Equality and Human Rights Impact Assessment for the DHI test result notification and tracing tools.
Virtual Meeting held over Microsoft Teams on Tuesday 12th May 2020 facilitated by NHS National Services Scotland (NSS)
Present:

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This impact assessment focuses on the National Notification Service and the Simple Tracing Tools.

1. **Background – informed by the Digital tools to support COVID-19 Managed Community Control (CO4) Paper V.4 provided by DHI**

As the COVID-19 pandemic develops there is a need to respond to evolving demands in relation to health and care functions. To inform these critical decisions C19 monitoring is required to ensure optimal care delivery to the Scottish people. Existing statutory assessment, monitoring and surveillance systems are not able to capture patient data required rapidly and early enough to inform public health policy and response. Monitoring disease transmission in the community, through the large scale use of digital tools designed with public health surveillance in mind, will enable future planning facilitate the safe relaxation of control measures to help promote the wellbeing and economic prosperity of the Scottish people. DHI is developing a suite of digital tools to enable integrated C-19 monitoring in the community, including:

1. Automated test result communications (National Notification Service)
2. Simple Tracing Tools for local public health teams

3. Co4 - Consent based symptom, contact and location self-tracking for patients
4. Structured clinical assessment and data capture
5. Lightweight, collaborative care planning tools

Each tool serves to relieve pressure on the front line but, through the utilisation of NHS Scotland's existing ICT infrastructure, can also create a near real time public health intelligence system. On the 6th April 2020 these tools were endorsed by the Scottish Government Digital Health & Care team, Public Health Scotland and the National eHealth Leads group, and a programme established to oversee the national implementation via NHS National Services Scotland.

In order to contact trace at present, small public health teams in each health board use phone, pen and paper to: identify C19 cases, phone them to get their contacts, phone their contacts and symptom check and then contact trace again. If necessary, repeat until they have mapped the full chain, repeat symptom checking for traced contacts on a daily basis for 14 days and then contact trace again if symptoms emerge. Scottish teams were stretching their capacity during early community testing phases of C19. During the upcoming plateau and as control measures are relaxed, the demands for contact tracing are likely to be significantly higher. In summary at the moment, a public health team has to:

- identify positive C19 cases
- phone them to get their contacts
- phone their contacts and symptom check and then contact trace again if necessary
- repeat until they have mapped the full chain
- repeat symptom checking for traced contacts on a daily basis for 14 days and then contact trace again if symptoms emerge.

DHI and partners are developing digital services to provide solutions to deepen the public Health response and to reduce certain manual elements to the current contract tracing process. The 'Simple Tracing Tools' will allow public health teams to capture the data quicker, allowing the results to be gathered and improve the visualisation of the data. The person-centred contact tracing model will remain in place.

The 'Co4' tools will add the ability for patients to self-trace and symptom track (see graphic 1). This would be to supplement the simple tracing tools to extend the capacity of public health teams – allowing those who can to digitally self-serve so more time can be spent with those that cannot. This will develop over May and early June 2020 and will include user research, ensuring a wide spread of user backgrounds. This impact assessment should be refreshed at that point.

Graphic 1.
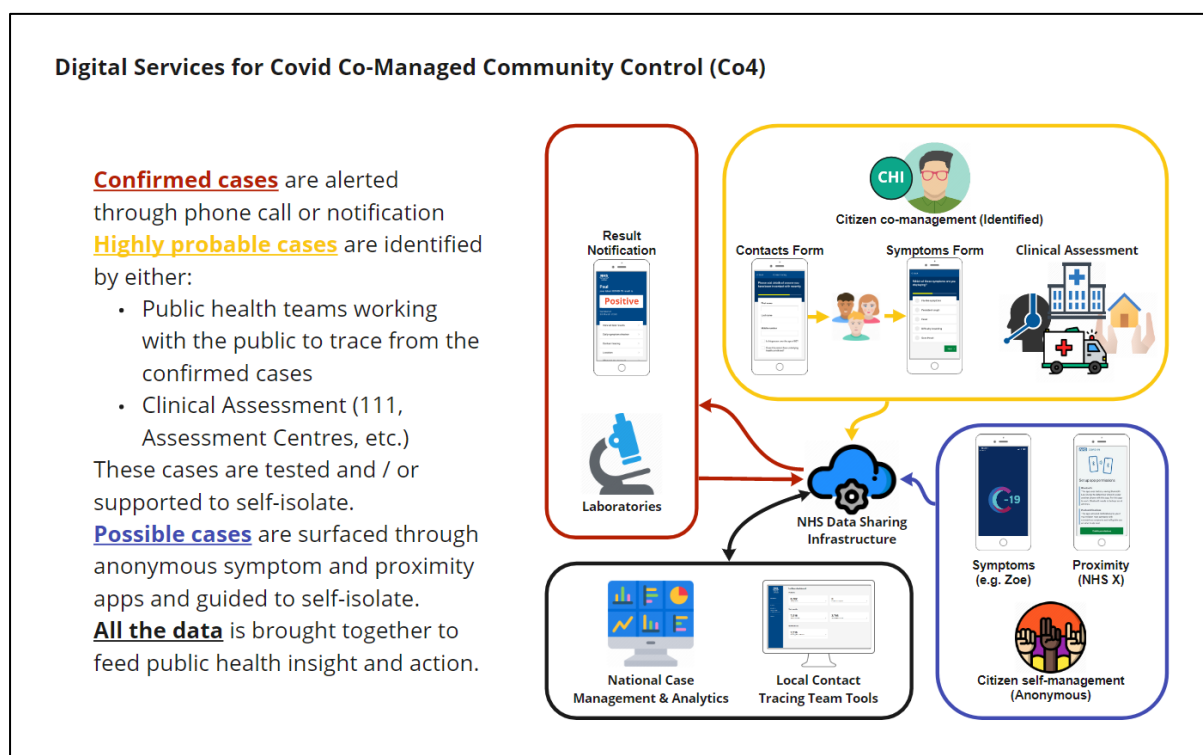
Note: The observations and recommendations in the draft material below relating to the collection of information, management of cases, and the provisions for reporting are comprehensive and if they were in place today would describe a mature, national, pandemic case management system that would be adaptable to meet Scotland's needs far beyond the immediate covid-19 response ambitions. This would certainly be an important legacy of the work being done across the public and private sectors to deal effectively with the current outbreak. The challenge faced is to strike the right balance between delivering tools quickly that can make a significant difference to managing the current C19 situation and creating a comprehensive and sustainable service that will service Scotland well in future with reusable tools, methods and templates. The 'Co4' tracing and support toolset and the corresponding service wrapper being jointly developed by DHI and PHS with the support of Scottish Government and partners across NHS Scotland and our technical partners is – in the initial stages at least – focussed on minimum viable product and process to deliver effective management at scale in the shortest possible time. To achieve that, it is important to recognise and acknowledge the limitations of that 'minimum viable' approach in terms of the balance between the degree of automation that can be achieved within a matter of weeks and the broader ambitions of developing a comprehensive and enduring pandemic response service. Regardless of where the balance lies, it should be acknowledged and provision made within the service for ensuring fairness and equality are embedded in the processes and supported where practicable by automation to aid reporting and transparency.

The key is in the release strategy for the tools and the rate at which the rapid expansion of the tracing service can be evolved to become a mature and rounded service operating at scale. A roadmap of functional and data features is central to ensuring that early delivery of the service – and early benefits realised – can be assured, with step changes properly programmed to increase the degree of automation and reduce the need for traditional pen, paper and spreadsheet recording.

However, it is important to recognise that a roadmap infers unevenness in the recording of data into the test and trace IT database and that the later releases of the technical solution will gather, store and process a richer data set than is programmed for the initial releases. This will mean comprehensive reporting on the test and trace service in terms of equality and human rights aspect in the near future will involve more manual effort to combine data gathered using the contact tracing tools and the data gathered on paper or into spreadsheets and other local formats.

That being said, the aspiration to extend the technical solution to include scripting, recording and journaling of citizen interactions and the data gathered about citizens and their situation in respect of covid-19 tracing remain. The current roadmap for the tracing toolset being delivered under the 'Co4' banner envisages development that stops short of maturing into a fully-fledged CRM or case management tool, and similarly we do not envisage developing a sophisticated Business Intelligence and visualisation capability: commercial CRM and BI tools that are proven at scale and are customisable to the needs of Public Health are available today, and we expect that if these are required as part of the long term solution then a migration plan would deliver these and transition the tracing service on to these as the enduring solution, leveraging the learning, service models and templates evolved during the Co4 programme.

It is important imitations of the tools that are being developed today to deal with the immediate and pressing need to provide simple and effective tools as quickly as possible are demonstrated and understood. There is a plan that runs in parallel to migrate to a more comprehensive solution that will be the enduring solution but which will take time to install, integrate, test and roll out across Scotland.

2. **Scope for the equality and human rights impact assessment and approach to the impact assessment**

DHI approached the Head of Equality and Engagement at NHS NSS for support and guidance with the impact assessment ensuring that the impact assessment was carried out with key stakeholders and those who represent and/or have knowledge and experience of equality and human rights. A focus group was convened with key colleagues from the NHS Scotland Equality network, NSS and DHI. These key colleagues have informed the impact assessment from their knowledge and experience based on evidence, research and practice.

The training for the newly recruited contact tracers is not in scope for the purposes of this impact assessment this training, and the broader Public Health Scotland Track

Equality and Human Rights Impact Assessment of the DHI Tracing Tool

Trace Isolate and Support (TTIS) programme will be reviewed and impact assessed separately.

DHI colleagues described the current contact tracing model in public health departments across Scotland which is explained in the background on page 1 of this document.

Community Health Index (CHI) linked process will be implemented and a negative notification service will send an automated text to direct the person to click on a link (unique link) in an email to ask them to provide their date of birth and surname to receive their negative test result which provides a read receipt to the public health department.

The positive notification service will follow the same steps (hence overarching name is the National Notification Service) however will also initiate the contact tracing process.

This impact assessment focusses on the National Notification Service and the Simple Tracing Tools.

The Co4 patient self-serve tools are still in development and are not covered by the scope of this assessment. That said, the development will involve ethical public participation in line with the Scottish Approach to Service Design, and this project will start referencing this assessment and completing a separate but linked exercise in early June.

Information governance and privacy impact assessments are being carried out and are separate to this impact assessment.

A demonstration of the tracing tool web form was provided by DHI at the meeting.

As each section was demonstrated the participants were asked to impact assess from an equality and human rights perspective.

The participants contributed throughout the impact assessment with key points and suggestions captured.

Any potential benefits, positive and negative impacts are captured and agreed mitigating actions where possible will be implemented to improve the experience of the population of Scotland.

This document outlines the general observations and points made by the participants during the meeting as well as the specific points related to equality, human rights and socio economic status.

3. Impact Assessment initial observations

3.1 Summary of the general points raised

- The web form must adhere to the W3 WCAG AA Version 2.1 as this is a legal requirement.
- Build in strategies to manage the psychological impact of waiting for a test result. (both negative results and positive). Acknowledge that escalation procedures will be implemented at local levels.
- Not everyone has a mobile phone therefore it will be necessary to build in a field on the web form to include landline phone number.
- Include scripting prompts throughout the web form.
- The system has built in restricted categories to ensure that (1) does not include the deceased (2) care home residents (3) in patients
- The CO4 form covers only Release 0.1, which is the service that helps automate the tracers' tasks, and which has no citizen-facing component.
- What learning and good practice is available from existing models for triage in NHS24.
- The contact tracing process for COVID-19 does have similar considerations to, for example sexual health contact tracing. Reinforced confidentiality messaging, data protection measures however the spread/transmission of COVID-19 is very different.
- Some people may be reluctant disclose their true movements and contacts e.g. involved in criminal behaviour or illegal /crimes, they may have not adopted lockdown measures 100%.
- Availability of COVID-19 messaging and information not available in all community languages required which has excluded Asylum Seekers.
- Data capture free text fields will present challenges for analytical flow and an overlay of systems will be needed to enable this.
- Control measures applied to recruitment of contact tracers to ensure that contact tracers are culturally competent and aware of equality and inequality issues. (this will be picked up in a separate impact assessment).

Assessment Note	Protected Characteristic	Response / Action
The web form must adhere to the W3 WCAG AA Version 2.1 as this is a legal requirement.	Age, Disability	The development of the Simple Tracing Tools follows WCAG AA 2.1, and will be audited (with remediation as appropriate) at each release stage to ensure compliance.

Assessment Note	Protected Characteristic	Response / Action
Build in strategies to manage the psychological impact of waiting for a test result. (both negative results and positive). Acknowledge that escalation procedures will be implemented at local levels.	All characteristics	The automated test result notification solution reducing the burden on front line staff by allowing digitally active people to self-serve so that there is capacity for a more timely phone call for those that need it.
Not everyone has a mobile phone therefore it will be necessary to build in a field on the web form to include landline phone number.	All Characteristics and socio-economic factors	This has been added to the backlog and will be considered during feature prioritisation for v0.2 of the Simple Tracing Tools and later Case Management Systems. Today, if a citizen is not digitally enabled then the current non-digital process simply carries on as before: land-line call to patient.
Include scripting prompts throughout the web form.	All characteristics	This has been added to the backlog and will be considered during feature prioritisation for v0.2 of the Simple Tracing Tools and later Case Management Systems
The system has built in restricted categories to ensure that (1) does not include the deceased (2) care home residents (3) in patients.	Age, Sex, Disability	A degree of this is possible through dedicated data feeds from the HB's into the solution which allow segmentation of patient categories to be advised (and therefore excluding those categories that must be exempted). The register of deaths is not updated quickly enough to be of practical use here, but deaths in hospital are recorded on the hospital PMS and (for GGC and Lothian at least) can be filtered out of the patient results feeds into the Simple Tracing Tools. The model is applicable across all health boards

Assessment Note	Protected Characteristic	Response / Action
What learning and good practice is available from existing models for triage in NHS24.	All characteristics	We would expect PHS and NHS24 could prepare a joint position and strategy statement and agree on collaboration.
The contact tracing process for COVID-19 does have similar considerations to, for example sexual health contact tracing. Reinforced confidentiality messaging, data protection measures however the spread/transmission of COVID-19 is very different.	All characteristics	The wider project team is taking advice and guidance on confidentiality and data protection from an NHS Scotland consultant in sexual health who is attached to the Covid-19 response programme
Some people may be reluctant to disclose their true movements and contacts e.g. involved in criminal behaviour or illegal /crimes, they may have not adopted lockdown measures 100%	All characteristics	Noted. We anticipate this will be true also for non-digital solutions, so we'd expect this to be a matter of PHS policy and procedure documentation to acknowledge describe how it is dealt with today and that the digital tools will align with this.
Availability of COVID-19 messaging and information not available in all community languages required which has excluded Asylum Seekers	Race	Unfortunately, this is a necessary expedient and limitation to allow solutions to be quickly developed. The National Notification Service (NNS) which is the core of the DHI digital tools for Covid-19 provides for an English language version only (both patient-facing web page and the clinical dashboard). The 'SIMPLE TRACING TOOLS' R0.1 has no citizen-facing component. It is recommended that tracers are provided with clear positive messages in scripts using simple language until information for patients in a variety of languages is available.

Assessment Note	Protected Characteristic	Response / Action
Data capture free text fields will present challenges for analytical flow and an overlay of systems will be needed to enable this	All characteristics	Agreed. Exports of data to e.g. NHS NSS BI may allow a degree of AI to be applied to free text, but to be really useful it may be necessary to give guidance on use of free text fields. Future releases will structure these fields more, once we understand how the tool is used in practice.
Control measures applied to recruitment of contact tracers to ensure that contact tracers are culturally competent and aware of equality and inequality issues. (this will be picked up in a separate impact assessment).	All characteristics	Acknowledged. This will be fed back to the recruitment and training teams in Public Health Scotland.

3.2   Starting form

 ☐ Accessibility questions at the start of first form to include areas related to whether the person requires any form of support, questions to be determined using best practice available.
 ☐ Indicating on the form who is advocating or speaking / translating for the person.
 ☐ Messaging about confidentiality needs to be clear.
 ☐ When the contact tracer starts to ask and collect the basic information about the person it is important that lay person language is used.

Assessment Note	Protected Characteristic	Response / Action
Accessibility questions at the start of first form to include areas related to whether the person requires any form of support	Age, Race, Disability	This may be more practicable as part of a paper or on-screen script rather than being embedded into 'Simple Tracing Tools. Longer term this would be a typical feature of the future case management system. Tracers should ask

Assessment Note	Protected Characteristic	Response / Action
		participants if they are happy to proceed.
Indicating on the form who is advocating or speaking / translating for the person.	Age, Race, Disability	This has been added to the backlog and will be considered during feature prioritisation for v0.2 of the Simple Tracing Tools and later Case Management Systems.
Messaging about confidentiality needs to be clear.	All characteristics	Training/guidance rather than embedded into the tool?
When the contact tracer starts to ask and collect the basic information about the person it is important that lay person language is used	All characteristics	We expect this would be captured in the tracer agent guidance which would be based on normal operational training and guidance for PHS staff

3.2 Risks Profiles

☐ Medical condition and medications – health literacy needs to be considered and the use of lay person definitions to avoid medical terminology and jargon

☐ People with dementia will need advocacy to help with responding to questions

☐ Black and Minority Ethnic (BAME) people should be added as a risk factor in light of emerging evidence

☐ The age profile should be amended to include age ranges

☐ The use of prompts for different ways to discuss risk for people with chaotic lives

☐ The use of prompts for different ways to discuss risk with people with learning disabilities

☐ The use of prompts for different ways to discuss risk with people who have mental health conditions

☐ The use of prompts for people who have had a shielding letter and managing conversations with people who expected a shielding letter and didn't receive one.

☐ Free text for medical history (taking into consideration the data analytical point made earlier on in the document).

☐ Will there be a set of standing operating procedures for people whose first language is not English. (BSL) (Community Languages).

- ☐ Inclusion of Scottish Index of Multiple Deprivation data to ensure that health inequalities are considered for those living in poverty and deprived areas of Scotland.[1]
- ☐ How will contact tracing work for people who are homeless
- ☐ How will contact tracing work for Gypsy Travellers
- ☐ Managing disclosure of HIV status appropriately and adhering to data protection at all times

Assessment Note	Protected charateristics	Response / Action
Medical condition and medications – health literacy needs to be considered and the use of lay person definitions to avoid medical terminology and jargon	All characteristics	Training and guidelines as well as language used in the 'Simple Tracing Tools' would be appropriate?
People with dementia will need advocacy to help with responding to questions	Age, Disability	Noted for the broader Public Health Scotland programme.
Black and Minority Ethnic (BAME) people should be added as a risk factor in light of emerging evidence	Race	This is a 'must have' in terms of a question embedded in the 'Simple Tracing Tools' with data recorded against the patient record for reference and reporting.
The age profile should be amended to include age ranges	Age	As discussed in the meeting, guidance on appropriate age ranges would be helpful – a drop down list or radio-button selection might be possible. This will be placed into backlog be considered during feature prioritisation for v0.2 of the Simple Tracing Tools and later Case Management Systems.

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[1] Considering the terms of the briefing from the Improvement Service: Poverty, Inequality and Covid-19 (https://www.improvementservice.org.uk/__data/assets/pdf_file/0013/16402/Poverty-inequality-and-COVID19-briefing.pdf)

Assessment Note	Protected charateristics	Response / Action
		The age sub-division should not present a technical challenge, especially if there's a CHI that can be used to derive the age automatically to confirm the age advised by the patient. There would be a more complex challenge to drive form questions based on the age range: it is certainly possible but will be non-trivial as it will involve more complex flow of control to be worked out and tested.
The use of prompts for different ways to discuss risk for people with chaotic lives	All characteristics	It is recommended that this be covered by training and the guidance documentation for the tracers.
The use of prompts for different ways to discuss risk with people with learning disabilities	Disability	This has been added to the backlog and will be considered during feature prioritisation for v0.2 of the Simple Tracing Tools and later Case Management Systems
The use of prompts for different ways to discuss risk with people who have mental health conditions	Disability	This has been added to the backlog and will be considered during feature prioritisation for v0.2 of the Simple Tracing Tools and later Case Management Systems
The use of prompts for people who have had a shielding letter and managing conversations with people who expected a shielding letter and didn't receive one	Disability	This has been added to the backlog and will be considered during feature prioritisation for v0.2 of the Simple Tracing Tools and later Case Management Systems
Free text for medical history (taking into consideration the data analytical point made earlier on in the document).	All characteristics	This tool may not be suitable for storing medical information and this should be explored with clinicians and data protection experts. CHI-linked patients should have formal records elsewhere in NHSS that can

Assessment Note	Protected charateristics	Response / Action
		be accessed and used as the 'golden source' of medical history. E.g. currently prescribed medications plus allergies and a KIS can be found in the Emergency Care Summary. Launching these systems from within the 'Simple Tracing Tools' is not currently in scope.
Will there be a set of standing operating procedures for people whose first language is not English. (BSL) (Community Languages)	Race	The Simple Tracing Tools are prepared in English language only: this is the case for the clinical dashboard in the Simple Tracing Tools as well as patient-facing web applications. DHI will recommend to PHS that when considering how their operating procedures will apply to the simple Tracing Tools and a future case management system they should have guidance to tracers on what they should do should the patient speaks another language. Sensitivity should be shown to those in this category and training and guidance developed appropriately for tracers.
Inclusion of SMD data to ensure that health inequalities are considered for those living in poverty and deprived areas of Scotland	All characteristics, socio-economic factors	This has been added to the backlog and will be considered during feature prioritisation for v0.2 of the Simple Tracing Tools and later Case Management Systems
How will contact tracing work for people who are homeless	All characteristics	From a technical tool perspective, if a mobile phone contact number is available and a CHI can be established then there is no reason a homeless person or person with no fixed

Assessment Note	Protected charateristics	Response / Action
		postal address cannot be traced within the tool. DHI will seek advice from PHS on how their operating procedures will apply to the simple Tracing Tools and a future case management system. Existing mechanism in local Health Boards should be used to support PHS in this function.
How will contact tracing work for Gypsy Travellers	Race	Not considered within the 'simple tracing tools'. Similar to the homeless person scenario – the tool could hold the data, especially where a mobile telephone number is available and a CHI can be established. DHI will seek advice from PHS on how their operating procedures will apply to the simple Tracing Tools and a future case management system, and if necessary a description of change can be added to the backlog and will be considered during feature prioritisation for v0.2 of the Simple Tracing Tools and later Case Management Systems
Managing disclosure of HIV status appropriately and adhering to data protection at all times	Age, Sex, Sexual Orientation, Gender reassignment, race, disability	Further consideration should be given to this by PHS and local health boards. This should be considered in relation to contact trace handlers.

3.3   Exposure

☐ Exposure setting – workplace versus context of work + type of workplace, could be captured as work environment to ensure that all key workers are included (e.g. mobile work, customer facing work etc).

☐ Exposure list slants towards certain kinds of people (e.g. Health and Social Care Workers to begin with) – doesn't account for e.g. religious settings
☐ People worried about describing exposure in case it is seen as illegal
☐ Prompts to describe during tracing calls that the data will be anonymised
☐ Confidentiality in rural areas can be inadvertently/unintentionally breached control measures to ensure full confidentiality at all times to be implemented. (family members working for the NHS)

Assessment Note	Protected Characteristics	Response / Action
Exposure setting – workplace versus context of work + type of workplace, could be captured as work environment to ensure that all key workers are included	All characteristics	Noted for PHS scripting. This has been put on the v0.2 features backlog.
Exposure list slants towards certain kinds of people (e.g. Health and Social Care Workers to begin with) – doesn't account for e.g. religious settings	All characteristics	Noted for PHS scripting. This has been put on the v0.2 features backlog.
People worried about describing exposure in case it is seen as illegal	All characteristics	Noted for PHS scripting.
Prompts to describe during tracing calls that the data will be anonymised	All characteristics	FOR DISCUSSION: The data collected is protected against unauthorised access (see System Security Policy) but by design it is not anonymised within the system as case management requires patients to be contacted as part of the management process. The data will be anonymised when aggregated to be used for predictive modelling and targeting support and resource across the NHS in Scotland.
Confidentiality in rural areas can be inadvertently/unintentionally breached control measures to ensure full confidentiality at all times to be implemented. (family members working for the NHS)	All characteristics	This should be part of the PHS operational guidelines and not supported/enforced by the Simple Tracing Tools.

3.4 Activity

☐ Rapid review of free text in activity – this is related to the data entry fields and how data will be linked to enable data analytics to show prevalence of COVID-19 in e.g. asylum seekers; polish communities. It has the potential to identify impacts on small populations that hadn't been initially considered or to generate real-time intelligence with greater sensitivity to diverse elements of the population but presumably some coding is required to make the analysis work this way and that will be an iterative process.

Assessment Note	Protected Characteristics	Response / Action
Rapid review of free text in activity – this is related to the data entry fields and how data will be linked to enable data analytics to show prevalence of COVID-19 in e.g. asylum seekers; polish communities	All characteristics	The data within the Simple Tracing Tools can be extracted to NHS NSS Business Intelligence for analysis for Public Health purposes, but there is no such analytics capability incorporated into the Simple Tracing Tools. Please also see above points.

3.5 Daily check in

☐ During the contact tracing conversation will safety net measures be in place for people where clinical practice has not picked up. (not COVID-19 related issues e.g. mental health; chaotic lives; gender based violence; asylum seekers; homeless) is this in scope? Will there be scope to include a referral pathway? Will adult protection measures will be implemented for example?

Assessment Note	Protected Characteristics	Response / Action
During the contact tracing conversation will safety net measures be in place for people where clinical practice has not picked up. (not COVID-19 related issues e.g. mental health; chaotic lives; gender based	All characteristics	This is not in scope for the Simple Tracing Tools. This is a question for PHS who are designing the service, which may include additional tools and processes to implement alerting and activation of

Assessment Note	Protected Characteristics	Response / Action
violence; asylum seekers; homeless) is this in scope? Will there be scope to include a referral pathway? Will adult protection measures will be implemented for example?		additional processes and pathways.

3.6   Patient Self – serve

- ☐ Consider mobile phone availability
- ☐ The ability to self-serve may be impacted by access to the internet, types of access (eg, data plan, limitation to broadband), literacy, the impact of certain types of impairments which might affect memory, cognition, attention, typing/input, reading. These barriers may be related to factors such as disability, age, low literacy, lack of English language, low income, or place of residence (or a combination of those elements)
- ☐ Capture data on multiple workplaces; people who have 2-3-part time jobs; non health key workers, for example bus drivers, courier services, Royal Mail workers, Community Volunteers
- ☐ Availability of advocacy for people when they are required to self-serve

Assessment Note	Protected Characteristics	Response / Action
Consider mobile phone availability	All characteristics	While mobile phone ownership in the UK is >80% it is acknowledged that there are variations across age and social groups. Not having a mobile phone is not a barrier to contact tracing, but ownership does offer opportunities to leverage technology to increase the scale efficiencies of contact tracing, providing valuable and timely contact tracing information whilst also freeing up Public Health resources to extend tracing via manual methods (see discussion below).

Assessment Note	Protected Characteristics	Response / Action
The ability to self-serve may be impacted by access to the internet, types of access (eg, data plan, limitation to broadband), literacy, the impact of certain types of impairments which might affect memory, cognition, attention, typing/input, reading. These barriers may be related to factors such as disability, age, low literacy, lack of English language, low income, or place of residence (or a combination of those elements)	All characteristics and socio-economic factors	Agree, as per discussion in the meeting. The rationale for developing digital tools to help with the C19 response, which was fundamentally to augment the manual processes using automation, thereby creating additional capacity to manage more cases. This rationale does not see digital-enablement as providing an advantage, nor digital exclusion/non-engagement as a disadvantage. Rather, the leveraging of digital technologies within the NHS and across the population allows a more effective overall service that frees up capacity within Public Health to manage more non-digitally-enabled citizens by reducing the effort devoted to managing those who are able to self serve. In essence, the digital strategy promotes equality in this case rather than erodes it.
Capture data on multiple workplaces; people who have 2-3-part time jobs; non health key workers, for example bus drivers, courier services, Royal Mail workers, Community Volunteers	All characteristics and socio-economic factors	This has been added to the backlog and will be considered during feature prioritisation for v0.2 of the Simple Tracing Tools and later Case Management Systems
Availability of advocacy for people when they are required to self-serve	Age, Race, Disability	People are not required to self-serve – there will always be a phone based interview service.

3.7 Notification by text

☐ Impact on people waiting for test results (positive) (negative) (inconclusive) this can have an impact on peoples' mental health

Assessment Note	Response / Action
Impact on people waiting for test results (positive) (negative) (inconclusive) this can have an impact on peoples' mental health	The text service is intended to reduce the time taken to notify patients, based on the expectations of HPS that their manual test and notify processes were being overwhelmed in March and April 2020, leading to delays in contacting patients by manual calling to advise their results. NHS GGC and NHS Lothian implemented text services independently of the DHI initiatives to help maintain reasonable service levels, albeit with some limitations, e.g. not being able to confirm that a patient had actually viewed their test result. The DHI approach delivers results at the pace of the national surveillance results service (which is being enhanced through the DHI programme time table) and also provides a confirmation that the patient has accessed their result (and if they have not done so then an outbound call can be made to advise the patient directly). See above comment on digital equality. The additional capacity provided by the Negative Notifications Service benefits everyone as it intends to free up staff capacity to allow outbound calls to be made timeously as the majority or test results will be delivered automatically using texts

4. Agreed actions

5.1 The participants to provide a list to Chaloner Chute for the additional needs category to address the accessibility of contact tracing and this can be added.

5.2 Kristi Long will contact colleagues in NHS NES who are leading on the contact tracers training to ensure that the risk factors, BAME information and cultural competencies are included in the training materials.

5.3 Share this Equality Impact Assessment with colleagues in PHS to ensure all points are noted as the programme moves forward.