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

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

Name of Policy	Waiting Well Service Pilot		
Names and role of Review Team:	• Rebecca Turner – HCPH Programme Manager, Public Health • Lynne Rush – HCPH Consultant, Public Health • Robyn Scott – HCPH Programme Support Officer, Public Health • Debbie Kirk – Head of Access, Acute Services • Robert Bryden – Head of Health Records • Donna Hunt – Referral Management Service Manager • Lyall Cameron – Senior Information Analyst, Transformation & Sustainability • Lisa Davidson – Assistant Director of Public Health • Mhairi Strawhorn – Health Improvement Officer, Public Health	**Date(s) of assessment:**	24 February 2026 15 April 2026

SECTION ONE AIMS OF THE POLICY

1.1. **Is this a new or existing Policy:** New

Please state which: **Policy** **Strategy** **Function** **Service Change** **Guidance** **Other X**

1.2 What is the scope of this EQIA?

NHS A&A wide ☐ **Service specific** X **Discipline specific** ☐ **Other (please detail)**

1.3a. What is the aim?

To pilot a remotely delivered Waiting Well service in Ayrshire and Arran, delivered collaboratively between Acute Services and Public Health. The aim of this pilot is to deliver on the Nationally identified Waiting Well priorities by Improving access to preventative care, health information and wellbeing support for individuals on Secondary Care waiting lists through the provision of proactive wellbeing calls.

The overarching purpose of Waiting Well as a National priority is to ensure that the waiting period for a health and social care intervention is an active phase of prevention and proactive activity in order to ensure that people's health and wellbeing does not deteriorate from preventable causes during the waiting period and indeed, the aim is to stabilise, enhance or improve health and wellbeing for people using prehabilitation approaches. The initial phase of this pilot will focus on patients identified on the General Surgery and Rheumatology waiting lists, offering lifestyle, health and wellbeing advice and support while they await treatment.

1.3b. What are the objectives?

- Support the health and wellbeing of individuals during their waiting period.
- Provide proactive contact and guidance to help patients prepare for treatment.
- Reduce anxiety and improve overall patient experience while awaiting care**.**

1.3c. What are the intended outcomes?

- Improved treatment outcomes and recovery for individuals on waiting lists.
- Enhanced sense of support, communication and connection during the waiting period.
- Improved wellbeing, greater preparedness for treatment, and potential reduction in hospital stays.

1.4. Who are the stakeholders?

- Public Health, NHS Ayrshire & Arran
- Waiting Well Steering Group
- Identified clinical specialty team(s)
- Planned Care Programme Board
- Health Records Team
- Service providers
- Operational staff
- Patients on identified acute waiting lists

1.5. How have the stakeholders been involved in the development of this policy?

- Establishment of a dedicated project team focussed on overseeing operational delivery.
- Engagement through meetings with individuals and key stakeholder groups (e.g., Planned Care Programme Board).
- Email correspondence including circulation of draft documents and requests for feedback.
- Use of a dedicated Microsoft Teams channel for document sharing and collaboration.
- Presentations and progress updates to key stakeholder and governance groups (e.g., Waiting Well Steering Group).

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)

Sources of data include:

- **Public Health Scotland (Sept 2025):**
  - As of September 2025, over 628,000 individuals were on waiting lists for outpatient, inpatient or day case appointments (equivalent to 1 in 9 of Scotland's population).
  - Within this total, 501,908 individuals were estimated to be waiting for a new outpatient appointment, and 150,428 for an inpatient or day case admission.
  - 56,439 outpatient waits over 52 weeks; 6,663 waits over two years.

- **Office for National Statistics (ONS)**:
  - Data published on 27 February 2023 indicated that 70% of adults waiting for NHS treatment reported a negative impact on their lives.
  - 57% cited effects on wellbeing such as anxiety, loneliness, and stress
  - 38% reported worsening of their condition.

- **Healthcare Improvement Scotland 'Gathering Views on Waiting Times Guidance' Report (2023):**
  - Patients expressed a need for clear communication, personalised support, and accessible information while waiting.

- **NHS Grampian Waiting Well Service Report:**
    - Over 3,100 patients completed wellbeing conversations during the pilot
    - 22% of patients made health-related changes after the call, and 85% found the information useful or potentially useful.
    - The service helped validate waiting lists, update patient details, and reassure patients, with many appreciating the contact and feeling less forgotten.

Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues.

Experts or relevant groups approached/engaged with:

- Waiting Well Steering Group
- Healthcare Public Health Oversight Group
- Planned Care Programme Board
- Quality Improvement colleagues

What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?

- As of 5 August 2025, there were 10,599 patients waiting for an inpatient appointment within NHS Ayrshire & Arran.
- Of these, 50% were from the most deprived areas, (Scottish Index of Multiple Deprivation (SIMD) quintiles 1 and 2.)

Data source and parameters:

- Data taken from Patient Management System (PMS) Waiting List Data warehouse. (Accessed 05-08-2025)
- Excludes Outpatient and Maternity data.
- Excludes all completed appointments.
- Includes vetted referrals only.
- All data refers to Ayrshire and Arran waiting lists only.
- SIMD quintiles taken from 2022 SIMD tables

What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?

As detailed in Section 1.6, external sources highlight the scale of waiting list pressures, the impact on patient wellbeing, and the effectiveness of similar services in other regions.

1.7. What resource implications are linked to this policy?

The pilot will be delivered using existing staffing resources within the Public Health team:

- 1 staff member from the Better Health Hub
- 2 staff members from the Quit Your Way team

Managers and service leads are working to release capacity within existing resource, enabling a dedicated team to deliver the service effectively.

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	Adults & Older People		Children & Young People	The pilot is designed for adults aged 18+, so it has no direct impact on children and young people. However, there may be indirect positive effects for children or young carers who support adults on waiting lists. All participants will receive follow-up communication summarising discussions, referrals, and signposted resources. The service adopts a digital-first approach (email/text), with letter or printed alternatives available to reduce barriers - particularly for older people who are more likely to experience limited digital access.

2.2. Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health)	x			Positive with considerations. Individuals with disabilities will benefit from proactive contact, signposting, and support. However, the telephone-based model may reduce accessibility for people with hearing impairment, those unable to use a telephone, or individuals with certain communication or cognitive needs. Existing mitigations include staff training in health literacy and inclusive communication, as well as the provision of written follow-up information. Further action is required to support patients with hearing impairments. Planned mitigation includes sending an initial letter with a pre-arranged appointment time and details of support options such as having a family member/friend present or using interpreter services (e.g., Contact Scotland BSL (we recognise that the patients need to be registered with this service to access it), Relay UK), similar to NHS Grampian's Healthpoint model. Patients requiring this support will be identified through TrakCare alerts indicating a recorded hearing impairment. However, as the Board does not currently have a robust system for identifying all individuals affected, patients who have not disclosed a hearing impairment will not have an alert in place. This means the approach will benefit those we can identify but may be inequitable for those whose impairment is unknown.
2.3. Gender Reassignment			X	The service is inclusive and open to all. The main potential risk relates to the use of non-inclusive language during telephone conversations. This is mitigated through staff training - including transgender awareness - to support staff to deliver respectful, person-centred communication.
2.4 Marriage and Civil partnership			X	No exclusion or differential impact is anticipated. Individuals within this group are expected to benefit equally from access to wellbeing advice, support, and signposting.

2.5 Pregnancy and Maternity			x	This is not a maternity service; however, some pregnant patients on waiting lists may benefit from support. Depending on the specialty, there may be very few pregnant patients on the relevant waiting lists, resulting in minimal direct impact. The overall impact is therefore considered neutral.
2.6 Race/Ethnicity	X			Positive with considerations. Waiting Well advisors have access to language support and interpreter services to ensure equitable participation for individuals with limited English proficiency. Staff are mindful of cultural differences that may influence beliefs, communication preferences, and engagement, supported by training on inequalities, inclusive communication, and health literacy. Additional consideration is required for people from ethnic minority communities - particularly ethnic minority women - who may experience known health disparities and cultural or gender-related barriers. The service directory and resource lists include culturally appropriate and targeted resources to support individuals from diverse ethnic backgrounds. If the service were to be rolled out wider than the initial pilot specialties, additional mitigations could include engagement with ESOL (English as a Second or Other Language) classes to raise awareness of the service among individuals on waiting lists.
2.7 Religion/Faith			X	No exclusion is anticipated. The service is person-centred, and advisors will remain aware of and responsive to any religious or faith-based needs or preferences raised during calls.
2.8 Sex (male/female)			X	The service is open to all, with equal access and expected benefits for both men and women. However, as noted under Race/Ethnicity, gender norms within some communities may influence engagement or willingness to seek support. Mitigations include the use of person-centred communication, staff training on inequalities and cultural sensitivity, and access to tailored resources within the service directory to help address gender-related barriers where identified.

2.9 Sexual Orientation • Lesbians • Gay men • Bisexuals			X	The service is inclusive of people of all sexual orientations. Advisors receive training in respectful, person-centred communication and can signpost individuals to appropriate supports where relevant. No adverse impacts anticipated.
2.10 Carers	x			Carers may benefit directly if they themselves are receiving the service, and indirectly if the person they support experiences improved wellbeing.
2.11 Homeless			x	The remote model may present access barriers for people experiencing homelessness, particularly due to unstable contact details.
2.12 Involved in criminal justice system		X		Current prisoners will not have access to this service, therefore there is no direct impact. However, exclusion from the service may unintentionally widen existing inequalities and reduce access to lifestyle, health and wellbeing support for this group while they await treatment. Although prisoners are not currently able to access this service, they do have access to healthcare provision within the prison system and may be able to seek wider health and wellbeing support through this route.
2.13 Literacy	x			Advisors have undertaken training in health literacy, which supports clearer communication and helps ensure information is accessible to people with varying literacy levels. As a result, individuals with lower literacy levels are expected to benefit equally from access to wellbeing advice, support, and signposting. Patient literature and materials will also be provided in plain English, or appropriate methods, where required and feasible.
2.14 Rural Areas	x			Remote delivery reduces travel barriers and may facilitate greater engagement among people living in rural areas. This is also true for individuals on waiting lists who live on Arran and Millport.

2.15 Staff • Working conditions • Knowledge, skills and learning required • Location • Any other relevant factors	x			Staff delivering the service will be supported through a training checklist and access to a clinical single point of contact (SPOC) to ensure safe and confident delivery. Some NHS Ayrshire & Arran staff will themselves be on waiting lists; if Waiting Well improves their health or ability to self-manage, this may support earlier or sustained return to work, benefiting both the individual and the organisation.

2.16. What is the socio-economic impact of this policy / service change? (The Fairer Scotland Duty 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			Financial wellbeing is a core component of the call model, with signposting to income maximisation, welfare advice, and money support services. Although the model is digital-first, non-digital alternatives are available to avoid exclusion. Monitoring uptake and engagement by SIMD will support equitable evaluation.
Living in deprived areas	x			Local waiting list data indicate that many patients awaiting inpatient care are from SIMD 1 and 2 areas. As a result, the initiative is expected to bring particular benefit to people living in more deprived areas.
Living in deprived communities of interest	x			Holistic signposting—including housing, home energy, employability, and financial support—is likely to enhance the experience and resilience of individuals living in deprived communities while they wait for treatment.
Employment (paid or unpaid)	x			Support to prepare for treatment and improve self-management may help individuals remain in work or return to work sooner after treatment, while also promoting wider benefits such as improved mental wellbeing, social connection, financial stability, and ongoing skill development.

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			Advice and referrals to local services and resources that support healthy eating and nutrition are core elements of the wellbeing calls.
3.2 Exercise and physical activity?	x			The service can signpost or refer individuals to local leisure opportunities, community-based physical activity programmes, and “green health” initiatives.
3.3 Substance use: tobacco, alcohol or drugs?	x			Clear pathways exist into smoking cessation, alcohol and drug services. As Quit Your Way advisors are delivering the calls, they can provide immediate support for smoking cessation where required.
3.4 Risk taking behaviour?	x			Person-centred conversations and supportive signposting can reduce harmful behaviours and increase uptake of appropriate services. Improved wellbeing and stronger support networks may also help to reduce reliance on harmful coping behaviours.

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			Signposting to housing, home energy and welfare support can help improve individuals’ living conditions during the waiting period.

4.2 Working conditions?			X	The service will not have specific direct impact on working conditions. However, support may help people maintain employment or return to work; advisors can also discuss workplace adjustments and available supports where appropriate.
4.3 Pollution or climate change?			x	A potential reduction in travel (“health miles”) may be balanced by increased use of digital resources; overall, a broadly neutral environmental impact is anticipated.
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			Improved engagement and reassurance during the waiting period, with signposting or referral to relevant supports.
Social Services	x			Increased awareness and access to local support services through proactive contact.
Education	x			Signposting and referral to adult learning services where relevant. Reduced unnecessary appointments or travel may also offer indirect benefits for households with young carers by supporting more consistent attendance.
Transport	x			Potential reductions in unnecessary travel. Signposting and referrals to appropriate transport support services may also improve access to healthcare.
Housing	x			As above, signposting to housing, home energy and related supports is available when required.

SECTION FIVE MONITORING

How will the outcomes be monitored?

The below measurement plan has been developed with support from Quality Improvement (QI) colleagues. This outlines key process, output and outcome measures for the pilot:

Measurement plan - Waiting Well Service I

What monitoring arrangements are in place?

A measurement plan has been produced and will guide monitoring activities at both mid-pilot and end-of-pilot stages. A PDSA approach will be applied throughout the pilot, supported by QI colleagues, to enable ongoing refinement of processes, early identification of emerging issues, and testing of improvements. Regular learning cycles will inform decision-making and ensure the model remains responsive to patient and service needs.

Who will monitor?

Monitoring will be led by the Waiting Well Operational Team (Public Health), supported by:

- Acute specialty teams -providing operational insight and liaison as required.
- The Waiting Well Steering Group - offering oversight, governance and strategic direction.

What criteria will you use to measure progress towards the outcomes?

Progress will be assessed using the indicators set out in the measurement plan. These criteria will be reviewed and updated as part of the ongoing improvement and monitoring cycle.

As the exact number of patients who can be contacted is not yet known, an initial PDSA cycle (Phase 1 of the pilot) will be used to establish key operational parameters, including:

- Average call duration
- Number of calls that can be reasonably completed per advisor per session

These early findings will inform realistic activity estimates and support refinement of the expected number of patients who can be contacted during Phase 2 (e.g., *X* patients receiving a wellbeing call by *X* date).
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 and Inclusion Manager**

Authorised by		**Title**	
Signature		**Date**	

Identified Negative Impact Assessment Action Plan

Name of EQIA:

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments
24/02/26	Reduced accessibility to the telephone model for patients with a hearing impairment	Send an initial letter with a pre-arranged call time and clear information on available communication support options. This includes the option to involve a family member or friend, or to arrange interpreter services such as Contact Scotland BSL or Relay UK prior to the call. This approach reflects good practice, drawing on the model used within NHS Grampian's Healthpoint service.	Rebecca Turner, Healthcare Public Health Programme Manager, Rebecca.Turner3@aapct.scot.nhs.uk Robyn Scott, Healthcare Public Health Programme Support Officer, Robyn.Scott@aapct.scot.nhs.uk	Pre-launch & throughout pilot	Staff time Printing	

Further Notes:

Signed: Date: