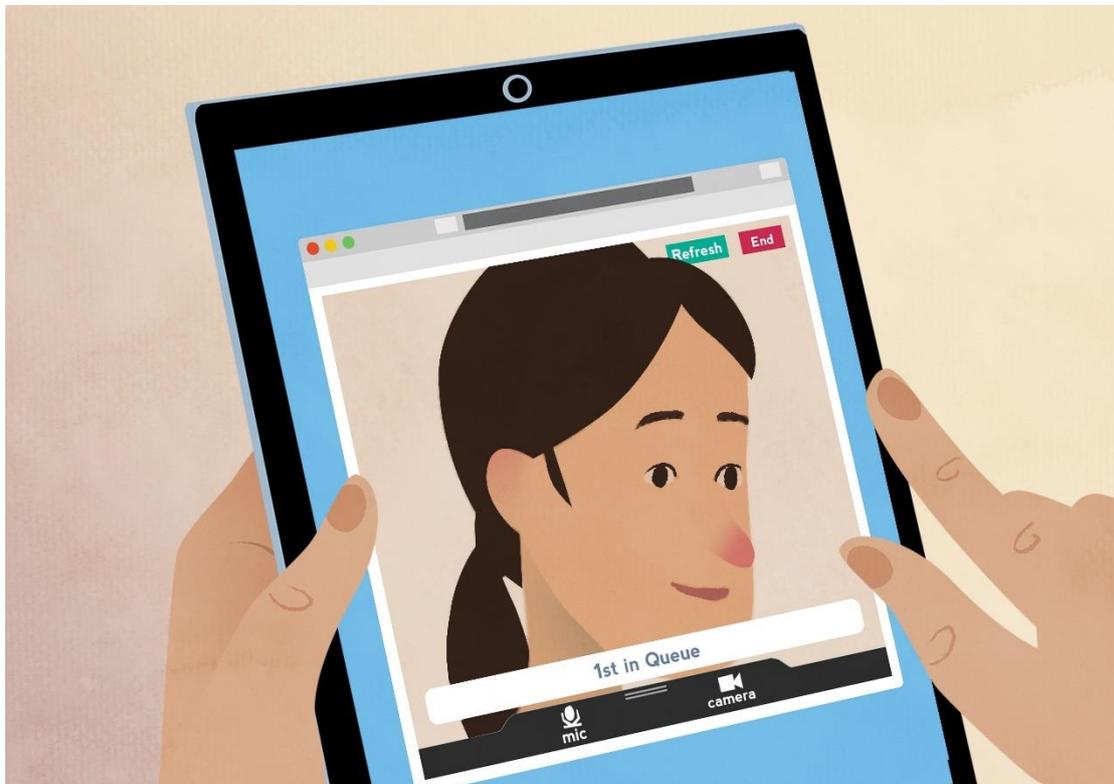# Near Me Video Appointment Service

National Equality Impact Assessment

Version 2.0

Published November 2021

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EQUALITY IMPACT ASSESSMENT RECORD
Version 2.0

Title of policy/ practice/ strategy/ legislation etc.	Near Me Video Appointment Service	
Lead official	Margaret Whoriskey, Head of Technology Enabled Care and Digital Healthcare Innovation	
Officials involved in the EQIA	**Name**	**Team**
	Louise MacLennan	NHS NSS, Head of Public Participation & Engagement
	Chris Bruce	NHS Lothian, Lead on Equalities & Human Rights
	Elaine Savory	NHS Ayrshire & Arran, Equality & Diversity Advisor
	Maimie Thompson	National TEC, Communications and Engagement Lead
	Rachel Bourke	National Near Me team, Programme Manager (NHS NSS)
Directorate: Division: Team	Digital Health & Care Directorate	
Is this new policy or revision to an existing policy?	Revision. A Vision for Near Me was produced in May 2020 and was publicly consulted upon and the service has been independently evaluated. Since the publication of the Vision has been updated to reflects that the service has expanded to include housing, public sector, and wider social care.	
Approval	Near Me Programme Board, 12th May 2021	

Executive Summary

Policy vision and aim

Near Me enables people the option to have an appointment for health, housing, public sector, social care and third sector by video from wherever is convenient, practical, and safe. It is a free and confidential web-based platform. To have an appointment by video the service user needs to have access to a device for making video calls like a smartphone, iPad or laptop and an internet connection, as well as a safe space to attend an appointment. This might be at home or a local 'Hub'.

The aim is that there is an option to provide appointments by Near Me video service whenever it is appropriate; and that service users are aware it is an option available to them.

Background / context

Near Me is transforming the way people are accessing appointments. Following an initial pilot phase in 2017 for NHS services, and early scale up programmes in the North of Scotland, a national rollout programme was established in 2018. A key initial driver, particularly in rural areas, has been to reduce inequalities in accessing services, in part, due to lengthy travel times and poor public transport.

As part of the response to Covid-19 since March 2020, Near Me is now being used in every NHS Board area in Scotland (hospitals, GP practices) and is has started to expand to other services and settings (care homes, housing social care, public and third sector).

Prior to March 2020, there were around 300 Near Me video appointments carried out in a week by May it was around 14,000 a week and over the period January to March 2021 it was around 20,000.

Introduction

Based on the available evidence this document represents an update to the first National EQIA for the Near Me on-line video appointment service. The first version assessed some potential impacts for each of the protected characteristics as well as socio-economic factors, and for remote and rural settings.

National and localised mitigation strategies to address any barriers to accessing Near Me were considered with a commitment to review them at an appropriate point. One year on from the scaling up in use of Near Me seemed an appropriate point to conduct such a review.

This updated EQIA has been prepared on behalf of the Scottish Government under the leadership of Dr Margaret Whoriskey, Head of Technology Enabled Care and Digital Healthcare Innovation. There is no evidence to date that the policy is directly or indirectly discriminatory under the Equality Act 2010.

Engagement and evidence gathering

Recognising the transformational change, a [Vision](#) for Near Me was endorsed by the Cabinet Secretary for Health and Sport

Since publishing the Vision in May 2020, a range of engagement and evidence gathering approaches have taken place to further understand the potential benefits and barriers of using Near Me. A public engagement exercise (which included health and care professionals) was launched on 29th June and ran until the end of August 2020. The aim was to seek views on the Vision. Alongside this in mid-July, a virtual workshop was held with organisations representing the nine protected characteristics. This was followed up by a further virtual meeting on 6th August 2020.

This updated version of the EQIA (Version 2.0) takes cognisance of the findings from the public engagement, and other evidence or learning reported since the first version was published in August 2020. This includes findings from Independent Evaluation of Near Me (23 March 2021), Health Improvement Scotland Citizen Panel (March 2020), Health and Sport Committee Review into Primary Care (16 February 2020) and The ALLIANCE public engagement exercise as part of Independent review of Adult Social Care (3rd February)

Overview high-level summary analysis

A strong theme which emerged during the public engagement was a concern that moving to a system where video appointments was the 'default' would be detrimental to certain individuals with protected characteristic, and in indeed other groups. Connected to this was a worry that for various groups including women and LGBT and people who are in difficult domestic situation it would not be appropriate to have their appointments from home. It is therefore important to ensure that face to face appointments (in person) continue to be an option. A further mitigation of this potential inequality could be to ensure that there are options of local places outside the home where people can have privacy to have their appointments (termed as 'Hubs') and, as originally envisaged by some of the health boards in their early use. This was again highlighted as part of the Independent Evaluation (March 2021).

Another theme of note was the need to consider the intersectionality between each of the characteristic groups. For example:

-   Older people from ethnic minority backgrounds may have a different experience than older people in general.
-   Young LGBT community also have higher rates of mental health problems.

- People with protected characteristics are associated with higher rates of relative poverty, e.g., disabled people.

To a greater or lesser extent Covid-19 has had impacts across all groups and sectors of society in terms of accessing services digitally both in terms of benefits and barriers.

Common to all / many

Feed-back from public engagement highlighted potential benefits and barriers. This was also the case within each protected characteristic reflecting their heterogeneity. This is an important finding since assumptions or generalisations were often being made about the appropriateness (or otherwise) of the use of the Near Me video service. Near Me reduces travel time, inconvenience, and risk of infection with benefits for all protected characteristics.

Thinking about common to all / many:

- In its current form Near Me is not fully accessible for everyone to use from home.

- Lack of confidential or suitable space at home is a barrier for some of those with protected characteristics.

- Some of the barriers highlighted the importance of face to face (in person) being continued to be offered.

- Moreover, the use of local clinics/hubs and loaning of devices may further help to overcome many barriers.

- The need for inclusive communications was consitently highlighted.

The point about inclusive communications was a feature of the public engagament carried out by the ALLIANCE part of the Independent Review into Adult Social Care in December 2020:

"*Consensus from our engagement events is there needs to be truly inclusive communication no matter what the person's communication needs are, and this should be provided and not supplemented by an individual's care package. Many professionals do not understand the full impact of sensory loss and communication needs, which can mean they fail to understand the person. Social care must support individuals with communication needs to have a voice and have equal access to person centred care. Participants also stressed that inclusive communication needs to be explicit, and that good practice should be embedded in mainstream practice. People need to feel that communication is valued, and their needs are respected.*"

Potential benefits, barriers, and mitigation

Potential benefits and barriers and associated national and local mitigations are summarised in boxes one to four, respectively.

Box 1 | Potential benefits in accessing Near Me, including:
- Enables people to have an appointment, reducing the risk of infection, particularly for older people, individuals shielding and pregnant women.   - Improves access for appointments through removing travel barriers. This is particularly relevant for people with disabilities, elderly/frail people, people suffering chronic pain, people with carer responsibilities and people living in rural and remote communities.   - Reduces time off work or education to attend appointments, especially relevant for carers, young people, and low socio-economic backgrounds.   - Supports carers, family members and translators to be involved in an appointment, particularly for ethnic minorities, those with disabilities and older people.

Box 2 | Potential barriers to accessing this service, including:
- Attitudinal barriers resulting in restricted offers to use Near Me for certain groups where service provider may make assumptions about video appointments not being appropriate for some.   - Lack of a safe and confidential space to conduct a video appointment, particularly for younger people in a house with others, carers or those with disabilities and situations where domestic violence is occurring.   - Lack of inclusive communication of Near Me information and patient resources limits use, especially for people where English is not their first language, have a learning disability or low literacy skills.   - People who are digitally excluded for whatever reason. Particularly for younger and older people, minority ethnic populations including gypsy travellers, homeless people, rural and remote communities, and those from low socio-economic backgrounds.

Box 3 | National mitigation

- Continue to build links with Connecting Scotland, Public Health Scotland, and Scottish Council of Voluntary Organisations to understand the scope and impact of digital exclusion on use of Near Me and provide advice to ensure compatibility.
- Develop inclusive communication and guidance materials for using Near Me, including easy read, languages other than English and bespoke to groups as required (e.g., young carers).
- Share best practice inclusive guides/resources with health boards across Scotland.

Box 4 | Local mitigation:

- Continue to maintain choice and appropriate deployment of consultation type including face to face appointments
- Consider the need for local hubs/clinics to access Near Me
- Establish processes to enable interpreters to join Near Me appointments where appropriate. This would include both service-provided interpreters and informal interpreters/support for appointments, such as from family members.
- Establish and communicate processes to enable patients to do a test call.
- Raise awareness about options including the appointments by video.

Next steps

- As all health boards are now using Near Me, they will be expected to review the national EQIA and adopt it following any relevant modifications and mitigation as per local circumstances.

- Work with each Health Board and other stakeholders to communicate the findings from the public engagement.

- Support wider raising awareness for service users and providers around Near Me across public and third sector.

- Continue to explore the use of Near Me in prison, custody services. Justice and social security

- Any potential technical modifications will be described and progressed in partnership with Attend Anywhere who have recently appointed a User Experience Design Lead.

- As part of preparing version 2.0 of the EQIA the vision for Near Me has been reviewed to ensure it is consistent with feedback and evidence. Mitigation strategies and plans will be further developed and implemented.

- The national team will develop a plan to support ongoing engagement and to address any mitigation required and will also include a specific plan to support awareness raising. As a first step in this process one of the identified barriers Inclusive Communications is to be subject to a '***deep-dive'*** to explore this issue in detail. This process of a 'deep-dive', is briefly explained in the action plan and is a recognised Quality Improvement approach.

- A Task and Finish Group is due to report to the Digital Citizen Delivery Board in August 2021 which will identify further recommendations and actions to help address any barriers to use of Near Me.

Executive Summary Ends

National Equality Impact Assessment

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Policy vison and aim

In May the Scottish Government produced and published a vision
https://www.nearme.scot/views

Near Me is a video appointment service that enables people to have planned health and social care appointments from home or ideally, wherever is convenient and practical. This is a free and confidential web-based platform. To have a video appointment a device for making video calls like a smartphone and an internet connection is required, as well as space to carry out an appointment (if taking place at home).

The aim of the Near Me Video appointment programme is for all health and care consultations to be provided by Near Me, where appropriate.

Objectives:

1) **Enables physical distancing**: Near Me enables services to continue to be provided without potential exposure to COVID-19 or other infectious diseases and reduces footfall in NHS and social care, third and public sector premises.

2) **Delivers person centred choice and convenient care**: Near Me enables people to attend appointments from the location of their choice. This can reduce travel, minimise time taken off work or school, or avoid the need for carers to attend support.

3) **Addresses some environmental imperatives**: by reducing travel.

Who will it affect?

The expansion of Near Me video appointments will be applied across Scotland and does not specifically target groups or sections of society. The vision reflects the fact that different people will have different needs and that these needs, and circumstances will vary. In turn this should influence informed choices for accessing care.

To date we know that service users[1] from all demographics have been using Near Me to see their health or social care provider. Currently (as of January to March 2021), around 22,000 video appointments occurred per week across all

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[1] In this document we use the term patient and service user interchangeably. This is to reflect that the service is expanding into social care and public sector

Health Boards, Health and Social Care Partnerships (HSCP) and some third sector organisations. Use has varied per board / local authority area and across specialities, GPs, and the care sector. Work is ongoing to understand this variation and analysis includes looking at use relative to population size. This was published in the Public Engagement report and Independent Evaluation and is regularly reviewed[2].

The expansion of Near Me has several potential benefits for different groups of people within the community, including:

- Improved access to health and care services, through removing/reducing travel barriers[3]. This is particularly relevant for people at a distance from services, with physical disabilities, older people, people suffering chronic pain and with caring responsibilities.
- Supports carers and family members to be involved in appointments.
- Reduced time off work/education to attend appointments.
- Reduces the spread of infectious disease such as influenza, common cold, Covid-19, by staying at home and not having to attend GP, community, or hospital services.

However, there are several groups that face barriers when accessing this service from home, including people who require hands on care and tests or who are digitally excluded for whatever reason (including due to connectivity – identified as the biggest barrier in the public engagement exercise). The equality impact assessment (EQIA) explores these barriers and starts to identify mitigation strategies to support diverse groups of individuals to access Near Me video consultations should that be desirable.

What might prevent the desired outcomes being achieved?

The Near Me programme is influenced by the wider socio-economic context in Scotland. This context may impact desired outcomes being achieved due to:

- Lack of connectivity and in rural, remote and island regions.
- Digital exclusion of certain groups in the community. This is based on lack of connectivity, limited IT literacy, lack of device, income (including phone and data costs) associated with mobile data.
- Reluctance or difficulties accessing the Near Me system.
- Feeling vulnerable through lack of confidence in security and safeguards especially at home
- Lack of support from professionals and / or public.

See *Stage Three* for a more detailed analysis of benefits and barriers to use of Near Me.

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[2] This analysis will be ongoing alongside wider evaluation and engagement
[3] Pop-up survey at end of Near Me consultation has data on self-reported travel distances on average round trip of 26 miles. Our calculation is that this amounts to ~15million miles

Stage 1:   Framing

Results of framing exercise

The outbreak of COVID-19 in early March 2020 has increased the use and reliance of Near Me to support physical distancing, reduce the spread of infection and enable homeworking. While some local EQIAs were prepared there was no national EQIA in place. With a vision to grow the service it was indeed essential to co-produce a national EQIA.

Furthermore, there is likely to be a continued reliance on Near Me as routine services recommence, as outlined in all Health Board's remobilisation plans. As a result, the Near Me programme has the potential to impact on all users of health and care services across Scotland. Moreover, use of the Near Me is now expanding to other areas including social care, housing, and public sector.

A small team was established with representatives from the National Near Me project team and the NHS NSS Equality and Diversity Leads Network. The project team identified a need to develop a national Near Me EQIA in response to the recent expansion of the service. The EQIA process aimed to engage with diverse user groups to ensure that enablers and barriers to using Near Me were understood and strategies allowing strategies to be developed to improve access to this service.

To understand the impact on users/ potential users an analysis of existing evidence was undertaken including engagement and independent evaluation conducted as part of the Near Me programme:

- Analysing results of a pop-up survey at the end of Near Me consultations.
- Early engagement with clinical teams and organisations representing vulnerable patients.
- Ongoing engagement with protected characteristic groups both nationally and across territorial board areas.
- Regular engagement with Health Board implementation teams. This provides feedback on opportunities and barriers to use for both clinicians and patients.
- Uptake data for use of Near Me across health and care services.
- Work being taken forward on digital exclusion (Connecting Scotland and review by Public Health Scotland.
- An exercise by the Health Foundation across the UK to gather opinions about the use of video consultations during Covid-19.

Since Version 1:0 various activities have added to the evidence (Appendix 1).

The main issues are to better understand the reasons why people currently do not access, or want to access the service, and where use would not be

appropriate. Equally it is important to understand if people wish to use the service and are being excluded what are the underpinning issues.

An engagement exercise took place across a wide range of stakeholders including surveys for the public and service providers has further assisted with current context. Issues of connectivity may be more difficult to overcome in terms of providing a service for people from their own home. There are, however, local solutions being developed. Ongoing work with Attend Anywhere (the platform that powers Near Me) is ongoing to consider any technical reasonable adjustments.

Extent/Level of EQIA required

The remobilisation of outpatient services and reliance on Near Me across all Health Boards including Primary Care Services, created a need to develop a national EQIA and to assist local boards to appropriately extend their use of Near Me.

Since publishing the vision, a range of engagement and evidence gathering approaches have taken place to further understand the potential benefits and barriers. A public engagement exercise was launched on 29th June to seek views and initially ran until 31st July[4]. Informal engagement got underway in March 2020.

In mid-July, a virtual workshop was held with organisations representing the nine protected characteristics. Organisations invited included:

- Age Scotland
- Alzheimer's Scotland
- BEMIS
- Children in Scotland
- CRER
- Deaf Scotland
- Disability Equality Scotland
- Inclusion Scotland
- LGBT Youth Scotland
- MECOPP
- Muslim Women's Resource Centre
- Poverty Alliance
- Scottish Commission for Learning Disabilities
- Scottish Trans Alliance
- Stonewall Scotland
- Terrence Higgins Trust

Ten organisations were in attendance on the day (14th July 2020). Following the event, a draft national EQIA was drafted and circulated for comment. A

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[4] A survey for health care professionals was launched on 15 July.

follow up virtual meeting was held on 6th August 2020 to consider the draft content and format of the document.

It was agreed to simplify the document by including the data gathered and any supporting evidence in an appendix. It was all agreed to highlight any themes issues common to all / many and to highlight and reflect some of the intersectionality considerations. Finally, it was agreed it would be helpful to have an executive summary. All these helpful comments were incorporated.

Version 2:0

All organisations contacted in July 2020 were invited to participate in a follow up webinar on 28th January. The following organisations were able to send representatives:

- Scottish Commission for People with Learning Disabilities
- Inclusion Scotland
- Disability Equality Scotland
- MECOPP, Associate

A note of the meeting highlighting the current position was shared with all organisations.

Overview high-level summary analysis

From the perspective of the National Near Me team leading the co-design and roll out it has always been emphasised that Near Me is a further tool, offering choice but to be used appropriately through discussions between professional, service user and others as appropriate. It was clear from the wide range of feed-back that there were some fears or misunderstanding that use of Near Me would replace all alternative approaches.

Concern was expressed that moving to a system where video appointment is the default would be detrimental to certain protected characteristic groups. Connected to this was a worry that for various groups including women, LGBT people who are in difficult domestic situation where their family may be either abusive/controlling or may not be aware of a particular health issue they want to discuss that it would not be appropriate to have a consultation from home.

This concern was also highlighted by the Health and Sport Committee who published their findings into Primary Care on 16th February 2021 stating:

"We applaud the widespread adoption of Near Me and ask the Scottish Government to indicate how this is being monitored and evaluated. What steps are being taken to ensure its use patient-centred and not simply being adapted to meet the needs of clinicians. We recognise the significant benefits that can accrue from its use as a triage tool but have reservations that a default use may widen health inequalities and ask the Scottish Government how this potential problem is being addressed."

It is therefore important to reinforce that the continued use of face-to-face appointments is important including as mitigation against some of the current barriers highlighted.

A further mitigation of this potential inequality could be to ensure that there are options of local places outside the home where people can have access, support, and privacy to have their appointments.

Another theme of note was the need to consider the intersectionality between each of the characteristic groups. For example:

- Older people from ethnic minority backgrounds may have a different experience than older people in general.
- Young LGBT community also have higher rates of mental health problems.
- People with protected characteristics are associated with higher rates of relative poverty, e.g., disabled people.

It was felt that a selected method of health care delivery may result in delays in accessing care. For example, if it took longer to see a health professional face-to-face than by video or telephone. Indeed, this may well be the case currently, but the evidence will need to be checked. It was suggested that any changes to service delivery should consider individuals preferred method of contact and ensure equal and fair access across all methods. This again highlights the importance of offering choice and in turn awareness of choice.

There was some evidence (small studies) that the use of Near Me may reduce Did Not Attend rates, however, this data is not routinely or consistently collected (in secondary care) and would require further data collection and analysis to confirm any impact.

Feed-back from public engagement highlighted potential benefits and barriers. across the characteristics. This was also the case within each protected characteristic reflecting their heterogeneity. This is an important finding since through the process it was also identified that one of the barriers was whereby people (clinicians, organisations, public) made assumptions or generalisations about who Near Me is suitable for or rather not.

- Near Me reduces travel time, inconvenience, and risk of infection with benefits for all protected characteristics.

- In its current form some devices may not yet be fully accessible for everyone to use from home. Digital exclusion and/or a lack of confidential or suitable space are also barriers for some.

- Maintaining the option of face-to-face and the uses of local clinics/hubs, loaning of devices, mentoring and support is helping to overcome many barriers. Work is also progressing to / has been carried out to ensure the platform is compatible with Apple products that visually impaired and blind people can use Near Me.

- The need for inclusive communications was consitently highlighted. Linked into this there is a need to be able to record and share people's communication pregerences. This applied to all types of appointments not just Near Me.

Issues of training were touched upon. It was noted that training had tended to focus on technical aspects whereas it was recognised service providers may benefit from wider training and development in how to conduct an on-line consultation. Some feed-back from the professionals related to impacts on staff carrying out on-line consultatiosn.

The series of Webinars for healthcare professionals has helped to guide further actions and support. For intance, can webinars support the implementation of video consultations at pace and scale within the allied health professions? British Journal of Healthcare Management February2021 | https://doi.org/10.12968/bjhc.2020.0127 (Feb 2021)

Holdsworth et al concluded: "*Upskilling a diverse and dispersed workforce at pace and scale to enable safe remote working has been critical throughout the pandemic. Webinars have proven to be popular with staff to increase their knowledge of and ability to confidently use video conferencing to provide allied healthcare professional services across Scotland.*"

More generally, it was often the case that issues wider than Near Me video appointments were raised reflecting wider societal isssues. For example linked to loneliness and isolation; that people prefer human contact and that a move away from face-to-face was linked to 'cuts' or perceived efficiencies.

In the next section – stage 2 the detail behind this high level analysis is sumarised in a tabular format. The supporting evidence gathered and some of the engagement to date is summarised in Appendix 1 https://tec.scot/sites/default/files/2021-11/Supporting-Evidence-NM-EQIA-Appendix-1.pdf

Stage 2:   Table setting out data gaps, actions taken and possible mitigation, by each characteristic

Characteristic	Data gaps	Actions taken/mitigation[5]
AGE	In its current form Near Me is not yet fully accessible for everyone to use from home depending on circumstances. The preferred method of undertaking health appointments per age group varies. Systematic impact of use of Near Me on Did Not Attend rates. We have identified some barriers whereby people (clinicians, organisations, public) make assumptions about who Near me is suitable for.	Feed-back from public engagement has highlighted benefits and barriers. Possible mitigation currently identified: • Consideration to develop local clinics/hub or devices for loaning. • Develop guidance on how to undertake a video consultation, including step-by-step guide on how to enter the web link to assist older patients use Near Me. • Explore enabling young people to use Near Me within educational facilities, e.g., Private space within a school or college. • Explore provision of free data for Near Me consultations • Maintaining the option of face-to-face appointments. • Support service users to do a practice or test call. Developing mitigation strategies are ongoing based on the feed-back from public and professional engagement as well as evaluation. A key theme to emerge is the ongoing need to promote use of Near Me as an option and to continue to raise awareness to ensure it is available as an option.
DISABILITY	In its current form Near Me is not yet fully accessible for everyone to use from home depending on circumstance. Lack of consistency across resources designed specifically for people with disabilities.	Feed-back from public engagement has highlighted benefits and barriers. Possible mitigation currently identified: • Assess Near Me against web accessibility standards. • Consideration to develop local clinics/hub or devices for loaning. • Ensure Near Me platform is compatible with Apple products that visually impaired and blind people use.

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[5] Throughout this table bullet points are listed in alphabetical order not in order of any priority

	Systematic impact of use of Near Me on Did Not Attend rates. We have identified some barriers whereby people make assumptions about who Near Me is suitable for.	• Explore live captioning/BSL requirements with discussion underway with contact SCOTLAND. • Maintaining the option of face to face • National approach to easy read guidance. • Promote BSL interpreters and electronic note takers to join virtual appointments to ensure effective interpreting support. This may reduce the issue of interpreters not attending and in so doing leaving patients with no communication support. • Support patients with learning disabilities to hold a video consultation. Mitigation strategies as per set out under 'AGE'
SEX	Further exploration is required to identify preferred methods of seeking health care. Understand any barriers for lone parent households. Confidentiality and domestic violence within the household may be barriers to use of Near Me. Systematic impact of use of Near Me on Did Not Attend rates was identified as a gap. We have identified some barriers whereby people make assumptions about who Near me is suitable for.	Feed-back from public engagement has highlighted benefits and barriers. Possible mitigation currently identified: • Consideration to develop local clinics/hub or devices for loaning. • Explore provision of free data for Near Me consultations. • Maintaining the option of face to face Mitigation strategies as per set out under 'AGE'
PREGNANCY AND MATERNITY	Understand any barriers for lone parent households.	Feed-back from public engagement has highlighted benefits and barriers. Possible mitigation currently identified: • Consideration to develop local clinics/hub or devices for loaning. • Explore provision of free data for Near Me consultations.

	Confidentiality and domestic violence within the household may be barriers to use of Near Me. Systematic impact of use of Near Me on Did Not Attend rates. We have identified some barriers whereby people make assumptions about who Near me is suitable for.	• Maintaining the option of face to face Mitigation strategies as per set out under 'AGE'
GENDER REASSIGNMENT	Further evidence is required to assess the impact of Near Me on those people who have undergone gender reassignment. Systematic impact of use of Near Me on Did Not Attend rates. Potential barriers around consent and perceived lack of confidentiality and governance issues.	Feed-back from public engagement has highlighted benefits and barriers. Possible mitigation currently identified: Mitigation strategies as per set out under 'AGE'
SEXUAL ORIENTATION	Further evidence is required to assess the impact of Near Me due to a person's sexual orientation. However, confidentiality within the household may be barriers to use of Near Me. Systematic impact of use of Near Me on Did Not Attend rates.	Feed-back from public engagement has highlighted benefits and barriers. Possible mitigation currently identified: • Consideration to develop local clinics/hub or devices for loaning. • Maintaining the option of face to face Mitigation strategies as per set out under 'AGE'
RACE	Further work is required to assess digital exclusion within the minority ethnic population. This will include analysis of existing data sets and qualitative interviews	Feed-back from public engagement has highlighted benefits and barriers. Possible mitigation currently identified: • Local Health Boards continue work to set interpreter services.

	with non-English speaking users identified as Near Me service users.	• Near Me programme work with trusted community intermediary bodies to improve awareness of Near Me and mitigate any barriers. • Provide guides, documents, and videos in languages other than English as part of a move towards more inclusive communications. Mitigation strategies as per set out under 'AGE'
RELIGION OR BELIEF	Although a range of faith groups were contacted none responded. We are not aware of any relevant existing evidence on religion or belief in relation to the Near Me programme.	As part of the wider engagement, we will explore any impacts of video appointments based on religion or belief. For instance, it could be more flexible.
MARRIAGE AND CIVIL PARTNERSHIP	We are not aware of any relevant existing evidence on religion or belief in relation to the Near Me programme.	We are not aware of any mitigation or further action required
OTHER CONSIDERATIONS UNDER FAIRER SCOTLAND ACT		
RURAL AND REMOTE LOCALITIES	Further work may be required to assess how people feel about social isolation and use of remote consultations. Systematic impact of use of Near Me on Did Not Attend rates.	Feed-back from public engagement has highlighted benefits and barriers. Possible mitigation currently identified: • Consideration to develop local clinics/hub or devices for loaning. • Explore provision of free data for Near Me consultations. • Work is ongoing on several fronts to address issues with connectivity. Mitigation strategies as per set out under 'AGE'
SOCIO-ECONOMIC BACKGROUND	Further work may be required to assess how people feel about social isolation and use of remote consultations. Systematic impact of use of Near Me on Did Not Attend rates. Further work to determine specific issues relating to digital exclusion	Feed-back from public engagement has highlighted benefits and barriers. Possible mitigation currently identified: • Consideration to develop local clinics/hub or devices for loaning. • Explore provision of free data for Near Me consultations. • Maintaining the option of face to face • Work is ongoing to address issues with connectivity. Mitigation strategies as per set out under 'AGE'.

Stage 3 Assessing the impacts and identifying opportunities to promote equality, by characteristic

Having considered the data and evidence gathered, stage three considers the potential impacts – benefits and barriers –implementing the policy might have on each of the protected characteristics. It is important to remember the duty is also a positive one – that we are required to explore whether the policy offers the opportunity to promote equality and/or foster good relations.

Equality consideration	Benefits	Barriers	Neutral	Reasons for our decision
Age				
Eliminating unlawful discrimination, harassment, and victimisation			X	Near Me does not create unlawful discrimination
Advancing equality of opportunity	X	X		Near Me reduces travel time, inconvenience, and risk of infection with benefits for all age cohorts. Digital exclusion and/or a lack of confidential or suitable space are barriers for some.
Promoting good relations among and between different age groups	X			Near Me may promote better relationships and rapport by offering choice. Younger people / relatives may be able to assist older people to use technology. However, this should not be an expectation as privacy and, confidentiality issues are important considerations.
Disability	**Benefits**	**Barriers**	**Neutral**	**Reasons for our decision**
Eliminating unlawful discrimination, harassment, and victimisation			X	Near Me does not create unlawful discrimination
Advancing equality of opportunity	X	X		Near Me reduces travel time, inconvenience, and risk of infection. Not having to travel has the potential to reduce distress. For example, people with learning disabilities, autism, chronic pain, anxiety, and mobility issues. Near Me is not yet fully accessible.

			X	Near Me is unlikely to impact relations among disabled and non-disabled people.
Promoting good relations among and between disabled and non-disabled people			X	Near Me is unlikely to impact relations among disabled and non-disabled people.

Sex	Benefits	Barriers	Neutral	Reasons for our decision
Eliminating unlawful discrimination			X	Near Me does not create unlawful discrimination
Advancing equality of opportunity	X	X		There may be differences in benefits and barriers based in single parent households where a majority are headed by women. Small scale tests of change have shown that using the Near Me men are less likely to be excluded from Health Visitor appointments. Confidentiality and domestic violence within the household may be barriers.
Promoting good relations between men and women			X	Near Me is unlikely to impact relations between men and women.
Pregnancy and Maternity	**Benefits**	**Barriers**	**Neutral**	**Reasons for our decision**
Eliminating unlawful discrimination			X	Near Me does not create unlawful discrimination.
Advancing equality of opportunity	X			Near Me reduces travel time, inconvenience and reduces the risk of infection. The implementation of this service has the potential to have a positive impact on all aspects of maternity care, (pre and postnatal), where travel to attend a GP or hospital appointment is not required. It has also enabled partners to attend appointments remotely (due to Covid-19 restrictions or home/work circumstances of partner).

				Potential for staff to miss signs of gender-based violence / post-natal depression during pregnancy if consultation is remote rather than in person.
Promoting good relations			X	Near Me is unlikely to impact relations for women due to pregnancy and maternity.

Gender reassignment	Benefits	Barriers	Neutral	Reasons for our decision
Eliminating unlawful discrimination			X	Near Me does not create unlawful discrimination
Advancing equality of opportunity	X	X		Near Me may assist people who are considering or have undergone gender reassignment by removing barriers based on traditional service delivery model and enabling a safe space to hold an appointment. Potential barriers around consent and a lack of perceived confidentiality.
Promoting good relations			X	Near Me is unlikely to impact relations due to gender reassignment.
Sexual orientation	**Benefits**	**Barriers**	**Neutral**	**Reasons for our decision**
Eliminating unlawful discrimination			X	Near Me does not create unlawful discrimination.
Advancing equality of opportunity	X	X		Near Me may assist the LGBT community by removing barriers based on traditional service delivery model and enabling a safe space to hold an appointment. Potential barriers around consent and perceived lack of confidentiality.
Promoting good relations			X	Near Me is unlikely to impact relations due to sexual orientation.

Race	Benefits	Barriers	Neutral	Reasons for your decision
Eliminating unlawful discrimination			X	Near Me does not create unlawful discrimination
Advancing equality of opportunity	X	X		Community language interpreters will be able to join virtual appointments to ensure effective support but without either having to travel. This may reduce the issue of interpreters not attending leaving patients with no communication support. Where desirable it will also facilitate extended family member to join consultations, including from overseas. It may support some BAME communities (i.e., those people working for small commercial businesses, who work anti-social hours or who have irregular working hours) attend appointments Near Me reduces travel time, inconvenience, and risk of infection. The research has shown that people with BAME background are more likely to be impacted by Covid-19. Digital exclusion and inclusive guidance and information on Near Me for people who do not speak English is a barrier to using Near Me. The broader public engagement activity helped to explore these barriers further and identify ways to support access to Near Me for this cohort.
Promoting good race relations	X		X	Near Me is unlikely to impact relations due to race.

Religion or belief	Benefits	Barriers	Neutral	Reasons for your decision
Eliminating unlawful discrimination			X	Near Me does not create unlawful discrimination.

	Benefits	Barriers	Neutral	Reasons for your decision
Advancing equality of opportunity			X	We are not aware of any relevant evidence, at this time, on religion or belief protected characteristic in relation to Near Me. The broader public engagement did not identify any areas where Near Me may have disproportionate effects on people due to their religion or beliefs.
Promoting good relations			X	Near Me is unlikely to impact relations due to religion or belief.
Marriage and Civil Partnership[6]	**Benefits**	**Barriers**	**Neutral**	**Reasons for your decision**
Eliminating unlawful discrimination			X	Near Me does not create unlawful discrimination related to marriage or civil partnership.
Advancing equality of opportunity			X	
Promoting good relations			X	Near Me is unlikely to impact relations due to marriage and civil partnerships.

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[6] In respect of this protected characteristic, a body subject to the Public Sector Equality Duty (which includes Scottish Government) only needs to comply with the first need of the duty (to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010) and only in relation to work. This is because the parts of the Act covering services and public functions, premises, education etc. do not apply to that protected characteristic. Equality impact assessment within the Scottish Government does not require assessment against the protected characteristic of Marriage and Civil Partnership unless the policy or practice relates to work, for example HR policies and practices.

Stage 4: Decision making and monitoring

Identifying and establishing any required mitigating action

Have positive or negative impacts been identified for any of the equality groups?	Yes. The national EQIA has identified several impacts of providing Near Me service. These have been considered for each of the protected characteristics, and fairer duty act, as listed in this document. The analysis has been undertaken using the data and evidence available to date. Engagement continued during 2020 and will be ongoing through 2021/22 including setting up a Task and Finish Group which will report into the Digital Citizen Board
Is the policy directly or indirectly discriminatory under the Equality Act 2010[7]?	There is no evidence, so far within this EQIA that the policy is directly or indirectly discriminatory under the Equality Act 2010.
If the policy is indirectly discriminatory, how is it justified under the relevant legislation?	Not applicable
If not justified, what mitigating action will be undertaken?	Not applicable

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[7] See EQIA – Setting the Scene for further information on the legislation.

Describing how Equality Impact analysis has shaped the policy making process

The original development of Near Me service in Scotland was in response to equality issues raised, and around remote and rural and socio-economic impacts. The early development of the service was co-produced with service users, public, partners and academics.

The equality impact analysis has further helped with the identification of potential impacts of Near Me on people with protected characteristics. It has also helped to highlight areas where there is limited evidence on the impacts on some people with protected characteristics.

The process has helped us to shape our plans for ongoing public and staff engagement so that we can address and mitigate any potential negative impacts and improve use and access of Near Me.

Perhaps most fundamentally it has highlighted that 'digital by default' is not the correct approach but offering video appointments as informed choice/option is the most appropriate. The other important learning is that use is not just 'clinically' appropriate because we now understand far better that other circumstances such as social space and privacy are of equal importance.

Several mitigation strategies are underway in response to the engagement to date. These actions will be both at a National and level:

National mitigation strategies

- Promote and explain why it should be offered as choice and not as 'default' whenever it is safe to do so.
- Liaise with relevant SG departments around developments address connectivity issues.
- Build links with Connecting Scotland, Public Health Scotland, and Scottish Council of Voluntary Organisations (SCVO) to understand the scope and impact of digital exclusion on use of Near Me and provide advice to these project teams to ensure patient's access to Near Me is considered in any mitigation plans.
- Develop inclusive communication and guidance materials for using Near Me, including easy read and in languages other than English.
- Review the Near Me vision to ensure it is consistent with feedback from the engagement activities and reflects wider use.
- Work with each Board's Near Me lead, communication team and equality and diversity lead to communicate engagement findings and establish localised mitigation strategies.

Local mitigation strategies

- Roll out Near Me across all areas and setting to ensure equity

- Communicate and establish processes to enable patients to do a test call, if required. This may include adding a test button to the Health Board website.
- Consider the need for local hubs or clinics to access Near Me in remote and rural locations.
- Establish localised mitigation strategies/action plan to address barriers to accessing Near Me.
- Establish processes to enable interpreters to join Near Me appointments, where appropriate.
- Maintaining the option of face-to-face appointments.
- Share best practice inclusive guides and resources with health boards across Scotland.
- Raise awareness to ensure that the public know what the Near Me service is and that it is available as an option.

Monitoring and Review

An EQIA has been developed to assess gaps in knowledge and potential impacts for use of Near Me across the protected characteristic groups as well as the Fairer Scotland Duty. The EQIA was reviewed early in 2021.

As part of the review process the Vision and aims has been amended to reflect analysis of feed-back and wider roll out. It also reflects the findings from the Independent Evaluation in March 2021 and other more generic studies but with relevance.

Ongoing work is summarised (Box 5).

Box 5 | Ongoing engagement and evidence gathering
There are several activities underway within the Near Me programme and across Scottish Government, local boards and other agencies which will impact on the EQIA and include: • Connecting Scotland and Scottish Council for Voluntary Organisations (SCVO). • EQIA by Health Improvement Scotland to understand and mitigate the impact of Covid-19 in terms of engagement. • External Evaluation of Near Me by Oxford University. • Informal meetings and correspondence with a wide range stakeholder. • Working with prison, custody services and social security to explore use of Near Me in their settings, and as required, develop EQIA or amend the current document. • *"Choosing Wisely"* questions aim to empower patients to be active partners in discussions about their care and management options. Questions are to be included into the Near Me virtual 'waiting room' as from February 2021. • Ongoing public and staff engagement to raise awareness and overcome barriers.

Stage 5 - Authorisation of EQIA

Please confirm that:

♦ This Equality Impact Assessment has informed the development of this policy:

Yes ☒   No ☐

♦ Opportunities to promote equality in respect of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation have been considered, i.e.:

- o Eliminating unlawful discrimination, harassment, victimisation.
- o Removing or minimising any barriers and/or disadvantages.
- o Taking steps which assist with promoting equality and meeting people's different needs.
- o Encouraging participation (e.g., in public life)
- o Fostering good relations, tackling prejudice, and promoting understanding.

Yes ☒   No ☐

♦ If the Marriage and Civil Partnership protected characteristic applies to this policy, the Equality Impact Assessment has also assessed against the duty to eliminate unlawful discrimination, harassment, and victimisation in respect of this protected characteristic:

Yes ☐   No ☐   Not applicable ☒

Declaration

I am satisfied with the review of the equality impact assessment that has been undertaken for the roll out of Near Me Video appointments and give my authorisation for the results of this assessment to be published on the Scottish Government's Technology Enabled Care website.

Name: Margaret Whoriskey
Position: Head of Technology Enabled Care and Digital Healthcare Innovation
Authorisation date: 12th May 2021

ENDS
Supporting evidence is available at https://tec.scot/sites/default/files/2021-11/Supporting-Evidence-NM-EQIA-Appendix-1.pdf