I understand that following participation in last week’s Equal Opportunity Committee meeting, I have an opportunity to send some additional information through. I would like to respond to the following exchange captured in the transcript from the meeting:

**Stuart McMillan:** My second question is about protecting the health budgets. An issue that has been raised with this committee and its predecessor committees is that people in the black and ethnic minority communities sometimes find that it is not easy to access healthcare provision. Is that an accurate picture and, if so, what could be done to improve the situation? Is protecting the healthcare budgets—given the moneys coming to Scotland—the right thing to do?

[..........................]

**Pauline Craig:** ..... I will write in about the detail of this, but a recent survey of Scottish in-patients through better together, which is a Scottish Government programme, looked at the experience of different groups and did an equality analysis. Some of the data was perhaps a bit small scale and might not tell you a huge amount, but it might give you an indication of different experiences. I will send in some information about that.

In relation to the information promised, please find here weblink to a report from the Better Together recent analyses of variations in experience of Scottish hospital care [http://www.scotland.gov.uk/Resource/Doc/356540/0120509.pdf](http://www.scotland.gov.uk/Resource/Doc/356540/0120509.pdf), based on a survey of 30,880 patients. The key findings were as follows:

1.3 We found that the factors which have the largest effect on patient experience are:
- Health Status – patients with poorer health status are less likely to report a positive experience.
- Whether a hospital stay was planned in advance or an emergency – emergency patients are less likely to report a positive experience.
- Age – older patients are generally more likely to report a positive experience.

1.4 We also found that there are large effects on patient experience due to different hospitals and between different types of hospital.

1.5 Other main findings are:
- Females are generally less likely than males to report a positive experience.
- There are many differences in the experiences of patients of different religions or beliefs compared to Christian patients. However the experience of Church of Scotland patients, Roman Catholics and other Christians were very similar.
- There are some differences in the experience of patients reporting different sexual orientation.
- Patients whose day-to-day activities were limited a lot because of a health problem or disability are less likely to report a positive experience in some areas.
- Patients with translation, interpreting and communication support needs are generally less likely to report a positive experience than others.
• There are differences in the experiences of patients with different disability status.

In response to Stuart McMillan’s question about protecting the healthcare budget, I would like to offer the following information. The Equality Team at NHS Health Scotland recognise that access to and outcomes from healthcare differ across the diverse Scottish population and that the situation described in the 1970’s by Julian Tudor Hart as the ‘inverse care law’ still exists in Scotland, with those in greatest need of health care being less likely to receive services as a result of a number of complex planning and practice issues. The subjective experiences described in the recent Better Together report above reflect our understanding of objective measures of variance previously gleaned from research. Therefore, we would support Stuart McMillan’s suggestion that protecting the healthcare budget would be a necessary step to prevent further inequality in accessing and moving through healthcare services.

The Equality Team are involved in national work to enhance fairness in policy, planning and practice in the NHS. Our work includes improving equality data monitoring in NHSScotland, rolling out an integrated Health Inequalities Impact Assessment toolkit, a project currently in development on Essential and Additional needs (for access to services), and establishing good practice to meet patients’ translation, interpreting and communication support (TICS) needs. I have attached short summaries of the work on integrated impact assessment and on the TICS project for information, but would be happy to provide more if that would be useful. For example, quantifying access to services by ethnic minority groups is a complex issue which I would be happy to discuss further.

Pauline Craig
Head of Equality
NHS Health Scotland
11 October 2011
**Annex A**

**Health inequalities impact assessment paper**  
11.10.11

*Equally Well* recommended using an integrated approach to impact assessment with a strong focus on health inequalities, bringing together existing requirements to consider the impact on equality, wider health inequalities and human rights considerations. A project developed, piloted and evaluated such an approach (Health Inequalities Impact Assessment (HIIA)) in Scottish Government Health Directorates and NHS Boards in 2010. A report of the pilot has been produced and the draft tool and guidance is now being finalised in order to be formally launched to the NHS and Scottish Government shortly. The *Quality Strategy* reaffirms the importance of assessing the impact of policies and services in order to tackle inequalities. All programmes, initiatives and interventions pursued to support achievement of the 3 Quality Ambitions are to be impact assessed using this integrated approach to impact assessment.

NHS Health Scotland is now:

- taking responsibility for finalising the tool and guidance
- leading an event to promote the approach to the NHS and key partners
- supporting implementation of the approach in NHS Boards.

Supporting an integrated approach to impact assessment will be part of the Equality Team’s overall support to the NHS to improve practice on impact assessment.

HIIA aims to improve policy making through a creative and systematic process that gives a broader perspective on issues and considers wider population groups (beyond those considered for a typical EQIA – equality impact assessment) and a broad range of impacts. This process should be proportionate but still provide helpful and robust information to support decision making.

The approach and guidance will be formally launched at a half day event in November to around 60 key stakeholders. The event will provide an opportunity to propose and get views on how NHS Health Scotland’s Equality Team can work in partnership to support improved practice with NHS Boards in this area. It is also an opportunity to disseminate the supporting guidance which is currently being finalised.

This event is only one aspect of the plan to support use of this approach but also impact assessment generally. A communications plan is currently being developed to support this thinking. A key channel through which support will be delivered is the 'Equality Team' pages on the NHS Health Scotland website. The pages are currently being redeveloped in order to effectively share knowledge and resources that will support improved practice on impact assessment e.g. case studies, guidance, evidence briefings.
Providing hands-on support is another way in which we aim to support improved practice. We have already begun rolling out the HIIA approach with NHS Boards and Scottish Government Health Directorates. We have been invited to work with Scottish Government colleagues on facilitating impact assessments for a new policy on the integration of health and social care as well as a revision of the Tobacco Control Strategy. In terms of NHS Boards, we have been working with National Services Division on the Scottish Breast Screening Service Review and the Scottish Neonatal Standards. We are also working with an NHS Board to support them with embedding the health inequalities impact assessment approach locally.

We have also started joint work with the Scottish Health Council's Service Change Team in strengthening the links between impact assessment and service change processes. The project aims to increase capacity in this team to advise Boards in future on impact assessment related to service change but also those NHS Boards who will be directly involved in the project.
Background to TICS work

- Health Scotland was tasked with developing a strategy in response to Equally Well recommendation 64.
- TICS Joint Action Group established to take this work forward.
- Initially represented by 11 territorial Health Boards
- Previous legislative drivers were Race Relations (amendment) Act 2000 and Disability Rights Act 2005

Current legislative and policy drivers

- Equality Act 2010 consumes all previous equality legislation, therefore is now the main legislative driver for TICS
- Patient Rights Act 2011 aims to improve patients' experiences of using health services and to support people to become more involved in their health and health care
- Quality Strategy ultimately aims to deliver the highest quality of healthcare services to people in Scotland by providing services which are safe, person centred and effective

Why we provide TICS

- Good communication between healthcare staff and patients is essential to effective healthcare
- Effective communication is crucial to the safety of patients and ensures service users can exercise informed choices and consent
- By having suitable arrangements in place, it is likely that this will assist with reducing the inequalities of outcome those patients who are not proficient in spoken and written English will face

What does this mean for individual patients?

- A Deafblind person receiving the appropriate support to understand the nature of a proposed surgical procedure and being able to provide consent with as full an understanding as possible
- An individual with limited knowledge of English would have good information about the NHS, relevant conditions and health risks in the language and format that was best suited to their needs

TICS Work to Date (08-11)

- Production of competency framework for interpreting to support NHS staff when working with interpreters (including BSL)
• Successful Interpreting with a wide audience, including many interpreters (community language & BSL)
• Literature review BSL Online Services
• Partnership working with NHS 24 around NHS Inform & Health in my language
• Negotiation with telephone interpreting providers to agree lower price nationally for telephone interpreting
• Communication Support Seminar in September 2009 aimed at sharing and mapping knowledge, expertise and good practice between communication support providers
• Work with health boards sharing good practice on accessible information.

Representation at following national groups:
• SCOD Communication & Access Committee
• NHS Education for Scotland (NES) Sensory Impairment Group
• Scottish Government Inclusive Communication Standards working group

Future priorities of the TICSJAG (agreed by TICSJAG)
• Development of national training programme for NHS Staff working with patients with preferred communication other than spoken English
• Sharing of local good practice examples, which may lead to efficiency savings if adopted nationally
• Support from Scottish Government Health Department, Chief Executives and senior managers within boards for the TICS agenda.
• Improving patient experience in NHS setting
• Explore the use of technology that will improve patient access