##### EQUALITY IMPACT ASSESSMENT

**This is a legal document stating you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission**

**If you require advice on the completion of this EQIA, contact** [**elaine.savory@aapct.scot.nhs.uk**](mailto:elaine.savory@aapct.scot.nhs.uk)

**‘Policy’ is used as a generic term covering policies, strategies, functions, service changes, guidance documents, other**

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| **Name of Policy** | Public Dental Service – Cash Payments | | |
| **Names and role of Review Team:** | Gordon MacBeth, Service Manager  Alison Paton, Primary Care Manager – PDS  Peter Ommer, Director of Dentistry | Date(s) of assessment: | 29 July 2025 |
| **SECTION ONE** | AIMS OF THE POLICY | | |
| * 1. **Is this a new or existing Policy : New**   X  **Please state which: Policy Strategy Function Service Change Guidance Other** | | | |
| **1.2 What is the scope of this EQIA?**  X  **NHS A&A wide Service specific Discipline specific Other (please detail)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **1.3a. What is the aim?**  Currently the Public Dental Service accept cash payments for patient charges however, in line with changes in the wider use of cash in society, the number of payments and the amount has steadily dropped with the clinics regularly receiving no cash payments over the week as more patients have moved to card and mobile payments. | | | |
| **1.3b. What is the objectives?**  The removal of cash collection at the three main PDS Hubs in Ayr Hospital, Ayrshire Central Hospital and Northwest Kilmarnock | | | |
| **1.3c. What is the intended outcomes?**  Patients will pay using electronic means, those who do not have a card/mobile will receive a bill which can be paid using online banking or with cash at any Cash Offices within the NHS Ayrshire and Arran estate. | | | |
| **1.4. Who are the stakeholders?**  Public Dental Service patients/families  Cashiers at Cash Offices | | | |
| **1.5. How have the stakeholders been involved in the development of this policy?**  Most registered patients of the Public Dental Service are exempt from patient charges, the main group who pay are emergency care unregistered patients and patients referred from high street dental practices for specialist treatment. These patient groups come for one-off treatment and therefore cannot be readily engaged with. | | | |
| **1.6 Examination of Available Data and Consultation -** Data could include: consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic or professional publications, reports etc)  Review of patient payment types within the Public Dental Service and reduction in cash payments which is now 15% of payments | | | |
| **Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues.**  Not Applicable | | | |
| **What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?**  Payment method trends show a continued reduction of payments made using cash, 10 years ago, cash made up over 95% of payments but post covid card payments were introduced, and cash payments have dropped to 15% of payments | | | |
| **What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?**  Not Applicable | | | |
| **1.7. What resource implications are linked to this policy?**  Not Applicable | | | |

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| **SECTION TWO** | IMPACT ASSESSMENT | | | |
| **Complete the following table, giving reasons or comments where:**  **The Programme could have a positive impact by contributing to the general duty by –**   * **Eliminating unlawful discrimination** * **Promoting equal opportunities** * **Promoting relations within the equality group**   **The Programme could have an adverse impact by disadvantaging any of the equality groups. Particular attention should be given to unlawful direct and indirect discrimination.**  **If any potential impact on any of these groups has been identified, please give details - including if impact is anticipated to be positive or negative.**  **If negative impacts are identified, the action plan template in Appendix C must be completed.** | | | | |
| Equality Target Groups – please note, this could also refer to staff | | | | |
|  | Positive impact | Adverse impact | Neutral impact | Reason or comment for impact rating |
| **2.1. Age**   * Children and young people * Adults * Older People |  | X | X  X | This group of people are exempt from patient charges  Most of this group of patients regularly use card payments  This group may not readily use card payments |
| **2.2. Disability** (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health) |  | X |  | For someone with learning disabilities or a neurodiverse condition, this change may affect them if they aren’t exempt from patient charges, however they can still make a cash payment at any of the cash offices across the NHS Estate. |
| **2.3. Gender** **Reassignment** |  |  | X | The change does not impact this group based on their characteristic |
| **2.4 Marriage and Civil partnership** |  |  | X | The change does not impact this group based on their characteristic |
| **2.5 Pregnancy and Maternity** |  |  | X | The change does not impact this group based on their characteristic |
| **2.6 Race/Ethnicity** |  |  | X | For some asylum seekers / refugees, depending on their status in the UK and length of time here they may not have access to a bank account and this change may affect them if they aren’t exempt from patient charges, however they can still make a cash payment at any of the cash offices across the NHS Estate. |
| **2.7 Religion/Faith** |  |  | X | The change does not impact this group based on their characteristic |
| **2.8 Sex (male/female)** |  |  | X | The change does not impact this group based on their characteristic |
| **2.9 Sexual Orientation**   * Lesbians * Gay men * Bisexuals |  |  | X | The change does not impact this group based on their characteristic |
| **2.10 Carers** |  |  | X | The change does not impact this group based on their characteristic |
| **2.10 Homeless** |  |  | X | This group of patients are usually exempt from patient charges |
| **2.12 Involved in criminal justice system** |  |  | X | This group of patients are usually exempt from patient charges |
| **2.13 Literacy** |  |  | X | The change does not impact this group based on their characteristic. The change would be explained to the individual so having limited reading ability would not have any differential impact. |
| **2.14 Rural Areas** |  |  | X | The change does not impact this group based on their characteristic. Accessing the public dental service is not changing so individuals from remote and rural areas would still undertake the same journey. |
| **2.15 Staff**   * Working conditions * Knowledge, skills and learning required * Location * Any other relevant factors |  |  | X | Due to the low levels of cash taken at a clinic, sometimes less than £5 in a week and is only one or two transactions in a week, the removal of this task will save time as they will not have to prepare banking and take to the cash office or to the local bank. |

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| **2.16. What is the socio-economic impact of this policy / service change? (The** [**Fairer Scotland Duty**](https://www.gov.scot/publications/fairer-scotland-duty-interim-guidance-public-bodies/) **places responsibility on Health Boards to actively consider how they can reduce inequalities of outcomes caused by socio-economic disadvantage when making strategic decisions)** | | | | |
|  | **Positive** | **Adverse** | **Neutral** | **Rationale/Evidence** |
| **Low income / poverty** |  | X |  | This group may not readily use card payments, however depending on their income status they may be exempt from patient charges. For those who do have to pay, a bill can be issued and paid in cash at the cash office on site. |
| **Living in deprived areas** |  | X |  |
| **Living in deprived communities of interest** |  | X |  |
| **Employment (paid or unpaid)** |  | X |  |

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| **SECTION THREE** | **CROSSCUTTING ISSUES** | | | |
| **What impact will the proposal have on lifestyles? For example, will the changes affect:** | | | | |
|  | Positive impact | Adverse impact | No impact | Reason or comment for impact rating |
| **3.1 Diet and nutrition?** |  |  | X | The change will not have any differential impacts on diet and nutrition. |
| **3.2 Exercise and physical activity?** |  |  | X | The change will not have any differential impacts on exercise and physical activity. |
| **3.3 Substance use: tobacco, alcohol or drugs?** |  |  | X | The change will not have any differential impacts on substance use. |
| 3.4 Risk taking behaviour? |  |  | X | The change will not have any differential impacts on risk taking behaviour. |

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| **SECTION FOUR** | **CROSSCUTTING ISSUES** | | | |
| **Will the proposal have an impact on the physical environment? For example, will there be impacts on:** | | | | |
|  | Positive impact | Adverse impact | No impact | Reason or comment for impact rating |
| 4.1 Living conditions? |  |  | X | The change will not have any differential impacts on living conditions. |
| **4.2 Working conditions?** |  |  | X | The change will not have any differential impacts on working conditions. |
| **4.3 Pollution or climate change?** |  |  | X | The change will not have any differential impacts on pollution or climate change. Should an individual require to receive a bill and pay in cash at the cash office, this is on the same site as the treatment centre. |
| **Will the proposal affect access to and experience of services? For example:** | | | | |
|  | Positive impact | Adverse impact | No impact | Reason or comment for impact rating |
| **Health care** |  |  | X | The change will have no impact on access to or experience of health services. While we are changing the way individuals can pay for dental products, evidence gathered shows that most people accessing dental products pay by card or electronically. Should anyone require to pay by cash, a bill will be issued, and the individual can pay at the cash office on site. |
| **Social Services** |  |  | X | The change will have no impact on access to or experience of social services. |
| **Education** |  |  | X | The change will have no impact on access to or experience of education services. |
| **Transport** |  |  | X | The change will have no impact on access to or experience of transport services. |
| **Housing** |  |  | X | The change will have no impact on access to or experience of housing services. |

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| **SECTION FIVE** | | **MONITORING** | | |
| **How will the outcomes be monitored?**  The change to service provision will be monitored through feedback and complaints. | | | | |
| **What monitoring arrangements are in place?**  Once implemented any issues will be monitored via patient feedback and complaints | | | | |
| **Who will monitor?**  Dental Management Team | | | | |
| **What criteria will you use to measure progress towards the outcomes?**  We will measure the impact through any potential negative feedback or complaints. | | | | |
| **PUBLICATION** | | | | |
| Public bodies covered by equalities legislation must be able to show that they have paid due regard to meeting the Public Sector Equality Duty (PSED). This should be set out clearly and accessibly, and signed off by an appropriate member of the organisation.  Once completed, send this completed EQIA to the **Equality & Inclusion Manager** | | | | |
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| **Authorised by** | Claire McCamon | | **Title** | Senior Manager – Primary Care |
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| **Signature** |  | | **Date** | 15/08/2025 |

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| **Identified Negative Impact Assessment Action Plan** |

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| **Name of EQIA:** |  |

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| **Date** | **Issue** | **Action Required** | **Lead (Name, title, and contact details)** | **Timescale** | **Resource Implications** | **Comments** |
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| Further Notes: |  |

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| Signed: |  | Date: |  |