Digital Front Door
for Health and Social Care

National Equality Impact Assessment

Evidence, analysis, and proposed mitigation, by characteristic

Published August 2023

About this document

This document provides the underpinning evidence informing the first draft version of the Full Equality Impact Assessment for the Digital Front Door. It will be subject to ongoing review.

It forms part of a suite of Impact Assessments that will be completed and published during 2023/24 in collaboration with our technical delivery partner NHS Education for Scotland.

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Introduction

This document provides evidence, insights, and analysis by protected characteristics. Where possible any intersectionalities across protected characteristics have been considered.

Equalities Act (2010)

The Equality Act 2010 protects people from discrimination based on protected characteristics. This means that all public bodies must ensure that no one is being discriminated against, whether on purpose or not, due to their protected characteristic. Under the Act, the relevant protected characteristics are:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race
- religion and belief
- sex
- sexual orientation
- marriage and civil partnership (elimination of discrimination)

Scotland now considers socio-economic circumstances, which are covered by the Fairer Scotland Duty Act. This is currently being drafted for the Digital Front Door.

The Public Sector Equality Duty

Within the Equality Act, the Public Sector Equality Duty, requires all public bodies to have:

- due regard to the need to eliminate unlawful discrimination
- advance equality of opportunity
- foster good relations between people with different protected characteristics.

Evidence and Insights

This will be under review during the lifecycle of the programme. Some of the links need to be sourced.

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Generic Mitigations

Several issues are likely to be common to all / common to many of the protected characteristics. Outline mitigations set out in this document are indicative and will require further engagement, associated resourcing implications and appropriate sign off.

- Co-design of the EQIA has identified opportunities to promote understanding and tackle prejudice across all protected characteristics.

- Alternative options remain available including due consideration to enable people to arrange appointments. For example, safety measures will be put in place to make sure that those not accessing via digital means will still get fair access to make appointments. Equally, those who wish to access services digitally will be offered the option and provided support.

- Work is required to improve awareness and understanding among professionals and the wider public including what services are available and why data on protected characteristics need to be collected.

- Well-conducted user testing will enhance opportunities to use digital services, and these will need to be offered and promoted. (Strive to make accessible as possible across each protected characteristic).

- Individuals being able to state and update their preferences (communication and accessibility) in an ongoing way will help to ensure improved experience and access if acted upon.

- Providers need to be cautious about making assumptions about people's desire and or ability to use digital approaches across all protected characteristics.

- Poverty and literacy cut across all the characteristics assessed.

- The Digital Front Door offers benefits in terms of being more convenient, reducing travel, and saving time by accessing services digitally.

- Understanding how the pillars to support digital inclusion apply to each of the protected characteristics will be important.

- Accessible Information on navigating the App/site will enable more people to use the Digital Front Door.

- Proxy requirements will need to be documented in health and social care records and be able to be accessed digitally. The role of paid and unpaid carers needs to be understood including proxy access.

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Evidence and analysis, and proposed mitigation, by characteristic

Characteristic	Commentary, Analysis and Evidence	Proposed Mitigation
AGE	**Commentary** People aged 65 and over outnumbered under 15s for the first time. (Scotland's census, 2011). 2011 census | Scotland's Census (scotlandscensus.gov.uk) Those aged 65 years and older make up 19% of the population in Scotland. This has increased by over 37% in the last 30 years. The working age group (aged 16-64 years) makes up 64% of the population. Children (aged 0-15 years) make up 17% of the population. National Records of Scotland Mid-year Population Estimates 2019. Mid-Year Population Estimates | National Records of Scotland (nrscotland.gov.uk) Although older age may not be a barrier to using digital devices and services, many of the factors that can make this difficult are more common for older people (motivation, familiarity, access to the internet, disability). When they do use digital services they may not benefit to the same degree. While almost all young people use the internet, there are still many who lack good digital skills or access to resources such as home computing, data, and broadband. The introduction of digital health and social care developments can also be an opportunity for older people living with long-term conditions or reduced mobility which can cause them to experience social isolation. If they are enabled, digital developments can offer older people improved opportunities to access health and social care information from their homes if they choose to do so.	In addition to generic mitigations: Promotion of informed choice. Ability to collect preferences and use them. Ensuring communications are inclusive. A network of Community Hubs including libraries could support safe, secure and private spaces to access digital services with skills and support to assist. Ability to facilitate proxy

Much of the evidence and insights reviewed referred to older people. Feedback from the engagement with Young Scot Digital Panel (April 2022 – August 2023) provides some valuable insights relating to online services.

Analysis and Evidence

Age Scotland Big Survey, July 2023

89% of respondents (aged 50 and over) had access to the internet at home – this was across all age groups although access tended to decrease with age. Respondents were most likely using the internet to email friends/family (77%), to find out information (76%), and online shopping (71%).
87% of respondents said that they or someone they know has been the target of a scam, most likely by telephone (71%).
Big Survey (ageuk.org.uk)

A journal article published by Lancet Digital Health highlighted that in the UK, 79% of all digitally excluded people are aged 65 years or older, and more than half of people older than age 75 years do not use the internet regularly. Additionally, the article noted that older people who do not use the internet have multiple markers of vulnerability, including lower income, living alone, mobility challenges, and difficulties with memory and concentration.
Digital health intervention at older ages - The Lancet Digital Health, November 2019

Age Concern UK's *Digital Inclusion report (UK), March 2022* state 2.2 million (40 percent) of people aged 75+ and 800,000 (12 per cent) of people aged 65-74 in the UK had not used the internet in the last three months.
digital-inclusion-policy-position-march-2022.pdf (ageuk.org.uk)

The Scottish Household Telephone Survey carried out in 2020 included a section on the use of the Internet and also found it varied by age; 58% of those aged 75 or

	above and 87% of those aged 60 to 74 used the Internet whereas nearly all adults aged under 60 used the internet. Scottish Household Survey 2020 - telephone survey: key findings - gov.scot (www.gov.scot) Who Cares? Scotland has expressed concerns about care experienced young people facing digital exclusion because they lack the appropriate devices and/or access to home broadband to benefit from internet-based information. 20200514Who_Cares_Scotland_letter_and_report.pdf (parliament.scot) My Self-Management in Highland highlighted the lack of skills in young people using the internet and social media (Spring 2023 part of EQIA insights 2023) Younger people do not wish to use or get anxious about using the telephone (Young Scot Workshops, 2022/23). Younger people would like the option to use digital services including mental health services (Engagement with Young Scot, 2022/23)	
Age + Race	Additional barriers for some older minority ethnic groups, for instance, 'Asian' people were noted by the Office of National Statistics (May 2019) as being significantly less likely to have used the internet than people of the same age who identified their ethnicity as white. Internet users, UK - Office for National Statistics (ons.gov.uk) In some parts of Scotland, there are people with no English or able to use a device (EQIA insights 2023).	
+ Disabled	Older people are also more likely to face other barriers such as aged on-set loss of sight (RNIB) and/or hearing (Deaf Scotland), as well as conditions affecting cognition such as dementia. This has implications for adopting digital approaches if previously not familiar. Need to consider approaches for switching to technology and /or new technologies. They are more likely to have less mobility and/or long-term health conditions. This could bring both benefits and barriers to digital options. They	

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	are also more likely to have to rely on a carer/proxy to access Digital Front Door (EQIA Insights 2023).	
+Poverty	39% of over 65s are living in fuel poverty in 2023, compared to the last available set of Scottish Government figures for 2021 (19%), Age Scotland August 2023 high-4967-scotinfrom-age-scotland-big-survey---summary.pdf (ageuk.org.uk) ethincity_and_financial_disadvantge_in_later_life_may_2021.pdf (ageuk.org.uk)	
DISABLED	**Commentary** The introduction of digital health and social care developments can also be an opportunity for people with disabilities to improve access to services and well-being. Disabilities are wide-ranging (sensory, physical, learning) and therefore appropriate solutions to facilitate inclusion will need to be co-designed and tested. Accessibility should be a key consideration when designing the Digital Front Door. • Around one-fifth of Scotland's population – that's one million people – define themselves as disabled. Yet disabled people often experience higher levels of inequality compared to their non-disabled peers. • Only about 50% of disabled people of working age are in work compared to 80% of non-disabled people of working age. • Employment rates vary greatly according to the type of impairment a person has. People with a mental health condition considered a disability have the lowest employment rate of all impairment categories (21%). The employment rate for people with learning disabilities is 26%. Number of people in Scotland with a disability - Yahoo Search Results **Analysis and Evidence** It's currently thought that around one-fifth of Scotland's population (somewhere in the region of 1 million people), define themselves as having a disability. From the Scottish Government Protect Scotland EQIA (2020)	In addition to generic mitigations: Be designed to be compatible with common screen reading software used by someone with a visual impairment. Ensure that options respond well to touch and voice commands. Offer information in plain English, appropriate to at least the average reading age in Scotland. Consider how information can be provided in accessible formats.

	EQIA-18-december-2020.pdf (protect.scot)	
	A study by the **Glasgow Disability Alliance** highlighted that digital exclusion is a prevalent factor for disabled people. They reported that only 37% of the disabled people they engaged with reported having home broadband or digital devices and that many lack the confidence or skills to use them (April 2020). COVID-19 supercharges existing inequalities faced by Glasgow's 150,000 disabled people (mailchi.mp) In 2017, the Scottish Health Survey (SHeS) estimated that 45% of adults (and 17% of children) had a long-term condition or illness and that 32% of adults (and 10% of children) had long-term conditions that were also limiting. In this context, the survey noted that 32% of the adult population would be considered disabled, while 68% would be considered not disabled. Scottish Health Survey 2017: Summary (www.gov.scot)	
Disabled + Age	People who have less mobility and/or long-term health conditions are more likely to be older. Long-term conditions and multi-morbidity | The King's Fund (kingsfund.org.uk)	
Disabled + Poverty	Poverty is the single biggest driver of poor mental health, and people living in poverty carry a higher risk of suicide, as do those who are unemployed or socially isolated. Many people also face the additional barrier of digital exclusion, meaning it is harder to access advice, support and services. Scotland's Mental Health and Wellbeing: Strategy (www.gov.scot), June 2023 Disabled people are more likely to face socio-economic disadvantages which is another defining factor in digital exclusion (Ofcom, March 2022). OFCOM - Digital Exclusion Report (npcuk.org) Poverty is a key factor in digital exclusion. People on low incomes are disproportionately likely to suffer from poor mental health. Those living in areas of	

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	socio-economic deprivation are also more likely to have lung disease, asthma and diabetes – all of which could impact treatment and outcomes. 2023-Hunger-in-Scotland-report-AW-web.pdf (trusselltrust.org) Disabled people are more likely to be living in poverty and have more requirements to have their home at a certain temperature, and use more energy (mobility aids, assistive technology, and so on) Inclusion-Scotland-Briefing-Disabled-People-Poverty-and-the-Cost-of-Living-Crisis-Version-1-November-22nd.pdf (inclusionscotland.org) Disability Equality Scotland, May 2023.	
SEX (At birth)	**Commentary** Scotland has a relatively even split between sexes in 2017, with 51% females and 49% males. Women are more likely to be the primary unpaid caregiver for both children and adults and more likely to experience domestic abuse. Population	Scotland's Census (scotlandscensus.gov.uk) 77.1% of NHS Scotland workforce is female and 29.9% male NHS Scotland workforce	Turas Data Intelligence **Analysis and Evidence** Scottish Governments Women's Health Plan A plan for 2021-2024 published in August 2021 promoted the benefit of digital approaches but noted: "All women must be able to make informed choices about their health, including those who do not have access to digital technology, whose first language is not English or who have a learning or other disability. Actions included within the Plan recognise the importance of ensuring that all women are appropriately informed about their options and supported to make choices that are right for them as individuals." Women's Health Plan: A plan for 2021-2024 (www.gov.scot)	In addition to generic mitigations: The Digital Front Door should be designed to ensure the location is not tracked and identifiable information only shared with permission. The importance of choosing and the ability to access digital solutions outside of the home needs to be an option and communicated. Use of digital approaches may be more cost effective rather than having to travel.

	Around 60% of 1.1 million unpaid carers are women and 90% of single parents are women. This may mean women are more likely to be a proxy for one or more family members, and so issues about confidentiality and cost need to be considered. Women's Health Plan: A plan for 2021-2024 (www.gov.scot) In 82% of all incidents of domestic abuse recorded by the Police in 2018-19 the victim was a woman, and the accused was a man (where gender information was recorded). The Scottish Government's Protect Scotland App EQIA identified that Apps that use location tracking information could be less likely to be used by certain groups of people. In terms of Gender-based violence, some users may avoid downloading the app for fear of being tracked. There is also a consideration around whether notifications appear on a lock screen or not (EQIA Insights, 2023). Some people may not want others to know that they have accessed information about specific health issues, for example in relation to pregnancy or sexually transmitted diseases. More generally it should not be assumed that people are comfortable sharing their healthcare appointments and needs. (EQIA Insights, 2023).	
+Disability	**Scottish Women's Budget Group 13 July 2023** 42% of disabled women had to change plans due to cost of transport Womens-Survey-2023-Transport-Report.pdf (swbg.org.uk)	
+Ethnicity	**Scottish Women's Budget Group 13 July 2023** 53% of women from ethnic minority communities had to change plans due to cost of transport Womens-Survey-2023-Transport-Report.pdf (swbg.org.uk)	
+ Poverty	**Scottish Women's Budget Group 13 July 2023** 28% of survey respondents said they were struggling to manage transport costs, rising to 41% for disabled women and 54% for single parents. Womens-Survey-2023-Transport-Report.pdf (swbg.org.uk)	

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| PREGNANCY AND MATERNITY | **Commentary**

The Scottish Government is developing a range of improvements in services for pregnancy and maternity (Women's Health Plan: A plan for 2021-2024) highlights the benefits and barriers of access to digital services and information (August 2021) Women's Health Plan: A plan for 2021-2024 (www.gov.scot)

Analysis and Evidence

Women's Health Plan: A Plan for 2021-2024 (August 2021)
Women highlighted the importance of good communication by illustrating that they cannot take responsibility for their own health without enough information about it. Participants highlighted that those with low literacy or digital skills may not benefit from a website

All women must be able to make informed choices about their health, including those who do not have access to digital technology, whose first language is not English or who have a learning or other disability. Actions included within the Plan recognise the importance of ensuring that all women are appropriately informed about their options and supported to make choices that are right for them as individuals.

Use of Near Me and Connect Me is well established in pregnancy and maternity services.
Women's Health Plan: A plan for 2021-2024 (www.gov.scot) | Promote the use of video or telephone consultation where appropriate to support access to services for women, particularly those who may otherwise be required to travel long distances or who may have difficulty travelling to appointments

Promote the use of video or telephone, in addition to face-to-face, consultation, to provide greater privacy, dignity, choice, and flexibility. |
| **+Ethnicity** | Minority ethnic women have poorer maternal outcomes e.g., higher rates of maternal deaths. More likely to have gestational diabetes and live in poverty.
Anti-Racism in Scotland - Progress Review 2023: The Race Equality Framework and the Immediate Priorities Plan (www.gov.scot) | |

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	Migrant pregnant women are a diverse group at risk of disproportionately worse maternal and perinatal outcomes RCOG Position Statement: Equitable access to maternity care for refugee, asylum seeking and undocumented migrant women | RCOG	
+Poverty	Minority ethnic women have poorer maternal outcomes e.g., higher rates of maternal deaths. More likely to have gestational diabetes and live in poverty. Anti-Racism in Scotland - Progress Review 2023: The Race Equality Framework and the Immediate Priorities Plan (www.gov.scot) A longitudinal study in Ireland found that mothers of young children may be up to 64% more likely to experience maternal depression if living in fuel-poor households, even after considering of income, education and employment. This will vary geographically. Find link.	
GENDER REASSIGNMENT	**Commentary** Experience of discrimination or poor treatment can mean that trans people are less likely to access some key health services, like GP services and screening programmes. The introduction of the digital front door can also be an opportunity to improve access to services and well-being for trans community The introduction of the digital front door can also be an opportunity to improve access to services and well-being. **Analysis and Evidence** **Equalities and Human Rights Commission website** Gender reassignment discrimination | Equality and Human Rights Commission (equalityhumanrights.com)	Advocate the use of gender-neutral language. Check people's preferred pronouns and do not make assumptions as part of collecting communication preferences Ensure CHI details align

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	• **The Scottish Government's Protect Scotland App EQIA, (December 2020)** Trans people experience disproportionately poor mental health and are more likely to experience suicidal ideation. This could make communications more challenging and, if undetected, could lead to a worsening sense of isolation and poor mental health. EQIA-18-december-2020.pdf (protect.scot) Many Trans people find being misgendered with the wrong pronouns in conversation or in written communication, upsetting and hurtful (EQIA Insights, 2023). It may be that their CHI details do not recognise the gender they identify as, or call handlers could mistakenly assume someone's gender based on the sound of their voice (EQIA Insights, 2023).	
+Poverty	Through the EQIA process we heard that the Trans community more likely to experience poverty (EQIA Insights, 2023).	
SEXUAL ORIENTATION	**Commentary** Experience of discrimination or poor treatment can mean that LGBT+ people are less likely to access some key health services, like GP services and screening programmes. Do LGBTQ+ people face problems accessing healthcare?	Patient LGBT+ people may be at increased risk of homelessness and domestic abuse LGBTQ+ and Homelessness - Statistics and Support	Crisis UK LGBT+ people are more likely to be estranged from their families and to experience social isolation (June 2023). Positive Futures: Unsupported LGBT young people half as happy as adults (justlikeus.org), Supporting LGBT people around bereavement	Support Around Death (scot.nhs.uk)	Re proxy do not make assumptions as to who a person may want services to be in contact with. Implementation of findings from Digital Inclusion Programme (Housing and Mental Health)

	LGBT+ especially in remote and rural areas would like digital options for appointments (Scottish Government Public Engagement about Near Me, September 2020). Near Me Public Engagement: Public and clinician views on video consulting: Executive summary (www.gov.scot) The introduction of the digital front door can also be an opportunity to improve access to services and well-being for LGBT+ Considerable sensitivity that still exists around sexual orientation. Further evidence insights being collated as part of EQIA process.	
ETHNICITY	**Commentary** People from minority ethnic backgrounds often have poorer access to healthcare services as well as poorer experiences of care and treatment. They are less likely to raise concerns or make complaints about the standards of their care or support. Minority ethnic people whose first language is not English, may not be able to understand any information provided if these services are not designed to be responsive to their language preferences. While there will be positive impacts resulting from the ongoing commitment to deliver digital solutions, we appreciate that digital still presents barriers to access for some Black, Asian and Minority Ethnicity people. It's not clear why access differentials by ethnicity exist – The NHS Race & Health Observatory suggests possible mistrust of data use, less access to digital devices and/or lower levels of digital literacy for older people. Recommendations for inclusion include support in various mediums and languages and mandatory equality impact assessments for services moving to digital platforms.	Services need to be designed to be responsive to different language preferences including interpretation facilities. Assess digital solutions such as Google Translate. Learning from funded projects to promote digital inclusion

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	Analysis and Evidence 6% of the NHS workforce in Scotland comes from a minority ethnic background. Hard Edges 2019 report states that 2% of cases of adults experiencing severe and multiple disadvantages (homelessness, substance abuse and offending) have a minority ethnic background. Including people at the intersection of these experiences requires a range of different approaches. Hard Edges Scotland full report – Lankelly Chase Asylum seekers and refugees face unique and complex challenges related to their mental health. Research suggests that asylum seekers are five times more likely to have mental health needs than the general population, and more than 61% will experience serious mental distress, however, they are less likely to receive support than the general population. Refugees and asylum seekers: statistics	Mental Health Foundation Mental health: migrant health guide - GOV.UK (www.gov.uk) For Gypsy Traveller communities, issues to consider include difficulties with GP registration, discrimination (leading to poorer access and or treatment) digital exclusion and lower levels of literacy. It is known that Gypsy travellers have poorer health than the general population. Layout 1 (gypsy-traveller.org) The Digital Front Door may provide an opportunity to improve continuity of care as some elements of care do not rely on accessing in person.	
+Age	Older minority ethnic groups are significantly less likely to have used the internet than people of the same age who identified their ethnicity as white. Internet users, UK - Office for National Statistics (ons.gov.uk)	

+Disability	People with a learning disability from Black, South Asian (Indian, Pakistani or Bangladeshi heritage), and minority ethnic backgrounds face shorter life expectancy triggered by poorer healthcare access, experience, and outcomes. [We deserve better: Ethnic minorities with a learning disability and access to healthcare - Race Equality Foundation](#) Gypsy Traveller has higher rates of poor mental health and suicide rates, especially in young men [Suicide-Inequalities-agencies-report.pdf (gypsy-traveller.org)](#)	
+Poverty	• Older people from Black and Asian ethnic groups are around twice as likely to be living in poverty as White pensioners. • Older minority ethnic groups have lower average incomes, are more likely to receive means-tested benefits, and less likely to receive private pensions. • Ethnic groups who are most at risk of low retirement income tend to have lower employment rates, higher levels of part-time working, and lower levels of pay on average. [ethincity_and_financial_disadvantge_in_later_life_may_2021.pdf (ageuk.org.uk)](#) Minority Ethnic Communities, Refugees and Asylum Seekers can be faced with a considerable amount of barriers, which can affect people getting the right care at the right time. [refugee_report_1.pdf (mind.org.uk)](#) [Improving NHS 24 Services for Minority Ethnic Communities, Refugees and Asylum Seeker (June 2018)](#)	
RELIGION OR BELIEF	**Commentary** Scotland is a religiously and culturally diverse country. We are not aware of any relevant existing evidence on religion or belief (or none) in relation to digital health and social care. Collecting data on religion or belief (or none) is important as this may influence what services and care people with this protected characteristic choose to engage with.	

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	Further work is required to improve awareness and understanding why data on protected characteristics needs to be collected (Public Health Scotland, 2023)	
+Age +Race +Disabled	Faith communities often have members who are older, disabled, or may not have been born in the UK or have English as a first language. In these circumstances, Faith leaders and volunteers can become sources of communication and provide emotional support and practical help. This was all evident during the Covid-19 pandemic.	
MARRIAGE AND CIVIL PARTNERSHIP	**Commentary** Scottish Government does not require assessment against this protected characteristic unless the policy or practice relates to work, for example, HR policies and practices. Refer to Definitions of Protected Characteristics document for data. We are not aware of any relevant existing evidence on Marriage and Civil Partnership in relation to digital health and social care	
OTHER CROSS CUTTING CONSIDERATIONS UNDER FAIRER DUTY SCOTLAND ACT		
RURAL AND REMOTE	**Commentary** Some people in remote and rural areas can face unique challenges in accessing routine and specialist services. The indications are that digital options can widen accessibility, and convenience and reduce costs of additional travel. Barriers can include poor or no connectivity, not offered digital options and affordability, and lack of digital skills. **Analysis and Evidence** Near Me Public Engagement: Public and clinician views on video consulting: Executive summary (www.gov.scot) Big Survey (ageuk.org.uk)	Digital connectivity should be considered when implementing new technologies that require reliable internet access Promote the use of video or telephone consultation where appropriate to support access to services, particularly those who may otherwise be required to travel long distances or who may have difficulty travelling to appointments.
+Poverty	The lack of digital enablement may be a barrier for some people experiencing socio-economic disadvantage; a lack of access to transport, particularly in remote and	

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	rural areas, or during the out of hours period, might be an issue for people experiencing socio-economic disadvantage.	
SOCIO-ECONOMIC BACKGROUND / POVERTY	A Fairer Scotland Duty Act will be completed.	
ISLANDS	The Islands (Scotland) Act 2018 requires public bodies to consider the unique needs and experiences of the people living on Scotland's islands. An Islands impact assessment will be completed.	

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