

Surgery Assist v4 Equality Impact Assessment

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Document Management

Revision History

Version	Date	Description of change or amendment
0.1	24/09/2024	Initial Draft
1.0	28/02/2025	Final version

Authors

Name	Title/Responsibility	Date	Version
Youssof Oskrochi	Clinical Safety Officer (Curistica Ltd)	28/02/2025	1.0

Reviewers

This document must be reviewed by the following people:

Name	Title/Responsibility	Date	Version
Keith Grimes	Chief Digital Health Officer & CSO	28/02/2025	1.0

Approved by

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Max Gattlin	Commercial Director		1.0
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Surgery Assist

The Equality Impact Assessment needs to be completed so that any decisions made are compliant with the aims of the Public Sector Equality Duty – and that any adverse impact for any protected characteristics are identified and resolved.

Equality Impact Assessment	
Does the scheme affect one of the following groups more or less favourably than another?	If yes, explain impact and any valid legal and/or justifiable exception
<p>Age Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</p>	<p>Surgery Assist is a web-based digital assistant designed to guide users through non-clinical administrative healthcare tasks.</p> <p>In itself, Surgery Assist does not alter its function depending on age, however we are aware that older adults are more prone to digital exclusion.</p> <p>For this reason, use of the digital assistant is opt-in, therefore anyone who does not feel confident or able to use the digital assistant is not forced to use them.</p> <p>Additionally, given that those who are confident and able to use the digital assistant are likely to switch to it, this will release telephone capacity for those who are not able to and therefore potentially promote equity in access.</p> <p>It may be possible for those without the ability to consent (<16) to use the service, however given that Surgery Assist interacts with services that require age verification (e.g. the NHS App) the risk is considered low, especially as most</p>

	<p>functions have additional verification and checks from the client.</p> <p>Hanley (the manufacturer) has safeguarding policy for handling any issues identified through use of Surgery Assist and notifying the practice.</p>
<p>Disability Consider and detail (including the source of any evidence) on attitudinal, physical, and social barriers.</p>	<p>Those with disabilities are more likely to be digitally excluded and more likely to find additional challenges when using digital technologies, including digital health.</p> <p>Challenges in using digital technologies may be due to vision, dexterity or hearing.</p> <p>With respect to dexterity, Surgery Assist cannot resolve these issues given its mode of operation, however users must opt-into using the service, therefore it is not envisaged that this would adversely impact these individuals as they can continue to use the phone service.</p> <p>With respect to vision challenges, our service conforms to WCAG 2.1 with an AA rating and offers inbuilt accessibility tools (e.g. text resize, grayscale etc..) which would aid those individuals in accessing the service.</p> <p>Finally, Surgery Assist is equitable with respect to those with hard of hearing, by allowing them to fulfil their healthcare admin needs without requiring to speak to someone.</p> <p>Surgery Assist is designed to be accessible and allow both the individual</p>

	and/or their carer to utilise the service in order to facilitate access to healthcare.
Sex Consider and detail (including the source of any evidence) on men and women (potential to link to carers below)	<p>Surgery Assist does not ask for, nor record this information and it has no bearing on outputs.</p> <p>Extremely low risk of any health equity impact.</p>
Gender reassignment (including transgender) Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.	<p>Surgery Assist does not ask for, nor record this information and it has no bearing on outputs.</p> <p>Furthermore, evidence exists that digital technologies may facilitate access to healthcare in those who identify as transgender through granting anonymity.</p> <p>Surgery Assist enables signposting to transgender and gender identity charities (GIRES).</p>
Marriage and civil partnership Consider and detail (including the source of any evidence) on people with different partnerships.	<p>Surgery Assist does not ask for, nor record this information and it has no bearing on outputs.</p> <p>Extremely low risk of any health equity impact.</p>
Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.	<p>Surgery Assist does not ask for, nor record this information and it has no bearing on outputs.</p> <p>Extremely low risk of any health equity impact.</p>
Race Consider and detail (including the source of any evidence) on different ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.	<p>Surgery Assist does not ask for, nor record this information and it has no bearing on outputs.</p> <p>Ethnicity is no longer likely associated with reduced digital access and trend has likely reversed , nevertheless there is still some bias towards those that use digital</p>

	<p>health technologies to more likely be white and english speaking.</p> <p>It is unlikely that the introduction of Surgery Assist will significantly impact the status quo in terms of health equity, as individuals would face similar problems over the phone.</p> <p>Surgery Assist is seeking to address the challenges around language barriers to access through future updates.</p>
<p>Religion or belief <i>Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</i></p>	<p>Surgery Assist does not ask for, nor record this information and it has no bearing on outputs.</p> <p>Extremely low risk of any health equity impact</p>
<p>Sexual orientation <i>Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</i></p>	<p>Surgery Assist does not ask for, nor record this information and it has no bearing on outputs.</p> <p>Extremely low risk of any health equity impact</p>
<p>Carers <i>Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.</i></p>	<p>Surgery Assist does not ask for, nor record this information and it has no bearing on outputs.</p> <p>Surgery Assist does encourage 'Proxy Access' to the NHS App to help support carers to better manage the health and care of the person they care for at all times.</p>
<p>Other identified groups <i>Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups</i></p>	<p>The digitally excluded, or those that are unable to afford roaming 'data' for mobile internet connectivity to utilise the digital assistant online may be excluded from the service. Though as there is no barrier to use, from a registration/account</p>

<p><i>experiencing disadvantage and barriers to access.</i></p>	<p>creation point of view the digital assistant could be accessed from libraries and digital community hubs.</p> <p>Users (patients) that do not have access to a Smartphone, or a device with internet access maybe excluded from using the Digital Assistant. However Surgery Assist activity data has shown that due to the number of users utilising the Digital Assistant there has been a dramatic reduction in the rate of missed calls and therefore non-digital patients or those that do not want to use digital are more likely to get through to the reception by phone or when walking in to the GP Surgery.</p> <p>Those with low digital literacy are supported within the Digital Assistant with the use of WCAG compliant guides and videos to support the use of the NHS App and online consultation tools, improving digital literacy for health.</p> <p>Citizens that are not registered with a GP may access the Surgery Assist Digital Assistant to find out how to register with a GP in England and Wales. However, unregistered citizens, the homeless and traveller communities who may see Surgery Assist posters with QR codes in public areas, food banks or shelters and have Smartphones or internet access may be more inclined to register with a GP Surgery or access self- referral services, improving the health of the hard to reach population.</p>
<p>Is the impact of the scheme likely to be negative? If so, can this be avoided? Can we reduce the impact by taking different action?</p>	<p>No –Surgery Assist is shown to have a positive impact on the lives of those accessing services with self-referral options and carrying out self-service health admin activities via the digital assistant .</p>

	<p>As well as the positive impacts on the direct user of the digital assistant, GP Practice staff are also positively impacted due to the reduction in telephone calls and the subsequent reduction in demand.</p>
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