

Equality Impact Assessment Template: Please complete alongside the guidance document

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| Title of work: Local Access Policy (Draft v2, April 2026) | Date of completion: 14/04/2026 | Completed by: Gillian Gunn, Senior Operational Manager |
| Description of work: The Local Access Policy describes NHS Highland's responsibilities in applying the NHS Scotland National Access Policy and associated waiting times guidance. The policy outlines arrangements for referral and waiting list management for new outpatients, those requiring an inpatient or day case surgical procedure and for those requiring a diagnostic test. The responsibilities of referrers and patients are also highlighted within the policy. | | |
| Outcome of work: The policy supports NHS Highland's delivery of national waiting time standards and patients' statutory rights, including: <ul style="list-style-type: none">• 6 weeks for the 8 key diagnostic tests and investigations• 12 weeks for a new outpatient appointments (for 95% of patients)• 12 weeks treatment time guarantee• 18 weeks for an outpatient appointment, diagnostic test (if required) and treatment (if appropriate) for 90% of patients The policy aims to ensure consistency, equity and transparency in access to secondary care services across NHS Highland, supporting a "Once for Scotland" approach. | | |
| Who: Stakeholders: (who will this work affect?) This policy affects: <ul style="list-style-type: none">• Patients accessing acute secondary care for outpatients, diagnostics, day case and inpatient services• Children and young people requiring planned care• Carers and families supporting patients | | |

- Primary care referrers, secondary care clinicians, administrative staff, service managers and operational leaders

As access to planned care is relevant across the life course, the policy has potential impact across all equality groups for patients and for staff.

How do you know:

Evidence informing this assessment includes:

- Equalities monitoring data collected routinely for NHS Highland patients and staff
- Analysis of waiting times performance and access
- Previous EQIAs completed for earlier versions of the Local Access Policy
- National access policy and waiting times guidance
- Operational experience from referral management, booking services and patient feedback
- Joint Strategic Needs Assessments for Highland and Argyll & Bute Health and Social Care Partnerships
- EQIA conducted on national waiting times guidance

Whilst the policy applies universally, some groups may experience different impacts depending on protected characteristics. These are highlighted in the section below.

What will the impact of this work be? (see appendix 1 for list of protected characteristics and other groups that you may wish to identify)

Overall impact is positive, however, there are potential impacts across groups that require mitigation and monitoring.

Positive impacts are:

- Consistency and transparency in access to care
- Clear approach to booking, reasonable offers to patients and how “did not attends” and “could not attends” will be managed
- Specific guidance for interpretation, communication support and translation recognising the impact this could have on access

- Ensuring adult and child wellbeing and protection is prioritised in the delivery of secondary care health services with explanation of how to utilise relevant guidance
- Additional time provided to respond to reasonable offers (from 7 to 10 days)
- Speed up access with clarification on how referrals and the waiting list will be managed

Potential differential impacts may arise for:

- Older people as the highest users of health care services, with years spent living with poorer health increasing as people age resulting in higher demand
- Anyone relying on carers for attendance - this cuts across protected characteristics, in particular age and disability.
- Anyone with caring responsibilities who may be more likely to experience short notice impacts in receiving health care, in particular women will be affected by this
- Anyone who may not be able to access written materials due to age, disability or race (if English is not a first language)
- Women at the point of referrals being triaged as there is evidence women's symptoms are more likely to be dismissed particularly in relation to reproductive health

Given all of the above what actions, if any, do you plan to take?

The implementation of the policy will include a range of actions to mitigate differential impacts. This will include:

- Monitoring to ensure access to health care is not disproportionately affected in the application of this policy across protected characteristics, where the information is available
- Communication with services to ensure there is knowledge of supporting policies and procedures, for example, children not brought to appointments, vulnerable adults, translation and communication services, patient travel policy – links to all are included within the policy itself
- Communication to referrers as appropriate, which may also improve identification of safeguarding issues

What is the impact of this policy/service development on infants, children and young people? (The [United Nations Convention on the Rights of the Child](#) places a compatibility duty on public authorities including NHS Highland to ensure the rights of children are protected and promoted in all areas of their life).

Please view the EQIA Children's Rights Flowchart and Guidance (see below). To ascertain whether completion of the EQIA Children's Rights Questions is required, first complete the Screening Sheet.

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| <p>For more information or support contact: NHS Highland Child Health Commissioner: deborah.stewart2@nhs.scot</p> |
| <p>EQIA Children’s Rights Questions – Please first complete the Children’s Rights Screening Sheet to ascertain if completing the EQIA Children’s Rights Questions below is required.</p> |
| <p>What impact will your policy/service change have on Children’s Rights? Will the impact of your policy/service development on Children’s Rights be Negative/Positive/Neutral? What articles of the UNCRC does the policy/service development impact on? Will there be different impacts on different groups of children and young people e.g. preschool children; children in hospital; children with additional support needs; care experienced children; children living in poverty?</p> |
| <p>Overall, the policy is assessed as having a positive impact on children’s rights. The policy supports the following rights:</p> <ul style="list-style-type: none"> • Right to life, survival and development • Right to the highest attainable standard of health <p>Children and young people will mostly be dependent on others to enable them to receive secondary health care due to their age.</p> |
| <p>If a negative impact is assessed for any area of rights or any group of children and young people, can you explain why this is necessary and proportionate? What options have you considered to modify the proposal, or mitigate the impact?</p> |
| <p>As outlined previously, potential differential impacts may arise for:</p> <ul style="list-style-type: none"> • Anyone relying on carers for attendance - this cuts across protected characteristics, in particular age and disability. • Anyone who may not be able to access written materials due to age, disability or race (if English is not a first language) <p>Mitigation includes the guidance within the document on “children not brought to appointments”.</p> |
| <p>In what ways have you taken the views of children and young people in to consideration in the development of this policy/service change? What evidence have you used or gathered on children’s views? How will you monitor the impact of the policy / service change and communicate this to children?</p> |
| <p>The Local Access Policy is a procedural access policy adapted from national legislation and guidance for implementation in NHS Highland, therefore the views of children and young people have not been sought.</p> |
| <p>How will the policy / service change give better or further effect to the implementation of Children’s Rights in NHS Highland?</p> |

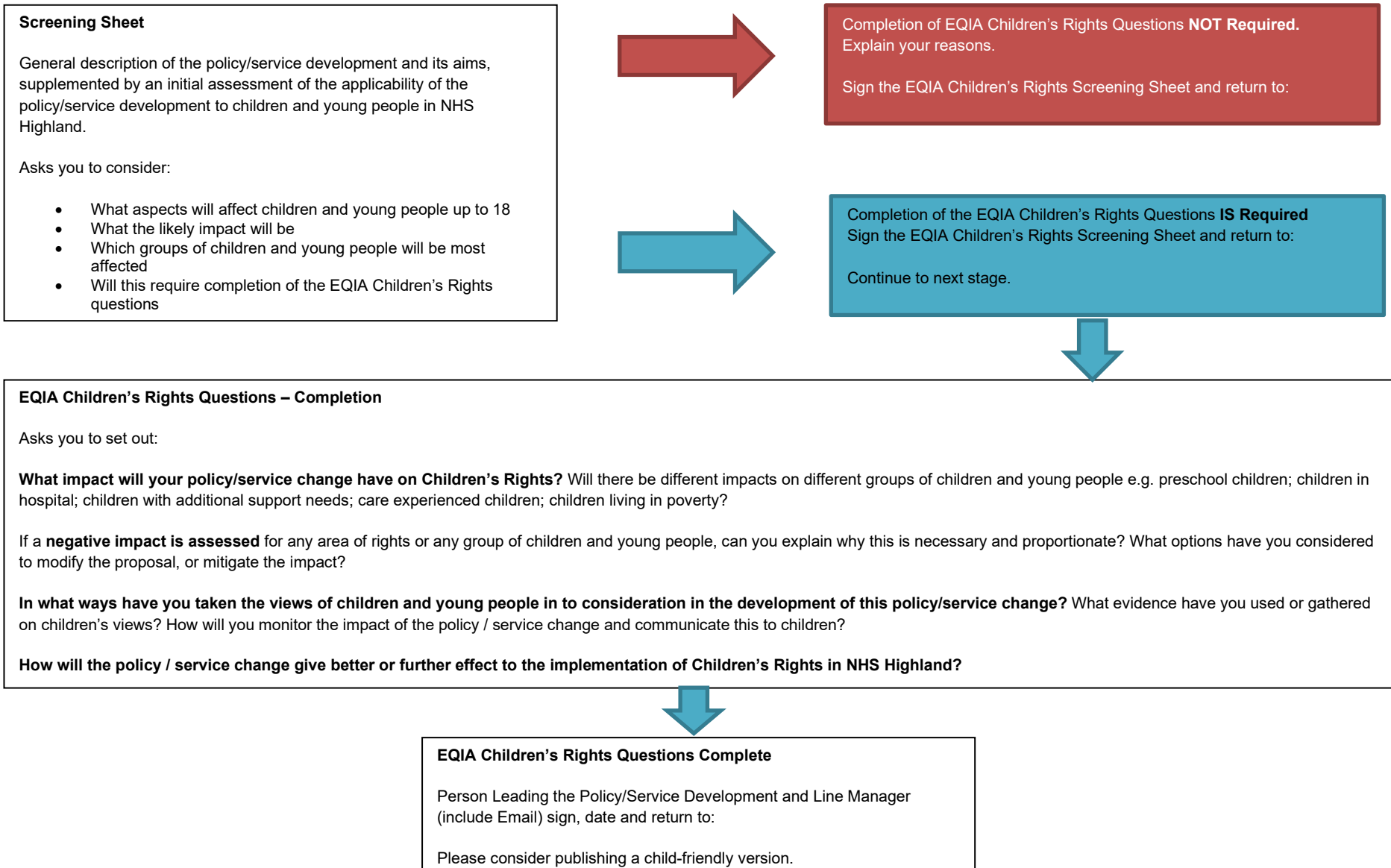
The policy confirms children and young people are subject to the same treatment time guarantee rules as adults as these are universally applied. There is recognition that children and young people themselves do not necessarily make decisions about uptake of acute health care services, therefore the links to the “children not brought” policy is made clear – this may mean that due to age, reviews of children’s health care needs and the responses of NHS Highland may be different to adults who do not attend or cancel their appointments.

Approved by:

Approved by the Planned Care Portfolio Board – 1st May 2026

EQIA Children's Rights – Guidance Notes

EQIA Children's Rights – Flowchart



EQIA Children's Rights – Screening Sheet

The [United Nations Convention on the Rights of the Child](#) places a compatibility duty on NHS Highland to ensure the rights of children are protected and promoted in all areas of their life. Completing this Screening Sheet will indicate if completing the **EQIA Children's Rights Questions** is required.

Please note that the actions, or inactions, of public authorities such as NHS Highland can impact children more strongly than any other group in society and every area of policy/service development affects children to some degree, whether directly or indirectly.

For information or support contact: NHS Child Health Commissioner: deborah.stewart2@nhs.scot

Overview

Completing the Children's Rights Screening Sheet is a preliminary check on the proposed policy/service development to help determine whether completing the Children's Rights questions in the EQIA is required, and provide a record of that decision.

The Children's Rights screening questions below; ask basic information about the policy/service development and how it will affect children and young people specifically.

Decisions about whether or not to complete the Children's Rights Screening questions as part of the EQIA should take place as early as possible in the formation of the policy/service development.

This is the best way of ensuring that children's rights and wellbeing influence the way in which the policy develops, and that NHS Highland duties to act in a manner compatible with the UNCRC (Incorporation) (Scotland) Act 2024 are met.

Who takes part in the Screening exercise depends on the complexity and potential reach of the policy/service development under consideration.

1. What aspects of the policy/service development will affect children and young people up to the age of 18?

The Articles of the UNCRC apply to all children and young people up to the age of 18, including non-citizen and undocumented children and young people.

All aspects of the policy affect children and young people if/when they require to access an acute health care service.

2. What likely impact – direct or indirect – will the policy/service development have on children and young people?

'Direct' impact refers to policies/service developments where children and young people are directly affected by the proposed changes, e.g. in early years, education, child protection or looked after children (children in care). 'Indirect' impact refers to policies/service developments that are not directly aimed at children but will have an impact on them. Examples include: hospital visiting policy, treatment/support to parents, staff parental leave, access to play areas, transport schemes.

The policy has a direct impact on any child or young person who requires health care under the treatment time guarantee.

3. Which groups of children and young people will be affected?

Under the UNCRC, 'children' can refer to: individual children, groups of children, or children in general. Some groups of children will relate to the groups with protected characteristics under the Equality Act 2010: disability, race, religion or belief, sex, sexual orientation. 'Groups' can also refer to children by age band or setting, or those who are eligible for special protection or assistance: e.g. preschool children, children in hospital, care experienced children and young people, children in rural areas, young people who offend, victims of abuse or exploitation, child migrants, or children living in poverty.

All children have the potential to be impacted by the policy.

4. Is completion of the EQIA Children's Rights Questions required?

Please state if completion of the Children's Rights Questions in the EQIA template will be carried out or not. Please explain your reasons.

Yes, as children and young people are directly affected by this policy.

5. Sign, Date and Authorise

Person Leading the Policy/Service Development: Gillian Gunn

Email: Gillian.gunn@nhs.scot

Signature & Date of Sign Off:

Line Manager: Jane Buckley

Email: Jane.buckley6@nhs.scot

Signature & Date of Sign Off:

Guidance - Screening Sheet

Completing the Children's Rights Screening Sheet is a preliminary check on the proposed policy/service change to help determine whether completing the Children's Rights questions in the EQIA is required, and provide a record of that decision.

The Children's Rights Screening Sheet asks basic information about the policy/service change and how it will affect children and young people specifically.

Completion of the Children's Rights Screening Sheet as part of the EQIA should take place as early as possible in the formation of the policy/service change.

This is the best way of ensuring that children's rights and wellbeing influence the way in which the policy develops, and that NHS Highland duties to act in a manner compatible with the UNCRC (Incorporation) (Scotland) Act 2024 are met.

Who takes part in the Screening exercise depends on the complexity and potential reach of the policy/service change under consideration. Completion of the Screening Sheet will enable you to decide if completing the EQIA Children's Rights questions is required. The impact assessment process is designed to be proportionate - not every proposed policy/service change will affect children and young people and therefore not automatically require completion of the EQIA Children's Rights questions beyond the Screening stage.

Guidance on Completion of the EQIA Children's Rights Questions

When undertaking the EQIA, you must keep under consideration whether there are any steps which could be taken which would or might secure better or further effect of the UNCRC requirements, and if it is considered appropriate to do so, take any of the steps identified by that consideration.

There are two key considerations when completing the EQIA Children's Rights questions:

Participation: The UNCRC gives children the right to participate in decisions which affect them. When assessing the impacts of the policy/service development, you are recommended to consult with children and young people. You can do this directly, through organisations that represent children and young people or through using existing evidence on the views and experiences of children where relevant. Participation of children and young people should be meaningful and accessible.

Evidence: You are recommended to gather evidence when assessing the impact of the policy/service development on children's rights and also for measuring and evaluating the policy/service development.

The EQIA Children's Rights questions to be completed with guidance on what to consider are:

What impact will your policy/service change have on Children's Rights? Will the impact of your policy/service development on Children's Rights be Negative/Positive/Neutral? What articles of the UNCRC does the policy/service development impact on? Will there be different impacts on different groups of

children and young people e.g. preschool children; children in hospital; children with additional support needs; care experienced children; children living in poverty?

Considerations

Will the impact of your policy/service development on Children's Rights be Negative/Positive/Neutral?

Negative impact i) The policy/service development may impede or actually reverse the enjoyment of existing rights, requiring mitigating measures be put in place; ii) The policy/service development fails to comply with UNCRC and other human rights obligations, requiring modification of the proposal; iii) The policy/service development may have a detrimental impact on children, so should be withdrawn and alternatives presented.

Positive impact i) The policy/service development complies with UNCRC requirements; ii) The policy/service development makes changes inline with the UNCRC iii) The policy/service development has the potential to advance the realisation of children's rights.

Neutral impact i) The policy/service development brings no discernible lessening of or progress in children's rights or their wellbeing.

What articles of the UNCRC does the policy/service development impact on?

List all relevant articles of the UNCRC. While all articles of the UNCRC are given equal weight and are seen as complementing each other, the four general principles of the UNCRC; non-discrimination (article 2); the best interests of the child (article 3); the right to life, survival and development (article 6); and the child's right to have their views given due weight (article 12) underpin all other rights in the Convention, and should always be considered in your assessment. Refer to the [UNCRC](#) summary for an overview of UNCRC articles. The most likely articles for consideration are the articles listed above plus; the right to health and health services (article 24). More detailed information on each article can be accessed at: <https://www.unicef.org/child-rights-convention/convention-text>

Will there be different impacts on different groups of children and young people?

Consideration of which groups of children will be affected by the policy/service development is required, along with any competing interests between different groups of children and young people, or between children and young people and other groups. Under the UNCRC, 'children' can refer to: individual children, groups of children, or children in general. Some groups of children will relate to the groups with protected characteristics under the Equality Act 2010: disability, race, religion or belief, sex, sexual orientation. 'Groups' can also refer to children by age band or setting, or those who are eligible for special protection or assistance: e.g. preschool children, children in hospital, care experienced children and young people, children in rural areas, young people who offend, victims of abuse or exploitation, child migrants, or children living in poverty.

If a negative impact is assessed for any area of rights or any group of children and young people, can you explain why this is necessary and proportionate? What options have you considered to modify the proposal, or mitigate the impact?

Considerations

Give careful thought to whether any negative impacts are necessary and proportionate when weighed against the purpose of the policy/service development. For example, are you clear that the public benefits demonstrably outweigh the negative impacts and that your proposals are both justified by evidence, and have the least possible impact on the enjoyment of the Children's Rights in question? Again, you are required to provide evidence, and where possible to have consulted with those groups and communities most likely to be affected. If the assessment indicates a negative impact, you must present options for modification or mitigation of the original proposals. Options should be proportionate, refer to any potential resource implications associated with the change in policy/service development, and indicate how the proposed change(s) will result in a positive impact on Children's Rights.

In what ways have you taken the views of children and young people in to consideration in the development of this policy/service change? What evidence have you used or gathered on children's views? How will you monitor the impact of the policy / service change and communicate this to children?

Considerations

As part of the EQIA Children's Rights process, you should ensure that children and young people's views and experiences are sourced, included and recorded, and make it clear how these views have informed the Children's Rights analysis, and conclusions. Participatory policy-making is at the heart of human rights frameworks. Anyone who will be affected by the policy/service development should be given the opportunity to contribute their views. This includes children and young people, their parents/carers, organisations which work with them. where children and young people's views are not known on a matter that is likely to have an impact on them, steps should be taken to obtain their views. Consultation with children and young people can take place using one or more of the following methods:

Consultations

- Adding specific questions aimed at children and young people to a broader public consultation;
- Targeted promotion of public consultations to children and young people through relevant websites, schools/colleges, social media – ensuring that consultation materials are written in a style that is accessible to and suitable for children;
- Making use of existing consultation mechanisms through rights, participation and youth work organisations/structures (including, e.g. local young person-led organisations);
- Setting up/commissioning public consultations with children and young people to gather their views on the proposed measure
- Targeted consultations with the specific groups of children and young people who will be affected by the proposed measure, e.g. children in care, traveller children and families, children affected by domestic violence, children in hospital, children accessing NHS Highland services.

Where direct consultation is not possible, consider the following:

- Relevant published research that involved and collected the views of children and young people;
- A re-analysis of children and young people's responses to a recent consultation that is relevant to this policy/service development area;

- Sending out a 'call for evidence' to service providers to ask them for any unpublished or difficult-to-locate information they have collected on the views and experiences of the children and young people who use them;
- Asking organisations which work with or on behalf of children and young people to submit the views of those they work with - this is particularly useful to identify case study information, or the experiences of groups of children and young people living in particular circumstances;
- Looking at inspection reports that reflect the views of children and young people.

However, existing evidence may need to be supplemented. Where there is insufficient, contradictory or only anecdotal evidence, you will have to decide whether you are able to make a well-informed assessment of the potential impact on Children's Rights without commissioning further research and/or consulting with children and young people, and other stakeholder groups, to fill that evidence gap. The reasoning behind your decision should be recorded in the EQIA. If a consultation or the opportunity to work more collaboratively with children and young people are not possible at this stage additional efforts should be made to ensure children and young people are involved at a later date as part of the monitoring and review of the policy/measure.

National and local resources are available to support engagement with children and young people:

National Resource: [Participation of Children and Young People in Decision-making](#)

Local Resource: Insert link to the Highland Children and Young People Participation Strategy, once available.

Local Resource: [NHS Highland Engagement Framework 2022 - 2025](#)

Local Resource: Insert THC Children's rights website, once available.

Training and awareness raising resources on [Children's Rights \(UNCRC\)](#) is available via Turas. Please note that you must be signed in to your Turas account to view and access the eLearning modules.

How will the policy / service change give better or further effect to the implementation of Children's Rights in NHS Highland?

Considerations

Your assessment may reveal that the policy/service development not only complies with the articles of the UNCRC but takes things further and helps progress the realisation of children's rights in Highland; i.e. gives better or further effect to the UNCRC. Completing the EQIA Children's Rights questions can provide a means to record that policy development.

All the information you provide on the EQIA Children's Rights screening sheet and EQIA Children's Rights questions will inform a report by NHS Highland to the Scottish Government that is required by law every 3 years.

For further information and support contact NHS Child Health Commissioner@deborah.stewart2@nhs.scot or visit the [Children's Rights](#) section of the NHS Intranet.