Supporting Good Decisions

Integrated Impact Assessment (IIA) Form

Promoting Equality and Human Rights,
Reducing Poverty

Title of Policy/ Proposal	Proposal to establish the Care Where It Counts (commonly known as CWIC) Direct Access pilot
IIA Date	9 January 2025
Facilitator	Kate Thornback – Equalities and Engagement Officer
Lead officer	Jamie Megaw – General Manager – Primary Care
Sign off by Head of Service	Jamie Megaw – General Manager – Primary Care

Summary of Integrated Impact Assessment *Note to reader: The impacts identified are a reflection of the experiences and knowledge within the room when the assessment was completed. Impacts outside of those identified may exist or arise over time.*

Snapshot: This IIA identified a number of positive and negative equality impacts and some positive and negative impacts that do not directly link to equality/protected characteristics.

Positive: The group suggested that Care Where It Counts direct appointment service is a positive service overall with substantial benefits to the communities that are eligible to access it, such as:

- Reduced or eliminated waiting times for people accessing the service via their practice, leading to measurable improved public satisfaction (patient survey results evidence this).
- Same day call back or in person appointment leading to simpler process for assessment than was previously experienced (positive impacts on patient safety and satisfaction).
- Rapid assessment by a qualified medical professional for 'red flag' patients that require urgent medical attention or onward referral (improvements in patient safety)

Protected Characteristic Groups: N/A

Other Groups: People with urgent assessment requirements that phone CWIC direct, all that are eligible and able to use the telephone service and travel to the Musselburgh in person appointments.

Neutral: People that live in areas outside those covered by CWIC direct do not have the benefit of the service. There is no current plan to widen the geographical scope of the eligible areas/participating GP practices but this has not been ruled out in the longer term.

People in transient or semi-permanent housing situations that struggle to register with a GP service would not be eligible to access this service e.g. the fishing community, seasonal workers, gypsy/Roma/traveller community, the homeless, people in temporary accommodation.

People in named groups that are not eligible to access the service may feel like they have unequal access to appointments. These groups are able to access standard booking methods through their registered GP practice e.g people with complex conditions, pregnant people, children under 12.

Negative: As a morning hours, weekday, telephone-based service, it creates a barrier to those that cannot communicate effectively over the phone, are not available to phone at this time and those that require assistance to make a telephone call but do not have this assistance on a reliable basis. There are no current plans to broaden the range of ways a patient can contact CWIC direct or increase the telephone line opening hours. CWIC direct do however make use of assistive technologies and services where possible (e.g. Type service, interpreters, carers can call on behalf of people that can't).

There are negative impacts for people that would like to access this service but cannot travel to Musselburgh for face-to-face appointments for a variety of reasons, or who experience financial hardship as a result of doing so.

Protected Characteristic Groups: People with disabilities (D/deaf people, people experiencing sensory loss, people that are not able to speak clearly enough for telephone communication, people with learning disability), indirectly both the oldest and youngest age groups (a disproportionate number of people in older age groups experience sensory loss, a disproportionate number of people in younger age groups feel anxious using telephone based services).

Other Groups: People on lower incomes that experience financial hardship travelling to Musselburgh, people working shifts incompatible with the opening hours of the telephone line – especially those on lower incomes.

In balance to this negative impact, standard participating GP practice booking methods (all methods that are not CWIC direct managed) are open to everyone looking for a GP appointment, in theory easing capacity issues on non-CWIC direct methods.

Recommendations:

- Consider the practicality/possibility of expanding the service to wider East Lothian locations.

- Explore the practicality/possibility of alternative mediums to telephone.
- Explore the reasons why 12% of people in the patient survey said they would not use the CWIC Direct service next time.
- Promote the service so that all that are eligible to use it are aware of it.
- Explore different formats for communication to improve inclusivity– large print, easy read, language

How we will monitor equality impacts:

Continue to monitor:

- Telecare performance metrics such as waiting times, call volumes and any early line closures.
- Patient satisfaction and feedback

Expand monitoring, if possible, to include a tracking the impacts on adjacent GP booking systems at participating practices to see if their access improves. See if there are evidenced links between the CWIC direct service traffic and performance metrics for standard booking services for participating GP practices.

What actions have been, or will be, undertaken and by when?

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	**Who will take them forward (name and job title)**	**Deadline for progressing**	**Review date**
A paper regarding opening the service to other areas of East Lothian will be submitted to the SPG and Change Board.	Jamie Megaw, General Manager Primary Care	January 2026	November 2025

A promotional campaign should be planned to raise awareness of CWIC Direct among eligible people in the community. This campaign should consider different communication needs and preferences for specific mediums.	Jamie Megaw, General Manager Primary Care Jen Jarvis, Senior Communications Officer	June 2025	June 2025
Data analysis, evaluation and cost effectiveness will be tracked and presented to senior management meetings.	Jamie Megaw, General Manager Primary Care	May 2025	May 2025
Data collection should include basic personal demographics, specifically age to gauge how different age groups are experiencing the service. Specific interest groups are: Under 12s (eligible from Jan 2025, 18- 30 year olds, over 65s)	Kevin Scott, Mags Morrow	May 2025	February 2026

IIA Report

1. What will change as a result of this proposal?

The CWIC Direct Access Consultation Service provides a same day assessments, diagnosis and treatment service for a range of non-recurring acute illnesses. It is offered to patients registered at selected East Lothian medical practices adjacent to the CWIC Team located in Musselburgh Primary Care Centre. Eligible patients call a dedicated phone number between 8:30am and 10:30am and receive an initial assessment over the phone. If required, the CWIC team will offer an in-person appointment with one of their healthcare professionals at Musselburgh Primary Care Centre.

More information on the service can be viewed here (link live on 12 Nov 2024):
Care When It Counts (CWIC) | Primary Care Services in East Lothian | East Lothian Council

Some patients and request types are excluded from the using the service. These patients and request types were identified in collaboration with the medical practices to reduce potential risk to these patient groups:

- Patients under 12 years old
- Repeat prescription requests
- Contraceptive issues
- Pregnancy, postpartum or post-natal concerns
- Substance use issues
- Housebound patients
- Long term conditions and/or conditions already being treated by a GP.

It is currently in **Phase 3** of its trial.

Pre-Pilot	Stage 1	Stage 2	Stage 3

The pilot of CWIC Direct took place at Cockenzie Medical Practice with a satellite Team based at the practice. A number of issues were identified with this way of organising the service. Patient views collected via survey. At the conclusion of the pilot, all four medical practices were asked for feedback on the system, administration and pathways. This public and internal feedback was integrated into the next stages of the trial.	Inveresk Medical Practice was offered CWIC Direct assessments via the CWIC Team in Musselburgh. This administrative and base change improved function dramatically. The public were offered a chance to comment on their experiences using CWIC Direct. Feedback was largely positive. Negative feedback will be discussed in this IIA.	Tranent and Harbour Medical Practices – The trial was expanded to include patients registered at these practice. Call volumes, waiting times and early phone line closures were measured (Appendix 2).	Riverside Medical Practice – The trial was expanded to included Riverside Medical Practice in December 2024. This practice has the highest number of registered patients of the four practices with current access to CWIC. Call volumes, waiting times, early phone line closures and patient experiences will continue to be monitored.

The proposal seeks to make permanent the CWIC Direct Access Consultation Service for patients registered with Inveresk, Harbourside, Tranent and Riverside Medical Practices. This IIA is being conducted before end of the CWIC Direct pilot.

This IIA is intended to explore the equality impacts of the proposal, maximising positive impacts and mitigating negatives impacts. It will explore eligibility, accessibility, fairness and patient experiences, considering the positive and negative impacts.

2. Briefly describe public involvement in this proposal (past, ongoing and planned)

A survey undertaken between May and December 2024 was carried out to ascertain patients' opinion on the CWIC Direct service. Of those patients who completed the survey (currently 1790 people), **82% fed back that they would phone CWIC directly if the option was available**. The patient survey returns overwhelming suggested that providing direct access to the CWIC service would be a positive development.

3. Is the proposal considered strategic under the Fairer Scotland Duty?

No.

4. Participants of the IIA

Name/Role	Job Title
Jamie Megaw (Chair)	**Primary Care General Manager**
Dr Alastair Clubb	**Primary Care Clinical Lead**
Marilyn McNeil	**IJB Service User Representative**
Mags Morrow	**Clinical Nurse Manager (CWIC)**
Neil Munro	**East Lothian HSCP Project Support Manager**
Amy Scott	**Advanced Nurse Practitioner**
Kevin Scott	**Primary Care Operations Manager**
Kate Thornback	**East Lothian HSCP Equalities and Engagement Officer**

5. What impacts were identified and which groups will they affect? Please include suggested mitigations for negative impacts and actions to maximise positive impacts.

No impacts were identified for protected characteristic groups: ***Gender Reassignment, Marriage and Civil Partnership, Sex, Sexual Orientation***

Equality, Health and Wellbeing and Human Rights	Affected populations
Positive Under 12s will be eligible for the service from January 2025. This is hoped to provide the same benefits for children as have been identified for adults (decreased waiting times on the phone for the parent/care giver, swifter advice from qualified medical professionals etc) As over 65s use health services more regularly than other age groups, there could be benefits to those in this group without complex health challenges to be able to access services more quickly via CWIC direct than they are currently through their registered GPs.	Age – Children Age – Over 65s
Neutral Pregnant people are not eligible to use CWIC due to regulations on prescribing during pregnancy (registered GP or Midwife only). Normal GP and midwifery services available to pregnant people. Those with preference for a practitioner of a specific gender for religious reasons can state that need and be spoken to by the gender of their choice. Black and minority ethnic communities of all races may contain a higher proportion of people speaking English as a foreign language. The service is in English with no other community languages offered at this stage. Interpretation is available through the NHS into different languages as with other services.	Pregnancy and maternity Religion and belief Indirectly, race.

Equality, Health and Wellbeing and Human Rights	Affected populations
Negative Some people from protected characteristic groups may not be able to access CWIC direct services due to its telephone-based delivery. Mitigation: CWIC uses interpretation services for those speaking languages other than English and assistive technologies for the hearing impaired. Whilst improving access, this may still present a barrier.	Disabled people (D/deaf people, people with sensory impairment or loss, people with speech impediments, people with learning disabilities that do not have someone that could assist them with making the call if they feel unable to do it independently).
Some people from protected characteristic groups may not be able to access CWIC direct face to face appointments due to issues with transport to the Musselburgh hub. Mitigation: Handicabs/RVS may provide a way for some people to transit to the Musselburgh hub**.** Whilst improving access, this may still present a barrier.	Disabled people (people with physical or intellectual disabilities that can't or find it difficult to travel on public transport)

Socio-Economic	Affected populations
Positive	n/a
Negative Potential lack of access due to shift work/other types of work presenting a barrier to availability when the phone line is open. Mitigation (partial): People that cannot access the CWIC direct phone line can request appointments at their registered local GP practice as they did prior to the CWIC direct pilot.	People on lower incomes working irregular hours, shift work or roles that prevent them from making phone calls during their work hours.

Socio-Economic	Affected populations
Travel costs to Musselburgh for in person appointments. Mitigation (partial): People that would experience financial hardship as a result of travelling to the Musselburgh hub can request appointments at their registered local GP practice as they did prior to the CWIC direct pilot.	People on lower incomes that are not eligible for travel subsidies. Some bus links are with private bus companies that charge higher fares than standard bus operators (Lothian Buses).

6. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children's rights, environmental and sustainability issues be addressed?

No.

7. How you will communicate information about this service to people with different communication needs e.g children and young people, those affected by sensory impairment, low level literacy or numeracy, learning difficulties/disabilities or English as a foreign language?

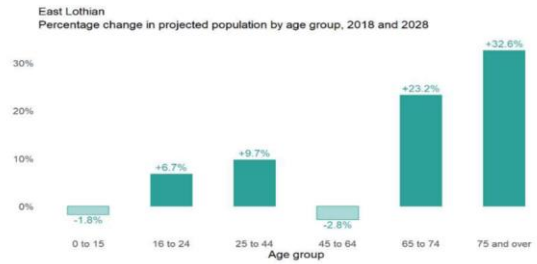
8. Additional Information and Evidence Required?

No.

9. Are there any negative impacts in section 5 for which there are no identified mitigating actions? No.

Appendix

Appendix 1
Evidence available at the time of the IIA

Evidence	Available – detail source	What does the evidence tell you with regard to different groups who may be affected by your proposal
Data on populations in need	• East Lothian Joint Strategic Needs Assessment • East Lothian by numbers • Planning Older People's Services Data Report (Jan 2024)	Our population is changing. People are living longer. **Population** Over the next 10 years, population growth will rise in East Lothian, especially in the over 65 year age group. See Graph 1 below.  • The East Lothian population has grown by 20% since 2000 and at a higher rate than the Scottish population as a whole. • There is predicted to be a further increase in the number of older people requiring services and complexity to the care and way that care is delivered (e.g. accessibility, mobility, proximity of services, assistive technologies, awareness/sensitivity to conditions more prevalent in older age groups such as sensory loss and dementia).

Evidence	Available – detail source	What does the evidence tell you with regard to different groups who may be affected by your proposal
		• Our population has grown at a higher rate in areas of higher deprivation, specifically within the 1st quintile (most deprived) to the 3rd quintile while the population has decreased in areas of lowest deprivation (4th and 5th quintiles). • From 2018 to 2043, East Lothian's population is predicted to increase by a further 12.8% reaching a peak of 121,743 and will grow at faster rate than Scotland as a whole. • East Lothian currently has a higher female than male population, although the largest percentage age group in both categories is currently in the middle aged group (aged 45-59). • While life expectancy is set to increase for both males and females, women in East Lothian continue to have a longer life expectancy than men. By 2043 this is projected to increase to 82 years for males and 85 years for females. • Similar to Scotland as a whole, East Lothian has higher mortality rates among the most deprived areas of the county. The leading cause of death in women in East Lothian is Dementia and Alzheimer's (14.5% of all female deaths) and it is the second leading cause of death in men after heart disease (7.9% of all male deaths).
Data on service uptake/access		

Evidence	Available – detail source	What does the evidence tell you with regard to different groups who may be affected by your proposal
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	• Musselburgh ward snapshot	**Musselburgh and surrounds population** In 2018, 20% of the population were aged 65+. The projected growth of population by 2028 the 65+ population will rise to 23.8%. **Scottish Index of Multiple Deprivation** East Lothian consists of 6 wards and 132 data zones, of which 8 data zones are in the 20% most deprived of Scotland. • People living in the most deprived areas are statistically more likely to experience health inequalities. This means lower life expectancy, higher rates of disease, more long-term illness. • People living in the least deprived areas have a life expectancy 8 years (males) and 4.8 years (females) higher than those in the most deprived areas • The areas of highest deprivation in East Lothian are largely to the west of the county specifically in areas in Musselburgh, Tranent and Prestonpans. • Around 95% of people in East Lothian living in the community live within an urban setting and 5% live in more rural settings. **Deprivation in Musselburgh Ward**

<table>
<tr><th>Evidence</th><th>Available – detail source</th><th>What does the evidence tell you with regard to different groups who may be affected by your proposal</th></tr>
<tr><td></td><td></td><td>The Scottish Index of Multiple Deprivation (SIMD) 2020 identifies concentrations of deprivation in East Lothian.
9 data zones in the Musselburgh ward are within the 20% most access deprived across East Lothian.
1 data zone in the Musselburgh ward is within the 20% most deprived in Scotland.
The lowest ranked data zone is Harbour/Victoria St/Castle St, ranked 33rd out of 132 data zones in East Lothian, and 2,319 out of 6,976 in Scotland.</td></tr>
<tr><td>Data on equality outcomes</td><td>Musselburgh Snapshot</td><td>In terms of the SIMD2020 health domain, 5 of the 27 data zones in the ward are within the 20% most health deprived in East Lothian.</td></tr>
<tr><td>Research/literature evidence</td><td>Independent Review of Adult Social Care in Scotland
National Health and Wellbeing Outcomes Framework
East Lothian IJB Strategic Plan</td><td>The evidence tells us that people want person-centred care that is flexible and responds to people’s changing needs.

This proposal supports the National Health and Wellbeing Outcomes 2, 5 and 9.</td></tr>
<tr><td>Evidence of engagement of people who use the service and involvement findings</td><td>Patient Experience Survey</td><td>How likely are you to use the service (CWIC Direct)?<table><tr><td>likely</td><td>1345</td><td>75%</td></tr><tr><td>fairly likely</td><td>264</td><td>15%</td></tr><tr><td>don't know</td><td>166</td><td>9%</td></tr></table></td></tr>
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<table>
<tr><th>Evidence</th><th>Available – detail source</th><th>What does the evidence tell you with regard to different groups who may be affected by your proposal</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><td>fairly unlikely</td><td>9</td><td>1%</td></tr>
<tr><td>unlikely</td><td>6</td><td>0%</td></tr>
</table>

Will you phone CWIC Direct the next time?
<table>
<tr><td>yes</td><td>967</td><td>82%</td></tr>
<tr><td>not sure</td><td>64</td><td>5%</td></tr>
<tr><td>no</td><td>143</td><td>12%</td></tr>
</table>

Would you like CWIC Direct to continue after the Pilot Study?
<table>
<tr><td>yes</td><td>1386</td><td>77%</td></tr>
<tr><td>not sure</td><td>317</td><td>18%</td></tr>
<tr><td>no</td><td>86</td><td>5%</td></tr>
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Appendix 2

Summary telephony information for the Stages (page three and four):

Stage 2: Total calls – 1109; Average wait – 17 seconds; % of calls answered immediately – 89%; call answer rate – 98% (98% calls answered – 2% abandoned)

Stage 3: Total calls – 3407; Average wait – 1 minute 13 seconds; % of calls answered immediately – 61%; call answer rate – 95% (95% calls answered – 5% abandoned

Stage 4: Total calls – 3824; Average wait – 3 minutes 26 seconds; % of calls answered immediately – 42%; call answer rate – 90% (90% calls answered – 10% abandoned