Equality and Human Rights Impact Assessment (EQIA) for Single Point of Contact

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Version 1.4

Name: Single point of contact EQIA

Directorate: Nursing and systems improvement

Team: Single point of contact, Improving access portfolio

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Contents

Background

For all new or revised work, Healthcare Improvement Scotland has a legal requirement under the Public Sector Equality Duty to actively consider the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Additionally:

- We give consideration to the principles of the Fairer Scotland Duty by aiming to reduce inequalities of outcome that are based on socio-economic disadvantage.
- As the Children and Young People (Scotland) Act 2014 names Healthcare Improvement Scotland as a corporate parent, we must consider the needs of young people who have experienced care arrangements, and young people up to the age of 26 who are transitioning out of these arrangements.
- Per the UNCRC (Incorporation) (Scotland) Act 2024 Healthcare Improvement Scotland must ensure that its activities are compatible with UNCRC requirements.
- If the work will impact islands communities please follow the guidance from Scottish Government here: Island communities impact assessments: guidance and toolkit - gov.scot (www.gov.scot). Island communities are included within this impact assessment template.

EQIA overview

Use this section to provide details about the status (new or existing) of the work (which could be policy/practice/procedure/function) and provide an outline of the proposal including aims and outcomes. Please note all tables within this template are expandable.

Status	New ☒	Existing ☐
Aim(s)	Healthcare Improvement Scotland will deliver a programme to help inform future Scottish Government (SG) policies to improve cancer care experience for the people across Scotland. We will do this by assessing the quality of Single Point of Contact (SPoC) on the cancer care experience and the high impact opportunities to spread to the wider system.	
Intended Outcome(s)	The objectives for 2024/25 will be to: • Articulate the impact of SPoC services for patients, families and staff, using qualitative and quantitative data. • Enable a better understanding of the quality of SPoC on the cancer care experience and the high impact opportunities of spread to the wider system. • Collect, assess and share evidence that supports the design delivery and assurance of SPoC services.	

Is there specific relevance for children and young people?	Yes ☐	No ☒
Are island communities included in the work?	Yes ☒	No ☐

Advancing equality

The equalities learning and evidence from the programme are shown along with recommendations for improving and implementing single point of contact (SPoC) across Scotland. The evidence search aimed to understand the main issues faced by people with protected characteristics, and found common themes of trust, access, and prevalence.

The evidence presented covers various protected characteristics without focusing only on cancer or SPoC. Our research strategy was designed to ensure that we uncovered a variety of literature that covers the wider context of how people with protected characteristics access and experience healthcare.

Our recommendations, which can cut across multiple protected characteristics, are presented together because we believe the best way to improve issues of equality in SPoC is to make broad improvements to the way it is delivered in Scotland, with a particular focus on making it available to everyone. Recommendations can also have an impact on multiple protected characteristics. Our research found significant overlap between groups, noted in some sections. Our hope is that the organisations taking the SPoC work forward find the evidence- and experience-based suggestions as to the potential positive, neutral, and negative impact of SPoC on patients is useful and can form the basis of improvements.

While Healthcare Improvement Scotland is not continuing this work, we hope this document highlights the importance of considering the impact of SPoC on equality and access.

Recommendations

SPoC has two principle aims: a positive patient experience and releasing clinical time.

The scalability assessment has demonstrated SPoC's significant impact on patient and staff experience and releasing clinical time, and concludes that **with the provision of ongoing funding, SPoC should be scaled across Scotland.**

- Data analysis shows that SPoC navigators have saved over 3,970 hours of clinical nurse specialist time over a 12-month period (the equivalent to 107.2 weeks a year)
- Extensive patient and staff experience focus has also demonstrated positive results
- SPoC does not release sufficient clinical time to be cost neutral and therefore requires additional investment.

Additional recommendations

Intervention

1. When preparing for scaling, Scottish Government should refine the individual aims of SPoC, to ensure that they are distinct and measurable.
2. When designing services, consideration must be given to line management, training and development, as well as physical workplace.
3. A Once for Scotland approach to the development of key skills and competencies framework for navigator roles.
4. Ongoing development of the navigator peer support forum to share learning and good practice.

Service design

5. Aligning navigators to specific tumour types is recommended. Feedback indicates this enhances pathway knowledge and effective contact management and triaging.
6. Funding is likely to be limited, and services are unlikely to be able to support patients at every stage of all cancer pathways. It is therefore recommended that, during service design, data is to determine the pathways and tumour types with the biggest demand.
7. With limited funding, a referral pathway is unlikely to be the most effective use of funding to improve the cancer care experience.

8. Engagement and alignment with services such as ICJ is integral to design of SPoC services. Links between SPoC and ICJ should be strengthened where services are already in place. Where services are at the design stage, engagement and alignment should be considered.

9. It is important that there are clear definitions for both ICJ and SPoC, and that the roles of each are clearly communicated and understood by those working in each service.

10. There should be clear referral pathways from SPoC to ICJ with HNA undertaken by ICJ.

11. Although it is recommended that ICJ be responsible for carrying out and recording HNA, SPoC services should take all opportunities for proactive, supportive conversations with patients. This will enhance both patient and navigator experience and support a whole system approach for patients.

12. SPoC should be developed in alignment with other initiatives, including Improving the Cancer Journey, and prehabilitation. Close working will help to provide a holistic pathway for patients experiencing multiple inputs from those providing care.

Demonstrating impact

13. Navigator confidence should be grown through training and careful consideration of responsibilities, to build trust with patients and nurses. High confidence from navigators will result in effective triaging, allowing navigator roles to have a positive impact.

14. Prioritise relationship building between nurses and navigators to ensure clinical staff buy in. Strong relationships will result in trust between CNS and navigators, allowing CNS to feel confident in releasing tasks.

15. Services should collect patient experience data regularly for use in service improvement.

16. To consistently and continuously demonstrate system impact, a national measurement strategy should be implemented.

17. Services should undertake an Equality Impact Assessment at the point of service design or expansion to new tumour groups.

Creating the conditions for change

18. Aligning navigators to CNS can create natural mentorship and line management opportunities.

19. A national organisation should be commissioned to lead a programme for wider implementation.

20. Although SPoC has significant growth potential, time should be invested in understanding system readiness for change before scaling. A blanket approach is not recommended, instead working with early adopters to demonstrate impact is encouraged.

Support required for change

21. A national organisation should take a lead role in implementing SPoC. This should include:

- Implementation of a comprehensive measurement strategy
- Development and coordination of a learning system to share knowledge
- Communicating the evidence and benefits of SPoC.

For more information on our recommendations, please see the SPoC scalability assessment report on our website.

Age	Two factors were considered here: incidence and experience. On incidence, it is clear that the likelihood of developing cancer increases with age, with around 36% of new cases each year occurring in people aged 75 and over. Children and young people (0-24) account for less than 1% of new cancer cases, though incidence rates for these two age cohorts are showing the greatest increase in the UK since the 1990s[1]. Older people are also more likely to experience multimorbidity, which might cause a variety of complications when diagnosed with cancer[2]. Chambers et al, in their study using data from the National Cancer Registration and Analysis Service database and focusing on colorectal cancers in people aged 20 or over, that “Young adults comprised only a small proportion of new diagnoses of CRC but were more likely to present with advanced disease than older adults. Furthermore, they were more likely to present with distal tumours, supporting the findings of other smaller cohort studies that there may in fact be biological differences between young and older onset disease”[3]. While older people are significantly more likely to develop cancer, younger people face specific challenges of their own when diagnosed with cancer which should not be overlooked. Experience of cancer can also differ according to age. In the Scottish cancer patient experience survey 2015-2016, the authors used those aged 75 and over as a reference

	group. They found that two questions were answered significantly more negatively than the reference group: the way they had been told they had cancer; and the length of time they had to wait when attending clinics/appointments. Their results showed that those “aged 16 to 24 and 35 to 54 were more negative when asked how they would rate their care overall compared to those who were 75 and over”[4].
Positive impact	The SPoC programme can have a positive impact on people with the **Age** protected characteristic by: • Supporting older people in their communication preferences to get the services they need. • Reducing the effects of loneliness by personable and personalised support. Increased support for multimorbidities which increase with age, especially through the navigation, administrative, and logistical support which eases journeys through multiple pathways.
Negative impact	The SPoC programme can have a negative impact on people with the **Age** protected characteristic by: Excluding those who might prefer a different form of communication. SPoC is heavily focused on communication via telephones, which might exclude younger people with cancer.
Neutral impact	The SPoC programme can have a neutral impact on people with the **Age** protected characteristic by: Reducing perceived access to clinicians or clinical nurse specialists. SPoC introduces a triaging system as the navigator acts as first and primary point of contact. Older people may be used to having direct access to their clinicians, however SPoC means they can get directed to the right person at the right time.

Care Experience	The available literature on any links between care experience and cancer is very limited. However, there is a significant amount of literature around overall worse socioeconomic and health outcomes for the care experienced. With clear links between these two factors and increased likelihood in the later development of cancer, we feel it is appropriate to discuss here. A comprehensive summary of the outcomes of those in and leaving care is covered in ‘Care leavers: A British

	affair'[5]. The authors state that due to material and social disadvantages and isolation, "Those in and leaving care are more likely to experience adverse physical and mental health outcomes such as premature mortality, drug abuse, depression, and anxiety". The authors then go on to discuss the negative effects experienced by children and young people when exposed to adverse living conditions, such as chronic health problems, including the increased likelihood of developing cancer.
Positive impact	The SPoC programme can have a positive impact on people with the **Care Experience** protected characteristic by: • Providing additional navigation support to people with lower socio-economic status. Evidence has shown that SPoC can help people with lower incomes to access the care they need. People with care experience can experience worse socioeconomics outcomes when compared to those without care experience. SPoC provides individualised and person-centred support which can help people with a variety of protected characteristics overcome challenges in accessing the care they need.
Negative impact	No negative impacts were identified.
Neutral impact	No neutral impacts were identified.

Disability	There is a significant amount of evidence around the links between disability, ill health, and cancer. Disability as interpreted in the EQIA process includes a variety of impairments, disabilities, and illnesses. In this section, we will try to be specific about the type of disability, but sometimes the term will be used more generically. **Prevalence**: Adults with learning disabilities had increased prevalence of metastatic cancer and that three times as many died of metastatic cancer compared to the general population [6]. Increased mortality was also identified for testicular cancer patients with learning difficulties [7]. **Engagement/barriers:** People with learning disabilities are less likely to attend cancer screenings [8, 9, 10]. A paper discussing this notes that women with learning disabilities might not attend screenings due to "to fear, concerns over

	pain, and the potential influence of family carers and paid care workers" [8]. Additional fears can also include "Discomfort, inaccessibility, lack of information, and cost have been found to act as barriers to accessing cancer services" [9]. There are a number of excellent personas/user stories shared in the report here (NB currently unavailable). A qualitative study using data gathered from health professionals via focus groups has a number of useful learning points for NHS staff. The staff's focus on getting patients through treatment meant that other needs were not met, and the need to meet targets detracted from the overall experience for patients with disabilities, as the additional complexities they posed to the staff were perceived as obstacles [11]. **Unmet needs/training**: Key themes that emerge when looking at the challenges that people with physical disabilities face when trying to access cancer services include "lack of acknowledgment of disability, unseeing disability and physical inaccessibility"[12]. The normative expectations of healthcare staff can be remedied by disability awareness training (TBC). **Enablers/improvements**: Steps that should be taken to improve cancer care for people with disabilities include "better communication between the various professionals and across the different teams involved in patients' care, raising awareness of how physical disability can affect or interact with cancer-related treatment and creating more accessible physical environments" [12]. Discontinuity of care is identified as a particularly affecting people with disabilities, indicating that SPOC services have a role in providing patients with more joined up care (TBC).
Positive impact	The SPoC programme can have a positive impact on people with the **Disability** protected characteristic by: • Releasing staff capacity, allowing them to make the adaptations and take time to recognise the challenges faced by disabled people. • Reducing the physical barriers to care, such as by facilitating the use of NearMe.

	• Streamlining access-to and logistics-of transport services. • Anticipation of problems through relationship building between patient and navigator. Navigators can identify barriers and help remove them. • Signposting to third sector and benefits support. • Linking patients with local offerings in community. • Providing increased capacity and knowledge to problem solve and support patient needs. • Implementing a competency framework. HIS has suggested the development of a competency framework for navigators, which could include promoting a greater understanding of disability. • Providing greater continuity of care and communication between services – highlighted as a major problem faced by people with disabilities. Offering support to manage condition, including helpful advice.
Negative impact	The SPoC programme can have a negative impact on people with the **Disability** protected characteristic by: Offering only a limited pathway. Support is removed once they are no longer eligible (for example, their cancer treatment has finished).
Neutral impact	The SPoC programme can have a neutral impact on people with the **Disability** protected characteristic by: Providing a more accessible service and flexibility around communication needs, but it is still primarily accessible via phone/email.

Gender Reassignment	*There is crossover with the sexual preference characteristic due to the way in which LGBTQ+ identity is defined. This section will focus on literature which exclusively discusses transgender people.* One challenge around capturing the experiences of transgender people is that, due to the relatively low number of people who are transgendered (approximately

	0.2 to 0.6% of adults in the UK [13]) they “are rendered virtually ‘invisible’ by the lack of data. Small numbers mean national surveys will not be able to gather information for a sufficiently large enough sample to support robust analysis” [14]. Transgender people can face issues when trying to access general healthcare services. Stonewall’s ‘LGBT in Britain:Trans Report’ from 2018 found that “two in five trans people (41 per cent) said healthcare staff lacked understanding of trans health needs… Seven per cent of trans people said they have been refused care because they are LGBT, while trying to access healthcare services in the last year” [15]. Transgender people can also experience issues around cancer screening, as they can be asked questions irrelevant to their sex, for example “transgender women being asked about their periods or given smear tests; and not being offered breast and prostate screening” [16] and this can cause significant distress through provoking intense gender dysphoria, which can result in their disengagement from health services [13]. Advice for healthcare staff when working with transgendered people includes treating them with acceptance and compassion. Improved education is identified as a priority to improve communication and support of transgender people. Relevantly to SPOC, a 2017 article identifies that “innovative approaches are needed to bridge the gap in knowledge between specialist centres and primary care; specialist advice via telephone or email might be a simple but effective solution” [13].
Positive impact	The SPoC programme can have a positive impact on people with the **Gender Reassignment** protected characteristic by: • SPoC provides individualised and person-centred support which can help people with a variety of protected characteristics overcome challenges in accessing the care they need. • Increased support for multimorbidities which might result from hormones or surgery, especially through the navigation, administrative, and logistical support which eases journeys through multiple pathways. • Helping people with their mental health through personalised and sensitive support. • Signposting to third sector and benefits support.

	Trust-building with navigator might help patients overcome scepticism and distrust of the NHS.
Negative impact	No negative impacts were identified.
Neutral impact	The SPoC programme can have a neutral impact on people with the **Gender Reassignment** protected characteristic by: Repeating mistakes around recognising a person's gender. Navigators will build knowledge of person, but there's still opportunity for mistakes, especially when first meeting patients.

Marriage and Civil Partnership	The only relevant article we identified suggests that bereavement (for example, via the loss of a partner) results in increased healthcare-related utilization for mental health problems in the year following the loss. Those who experience spousal bereavement are also more likely to be admitted and stay longer in hospital than a control cohort and have a higher mortality rate than the non-bereaved cohort [17]. Improved outcomes for patients supported by SPOC, and the support that SPOC workers offer the wider family, could potentially mitigate some of these issues.
Positive impact	The SPoC programme can have a positive impact on people with the **Marriage and Civil Partnership** protected characteristic by: • Providing support to the spouse/partner. SPoC is open to family and carers, allowing the partner of the person undergoing cancer treatment to access help. Improving the experience for the patient and streamlining their journey the diagnosis and treatment pathway. This can have positive benefits for partner by reducing friction and stress across the experience.
Negative impact	No negative impacts were identified.
Neutral impact	No neutral impacts were identified.

Pregnancy and Maternity	There are relatively few articles about pregnancy, maternity, and cancer. There appear to be links between becoming pregnant at an older age and developing cancer, especially breast and gastrointestinal cancer, and reduced risks of invasive cervical, carcinoma in situ of the cervix and

	respiratory cancer, however there is little discussion about why this might be the case [18]. Increased likelihood of developing breast cancer is also a feature of women who have undergone IVF pregnancies, which may be linked to advanced maternal age [19].
Positive impact	The SPoC programme can have a positive impact on people with the **Pregnancy and Maternity** protected characteristic by: • SPoC provides individualised and person-centred support which can help people with a variety of protected characteristics overcome challenges in accessing the care they need. Increased support for multimorbidities or other complexities which might result from pregnancy and maternity, especially through the navigation, administrative, and logistical support which eases journeys through multiple pathways.
Negative impact	No negative impacts were identified.
Neutral impact	No neutral impacts were identified.

Race	Evidence around incidence as related to ethnicity suggests that ethnic minorities experience an increased risk of developing cancer when compared to White British population. A number of studies show increased incidence for BAME people in the UK [20, 21, 22, 23, 24]; though another population study found that “ethnic minority populations in Scotland had lower incidence of cervical cancer compared to the White population between 2008 and 2017” [25]. Studies have found that people from ethnic minorities experience barriers to accessing care for various health concerns [26, 27, 28, 29]. These barriers are situated between the intersection of cultural identity [30, 31], socio-economic status [32], language [33], and discrimination, and are therefore challenging to untangle. While the wider societal and systemic roots of discrimination and inequality of access aren’t within the remit of SPOC to alleviate, cultural competence training can help reduce some of the challenges around sensitive and inclusive communication [28, 31], especially with the growth in the number of ethnic minorities being diagnosed with cancer in the UK [34].

	A review of systematic reviews (though primarily USA-focused) found that care navigation can have a positive impact on the experience of patients from ethnic minorities, through general support for the various logistical and practical barriers created by problems accessing healthcare, and especially so when navigators provide culturally sensitive care [35].
Positive impact	The SPoC programme can have a positive impact on people with the **Race** protected characteristic by: - SPoC provides individualised and person-centred support which can help people with a variety of protected characteristics overcome challenges in accessing the care they need. - Providing additional signposting including translation services. - Trust-building with navigator might help patients overcome scepticism and distrust of the NHS. Providing additional navigation support to people with lower socio-economic status. Evidence has shown that SPoC can help people with lower incomes to access the care they need. People from minority ethnic communities can experience worse socioeconomics outcomes.
Negative impact	The SPoC programme can have a negative impact on people with the **Race** protected characteristic by: Providing no cultural sensitivity training over and above general NHS training.
Neutral impact	No neutral impacts were identified.

Religion or Belief	There is limited evidence discussing religion or belief and cancer, outside of discrimination, which is a cross-cutting issue [36]. A short qualitative study found that religion can facilitate acceptance of cancer, but people with religion can also encounter issues in healthcare related settings. This can sometimes be related to discrimination, or to the accommodations that someone following the religion might require but which might not be met in a hospital [37]. Religious communities can also provide emotional and practical support to people experiencing cancer, however religion can also offer a different interpretation of cancer outside of the science-informed view used by

	healthcare services, which can create problems in screening and treatment [38].
Positive impact	The SPoC programme can have a positive impact on people with the **Religion or belief** protected characteristic by: • SPoC provides individualised and person-centred support which can help people with a variety of protected characteristics overcome challenges in accessing the care they need. • Trust-building with navigator might help patients overcome scepticism and distrust of the NHS. Providing additional signposting to relevant support groups.
Negative impact	The SPoC programme can have a negative impact on people with the **Religion or belief** protected characteristic by: Providing no cultural sensitivity training over and above general NHS training. Without specific training, the navigator might make assumptions based on their previous experiences and understanding.
Neutral impact	The SPoC programme can have a neutral impact on people with the **Religion or belief** protected characteristic by: Offering more, but still limited, flexibility. Navigator can’t provide clinically informed advice or change patient’s treatment. If query or request can’t be resolved, SPoC isn’t working, as they will need to be passed on to another colleague.

Sex	There are significant differences between the experiences of men and women when being screened, diagnosed, treated, and supported throughout cancer. These differences can be biological, social, socio-economic, among others. Men in Scotland are generally more positive about their cancer care than women[39, 40], though experience higher incidence and mortality [41, 42]. This is likely due to higher rates of risk behaviours (current smoking, harmful drinking, low physical activity, obesity) in men [40].

Positive impact	The SPoC programme can have a positive impact on people with the **Sex** protected characteristic by: • SPoC provides individualised and person-centred support which can help people with a variety of protected characteristics overcome challenges in accessing the care they need. • HIS recommends that the navigator is trained to a specific pathway, which means they will have additional knowledge around gender specific tumours/cancers. Building personal connections with harder to reach population groups i.e. older men. This emotional support has the potential to elicit behaviour change.
Negative impact	No negative impacts were identified.
Neutral impact	No neutral impacts were identified.

Sexual Orientation	There are a number of health inequalities and access barriers faced by LGBTQ+ people accessing cancer services in Scotland. This group can show increased incidence of certain types of cancer [16, 43], often stemming from a lack of awareness around the increased risks of developing cancer related to certain types of sexual intercourse. Non-heterosexual people also answered some questions more negatively when asked about their experience of healthcare services [4]. There is a significant amount of discrimination faced by LGBTQ+ people, with a report by Stonewall finding that: • One in four LGBT people (24 per cent) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. • One in eight LGBT people (13 per cent) have received unequal treatment from healthcare staff because of their sexual orientation or gender identity. [44] Actions SPOC services could take include ensuring that navigators are aware-of and able to signpost-to support groups for LGBTQ+ people, who may have more limited traditional and familial networks than heterosexual people. Services should also be aware that non-heterosexual people can experience the side effects of medication and surgery differently [45]. A UK qualitative study found that gay men diagnosed with prostate cancer wanted “candid

	discussions with healthcare professionals, about how prostate cancer could affect their lives, sexual function, and how to access culturally relevant support before and after treatment", suggesting that training should be provided for navigators to be able to support LGBTQ+ people in relevant ways and with relevant information[45].
Positive impact	The SPoC programme can have a positive impact on people with the **Sexual orientation** protected characteristic by: • SPoC provides individualised and person-centred support which can help people with a variety of protected characteristics overcome challenges in accessing the care they need. Specifically in the prostate follow-up service, men who have sex with other men can benefit. In the evidence it was highlighted that they wanted someone to answer direct asks – SPoC offers the availability/ provision of a dedicated person to answer queries. They can provide information/support for life after cancer treatment stage.
Negative impact	No negative impacts were identified.
Neutral impact	The SPoC programme can have a neutral impact on people with the **Sexual orientation** protected characteristic by: Not being able to answer specific questions. The navigator might not be aware of all relevant third sector and community support relevant to characteristic.

Socio-economic	Lower socioeconomic status is the most significant predictor of worsened health outcomes, from cancer and ill-health more generally. People living in less deprived areas are more positive about the care, while those in more deprived areas are more negative about the overall administration of their care and the clarity of information provided to them [4, 46]. People from lower socio-economic backgrounds also have increased incidence of cancer, for a variety of reasons including food insecurity or obesity [47], higher rates of smoking [48], and access to healthcare [32, 49]. They also suffer from higher mortality rates, with a paper finding that "people with breast cancer in the most deprived areas of Scotland were 89% more likely to die from the disease than those in the least deprived areas" [50, 51, 52]. The inequalities worsen with age, which dovetails tragically with the link between ageing and cancer incidence [2].

	There are also numerous intersections with other characteristics, such as race [24]. They also experience numerous barriers to cancer care, such as “transportation problems, … financial concerns, lack of social support, lack of information about patient care resources…” [53]. Additionally, screening pathways may not be set up to catch people from lower socioeconomic backgrounds at earlier stages in their cancer. A 2024 paper found that people from lower socioeconomic backgrounds showed repeated use of emergency services when experiencing “abdominal/pelvic pain two years prior to definitive cancer diagnosis, [suggesting] delays on the pathway to cancer diagnosis” [54]. At the same time, not all metrics are lower for people from lower socioeconomic backgrounds. For example, a study of around 4000 Scottish women found there was no socioeconomic disparity in immediate breast reconstruction (IBR) between more and less deprived areas [55].
Positive impact	The SPoC programme can have a positive impact on people with the **Socio-economic** protected characteristic by: • SPoC provides individualised and person-centred support which can help people with a variety of protected characteristics overcome challenges in accessing the care they need. • Trust-building with navigator might help patients overcome scepticism and distrust of the NHS. As navigators provide a non-clinical point of contact, they can help bridge gap between people and doctors. • Providing additional navigation support to people with lower socio-economic status. Evidence has shown that SPoC can help people with lower incomes to access the care they need. Providing help around logistics. SPoC can help people plan care around their life and work.
Negative impact	The SPoC programme can have a negative impact on people with the **Socio-economic** protected characteristic by: Excluding People without telephone numbers or emails (such as homeless people). SPoC is focused on these

	communication mediums. People without access to them might not be able to access SPoC services.
Neutral impact	The SPoC programme can have a neutral impact on people with the **Socio-economic** protected characteristic by: - Failing to tackle discrimination. SPoC provides support for the person, but it is limited without specific training. - Not improving access to screening (identified in literature as a problem for people with lower socioeconomic background. SPOC doesn't support pre-diagnosis stage, so will have no impact on screening rates. Not reaching everyone. SPOC isn't available to everyone in Scotland, however HIS are making the recommendation that it becomes more widely available.

Island communities	There is a limited amount of literature around the experiences of people on islands (especially Scottish islands) of cancer care. Islands are classified as 'remote rural' in the Scottish Government Urban Rural Classification, and people in this category answered the Scottish cancer patient experience survey more negatively on four questions, including the length of time they had to wait for their diagnostic test to be done, suggesting delays that those on the Scottish mainland might not experience [4]. One paper shares useful data around the experience of people in Scotland with longer travel times to cancer treatment centres, including people on Scottish islands. The paper finds that "Patients with longer travelling times or who are island dwellers spend more time in hospital in the first year following a cancer diagnosis" and, most concerningly, "island dwellers have fewer relevant appointments and are more likely to die within one year. Longer travelling times or living on an island does not increase the hazard of emergency admission for cancer or time to first emergency cancer admission. However, when more remote patients have an emergency cancer admission.
Positive impact	The SPoC programme can have a positive impact on people with the **Island communities** protected characteristic by: - Releasing staff capacity, allowing them to make the adaptations and take time to recognise the

	- challenges faced by people living on Scottish islands. - Reducing the physical barriers to care, such as by facilitating the use of NearMe. - Streamlining access-to and logistics-of transport and accommodation services. Providing additional signposting to relevant support groups.
Negative impact	No negative impacts were identified.
Neutral impact	No neutral impacts were identified.

Evidence and research

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EQIA sign off

Please ensure the project lead is satisfied with the assessment and that you retain a copy for your records

If you need any advice on completing this form, or any aspect of the Equality Impact Assessment process, please contact the Equality, Inclusion and Human Rights Manager rosie.tyler-greig@nhs.scot

Project lead	Leanne Marshall-Wood
Sign-off date	30/04/2025