Meeting: Follow Up Session: Equality Impact Assessment Focus Group Meeting - COVID-19 Test and Protect Deliverables
Date: 28th July 2020, 15.00-16.30

Location: Microsoft Teams Meeting

Attendees:

Louise MacLennan [LM] **[Chair]**	NHS NSS
Carole Anderson [CA]	NHS Lothian
Katie Cosgrove [KC]	PHS
Jen Douglas [JD]	Safelives
Mark Evans [ME]	NHS Fife
Lorraine Flemming [LF]	NHS Ayrshire & Arran
Ann Haynes [AH]	NHS Lanarkshire
Ash Kuloo [AK]	Woman's Aid Scotland
Eilidh McLaughlin [EM]	NHS NSS
Charlie McMillan [CM]	SCLD (Scottish Commission for Learning Disabilities)
Mario Medina [MM]	NHS 24
Pauline Nolan [PN]	Inclusion Scotland
Catherine Russell [CR]	NHS Highland
Elaine Savory [ES]	NHS Ayrshire & Arran
Fiona Shanks [FS]	NHS Lothian
Kyle Stuart [KS]	NHS NSS
Linda Thompson [LT]	Women's Support Project

Version: V1.0
Author: Kyle Stuart, Project Support Officer

Introduction:

The first focus group was held on the 19th of June 2020. Following on from this meeting, it was agreed that a further session was required to focus on topics that we did not have time to discuss in detail previously. Therefore, today we are looking at filling any gaps in the previous session and spending time focusing on a discussion regarding gender based violence in relation to engagement with the NCTC.

This EQIA is focusing on assessing the set-up of the National Contact Tracing Centre which was established as a response to the recent COVID-19 Pandemic. Previous work has been carried out to impact assess the recruitment of tracers to the NCTC and also the predecessor to the Case Management System (CMS) tool being used by tracers in the NCTC, the Simple Tracing Tool.

Concerns were previously raised regarding how those with protected characteristics and disabilities are to engage if contacted by NCTC and today we will look at whether any recommendations can be made to mitigate any problems that may arise if this were to happen in practice.

Contact Tracing in Scotland:

Fiona Shanks provided a brief summary of how contact tracing is operating in Scotland. Tracing previously took place independently at Health Board level, however with the introduction of the Test and Protect strategy a new National Contact Tracing Centre was established to manage the tracing of contacts in Scotland. There is a two tier model, with tier one being the NCTC tracing simple cases; and tier two with Health Boards tracing more complex cases. In practice, anyone who tests positive for Covid-19, will have their results fed into the NCTC. They will be triaged to determine whether escalation to tier two is required.

A call is made to the index case (at any tier) where tracers follow an approved script allowing them to collect the information required of the service. A call typically lasts 40-minutes whereby it is established whether there are additional contacts who must be traced. They are asked to isolate for 14 days regardless and if symptomatic book a test. If consent is granted by the index case, then contact tracers can share who the index case is to their identified contacts. No clinical advice is given by contact tracers, however they do signpost those contacted to isolation support resources and NHS inform for further information.

Main Discussion Topic – Gender Based Violence

Topic	Recommendation	Key Discussion Points
Escalating complex clinical and situational cases	1. Consideration required as to how contact tracing scripts can include jump off points whereby contact tracers can identify when to escalate the case to tier two for both medical cases and cases where consideration is required regarding a person's protected characteristics. 2. Identifiable situations must be escalated to local authority areas to assist in tracing and protecting those in circumstances such as sexual exploitation as they may be more familiar with local services and support services of value. 3. It is recommended an additional flag be implemented in the CMS to identify a case where the individual should be treated sensitively in order to progress the call and to escalate the case to a colleague with appropriate training. 4. Development of an infographic for public awareness to clarify that contact with the NCTC is confidential and that no information will be shared with other public services such as the police. This infographic could be shared with local support groups and endorsed as a safe and secure way to remain safe during the pandemic and subsequent months.	• LT asked for clarification on how a band three contact tracer escalates possible complex cases appropriately. For example, are they skilled enough to identify warnings or triggers of Gender Based Violence or other situations? • EM and FS confirmed there are jump off points incorporated in the scripts which advise contact tracers to escalate. While this is the case for clinical matters, there are not currently jump offs' included for all of the protected characteristics. • Currently, jump off points can also relate to a person's employment (i.e. in a hospital, care home setting, school or prison) • LT noted women who are exposed to sexual exploitation are unlikely to disclose their situation to a tier one caller and if currently escalation points within the scripts heavily relate to employment settings then many won't disclose this information which may mean escalation is missed. They may also not know the contacts they have had and therefore these complexities may not be picked up in the scripts and jump offs. Therefore, there is possibly a cohort of women who are at risk of being missed and are at a much higher risk of contracting and transmitting Covid-19 unintentionally.

Topic	Recommendation	Key Discussion Points

		• Additionally, for these women, they may be unable to follow any isolation requirements as they would not be eligible for financial support to do so.
		• FS notes the only trigger point to escalate in this situation currently would be if they are unable to identify or name their contacts as for any case this is escalated to the local health board who may be able to use other resources (such as GP/hospital records) which may help identify contacts discretely. Speciality triage does exist currently as there are layers in the escalation which allow for expert clinical advice to be provided in dealing with the case.
		• Currently, there is no method of follow up on those who isolate. This may change in the future.
		• At the moment, information on contacts is not passed onto the police to enforce isolation.
		• KC noted that it may be important to have a flag in the CMS for contact tracers to identify possible cases where individuals are at risk. We need to agree the correct wording and guidance when using this flag to support contact tracers, particularly those at band 3 to deal with these cases in a sensitive manner. Suggestions for possible questions are as follows
		  ○ Are you able to answer these questions safely?
		  ○ If you have a particularly sensitive area you need to discuss, please say yes?

Topic	Recommendation	Key Discussion Points
		• LT noted that an infographic – aligned to the branding and imaging of the NCTC will be impactful if it could be shared with local women's groups who have the connections with these women. The infographic could also be used by wider services in a bid to alert the public of the safety of contact tracing and how data is used within it. There is an overarching information governance workstream sitting across the Test and Protect network and EM believes information for services will come out of this work.
Women with learning disabilities – who may or may not also experience GBV	5. Review of the advocate function within the CMS to ascertain whether additional questions should be asked at the point of which a contact identifies they have a carer or advocate who can speak on their behalf. For example, should it be asked if they have learning disabilities to assist the tracer in getting the information across to them in the most appropriate way? 6. Important points noted in these sessions to be reviewed and appropriately escalated to SG and or PHS on behalf of this group.	• CM noted during a conversation regarding the NCTC contact tracers not asking whether a person is disabled during the initial interview, that evidence has found that those with a learning disability may not consider themselves to be disabled. • Questions were asked as to whether those who may have learning disabilities are able or have the support in place to help with understanding the advice and questions being asked by the contact tracers, particularly when they may also be experiencing abuse. • EM shared screenshots of the CMS screen, demonstrating that there are features in place which can assist contact tracers. For example, while they may not ask the person directly about their disability, they can ask if they have a carer or

Topic	Recommendation	Key Discussion Points
		an advocate who may want to speak on their behalf and this can be recorded into the system. • For note, a lot of those with learning disabilities were not asked to shield and some are self-shielding. CM noted if helpful, a data analyst in SCLD can provide information on the specific categories used when classifying learning disabilities which might assist those in the CMS design team in development of additional flags and the capturing of diversity data. • Some may have cancelled formal care support during the pandemic to protect themselves and their Carers and therefore do not have the same access to support to hand as they previously would have if they needed it in circumstances such as being contacted by the NCTC.
Additional support for abuse or GBV victims	7. Contact and review experiences from sexual health contact tracing to explore whether their experience of complex case identification can be utilised as a way of tier one tracers identifying flags or possible jump offs to escalate appropriate cases as soon as possible.	• The group briefly discussed how abuse might be identified on a call with a contact tracer. Questions arose as a result of this conversation, such as: Are there any barriers to following the 14-day quarantine? How is disclosure dealt with by the contact tracers? • LT noted that some women who are trafficked into the country for sex are invisible to local and national services and are therefore uncontactable. In addition to this, some women are also in danger if they become symptomatic, as they will as a result become less 'profitable' to traffickers. Are there procedures in place to protect these women?

Topic	Recommendation	Key Discussion Points
		• Are there lessons from colleagues who contact trace in local sexual health teams that can be taught to the NCTC? • There would be both positive and negative implications of using a system for people to discretely identify themselves as unsafe or at risk of abuse at the time of the call. For example, the 'Ask for Ani' pharmacy campaign. It would be important to review some of the processes locally for these campaigns to identify what can be learned for our practice.
Training materials		• We have not yet seen a final training package for the NCTC contact tracers which includes all mandatory, statutory and self-service training. • Need a final drive to influence any changes required of the training as identified by our two sessions. • Need to be clear what level additional training may be required at and whether the NCTC needs bespoke training materials for band 3 tracers to deal with complex situations like those discussed today • Training must be replicated to ensure that Tier 2 staff also are trained to a necessary standard to deal with the cases that are escalated.

Additional Thoughts

Topic	Recommendation	Key Discussion Points
Cultural differences	1. Sight information regarding standard Health Board Practices around using interpreters and confirm with the NCTC as to whether this is in place. If not, work to ensure the NCTC can implement these guidelines.	• ME noted that there are instances where no criminal or neglectful activity was present, but due to cultural differences husbands may speak on behalf of their wives regarding health matters. In some cultures, males feel it taboo to discuss these matters with female partners and may not wish to share with others such as contact tracers. • There are also instances where due to a language barrier, information is not translated correctly, or the interpretation of a translation misguides those having a conversation. • There are processes in place, where translators can be brought in to assist. Language Line are involved to assist with the NCTC currently, however it is recognised that these measures may not be enough to fully mitigate against all possible scenarios. • A lot of work has been done with Health Boards to educate about the fact that relatives should not be used as an interpreter. We need to be clear if the NCTC is following standard Health Board practices when using interpreters. Territorial Boards do have their own local processes for telephone interpretation. NHS Ayrshire and Arran has a clear

Topic	Recommendation	Key Discussion Points
		process regarding including interpreters in calls such as these.
Diversity data		• AK felt it would be a good idea if possible to analyse diversity data to see who is being traced, if there are gaps of people being contacted and whether improvements can be thought of in response to the data collected by the CMS. • NHS 24 via NHS Inform provides all COVID-19 data in 11 languages and accessible formats. If there was information from the CMS that they would like to be included regarding the EQIA then this can be added to NHS Inform.

Actions

Action Ref	Action	Owner
Session One		
NCTC EIA – A001	KL to provide EM and LM the contact details of her partners in the SCVO as they can provide excellent information on the issue of digital exclusion.	KL
NCTC EIA – A002	LM to confirm what the arrangements are regarding consent within the NCTC for contacting children and those who are dependent on others for their care.	LM
NCTC EIA – A003	LM to double check with Programme Director if conversations are continuing around how local HPTs are able to engage with ROMA, travelling and homeless communities in Scotland. Are they using local community groups to support their engagement with these populations?	LM

Action Ref	Action	Owner
NCTC EIA – A004	LM to confirm with HR lead what the contract period for staff of the NCTC will be.	LM
NCTC EIA – A005	LM to confirm whether the NHS model complaints handling procedure (MCHP) will be used by the NCTC.	LM
NCTC EIA – A006	LM to feedback to NSS HR regarding the lost opportunity to advance the equality of opportunity of disabled people during the recent recruitment campaign and address the indirect discrimination that has arisen as a result.	LM
NCTC EIA – A007	Clarity is sought as to whether there are clear escalation processes for the call handlers and their supervisors when dealing with contacts with Mental Health issues.	LM
NCTC EIA – A008	LM to confirm whether SG engaged with organisations like Inclusion Scotland to shape the guidance for shielders?	LM
NCTC EIA – A009	Further sessions to be arranged to discuss in more detail issues raised in today's session. (Initially, a session discussing the approach the NCTC is adopting when tracing cases where for example gender based violence, prostitution or human trafficking may be taking place).	LM/KS
Session Two		
NCTC EIA – A010	Screenshots of the CMS are to be shared with the outputs from the second sessions for the benefit of those who were unable to see them on-screen.	KS
NCTC EIA – A011	Charlie McMillan to speak to his data analyst to share data fields to improve data capturing and support contact tracers input disability data into the CMS.	CM
NCTC EIA – A012	LM to pull together all of the training materials for the NCTC contact tracers into one place and share with this session's attendees for review.	LM
NCTC EIA – A013	Clarify the position as to what happens when individuals cannot be traced because they do not have a phone number or other contact details (such as medical records).	LM

Next Steps

1. Outputs to be produced by Friday 31st of July, with 5 working days allocated for comments to be received. A final version will be distributed afterwards.
2. Louise MacLennan and Eilidh McLaughlin to meet to discuss the recommendations generated by these discussions.
3. Recommendations to be presented in an EQIA to PHS, NSS and Scottish Government.