

# **Virtual Capacity**

## **Equality Impact Assessment - Results**

**March 2024**

## Equality Impact Assessment - Results

Title of Policy	Virtual Capacity
Summary of aims and desired outcomes of Policy	The Programme aims to: <ul style="list-style-type: none"> <li>• Improve patient experience by providing care at home or in community settings</li> <li>• Improve outcomes for patients by reducing risk of hospital related decline</li> <li>• Release inpatient capacity by providing hospital level care out of hospital</li> </ul>
Directorate: Division: team	Directorate for chief Operating Officer, NHS Scotland - Deputy Chief Operating Officer: Performance and Delivery - Unscheduled Care

### Executive summary

This document has been prepared by the Scottish Government's Unscheduled Care Team. It provides a Results Summary of the Equality Impact Assessment (EQIA) for Scotland's Hospital at Home Programme. As part of this assessment we considered the impact of the policy against the nine protected characteristics outlined in the Equality Act 2010 as well as three additional characteristics namely; unpaid carers, socioeconomic status and rural and remote communities.

Where any negative impacts have been identified, we have sought to mitigate and eliminate these where possible. We are

aware that the equality duty is not just about negating or mitigating negative impacts. We also have a positive responsibility in line with the Public Sector Equality Duty (PSED) to:

- eliminate unlawful discrimination, harassment and victimisation
- 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

## **Background**

Pressures on acute hospital services has been increasing for some time against a background of rising attendances and increasing complexity and acuity (which have been exacerbated by, but were evident pre-pandemic) that reflect changes in the capacity and demand profiles of the Health and Social Care system across Scotland.

Virtual services, specifically Hospital at Home has been operating in Scotland since 2011. Since the beginning of 2022 the Scottish Government has been focused on rapidly expanding our virtual capacity pathways in the healthcare system, to

ensure people are being treated in the most appropriate setting for their healthcare needs. As well as managing ongoing pressures on acute care and supporting recovery towards a sustainable future. By ensuring there is enough capacity within the community to provide care closer to home, we can provide treatment for conditions that would traditionally require patients to experience a hospital stay. We recognise that there are many occasions where a hospital admission is not necessary and in these instances, delivering care at home or in a community setting, is to the benefit of patients.

There is significant evidence that initiatives that reduce hospital activity, such as admissions avoidance pathways and supporting people to manage their own care, have the potential to improve patient experience, overall health outcomes and maintain vital independence. Keeping care close to home and in a preferred place can increase an individual's choices over their care. For example, Hospital at Home has consistently delivered improved levels of patient satisfaction compared to in hospital care, and remote monitoring has reduced mortality for heart failure patients. Care is structured around the person's needs provided by multi-disciplinary teams. Qualitative evidence demonstrates that patients valued being in the comfort and familiarity of their own home, and reduced disruption to daily routines.

This work focuses on five priority pathways:

- Hospital at Home: General Adult and Older People

- Respiratory Services
- Outpatient parenteral antimicrobial therapy (OPAT)
- Heart Failure
- Paediatrics

The Virtual Capacity Programme is led by the Scottish Government in collaboration with Healthcare Improvement Scotland and the Centre for Sustainable Delivery.

## **The Scope of the EQIA**

The expansion of virtual health services is being applied across Scotland. It has the potential to impact people who fall under one or more of the nine protected characteristics outlined by the Equality Act 2010. Three additional characteristics have been considered in light of the Fairer Scotland Duty 2018, The Promise Scotland and advice from pathway leads. The figure below details the twelve characteristics that have been considered as part of this EQIA:

- Age
- Unpaid Carers
- Disability
- Gender Reassignment
- Marriage or Civil Partnership
- Pregnancy and Maternity
- Race

- Religion or Belief
- Sex
- Sexual Orientation
- Socioeconomic Status
- Rural and Remote Communities

## **Key Findings**

The policy allows for greater flexibility for the provision of certain healthcare services for patients of all demographics across Scotland. It is an addition and enhancement to current services and will not replace existing models of care.

The expansion of virtual capacity will see more people receive care in their own homes or in a community setting. This will be particularly beneficial for people living in rural and remote communities who often currently face additional transportation barriers when attending healthcare appointments at hospital sites.

The use of technology within the pathways could create barriers or challenges for some groups particularly older people and disabled people who use technology less. It may also have the potential to exacerbate issues of isolation and loneliness which are more prevalent amongst these groups.

Hospital admissions can pose a particular risk to those who have a disability, are frail or vulnerable. Hospital at Home is likely to be of particular benefit to these groups as a hospital stay is avoided and existing care arrangements can stay in place during the patient's interaction with the service. Thus these services can promote or maintain an individual's independence. Additionally, evidence shows that Hospital at Home reduces the chance that an older person will need Nursing Home care for up to a year after treatment, enabling them to live independently for longer.

Unpaid Carers are a group that face difficulty accessing traditional healthcare services therefore the greater flexibility of Hospital at Home will likely be of particular benefit to this group. Nevertheless, consideration must be given on an individual basis as to the suitability of the arrangement and what additional short term support may be required.

There are challenges regarding the requirement of a suitable home environment for some services. The homeless community are particularly likely to face difficulties accessing Hospital at Home services. Reasonable adjustment should always be considered to enable this group to take advantage of the flexibility this service offers wherever possible and inpatient treatment options should remain available to ensure that people who are homeless do not lose access to treatment. Consideration is actively being given to mitigation options, with OPAT services

actively engaging with homeless addiction teams and using alternative treatment strategies where required.

Hospital at Home services minimise travel costs to appointments, costs associated with care arrangements and can potentially reduce loss of earnings resulting from protracted engagement with traditional healthcare services. Therefore the services will likely reduce financial barriers which is of distinct benefit to those in low income households.

## **Recommendations and Conclusion**

It is recommended that the expansion and further development of Hospital at Home services should continue.

Whilst some barriers were identified within the Equality Impact Assessment, many benefits were also identified. Action should be taken to mitigate these barriers as far as is practicably possible to ensure that all protected groups are able to benefit for the greater flexibility in healthcare provision that virtual capacity offers.





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