wait and 610 people with dizziness on the waiting list.

There is moderate to strong evidence indicating vestibular rehabilitation is an effective treatment for peripheral vestibular dysfunction with the aim of rehabilitation to reduce dizziness symptoms and risk of falls, improve balance and quality of life (McDonnell & Hillier 2015). Previous specialist multidisciplinary team (MDT) models led by physiotherapists and audiologists with input from an ENT consultant as required have shown positive outcomes, with improved diagnoses, management plans and patient satisfaction (Lee et al. 2011; Kaskebar et al. 2014; Burrows et al. 2017). A physiotherapy and audiology led service in NHS Lanarkshire found that 78% of patients did not require ENT consultant input, demonstrating both clinical and financial benefits.

A 2023 NHS Fife staff survey explored MDT approaches in managing dizziness across the health board. It found there was inconsistent access to dizziness services and management by an MDT, indicating a lack of equity of services across NHS Fife and highlighted the desire for a specialised MDT dizziness service, and formed the basis for this proposed service development.

This project aligns with key local and national strategies focused on prevention, early intervention, rehabilitation and falls reduction; including the NHS Fife Population Health and Wellbeing Strategy 2023-2028, NHS Fife Health & Social Care Partnership Prevention and Early Intervention Strategy 2024-2027, Rehabilitation and Recovery: A Once for Scotland Person Centred Approach in a Post-Covid Era (Scottish Government 2022), Scotland's Population Health Framework 2025-2035 (Scottish Government 2025)

and NICE Falls Guidelines (2025). Effective dizziness assessment and treatment can facilitate patients back to work sooner, reduce social isolation, prevent chronic symptoms, reduce healthcare use and promote better physical and mental wellbeing whilst enabling patients to have a pro-active approach to their self-management (Aratani et al. 2020, Alahmari & Alshehri, 2025). Providing a coordinated MDT approach supports equitable, high quality person-centred care and could be beneficial across NHS Fife.

NHS Fife currently has no vestibular physiotherapy service. Embedding a Physiotherapist within an ENT clinic offers the opportunity to provide a holistic and specialised approach to their management. It is also aimed to reduce waiting times, free consultant capacity for complex cases, build physiotherapy expertise and create cost efficiencies.

**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	x
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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?

This is a pilot clinic, service user and staff feedback will be collated as part of the evaluation and used to provide evidence for a more permanent service.

**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
<p><b>1. No Further Action Required.</b> 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)</p>	<p>This is a pilot clinic that will exist within a current ENT clinic, the patients are the same as those currently on the ENT waiting list, the only change is a Physiotherapist will assess and treat rather than a consultant.</p>
<p><b>2. Requires Further Adjustments.</b> Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.</p>	

<p><b>3. Continue Without Adjustments</b> 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.</p>	
<p><b>4. Stop the Proposal</b> Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments.</p>	

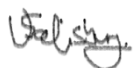
**PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)**


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](mailto:fife.participationandengagements@nhs.scot) to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

<b>To be completed by Lead Assessor</b>	
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<b>Signature</b>	
<b>Date</b>	<b>03/02/26</b>

<b>To be completed by Equality and Human Rights Lead officer – for quality control purposes</b>	
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<b>Date</b>	<b>20/2/26</b>

**Return to Equality and Human Rights  
Team at  
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