

## EQUALITY & DIVERSITY IMPACT ASSESSMENT REPORT

### National Information Systems Group

When completed, this form is to be e-mailed to: Alex Bolton ([alex.bolton@nhs.net](mailto:alex.bolton@nhs.net))

**Name of programme / project / service**

**KIS (Key Information Summary) – part of the ECS Service (Emergency Care Summary)**

**Programme, Project, Service Department**

**NISG / NSS**

**Sponsor**

**Dr Libby Morris**

Item No	Considerations	Answers	Detail impact, identify groups affected and document the evidence	Actions to be taken/have been taken
1.	<p><b>What are the main aims of the programme / project / service?</b></p> <p>1. Is this a new or existing programme / project / service?</p> <p>2. What is the main purpose of the programme / project / service?</p> <p>3. What are the intended outcomes from the proposed</p>	<p>New addition to existing programme</p> <p>To allow relevant clinical information to be available for individual patients if they contact services Out of Hours</p>	<p>It is an addition of new component data group to the existing Emergency Care Summary (ECS).</p> <p>Primary Care systems will collect the relevant data.</p> <p>All users who have access to ECS will have access to the KIS as well.</p> <p>Patients with a KIS will be clearly highlighted to OOH services, which will allow OOH staff to optimise their care.</p>	

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	<p>programme / project / service?</p> <p>4. Relevance of programme / project / service: State whether Low or High</p>	<p>To improve clinical communications between GP practices and Unscheduled Care services for particular patients.</p> <p>High</p> <p>Central to the eHealth Strategy 2011-17 and Quality Strategy for NHSS</p>		
2.	<p><b>Review “Team”:</b> (Who is conducting the assessment?)</p> <p>1. Names of Team members</p> <p>2. Role of Assessment Team</p>	<p>Dr Lorna Ramsay</p> <p>Dr Libby Morris</p> <p>Jonathan Cameron</p> <p>Emese Toth</p>	<p>NISG Clinical Lead</p> <p>SGHD eHealth Primary Care Lead</p> <p>NISG Programme Manager</p> <p>NSS CPO, Project Support Officer</p>	
3.	<p><b>Which groups of the population will be affected by the programme / project / service?</b></p> <p>1. Will it impact on the whole population?</p>	<p>No – KIS is estimated to apply to 500,000 patients in Scotland</p>		

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	<p>2. If not, which individuals and groups are likely to have an interest in/be affected by the proposals?</p> <p>3. Is there any foreseeable impact (positive or negative) on individuals and groups who can be identified by membership of any of the following groups:</p> <p>a. Minority ethnic communities including gypsy travellers &amp; refugees &amp; asylum seekers.</p> <p>b. Women</p> <p>c. Men</p> <p>d. Religious/faith groups</p>	<p>Only those patients registered with a GP practice will be able to ask to have further information held on KIS.</p> <p>May not be registered with a GP practice. If they are not registered with a GP practice there will be no upload to ECS.</p> <p>No</p> <p>No</p> <p>YES / Positive</p>	<p>The KIS information can still be used if they visit a GP, but will not be uploaded to ECS if patient is not registered with a GP practice.</p> <p>No specific questions around faith in KIS but Patient Wishes and special instructions can be recorded if required – this</p>	<p>GP guidance on information appropriate to send to OOH is required – this will be part of the deliverables from the LTC / KIS pilots in NHS Forth Valley and NHS Greater Glasgow &amp; Clyde (EMIS) and NHS Highland and NHS Grampian (InPS Vision)</p>

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	<p>e. Disability (Physical or Learning)</p> <p>f. Older people</p> <p>g. Children &amp; young people</p>	<p>YES / Positive</p> <p>YES / Positive</p> <p>YES / Positive</p>	<p>can be particularly important for patients who do not wish to have a blood transfusion (for example).</p> <p>Information can be added either as coded information from medical history or as additional information when required to inform OOH.</p> <p>Older people are more likely to have complex care needs and LTC requirements.</p> <p>CYPADM (Resuscitation) information can be recorded on KIS.</p>	<p>2012:</p> <p>Within their pilot area, NHS Grampian has been focussed on children with complex needs.</p>

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	<p>h. The Lesbian, Gay, Bisexual and Transgender (LGBT) community</p> <p>i. Homeless people</p> <p>j. Individuals with Mental Health issues</p> <p>k. Staff</p>	<p>No</p> <p>YES / Negative</p> <p>YES / Positive</p> <p>YES / Positive</p>	<p>Cannot be included if not registered with GP practice</p> <p>Power of Attorney / Guardianship will be included if coded on the GP system. Special Notes and care plans will help to communicate issues for management of patient and information on diagnoses will aid understanding of any mental health condition.</p> <p>Access to KIS may help ensure that the most appropriate member of staff is available to treat the patients (e.g. patient wish to be treated by a female member of staff).</p>	
4.	<p><b>What impact will the programme / project / service have on lifestyles? For example, will the changes affect:</b></p> <p>1. Diet and nutrition?</p>	No	Special diets can be recorded as Special Note or patient wishes, e.g.	

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	<p>2. Exercise and physical activity?</p> <p>3. Substance use: tobacco, alcohol or drugs?</p> <p>4. Risk taking behaviour?</p> <p>5. Vulnerable Groups?</p> <p>6. Education and learning, or skills?</p> <p>7. Other</p>	<p>No</p> <p>No</p> <p>Minor impact - may be recorded if relevant, e.g. drug taking by parents of children at risk.</p> <p>Minor impact - Information on vulnerable adults and adults with incapacity can be recorded if appropriate.</p> <p>No</p> <p>No</p>	celiac, diabetic.	
5.	<p><b>Does your programme / project / service consider the impact on the social environment? Things that might be affected include:</b></p> <p>1. Social status</p> <p>2. Employment (paid or unpaid)</p> <p>3. Social/family support</p>	<p>No</p> <p>No</p> <p>Yes</p>	Carers' details available to OOH service including contact numbers and relationship to patient	

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	<p>4. Stress</p> <p>5. Income</p>	<p>Yes</p> <p>No</p>	<p>KIS expected to reduce stress – sharing of accurate and up to date information for patients who may have difficulty remembering details.</p>	
6.	<p><b>Will the programme / project / service have any impact on:</b></p> <p>1. Discrimination?</p> <p>2. Equality of opportunity?</p> <p>3. Relations between groups?</p> <p>4. Other?</p>	<p>Yes – improvement</p> <p>No</p> <p>No</p> <p>No</p>	<p>May be of benefit to patients whose first language is not English.</p>	
7.	<p><b>Will the programme / project / service have an impact on the physical environment? For example, will there be impacts on:</b></p> <p>1. Living conditions?</p> <p>2. Working conditions?</p> <p>3. Pollution or climate change?</p>	<p>No</p> <p>No</p> <p>No</p>		

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	<p>4. Accidental injuries or public safety?</p> <p>5. Transmission of infectious disease?</p> <p>6. Other</p>	<p>Yes, alerts on potentially violent patients can be included.</p> <p>Yes</p> <p>No</p>	<p>Any infection risk can be added to "KIS Special Note" e.g. MRSA present or coded in medical history.</p>	
8.	<p><b>Will the programme / project / service affect access to, and experience of, services? For example:</b></p> <p>1. Health care</p> <p>2. Social Services</p> <p>3. Education</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>Patients will be able to discuss content of KIS and decide what information should be included – wider service involvement and collaboration</p> <p>Potential to include social information and links to other information, e.g. communication regarding patient needs, services, beliefs, etc.</p> <p>Website information and patient leaflets about KIS will be available through the GP Practice.</p>	<p>2012: Patient Consultation Leaflet (PCL) has been developed. To date, in draft form pending further discussion with Health Rights Information</p>



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				<p>Scotland and NHS24.</p> <p>Discussions underway to publish it on various websites and in various community languages, including British Sign Language. Draft (v0.11) of PCL already in the following formats:</p> <ul style="list-style-type: none"> <li>* Uncluttered Word format.</li> <li>* Good quality synthetic speech MP3.</li> <li>* Navigable MP3 with text highlighted as "go" (DAISY format - Digital Accessible Information System – for those with vision impairments).</li> <li>* Braille (the latter 4 via Dr Libby Morris's colleague Howard</li> </ul>

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	<p>4. Transport</p> <p>5. Housing</p>	<p>No</p> <p>No</p>		<p>Leicester)</p> <p>Plans underway to also draft a Patient Poster of KIS. An FAQ's document targeted at patients has also been drafted. Both the FAQ's and poster will serve as supporting documents for the PCL and will be posted to relevant websites.</p>
9.	<p><b>Consultation</b></p> <p>a. What existing consultation data do we have or need?</p> <p>a. Existing consultation sources</p> <p>b. Original Consultations</p> <p>c. Key Learning</p>	<p>Feedback from use of ePCS (electronic Palliative Care Summary) and from consultation with a wide range of clinical groups has been used to define development of KIS. Consultations with specialist groups, Long term Conditions Alliance, NHS24 and Mental</p>	<p>Outcomes from workshops and discussions documented. KIS specifications now complete.</p>	<p>2012: Content of PCL has been evaluated by Patient Focus Group held on 6 April 2012 (via LTCAS – Long Term Conditions Alliance</p>

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	b. What new consultation, if any, do you need to undertake?	<p>Health representatives are documented elsewhere.</p> <p>A full review of KIS will take place as part of LTC pilot work to assess benefits and identify any refinements required.</p>		<p>Scotland).</p> <p>Documents on results of patient consultation from Focus Group were issued to the KIS Project Board on 10 May 2012 and are published on the KIS webpage here: <a href="http://www.ecs.scot.nhs.uk/kis">http://www.ecs.scot.nhs.uk/kis</a></p> <p>Documents are called:</p> <p><b>KIS focus group write up.doc</b></p> <p><b>My eHealth LTC focus group write up.doc</b></p>
10.	<p><b>In relation to the groups identified:</b></p> <p>1. What are the potential impacts on health?</p>	<p>Improved communications between primary care and unscheduled services should benefit patients, help clinicians to make safer prescribing decisions and reduce unnecessary hospital admissions.</p>		



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	<p>these <b>Negative</b> impacts? (if yes, state how)</p> <p>2. For example:</p> <p>a. Is there any unlawful discrimination?</p> <p>b. Could any community get an adverse outcome? (Consider the communities outlined at Item 3).</p> <p>c. Could any group be excluded from the benefits of the policy/function? (Consider the groups outlined at Item 3).</p> <p>d. Does it reinforce negative stereotypes? (For example, are any of the groups identified at Item 3 being disadvantaged due to perception rather than factual information?)</p>	<p>Yes, potentially mental health patients could be stigmatised but this will be mitigated by the requirement for patient consent for creation of a KIS record.</p> <p>Not expected to produce adverse outcomes</p> <p>Yes - Only if patient is not registered with a GP practice.</p> <p>No</p>	<p>Patients with a record of violence or other difficulties could have information recorded without their consent but this will be governed strictly according to guidance from ICO.</p>	
12.	<p><b>Data and Research: Is there a need to gather further evidence/data?</b></p> <p>1. Are there any apparent gaps in knowledge?</p>	<p>This will be reviewed as part of the formal evaluation by the LTC pilots in 4 HB areas.</p>		<p>Full details of evaluation methodology, feedback and review will be</p>

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	<p>2. Is there uncertainty about impacts - both positive and negative?</p> <p>3. Would more evidence clarify uncertainty? (Please give details)</p>	<p>Positive benefits are expected and negative impacts will also be explored in the pilots.</p>		<p>determined by the KIS Project Board, which will include members from each pilot area.</p> <p>2012: Evidence to be gathered from evaluation on the impact KIS may have on GP workload and the time taken to complete a KIS.</p>
13.	<p><b>Monitoring</b></p> <p>1. How will the outcomes be monitored?</p> <p>2. What monitoring arrangements are in place?</p>	<p>Number of practices recording KIS information</p> <p>Number of patients with KIS present</p> <p>Number of patients who have / have not given consent</p> <p>Relevance of information on KIS records, impact on care decisions and satisfaction scores from patients and clinicians will be examined.</p> <p>Monitoring through ECS Management Information as part of ECS Service Board. KIS Project Board will have</p>	<p>Clinical leads for each pilot implementation will be members of the KIS Project Board and give</p>	<p>NISG SS will set up monitoring and management support as part of the ECS Service Board governance.</p>

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	<p>3. Who will monitor?</p> <p>4. What criteria will you use to measure progress towards the outcomes?</p>	<p>initial responsibility for monitoring.</p> <p>KIS Project Board will be responsible for this.</p> <p>Number of patients with KIS in each practice, relevance of data in KIS records and impact on decisions made.</p>	regular feedback throughout the pilot phase.	
14.	<p><b>Recommendations</b></p> <p>(This should include any action required to address negative impacts identified.)</p>	KIS Project Board will be responsible for reviewing pilots and evaluation and making recommendations for any modifications or changes.		
15.	<p><b>Is a more detailed assessment needed?</b></p> <p>(It is not necessary to subject all proposals to a detailed assessment.)</p> <ul style="list-style-type: none"> <li>If so, for what reason?</li> </ul>	No		This decision to be reviewed in March 2013 post LTC pilot and prior to national rollout of KIS.
16.	<p><b>Any technical IT specifications required?</b></p>	All technical specifications have been developed and approved.	<p>Workshops held with clinical groups</p> <p>Long Term Conditions Alliance Scotland will be invited to represent patients.</p>	2012: 1) Content of PCL has been evaluated by Patient Focus Group held on 6 April 2012 (via LTCAS – Long Term Conditions

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				<p>Alliance Scotland).</p> <p>Documents on results of patient consultation from Focus Group were issued to the KIS Project Board on 10 May 2012 and are published on the KIS webpage here: <a href="http://www.ecs.scot.nhs.uk/kis">http://www.ecs.scot.nhs.uk/kis</a></p> <p>Documents are called:</p> <p><b>KIS focus group write up.doc</b></p> <p><b>My eHealth LTC focus group write up.doc</b></p> <p>2) Pilot Evaluation:</p> <p>The KIS Evaluation form was finalised and distributed on 4 June 2012 to Pilot Board</p>



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				contacts. The evaluation of KIS is underway in 22 practices within the 4 Pilot Boards.
17.	<b>Completed function/process</b> 1. Who will sign this off?  2. When?	KIS Project Board  1) Late 2011 – at appropriate Board meeting: Signed off by KIS Project Board on 26 August 2011. <ul style="list-style-type: none"> <li>▪ Version 0.3 dated 16 June 2011 versioned up to 1.0 on 16 September 2011.</li> </ul> 2) 2012: Version 1.2 signed off by Chair of the KIS Project Board. Version 1.2 published 20 July 2012 on the KIS webpage.  3) 2012: Version 1.4 created following changes discussed at KIS Project Board of 23 August 2012. Published on KIS webpage on 30 August 2012.		

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18.	<b>Publication</b> 1. How will this be published?  2. Has a copy been given to Equality & Diversity Co-ordinator?	1. This is published on the KIS webpage: <a href="http://www.ecs.scot.nhs.uk/kis">http://www.ecs.scot.nhs.uk/kis</a>  2. Copy to be e-mailed to: <a href="mailto:alex.bolton@nhs.net">alex.bolton@nhs.net</a> and Liz Mitchell (elizabethmitchell2@nhs.net)		