

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

New Community Health Index (CHI) Solution

Question 2a: Lead Assessor's details

Name	Emily Petrova	Tel. No	07929066874
Job Title:	Project Manager, Digital and Information	Ext:	NA
Department	Digital and Information	Email	emily.petrova@nhs.scot

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

CHI Local Implementation Group (LIG)

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	<p>The Community Health Index (CHI) is a register for all patients in NHS Scotland. The primary purpose of CHI is to ensure patients can be correctly identified and relevant information pertaining to a patients' health is available to providers of care. CHI is a national system, used by all Health Boards in Scotland.</p> <p>The current CHI system has a number of challenges and cannot meet the present and future requirements in order to support improved delivery of services and a modern digitally enabled health and social care environment.</p> <p>The aim of the project is to replace the existing system with a new, improved one.</p> <p>Introduction of the new CHI solution would bring benefits such as decreased</p>
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	<p>number of mis matches; improved user and patient experience, improved security, data, governance, and auditing; fewer manual operations resulting in reduced time and cost.</p> <p>The system is not directly used by patients although it stores patient data.</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: children and young people, adults, older age etc.</i></p>	<p>CHI number is for all age groups – children and young people, adults and elderly.</p> <p>The first six digitals of a CHI number represent a patient's date of birth, month and year.</p> <p>New CHI solution allows Age and Date of Birth (DOB) to be used as one of the criteria for searching CHI (patient) records.</p> <p>New CHI allows the storage of two home addresses which could have a positive impact across all age groups.</p> <p>For most age groups, there will be no changes therefore no impacts as a result of the new CHI solution, however there will be positive impacts on those who are students (17-25 on average) who ordinarily reside within the boundaries of one Health Board but temporarily live within the premises of a different Health Board for the purpose of attending college or university. Transfer of their patient record will be quicker and more efficient.</p>
<p>Disability – <i>think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>There is no direct impact on Disability as this is not recorded within the CHI system. Patient learning and communication difficulties are not recorded in CHI. However, patient learning and communication difficulties are likely to be held within other systems such as GPIT and could be part of referral information. There are no anticipated impacts on this group.</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>New CHI solution will not have a drop-down menu for race/ and or ethnicity; as is the case with current CHI.</p> <p>A CHI number can be created at any given time. Individuals born outside Scotland would have a CHI number created at the point of registering for health services.</p> <p><u>Gypsy Travellers</u></p> <p>Scottish Government analysis of the 2011 Census data shows that Gypsy/ Travellers in Scotland, compared to the population as a whole, were more likely to report a long-term health problem or disability and were more likely to report bad or very bad general health. Compared to the ‘White: Scottish’ group Gypsy/Travellers were twice as likely to have a long-term health problem were three times more likely to report ‘bad’ or ‘very bad’ health (Public Health Scotland).</p> <p>Gypsy/ Traveller communities experience inequalities such as: poor mental health, barriers when accessing health services and lower uptake of preventative health services (Public Health Scotland).</p> <p>New CHI allows the storage of two home addresses which could have a positive impact on Gypsy Travellers and other travelling communities.</p>
<p>Sex – <i>think: male and/or female, intersex, Gender-Based Violence</i></p>	<p>CHI number identifies patients as male or female with the ninth digit always being an even number for females and an odd for males.</p> <p>CHI Solution allows searching for patients using demographics, sex is a category by which patients can be searched for.</p> <p>New CHI solution will have the ability to store two home addresses – home and temporary which can be of benefit to victims of gender-based violence who are in temporary accommodation/ residing with family/ friends. This will positively impact this group.</p>

	Intersex status is not recorded in CHI; this will not change in the new CHI solution.
Sexual Orientation - <i>think: lesbian, gay, bisexual, pansexual, asexual, etc.</i>	Legacy CHI system does not store Sexual Orientation, and neither will the new CHI system. Therefore, there are no anticipated impacts on this group.
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>	The current CHI system does not store Faith/Religion/Belief, and neither will the new CHI system. However, information about religion and belief is likely to be stored in other systems such as GPIT. Therefore, there are no anticipated impacts on this group.
Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i> <i>Think: transgender, gender fluidity, nonbinary, agender, etc.</i>	<p>Transfer of patient information from one Health Board to another in new CHI will require less effort and be a quicker process. This will be of benefit to patients who wish to attend a gender identity clinic located outside the boundaries of the Health Board where they permanently reside. Currently NHS Fife does not have its own GIC meaning patients must travel to NHS Lothian to receive this care.</p> <p>The process for a transgender request has been verified with National Services Scotland and is as follows: Patients who wish to change their Gender can have their Sex/Gender field updated, as per current CHI. A transient marker will be used to record this as a transgender change, not a correction which will enable Screening and other systems to make clinical decisions.</p> <p>An update to the sex/gender field in CHI triggers a process to create a new record and number. The new record is linked to the old record and only visible to those eligible. The old record is kept because it is important for continuity and patient identification, meaning if someone searched for the patient using the old CHI number, they would be directed to the current record.</p>
Pregnancy and Maternity – <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity</i>	Legacy CHI system does not store Pregnancy and Maternity information and neither does the new CHI system.

<p><i>refers to the period after birth.</i></p> <p><i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p>However, where a patient moves from one Health Board to another, for example due to a change of address, patient care will be improved by information being quickly available at point of care.</p> <p>There will be a reduction in effort related to change of Health Board, improving workflows and reporting.</p> <p>Pregnant patients who live on the edge of Health Boards will be referred to the nearest maternity clinic according to their post code. For some patients, this may mean attending appointments in a neighbouring Health Board, not always the one where they are registered and live in.</p> <p>Following the birth of a baby, the birth would be registered, and the baby would receive a unique CHI number.</p> <p>There are only positive impacts anticipated on this group</p>
<p>Marriage and Civil Partnership –</p> <p><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>CHI system does not store Marriage/Civil Partnership information due to concerns about holding other persons information in another's CHI record.</p> <p>However, this information is likely to be stored in another system such as GPIT.</p> <p>There are no anticipated impacts identified.</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.

<ul style="list-style-type: none"> • CHI Benefits Map There is a National Benefits Map provided by NHS National Services Scotland. The benefits map shows benefits associated with the successful delivery of the CHI. Although the benefits do not directly impact or relate to the protected characteristics, there is an overall positive impact on how patient information is managed, updated, audited and stored. • CHI Blueprint The project blueprint defines the scope of what is going to change once the New CHI project phases are complete across the following categories: <ul style="list-style-type: none"> -Processes and functions -Organisation

Technology
-Information and data.

- Discussions with impacted services/ CHI Users
Information sessions and discussions have taken place with several staff groups, including: Health Records, Mental Health, Maternity, Primary Care Emergency Service, Children Services.
- Health Inequalities, Public Health Scotland - Health Inequalities in the Gypsy, Roma and Traveller Community – How we are making change happen? - Our blog - Public Health Scotland (19.12.2022 accessed)
- A comprehensive analysis of the 2011 census, Equality, Poverty and Social Security, Scottish Government -
<https://www.gov.scot/binaries/content/documents/govscot/publications/corporate-report/2015/12/gypsy-travellers-scotland-comprehensive-analysis-2011-census/documents/gypsy-travellers-scotland-comprehensive-analysis-2011-census/gypsy-travellers-scotland-comprehensive-analysis-2011-census/govscot%3Adocument/00490969.pdf>
(23/02/2023 accessed)
- CHI National EQIA
CHI is a national initiative; NHS Fife have regular contact with the National CHI Project Team (hosted within NHS National Services Scotland). The National CHI Project Team have produced a national EQIA, approved by the CHI Management Board.

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?

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

There is an established CHI Local Implementation Group (LIG) in NHS Fife. The purpose of this group is to manage the delivery of the new CHI solution. The LIG consists of members across the organisation from a variety of roles and skill levels.

CHI users and services impacted by the delivery of new CHI are communicated and engaged with.

CHI is a national initiative. Project Manager/ Members of the CHI Implementation Group in NHS Fife have regular contact with the National CHI & GPPRS Project Team (hosted within NHS National Services Scotland). The National CHI & GPPRS Project Team have produced a national

EQIA, approved by the CHI Management Board.

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 option applies as some positive impacts have been identified through the process of completing this EQIA form.

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	
Name	Emily Petrova
Email	Emily.petrova@nhs.scot
Telephone (ext)	NA
Signature	EPetrova
Date	24/1/24

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	Isla Bumba
Email	Isla.bumba@nhs.scot
Telephone (ext)	29557
Signature	
Date	24/1/24

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