# MyCare

MyCare.Scot (Digital Front Door Programme Level)

Equality Impact Assessment

Healthier Scotland
Scottish Government

NHS SCOTLAND

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# Transparency

This Equality Impact Assessment (EQIA) is made available to everyone. We aim to be transparent in our consideration of equalities and one EQIA exists for that purpose.

# Language

We have aimed to use wording in this Equality Impact Assessment so that it can be understood by as many people as possible. Where we use specific terminology, we have provided further explanation and have aimed to use as little abbreviations as possible. If you think the content of this Equality Impact Assessment can be improved, please let us know. Contact information is available in the section "For Further Information" below.

# Peoples' Rights and Feedback

The Charter of Patient Rights and Responsibilities summarise what people are entitled to when they use NHS services and receive NHS care in Scotland.

Updated in June 2022, it also sets out what to do if anyone feels their rights have not been respected, how to feedback, and the complaints procedure.

https://www.gov.scot/publications/charter-patient-rights-responsibilities-revised-june-2022/

Information on making a complaint regarding social care is available here: Make a complaint about your social care support

# For Further Information

For further information or to provide feedback please email nes.mycare@nhs.scot

# Executive Summary

This programme Equality Impact Assessment (EQIA) has been prepared on behalf of NHS Education for Scotland under the leadership of Karen Reid, who is the Chief Executive. NHS Education for Scotland (NES) have been commissioned by the Digital Health and Care Directorate within the Scottish Government as the technical delivery partner for the Digital Front Door programme, including the web-based application MyCare.scot.

As part of our work, NES provides a comprehensive technology delivery service for our strategic objectives. We act as a primary technology delivery partner to the Scottish Government in support of their Digital Health and Care Strategy 2021. NES works in partnership with organisations to design and deliver the technology that supports strategic programmes in health and social care.

We aim to develop and deliver digital products and services which are:

- Accessible and inclusive
- Responsive to people who use our products and services

# Digital Health and Care Strategy 2021

[Digital health and care strategy - gov.scot (www.gov.scot)](www.gov.scot)

The Digital Health and Care Strategy 2021 sets out the work required to "improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services, in a way, place and time that works best for them." The strategy has a number of aims to meet its vision:

*To improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services.*

*Right care, right place, right time*

- *Whole of life support*
- *Active, independent living*
- *Proactive and personalised*

The aims of the strategy are that:

**Aim 1:** *Citizens have access to, and greater control over, their own health and care data – as well as access to the digital information, tools and services they need to help maintain and improve their health and wellbeing.*

**Aim 2:** *Health and care services are built on people-centred, safe, secure and ethical digital foundations which allow staff to record, access and share relevant information across the health and care system, and feel confident in their use of digital technology, in order to improve the delivery of care.*

**Aim 3:** *Health and care planners, researchers and innovators have secure access to the data they need in order to increase the efficiency of our health and care systems and develop new and improved ways of working.*

In addition:

*Develop a fully interactive 'Front Door,' both online and via mobile, into a range of different services across health and care.*

*The aim is to enhance access and convenience, providing a better experience to users as well as benefits to service providers.*

# Equality Impact Assessment – Approach and Purpose

NES is committed to the principles of eliminating discrimination and harassment, promoting equality of opportunity for all and recognising and valuing diversity in employment and in the delivery of our services. Further information on this work is provided in our Equality, Diversity and Inclusion Strategy 2025-2029 [PDF]. This includes how we are meeting the Public Sector Equality Duty.

We recognise the importance of taking an anti-racism approach and the need for specific actions to address systemic racism. Our approach is provided in our Anti-Racism Action Plan 2025-2026 [PDF]. NES sees equality, diversity and inclusion practice as central to delivering our vision of supporting better rights-based quality care and outcomes for every person in Scotland through a skilled, capable and resilient health and social care workforce.

An Equality Impact Assessment is a mechanism that enables the programme to consider how MyCare.scot could impact on people who share protected characteristics.

Equality Impact Assessments improve the development and delivery of technology (as well as associated policies, procedures and practices in general) as we keep central the idea that our digital products and services impact on people who use them, and when we are aware of and responsive to the needs of others, we create better and more inclusive digital products and services.

This Equality Impact Assessment defines the **scope** of our involvement as technology partner for MyCare.scot. Key equality considerations relevant to the development and delivery of the technology and the overall MyCare.scot programme ("the programme") have been incorporated and assessed. **Where**

**issues and impacts are identified in this EQIA process that are not within the scope of the programme to address, we will raise these with the relevant stakeholders.**

# Equality Impact Assessment - Outcomes

- Embed equality considerations into the design and delivery of MyCare.scot and the subsequent services contained within it
- Create services which are inclusive and provide alternative options where services are not available to all
- Assess the impact of key areas within the design and delivery of MyCare.scot services on people who share protected characteristics
- Assess our approaches in the design and delivery of MyCare.scot services against the three needs of the General Equality Duty
- Ensure compliance with relevant legislation (including but not limited to: Equality Act 2010 (including Fairer Scotland Duty); Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018; UNCRC (Incorporation) (Scotland) Act 2024; Islands (Scotland) Act 2018; Human Rights Act 1998; UK General Data Protection Regulation (UK GDPR); Data Protection Act 2018; Date (Use and Access) Act 2025)
- Ensure that the outcomes and subsequent actions of this EQIA and additional EQIAs for MyCare.scot are monitored and achieved
- Be transparent in stating that where we identify the potential for discrimination or any other negative impact that we take action and provide mitigating actions where necessary

# Public Sector Equality Duty and the Scottish Specific Duties

The [Public Sector Equality Duty](#) as set out in the Equality Act (2010), requires NES as a public body (and this programme) to routinely assess the impact of our actions on people who share protected

characteristics. The Public Sector Equality Duty (PSED) is also known and referenced here as the "General Equality Duty".

*The PSED requires equality to be considered in all the functions of public authorities, including decision making, in the design of internal and external policies and in the delivery of services, and for these issues to be kept under review.* [(Essential Guide to the Public Sector Equality Duty)](#)

In addition, the Specific Duties, [(Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012)](#) make it a duty under Regulation 5 for NES to review its practices – which is essentially our services and products (including educational resources and digital products and services) that people use.

In collecting and analysing relevant evidence we will consider the overall perceived impact of what we do against the three needs (general equality duty) for people who share protected characteristics:

# General Equality Duty

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

# Protected Characteristics

- Age
- Disability
- Race
- Religion or Belief
- Sex
- Sexual orientation
- Gender Re-assignment (gender identity and transgender)
- Marriage/Civil Partnership (discrimination only)

- Pregnancy / Maternity

Definitions of each protected characteristic can be found here: Protected characteristics | EHRC. This is the Equality and Human Rights Commission webpage. The Equality and Human Rights Commission is *an independent statutory body with the responsibility to encourage equality and diversity, eliminate unlawful discrimination, and protect and promote the human rights of everyone in Britain - Who we are | EHRC.* Information on the EHRC can be found on their website *Who we are | EHRC.*

In addition, we will consider three further equality groups/status:

- carers
- socio-economic status, and
- people living in remote and rural communities in Scotland

In actively and systematically considering the impact of what we do through consideration of the general equality duty enables the programme to positively contribute to a more equal society.

Sometimes in this EQIA we refer to people who share the same protected characteristic as "equality groups". We also use the terms "people" and "person" rather than users.

# Other Legislation, Requirements and Frameworks

In implementing United Nations Convention on the Rights of the Child (UNCRC) the programme has a legal responsibility to ensure the work we do does not adversely affect children's rights, both directly and indirectly. Children's rights are now enshrined in Scottish law through the **UNCRC (Incorporation) (Scotland) Act 2024,** which places a legal duty on public authorities not to act incompatibly with the UNCRC requirements.  Age as a protected characteristic is incorporated within this EQIA. In addition, we are completing, in collaboration with the Scottish Government, a Children's Rights and Wellbeing Impact Assessment for MyCare.scot. This impact assessment will be shared here once published.

Scotland's Second National Human Rights Action Plan as set out in Improve health, wellbeing and the environment (SNAP 2 priority) – SNAP 2 contains a list of actions relative to the improvement of health, wellbeing and the environment.

**The Fairer Scotland Duty** (set out in Part 1 of the Equality Act 2010) requires the programme to consider socio-economic circumstances by carrying out assessments to consider inequalities of outcome caused by socio-economic disadvantage when we make strategic decisions.

**The Islands (Scotland) Act 2018** requires the programme as a "relevant authority" to have regard to island communities in carrying out our functions. In addition, section 10 of the Act sets out how we demonstrate compliance (Island communities impact assessments: guidance and toolkit - gov.scot)

In this EQIA we have recognised and incorporated human rights, socioeconomic circumstances and island communities by referencing and incorporating underpinning legislation and guidance, and by incorporating the work of the Scottish Government's Fairer Scotland Duty Assessment; the Island Communities Impact Assessment (screening) and human rights considerations. This evidence is presented in subsequent sections, and we have addressed how we are meeting the findings from these assessments in the design and delivery of MyCare.scot.

**Health & Social Care Renewal Framework (SRF)** *provides a high-level guide for change, to ensure the sustainability, efficiency, quality, and accessibility of health and social care services in Scotland. Importantly, the SRF builds on the Operational Improvement Plan (OIP) and Population Health Framework (PHF). The SRF sustains and builds on the immediate improvements set out in the OIP, and it maximises the contribution health and social care services can make to improve population health as described in the PHF.* Health and Social Care Service Renewal Framework - gov.scot

**Care Reform (Scotland) Act 2025** *plans to transform social care across Scotland will be progressed after the Scottish Parliament approved the Care Reform (Scotland) Bill. Thousands of people with experience of accessing, delivering and receiving social care, social work and community health services have helped co-design the legislation, putting people at the heart of reform.* Care Reform (Scotland) Bill passed - gov.scot

**Transforming public services,** the Digital Programme *is an area of work that is improving the way the Scottish public sector does digital. It will address the key challenges of how we deliver on the digital ambitions outlined in the current* digital strategy.

The programme *changes how colleagues in the public sector think about, design, deliver and maintain digital public services. This will see the introduction of a new operating model and updated ways of working, with a shift away from thinking about what teams do locally and towards a system wide view public-sector view when embarking on new digital transformation projects.* Transforming public services - Digital - gov.scot

A list of resources, including relevant legislation, is provided in the [Resources](#) section at the end of this Equality Impact Assessment.

# MyCare.scot

MyCare.scot is a nationally led, locally collaborative initiative designed to give the people of Scotland consistent digital access to health and social care services. NHS Education for Scotland is working alongside health, social work and social care organisations to support national implementation as the technical delivery partner.

Digital access should be universal, equitable, and designed around people's needs. That is why we will co-design the service with users, collect feedback, measure impact, learn, and adapt as the service develops. We will also ensure that existing non-digital options are still available if people are unable to or do not want to use the service for any reason.

The multi-year iterative approach will start with secondary care (hospital-based) services. Once we are sure the service is ready, we will extend the service to include integration with other parts of the health and social care systems including GP practices, pharmacy, social work and social care.

Further information on MyCare.scot is provided here: [Health and social care app - MyCare.scot: national rollout - high-level summary - gov.scot](#)

The first version, as part of the initial rollout in NHS Lanarkshire for a small group of users, will be offered to people 16 years old and over. This creates the opportunity to test with a small group of 16 and 17-year-olds to inform future access for younger users The national rollout in 2026 will be available to people 18 years and over. The specific impact on children and young people will be considered in the Children's Rights and Wellbeing Impact Assessment and whilst children and young people will not have access to the initial national rollout of MyCare.scot, it is vital that we begin the work to consider what the impact could be and the associated risks specific to the rights of children and young people.

It is recognised that while MyCare.scot will not specifically target groups of people who share protected characteristics or equality groups (groups of people who share the same protected characteristic) it could

impact on people in different ways because of their protected characteristics or the intersectionality of protected characteristics (which means that people are made up of a range of protected characteristics which can compound people's experiences and people can be affected in different ways). **One of the main purposes of this EQIA is to consider the different ways how the technical design and delivery of MyCare.scot could impact on people, what the programme is doing to address this and where required mitigate these differences, and where the impact is not within the programme's scope, it is raised with relevant stakeholders.**

The Digital Front Door programme's initial approach to creating and embedding equality considerations has been to take the outcomes from the Scottish Government's National Equality Impact Assessment (version two) on Digital Front Door and address how we are currently meeting each of these within the design and delivery of the programme (including non-digital aspects) – for the outcomes that are relevant to the technical design and delivery of MyCare.scot.  We intend to show a line that runs from the engagement, consultation and wider evidence collected and analysed by the Scottish Government and how this is incorporated into the design and delivery of MyCare.scot.

We intend to evidence that we have taken forward the outcomes from the Scottish Government's National EQIA (for Digital Front Door), especially the considerable engagement and consultation and incorporated these into the programme. This EQIA significantly references the Scottish Government's National EQIA (for Digital Front Door) and should be read in parallel to it. A copy is available here [MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland](link). We will use the term "Scottish Government's National EQIA" in reference to the EQIA completed by the Scottish Government for the Digital Front Door.

It is our aim to continue this "line" of engagement by sharing this programme EQIA with individual Health Boards, HSCPs and local authorities as they adopt MyCare.scot services. This EQIA will not remove the requirement for individual Boards and organisations to have in place their own local level EQIA which could be focused on the communities and people who share protected characteristics within their geographical area. This programme EQIA can be used as a foundation to support individual Boards and organisations in identifying and embedding equality considerations at regional level in the delivery of MyCare.scot. (NHS Lanarkshire has prepared its own EQIA ahead of implementation of MyCare.scot.[1]) The overall aim is for the Scottish Government's National EQIA, this programme EQIA for MyCare.scot and the

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[1] Further information on equality and diversity work within NHS Lanarkshire as well as information on their equality impact assessments is located here: [Equality and Diversity | NHS Lanarkshire](link)

Health Boards' and social care organisations' EQIAs to continually inform each other. An action will be to create the mechanisms to enable a cycle of information gathering and awareness between the programme, Health Boards and social care organisations. A centralised record of all actions arising from this EQIA process are presented here.

As we develop MyCare.scot in advance of the national rollout in April 2026 the underpinning evidence analysis and outcomes will be a product of the programme's further engagement and consultation with internal and external stakeholders, including people who will be using MyCare.scot. We will reflect this within a revised version of this EQIA as well as how this engagement has informed the further design and delivery of MyCare.scot. Our commitment is that we will not remain static and we will continually engage and gather feedback to inform what we do, and within this EQIA continually assess how MyCare.scot could impact on people who share protected characteristics against the three needs of the general equality duty and against the requirements of the Fairer Scotland Duty, The Islands (Scotland) Act 2018 and Scotland's Second National Human Rights Action Plan. **We make the commitment that this EQIA is responsive to the needs of people who use MyCare.scot and those who do not**.

# Other Considerations

## Non-digital Support

MyCare.scot will not replace existing channels but complement them. Non-digital support for MyCare.scot is also being developed. A significant factor in designing and delivering MyCare.scot is ensuring that people who do not or cannot use MyCare.scot are not excluded. The work we have done regarding non-digital support is described in this EQIA. The Scottish Government in its EQIA stated:

*Current evidence suggests that maintaining a mix of access routes – digital, telephone and in person – remains the most effective way to reduce inequalities.  MyCare.scot aims to support this inclusive, multichannel approach, while ensuring that people who prefer or require non-digital options can still access services on an equal basis.*  MyCare.scot – Our Digital Front Door – Digital Healthcare Scotland

The National Contact Centre (NCC), part of the Primary and Community Care Directorate in National Services Scotland – NHS Scotland, will provide first-line support for user issues. This will be accessed via

freephone telephone line to ensure access for everyone. The National Contact Centre will guide users through the onboarding process, including setting up a ScotAccount - mygov.scot, and offering support to users with different levels of digital awareness. Supporting communications will signpost people to the National Contact Centre, and the MyCare.scot webapp will have guidance and a series of frequently asked questions (FAQs) to assist people. The National Contact Centre has created a process to enable "advocates" to act on the behalf of another person and have access to interpreters to assist people during a call.

The National Contact Centre will also direct people to health boards if required and will liaise with the National Digital Platform (NDP), part of NHS Education Scotland and ScotAccount, part of the Scottish Government. It is under discussion whether people will require to contact ScotAccount directly or whether this will be managed through the NCC.

The initial focus of the programme in developing non-digital aspects of MyCare.scot has been in respect of the National Contact Centre. There are plans to develop non-digital approaches more widely and equality and inclusion considerations will be incorporated into this planning and will be assessed within this EQIA.

# Digital Inclusion

Digital Inclusion is our collective responsibility to ensure that everyone can benefit from being online. In the context of digital health and care this involves the responsibility of organisations to ensure that where people choose to engage in digital services, they are offered and have the support they need to access these as part of person-centred care. It involves motivation, ensuring access to an appropriate device and connectivity, having the skills and confidence to engage with health and social care online, and that services are designed inclusively to be accessible by everyone.

# Health Inequalities

Health inequalities are systematic, avoidable, and unfair differences in people's health across the population and between specific population groups (Public Health Scotland). They are caused by the unequal distribution of power and resources in society and exist in a social gradient, *whereby people who are less advantaged in terms of socioeconomic position have worse health (and shorter lives) than those who are more advantaged* (Donkin, 2014).

The experience of power and disadvantage is shaped by the intersection of personal characteristics, socioeconomic background, belonging to marginalised groups, and the conditions in which people are born, grow, and live – the social determinants of health.

Policies/frameworks:

A number of key policies and legislation emphasise the central importance of addressing health inequalities:

- promoting public health interventions and collaboration (Public Health (Scotland) Act 2008)
- providing a legal requirement for public bodies to actively consider how to reduce inequalities of outcome caused by socio-economic disadvantage (Fairer Scotland Duty)
- highlighting the need for early intervention and the protection of children's rights, including their right to health and equitable access to services (Children and Young People (Scotland) Act 2014, United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024)

The recently published Scotland's Population Health Framework (2025–2035) outlines a whole-system approach to improving health and reducing inequalities and highlights digital inclusion as a key enabler of equitable health outcomes. This provides a strong foundation for the need to embed health equity into digital health programmes and ensures that interventions are intersectional, inclusive and effectively responsive to the needs of the population.

Areas that should be considered within the design and delivery of MyCare.scot are listed below:

- Intersectionality is a key consideration. The barriers and experiences of disadvantaged people vary greatly depending on personal characteristics and life situations. Factors such as socioeconomic background, education, gender, race, language, disabilities, neurodivergence, and social support will influence how digital resources are accessed and used, and ultimately, how they impact health behaviours and outcomes
- It is important to reflect on how the programme may impact known health issues and risks, such as mental health and behavioural addictions, and to ensure that it does not inadvertently increase exposure to harmful content, cyberbullying, or violence
- Consultation and community involvement are essential to ensure the digital programme reflects the diverse needs and experiences of people, particularly those who are most affected by health inequalities and whose voices are often underrepresented

- A long-term focus on promoting digital literacy and inclusion will support people to access and understand health information, contributing to increased health literacy. This will encourage them to take an active role in their health, participate in decision-making, and make informed choices
- Providing alternative formats and channels for accessing health information is key to upholding a person's right to health, particularly for those facing barriers
- In alignment with and complying with public health requirements for the protection of collective health, safeguarding autonomy, privacy, and confidentiality of people remains essential. Ensuring they can choose who to share their information with - and feel safe, respected and understood when engaging with digital health tools - helps build trust and engagement

There are a series of actions for the programme to incorporate health inequalities into the design and delivery of MyCare.scot and to work with stakeholders to ensure that health inequalities are taken forward at policy level as well as the technical design and delivery. This is recorded initially as an overall action to take forward. It is acknowledged in the work undertaken by the MyCare.scot programme teams that "elements" of health inequalities considerations are being taken into account; however, no definitive approach across policy and technical design is in place. The publication by Public Health Scotland will also be incorporated into this approach: A guide to Health Impact Assessment.

# Corporate Parents and Carers

The Children and Young People (Scotland) Act 2014 defines corporate parenting as "the formal and local partnerships between all services responsible for working together to meet the needs of looked after children, young people and care leavers". Corporate parenting - Looked after children - gov.scot Corporate Parenting will be considered as part of the Children's Rights and Wellbeing Impact Assessment.

In relation to carers, where evidence has been collected and analysed by the Scottish Government in the completion of its EQIA this will be considered in the programme level EQIA including any reference to The Promise Scotland The Promise Scotland | Transforming how Scotland cares for children, families, and care-experienced adults. A specific action is required to ensure that carers, including unpaid carers, are engaged to ensure their views are collected and incorporated into the design and delivery. This will be recorded as an action, and the subsequent findings will be reflected within this EQIA.

# Potential Barriers, Impacts and Mitigations

The potential barriers, impacts and mitigations of MyCare.scot identified by the Scottish Government in its EQIA include:

- Digital Inclusion – the potential barrier being *limited or no access to devices, connectivity, or digital skills may prevent use of MyCare.scot*
- Connectivity – the potential barrier being *poor broadband/mobile coverage in rural and island areas reduces access and reliability*
- Accessible Communication – the potential barrier being *lack of accessible formats reduces awareness and uptake, especially for marginalised groups*
- Data Privacy and Trust – the potential barrier being *some groups distrust digital services or are concerned about data-sharing*
- Accessible Communication – the potential barrier being *lack of accessible formats reduces awareness and uptake, especially for marginalised groups*
- Transformation / Workforce Readiness Staff – the potential barrier being *staff may not understand MyCare.scot functionality, limiting signposting and support*

The potential barriers, impacts and mitigations have been considered as part of the Scottish Government's work in creating an Equality Impact Assessment for MyCare.scot at national level. A Digital Front Door Programme team (User Centred Design) has undertaken research with external stakeholders as part of the development of MyCare.scot in respect of accessing health records and managing appointments digitally. Their findings from the research conducted include a number of perceived benefits and challenges of MyCare.scot. This research is incorporated into this EQIA and will be further developed within an updated version of this EQIA ahead of the national rollout of MyCare.scot.

# Monitoring Actions and Compliance

This EQIA, the associated outcomes and further actions, will be taken forward within the design and delivery of MyCare.scot, including the non-digital aspects. This EQIA will be reviewed:

- At scheduled review intervals
- In response to feedback received from internal and external stakeholders, including users of MyCare.scot
- In response to newly created services for MyCare.scot
- In response to national delivery requirements
- In response to legislative and regulatory changes

This EQIA is a mechanism to consider the perceived and actual impact of MyCare.scot on the population in respect of the technical design and delivery. It is vital that we keep the EQIA under constant review and continually embed equality considerations in the work that we do. This EQIA will be updated in preparation for the national rollout of MyCare.scot in April 2026.

# Outputs from the Scottish Government's Equality Impact Assessment

The main outcomes from the Scottish Government's significant consultation and engagement with groups and individuals representing equality groups and wider evidence analysis as part of their EQIA process are presented below.

Our approaches are to:

- Identify the main outcomes from the Scottish Government's EQIA process, including the underpinning evidence for the outcomes relevant to the design and delivery
- Describe the actions that have been taken by programme in addressing and incorporating these outcomes in the design and delivery of MyCare.scot
- Describe the further engagement and evidence collection undertaken by the programme specifically in relation to the design and delivery of MyCare.scot
- Assess the perceived impact of the programme actions in the design and delivery of MyCare.scot on people with protected characteristics and whether this is a positive (benefit), negative (barrier) or neutral impact in reference to the impact analysis undertaken by the Scottish Government

- Acknowledge the impacts, and associated mitigations that are out with the scope of the programme to address
- Assess how the programme is meeting the three needs of the general equality duty
- Describe the further actions that are required in meeting the three needs of the general equality duty

| Engagement and Consultation |
|---|
| Integral to the Scottish Government's EQIA process has been the engagement activities, including three workshops with representatives of equality groups and one to one activities with participating organisations. The full list of participating organisations involved in the Scottish Government's EQIA is listed in Appendix One of its EQIA. In recognition of the time and input provided by these organisations, we have listed these organisations here as we are taking forward the output from this engagement and consultation in developing MyCare.scot. Links to webpages, where available, are provided for further information. <br><br> • The ALLIANCE The ALLIANCE - Health and Social Care Alliance Scotland and The ALLIANCE Digital Citizen Panel Digital Citizen Panel - Digital <br> • Young Scot Young Scot – Information and Opportunities for Young People and Young Scot Digital Panel <br> • LGBT Youth Scotland Home - LGBT Youth Scotland <br> • Muslim Women's Resource Centre Amina – The Muslim Women's Resource Centre <br> • NHS Equalities Leads <br> • Patient Participation Groups <br> • Positive Action in Housing Positive Action in Housing <br> • RNIB Scotland - Royal National Institute of Blind People | RNIB <br> • Scottish Refugee Council Home - Scottish Refugee Council <br> • Sensory Hub Home - The Sensory Hub <br> • Stonewall Scotland Stonewall Scotland | Stonewall <br> • Health Improvement Scotland Healthcare Improvement Scotland <br> • Highland Digital Inclusion Network <br> • SCVO Scottish Council for Voluntary Organisations <br> • Public Health Scotland Public Health Scotland <br> • Digital Health and Care Directorate Digital Health and Care Directorate - gov.scot <br> • Engender |

- Terrence Higgins Trust Homepage | Terrence Higgins Trust
- NHS 24 Home | NHS 24
- NHS Ayrshire & Arran NHS Ayrshire & Arran – Working together to achieve the healthiest life possible for everyone in Ayrshire and Arran
- Alzheimer Scotland Alzheimer Scotland - Home
- NHS Lanarkshire NHS Lanarkshire
- NHS Equality Leads Network
- British Deaf Association British Deaf Association – The BDA stands for Deaf Equality, Access and Freedom of Choice.
- Disability Equality Scotland Welcome - Disability Equality Scotland
- Age Scotland Age Scotland | The Scottish Charity for Older People
- COSLA | COSLA
- Change Mental Health We are Change Mental Health
- My Self-Management, Highland MySelf-Management | Highland, Scotland
- Ethnic Minority Forum
- NHS National Services Scotland Welcome to National Services Scotland
- Macmillan Cancer Support | The UK's leading cancer care charity
- Scottish Care Scottish Care | The voice of the independent social care sector in Scotland
- Inclusion Scotland Inclusion Scotland - Inclusion Scotland
- Poverty Alliance The Poverty Alliance
- SCLD The Scottish Commission for People with Learning Disabilities - SCLD
- MECOPP We are MECOPP
- BEMIS Scotland – Empowering Scotland's Ethnic and Cultural Minority Communities

Engagement is the general practice of building stakeholder relationships and sharing work during the stages of development and asking for feedback which is then taken into account for future product and service developments. Consultation is a more formal one-off process of gathering views on a specific proposal to inform that proposal.

Within this EQIA we refer to both engagement and consultation. In the subsequent sections we show the engagement and consultation taken by the programme in developing MyCare.scot and the ongoing commitments to ensure further engagement both in terms of the overall feedback received from people who use MyCare.scot and through specific engagement and consultation activities.

**Summary of output/action by programme**

In the development of MyCare.scot the focus of the user-centred design work to date has been in direct user research and usability testing (see below). Our engagement has been in the context of working with stakeholder groups to look to source participants for these research and testing activities.

Organisations we have engaged with for this purpose include:

- Seescape
- The ALLIANCE
- The Long-Term Health Conditions policy team at Scottish Government
- AA Learning Disability Service
- NHS 24 Patient Participation Panel (including their 16–24-year-old group)
- Meeting Centers Scotland
- Homeless Network Scotland
- Age Scotland
- Alzheimer's Scotland
- Stirling University Accessible Design Faculty
- Chest Heart & Stroke Scotland
- Rheumatoid arthritis patient liaison groups

What these organisations told us and how participants were recruited is described in the Appointments and Digital Communications Discovery Report (further details below). Participants were recruited in two different ways:

*Mailbox circulation:*
*A user research mailbox was created and circulated alongside details of the involvement opportunity. It was shared widely, with targeted requests circulated to communities of interest on social media that fit within the target scope.*

*While this generated a high volume of interest, especially with previously unengaged users with complex needs and lifestyles, it also generated spam from interested parties who were keen to capitalise on the remuneration offer.*

*This led to an increase in administrative tasks, which delayed onboarding of participants and instigated a review of recruitment processes.*

*Third party organisations:*
*The opportunity to contribute to the research was spread widely through the generous support of patient groups and third sector organisations.*

| What people told us (what is the supporting information/evidence) |
| --- |

At the time of drafting this EQIA these engagement activities are ongoing. Research findings will be shared and direction for future discovery / research / design work will be shared for validation and input. Feedback and input from stakeholder groups will be used to inform future work and stakeholder groups will be invited to signpost their networks to take part in specific research activities based on their interests.

An example of the engagement undertaken so far is in relation to Appointments and Digital Communications, which includes a catalogue of foundational user needs. Further information on the findings of this research is presented in the next section "User Research and co-design". This research is an example of the approaches taken to engagement:

Using remote interviews vs in-person interviewing:
*Given the diversity of the end-users we needed to reach in a short time frame, it was decided that conducting interviews remotely via Teams would be the most pragmatic option. This is a more accessible way for many users as it did not necessitate travel. It is however recognised that this may have resulted in recruiting participants who had a baseline of digital literacy, given the digital communications and other tools required to take part.*

*This method also allowed us to easily record and transcribe the sessions, affording for a more streamlined analysis of the data and allowing us to populate the Condens Research Repository with the relevant material. This has future proofed the Repository, becoming a valuable resource for the DFD project moving forward by making the results of our research; searchable, contextual and in a format that can be shared with others to provide relevant insights at speed, when needed.*

*The team intends to develop an ethical process for conducting face to face research for future work. A selection of third-party organisations are being consulted in order to design research activities and provide access to participants who are currently not online.*

## What other evidence did we find?

A summary of the evidence collected from these engagements will be presented in more detail within this EQIA ahead of national rollout. This engagement evidence, the associated analysis, and outcomes are vital in the development and delivery of MyCare.scot.

## How has this evidence informed the design and delivery of MyCare.scot?

These engagements support the recruitment of participants for user research, as understanding people's needs and how the present and future MyCare.scot service could be valuable in their lives, and usability testing, letting people use prototype or test versions of MyCare.scot to identify any issues people have in real-life usage.

Participants are needed for user research and usability testing because they provide real-world insights, feedback, and validation that ensure digital services are usable, accessible, and equitable for everyone. Their involvement is not just best practice—it is a requirement for public sector programmes such as DFD which aim to serve diverse populations. Recruitment for participants is however generally difficult to do, given the administration overhead and the challenge of people outside the scope of the work (e.g. people resident outside of Scotland with no experience of health or social care in Scotland) looking to take part in research because – as per Scottish Government and NES guidance - it is remunerated. Therefore, collaborating with stakeholder groups who have their own networks, regular contributors and filter systems means that any participants recruited via their channels tend to be high quality. Given that many of the stakeholder groups engaged with have specialisms in one or more protected characteristics, it means that user needs and usability insights are sourced from people who have diverse needs; and when design takes diverse and additional needs into account, it almost always improves the experience for everyone at the same time.

## What have we still to do?

We expect that as MyCare.scot has its initial release and more people and organisations become aware of the service and its vision, there will be the need to engage with more organisations and individuals. User-centred Design and Communications teams within the programme will collaborate to present a unified offer, with formal and informal mechanisms for engagement and accountability. Capacity will be

an issue, and as MyCare.scot becomes a truly national-scale service, we shall have to set up systems to enable meaningful engagement that fits into wider programme workflow.

What do we consider is the perceived impact (benefits; barriers; neutral) on people who share protected characteristics by ensuring that engagement and consultation is carried out both in the initial development of MyCare.scot but longer term, and that the outcomes support the overall design and delivery?
- Age
- Disability
- Race
- Religion or Belief
- Sex
- Sexual orientation
- Gender Re-assignment (Gender identity and transgender)
- Marriage/Civil Partnership (discrimination only)
- Pregnancy / Maternity
- Socio-economic status
- Carers
- Remote and rural communities

The engagement and consultation activities themselves – the act of interacting with people with protected characteristics and those who represent people with protected characteristics is a positive action as the more people and groups that we engage with the more people will feel their opinions are heard and included in the design and delivery. It is therefore important that we evidence the engagement within this EQIA and in any relevant communications.

Ensuring that the outcomes of engagement and consultation are incorporated into the design and delivery is a benefit as will mean that MyCare.scot takes into account and is responsive to the needs of people who use it, including health and social care professionals.

Overall, we perceive that this is a benefit to people who share protected characteristics; however, further action is required, including ensuring that non-represented and under-represented groups are engaged, that we share with those who have engaged with us, and more widely how engagement has informed what we do. If this is not done as MyCare.scot develops, the impact could be negative as people may consider that the views of certain protected characteristics are not taken into consideration or those who have engaged are not made aware of the output of their engagement.

A policy for engagement and consultation should be developed which ensures that we are engaging across the spectrum of protected characteristics and additional statuses. This should be taken forward as an action.

For the overall analysis of impact by protected characteristic this section should be read in parallel to Appendix 1 - National Equality Impact Assessment version 2.0, Digital Health and Care Scotland, Scottish Government
"Assessing the impacts and opportunities, by characteristic" Section 5.

How does this work meet the general equality duty?
- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not, in relation to people who share a protected characteristic

Based on the evidence and outcomes of the Scottish Government's EQIA process and the information presented in this section, the engagement and consultation will not create unlawful discrimination.

There are several actions that need to be carried out by the programme to ensure that non-represented and under-represented equality groups are engaged, in addition, that evidence is shared with equality groups as to how their engagement has informed MyCare.scot. The list of actions is captured within the "Actions" section. There is evidence that the programme has taken actions to advance equality of opportunity in this work; however, this needs to be defined as part of the policy development.

In terms of fostering good relations between people who share a protected characteristic and those who do not, there is an opportunity here for the programme to ensure that cross protected characteristics engagement is undertaken, and in addition that the analysis of evidence takes an intersectional approach. Again, these will be recorded as actions for the programme to consider and incorporate into their engagement activities.

## User research and co-design

In the course of engagement and consultation undertaken by the Scottish Government it was identified that:

- *Co-design and engagement have identified opportunities to promote understanding, reduce prejudice, and ensure equality considerations are built into all aspects of service design.*

- *A well-designed Digital Front Door offers the potential for choice and to improve accessibility.*

(Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

User research is the practice of having potential users of the service and stakeholders take part in interviews or similar interventions to better understand their needs to inform design decisions. Users can be members of the public or professional users, depending on the context.

Co-design is the active involvement of potential users and stakeholders in the identification of problems to solve, in the generation of ideas of how to solve those problems and in the development of the higher viability ideas to a state of being ready for build.

## Summary of output/action by programme

The programme is establishing a significant user research function in support of MyCare.scot. To date research has been carried out in the context of providing medicines and allergies data to people and appointments and communications overall. Under instruction from Scottish Government, research was also commissioned by the programme from Jump Research (via the national procurement framework) to support the initial development of the service name.

No material co-design has been carried out at scale to date. The scope for the initial release has been driven by institutional needs and technical constraint rather than end user demand. The Service Design resource to date has focused on blueprint delivery and user journey analysis rather than participative practice. Conventional co-design practice is planned as the programme moves into Whole Population Availability, with an initial focus around how people relate to and could use their health and social care record information.

**What people told us (what is the supporting information/evidence)**

The discovery report into Appointments and Digital Communications includes a catalogue of foundational user needs for these service areas.  In summary:

*This discovery report explores user experiences with the current appointment booking process, any reminders or communications they may receive, and how they use such communications.*

*Key findings highlight the need for improved control over appointments, clear communication, accessible information, and timely updates. Users expressed a desire for digital solutions to enhance appointment management, reduce stress, and ensure person-centred care.*

The project outline states:

- *This project is a discovery into users experiences of the current appointment booking process. As communications were the main driver for patient - professional interactions related to appointments it was decided that a joint discovery on both appointments and communications was the most effective approach. The problem statement for the discovery is…..: How can the MyCare web application improve the appointment booking service for Scottish secondary care patients.*

The headline findings are:

- *Control over appointments: Users need to choose when, where, and how appointments take place, including the ability to book, reschedule, or cancel without stress or judgment*
- *Clear, timely information: Users need precise details about appointment time, location, reason, expected procedures, and follow-up steps to prepare effectively*
- *Transparent waiting times and care pathways: Users want to know specialist wait times, GP availability, and which service to contact for timely care*
- *Accessible and timely communication: Appointment information, reminders, and updates should be delivered in accessible formats (digital, text, email, letter) and before critical deadlines*
- *Travel support: Users need advance information on eligibility for travel reimbursements and convenient ways to claim or access transport assistance*
- *Medical records access: Users require timely, free, downloadable, and shareable access to their medical records to manage care and provide evidence when needed*
- *Proxy access and linked accounts: Carers, families, and formal supporters need controlled access to view and manage appointments and records for the people they support*

- *Ability to communicate personal needs: Users need secure channels to communicate accessibility requirements, pronouns, or other essential information ahead of appointments*
- *Status updates and notifications: Users want real-time alerts for cancellations, delays, or changes to appointments to manage schedules and reduce stress*
- *Empowerment and autonomy: Overall, users want MyCare.scot to give them more control over their health information, reduce dependency on staff, and simplify interactions with the NHS*

| How has this evidence informed the design and delivery of MyCare.scot? |
|---|
| The research work to date has resulted in a set of user needs which will form the basis of future development. All research outputs are stored in a digital repository so that people across the programme can access the information on demand, with appropriate controls.  For example, product and design professionals can source from the repository "needs" which have been surfaced from research - but this does not currently include research specifically defined in terms of protected characteristics. The user research team is however able to invite people for interviews or other activities based on their characteristics. |

| What have we still to do? |
|---|
| A wide range of discoveries will be carried out based on programme priorities once the work on the initial release is complete. <br><br> Now that there is a mechanism for participant recruitment and the ability to look further ahead to longer term horizons, there is the scope to establish a sustainable co-design practice for future development of MyCare.scot. |

| What do we consider is the perceived impact (benefits; barriers; neutral) on people who share protected characteristics by ensuring that user research and co-design is carried out both in the initial development of MyCare.scot and longer term, and that the outcomes support the overall design and delivery? <br> • Age <br> • Disability <br> • Race <br> • Religion or Belief <br> • Sex |
|---|

- Sexual orientation
- Gender Re-assignment (Gender identity and transgender)
- Marriage/Civil Partnership (discrimination only)
- Pregnancy / Maternity
- Socio-economic status
- Carers
- Remote and rural communities

The user research undertaken by the programme should be a perceived benefit to people who share protected characteristics if:

- A diverse range of users and stakeholders are engaged, and the outputs better inform designs decisions
- User research is stored (with relevant controls) and can be supplemented with additional evidence. There would also be opportunities for the existing user research to inform other design decisions

Ensuring that the outputs from user research are incorporated into the design and delivery is a perceived benefit as will mean that MyCare.scot considers and is responsive to the needs of people who use it, including health and social care professionals.

Overall, we assess currently that this has a positive impact on people who share protected characteristics as the evidence provided in the Appointments and Digital Communications Discovery Report is an example of the work undertaken to ensure that user research is undertaken and the outcomes applied in the development of MyCare.scot.

For the overall analysis of impact by protected characteristic this section should be read in parallel to Appendix 1 - National Equality Impact Assessment version 2.0, Digital Health and Care Scotland, Scottish Government
"Assessing the impacts and opportunities, by characteristic" Section 5.

How does this work meet the general equality duty?

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

Based on the evidence and outcomes of the Scottish Government's EQIA process and the information presented in this section, the user research undertaken to date will not create unlawful discrimination.

The work of the programme teams to establish a user research function and the research undertaken to date, along with the user journey analysis is evidence of the processes being created by the programme to ensure that user research is incorporated in the design of MyCare.scot. This work will advance equality of opportunity as the organisational mechanisms are created for users to inform the design of MyCare.scot; however, further detail is required from the programme to describe the outcomes or desired outcomes of this work.

There are actions that should be taken forward by the programme to ensure that user research and co-design include a diverse range of participants which better informs design decisions, and these are reflected in the "Actions" section.

In terms of fostering good relations between people who share a protected characteristic and those who do not, there is an opportunity here for the programme to ensure that evidence collected from user research can be analysed in terms of intersectionality to further inform the design process. The actions will be recorded as actions for the programme to consider and incorporate into their user research and co-design activities.

**Usability & Accessibility Testing**

In the course of engagement and consultation undertaken by the Scottish Government it was identified that:

- *Well-conducted user testing will enhance opportunities to use digital services, and these will need to be offered and promoted.  (Strive to make accessible as possible across each protected characteristic)*

- *Accessible navigation and information – plain language, compatibility with screen readers and multilingual support – will enable more people to use the MyCare.scot effectively.*

(Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

User testing, more commonly known as usability testing, is the umbrella term for a range of activities where people who are potential or existing users of MyCare.scot are given access to a prototype or testing version of the app to assess any issues they may have in using it.

Usability testing can be unmoderated – where a user is given a task to do and they report back on their experience without the intervention or presence of a testing or research professional. Or it can be moderated, where a testing or research professional is present and supporting the user. Unmoderated testing tends to be done online via a testing software platform, while moderated testing can be done online or in-person.

While a specialist area, accessibility testing can be considered a subset of usability testing. This is where users with one or more accessibility needs – or representative groups which specialise in one or more accessibility areas – are involved in usability testing. There is a clear accessibility standard (WCAG 2.2), some of which can be tested through automated tools.

Accessibility means that we ensure that our products and services are accessible to users, both the digital products and services that we develop, and in relation to the resources that we publish. As a programme, we:
- carry out accessibility testing/audits and publish accessibility statements to show that our apps and websites are accessible and to what level against WCAG 2.2

- review published resources to ensure that they are accessible.

Accessibility statements will be available for everyone in the apps and websites that are part of MyCare.scot – these will be linked to in the footer of every page.

For accessibility statements, the relevant regulation is the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018. Accessibility is checked against the Web Content Accessibility Guidelines (WCAG) 2.2 AA standard. The programme will develop and test in line with the [WCAG standard accessed here.](#) Undertaking accessibility audits means that we:

- develop and deliver inclusive design – which puts people first. This allows a diverse range of people to accomplish tasks in a way that suits their needs
- create accessible products, services and materials which means as many learners as possible can access, use, and benefit from the learning materials and environments we create

The Accessibility statement for the December 2025 release is now available and five outstanding issues will exist in that release:

1. Screen reader users are not informed when a new message appears on the application this fails WCAG Success Criterion 4.1.3 Status Messages
2. Screen reader users are not informed when the countdown sequence to the sign out modal is activated this fails WCAG Success Criterion 4.1.3 Status Messages and 2.2.1 Timing Adjustable
3. PDF links do not inform users that they open in a new tab this fails WCAG Success Criterion 2.4.4 – Link Purpose (In Context)
4. Colour is used as the only visual feedback on unread messages this fails WCAG Success Criterion 1.4.1 – Use of Colour
5. Links are styled as buttons but only have link interactivity this fails WCAG Success 4.1.2 – Name, Role, Value and 2.4.4 – Link Purpose (In Context)

It is the intention to resolve these issues ahead post December 2025 and that the April 2026 release is fully WCAG 2.2 compliant.

| Summary of output/action by programme |
|---|
| Moderated and unmoderated user testing started in October 2025.<br><br>Users were sourced through three general mechanisms: the DFD programme's direct call-to-action to be involved in user research, through stakeholder groups and via a usability testing software platform's existing panel of people available for usability testing.<br><br>A screening questionnaire is used with the DFD research participant pool so that overall, it contains a good representative sample which can be invited into individual tests. Likewise, people who are sourced by the usability testing software platform are only eligible based on screening criteria. The representative or stakeholder groups are sourced based on their specialist area e.g. organisations who work with people with visual impairment so that testing can be done for people who use screen readers.<br><br>An accessibility specialist has been assigned to lead on accessibility testing for MyCare.scot. As well as a full accessibility audit to support maximum compliance against the WCAG 2.2 standard required of public sector digital services, a range of manual and automated testing will be carried out against the application throughout its development lifecycle. An accessibility approach is available for review and includes planned activities to engage with stakeholder groups which specialise in one or more accessibility concerns for additional feedback and testing.<br><br>The accessibility audit and associated remediation work for the initial MyCare.scot release is now complete and the accessibility statement to be published at release can be reviewed here. |

| What people told us (what is the supporting information/evidence) |
|---|
| In relation to the findings from the Scottish Government as part of its EQIA process:<br><br>• *Well-conducted user testing will enhance opportunities to use digital services. Our technical partner(s) will need to be abreast of the various mediums available to make devices as inclusive as possible, such as the use of screen readers, the ability to change font size, background colour changes; use of captions and speech to text* (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care) |

- *It was also recognised that certain groups are more likely to use MyCare.scot because of their circumstances – for examples, people who are unwell or managing chronic conditions, those with acute care needs, disabled people, and individuals seeking advice on behalf of others.  These groups may face specific accessibility, usability or support needs which, if not addressed, could prevent the desired outcomes from being achieved* (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

- *Accessibility testing will be embedded within MVP evaluation during 2025, ensuring compatibility with assistive technologies such as screen readers, voice-to-text, adjustable colour contrast and captioning tools, in line with WCAG 2.2 and BS 8878 standards.*  Disability (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care

- *Accessible navigation and information – plain language, compatibility with screen readers and multilingual support – will enable more people to use the MyCare.scot effectively.* (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

A summary of findings from usability testing and any further updates regarding the accessibility testing activities will be shared here ahead of the December 2025 release are complete.

| What other evidence did we find? |
|---|

- [Accessibility Fundamentals Overview | Web Accessibility Initiative (WAI) | W3C](#)
  World Wide Web Consortium (W3C) "develops international Web standards". Web Content Accessibility Guidelines (WCAG) international standard is used by NES in determining whether our products and services are accessible

- [Understanding accessibility requirements for public sector bodies - GOV.UK (www.gov.uk)](#)

- Guidance provided by the UK Government for public bodies in relation to meeting mobile and app accessibility regulations. The [guidance states](#):

  *People may not have a choice when using a public sector website or mobile app, so it's important they work for everyone. The people who need them the most are often the people who find them hardest to use*

*Accessible websites usually work better for everyone. They are often faster, easier to use and appear higher in search engine rankings.*

Further details to be provided from usability and accessibility testing activities will be shared here once the initial rounds ahead of the December 2025 release are complete.

**How has this evidence informed the design and delivery of MyCare.scot?**

Further details to be provided from usability and accessibility testing activities have been prioritised for remediation with the majority of accessibility issues now resolved. Usability issues are to be addressed ahead of the Spring 2026 release.

**What have we still to do?**

It is the intention that – depending on capacity – usability and accessibility testing will continue throughout the lifetime of the service – testing and evaluating existing and planned functionality on an ongoing basis.

The testing for the initial release is largely to be done online. There is therefore the opportunity to expand testing activities to include in-person sessions, which requires careful coordination and appropriate controls.

**What do we consider is the perceived impact (benefits; barriers; neutral) on people who share protected characteristics by ensuring that usability and accessibility testing is carried out both in the initial development of MyCare.scot and longer term, and that the outcomes support the overall design and delivery?**

- Age
- Disability
- Race
- Religion or Belief
- Sex
- Sexual orientation
- Gender Re-assignment (Gender identity and transgender)
- Marriage/Civil Partnership (discrimination only)
- Pregnancy / Maternity

- Socio-economic status
- Carers
- Remote and rural communities

Overall, the perceived impact of undertaking usability and accessibility testing to a required standard, on people who share protected characteristics, is a positive impact/benefit.

The actions undertaken by the programme to ensure that MyCare.scot is accessible, in accordance with WCAG 2.2, and particularly addresses the barriers that people with certain disabilities may face in accessing websites and apps. The programme has also described the current and future actions taken to ensure usability and accessibility testing is undertaken with a range of users, including those representing equality groups. This should ensure that a broad spectrum of participants is actively engaged in testing.

Details will be provided from usability testing activities will be shared here once the initial rounds ahead of the December 2025 release are complete. This is recorded as an action in this EQIA.

The accessibility testing which has already begun and is supporting design and development decision on an ongoing basis supports people who have accessibility needs to use the service.

We recognise the impact that accessible products and services have on all users, and from the evidence analysed, recognise the benefit that creating accessible websites and apps has on the websites and apps and on users.

For the overall analysis of impact by protected characteristic this section should be read in parallel to Appendix 1 - National Equality Impact Assessment version 2.0, Digital Health and Care Scotland, Scottish Government
"Assessing the impacts and opportunities, by characteristic" Section 5.

How does this work meet the general equality duty?

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010

- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not, in relation to people who share a protected characteristic

Based on the evidence and outcomes of the Scottish Government's EQIA process and the information presented in this section, the usability and accessibility testing undertaken is not discriminatory.

By ensuring that MyCare.scot is accessible to all users the programme is working towards advancing an inclusive service which will give all users access. This is also being informed by the work of the programme team to ensure that usability testing is in place. Ensuring that accessibility statements are published should also provide people with an understanding that barriers people can face in accessing websites and apps is being addressed. Overall, this advances equality of opportunity as more people should be able to access MyCare.scot because it is accessible. It is also important that for some groups, such as carers, that they are provided assurances that MyCare.scot is accessible to people who they care for.

## Identity Verification and Authentication

Online identity verification was one of the main themes explored by the Scottish Government as part of its engagement activities and an area that needs to be incorporated into the programme as part of the technical design and delivery of MyCare.scot, as registration and identity verification could be viewed as being "cumbersome" and a "barrier to uptake". (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care) The policy decisions associated with identity verification and authentication are the responsibility of the Scottish Government and as technical delivery partner, the programme will consider the impacts relating to the technical design of identity verification and authentication software.

ScotAccount is an online identity verification site created and managed by the Scottish Government and is a way to access public services online and is being used for MyCare.scot. The current list of public services that use ScotAccount is:

- *apply for a Level 1 disclosure* with Disclosure Scotland
- *apply for or view a disclosure for the Protecting Vulnerable Groups (PVG) scheme – your email from Disclosure Scotland will tell you how to do this*
- *access the Witness Gateway*
- *access services under the Debt Arrangement Scheme (DAS)*
- *access Registers of Scotland's Moveable Transactions registers*
- *manage your Tobacco and Nicotine Vapour Product Retailers registration*
- *manage your Funeral Sector registration*

(Information taken from ScotAccount - mygov.scot)

It is the general strategic intention from the Scottish Government Digital Directorate that more services use ScotAccount. As part of this, ScotAccount was chosen as the initial identity service provider for MyCare.scot.

The basic journey for a person without a ScotAccount to access MyCare.scot is to:
- create a basic ScotAccount (email and password)
- verify your identity (using a passport/ID and biometric recognition)
- link that identity with a person's CHI number (this stage happens without active user input)

After identity verfication as the Scottish Government's EQIA explains:

*After having their identity verified, authentication is the technical process for a person to prove who they are each time they access an online service.*
(Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

| Terminology/Explanation |
| --- |
| Once the user has a basic ScotAccount, they additionally need to have their identity verified and that linked with that account. This is the act of matching a specific recognised individual person against an account which otherwise anyone can create using an email/password combination.<br><br>Authentication is also part of the sign-in/sign-up flow and is the process by which the system accepts that a person signing-in is who they say they are. |

| Summary of output/action by programme |
| --- |
| The programme for MyCare.scot is largely inheriting the ScotAccount approach since all the user flows for registration and sign-in are via ScotAccount. The exception to this is the CHI match which happens by the name, date of birth and address fields from sign-up being matched against the CHI database.<br><br>*CHI is a database in wide use throughout NHSScotland. It contains data on patient demographics and some clinical information on aspects of healthcare screening and surveillance. The CHI is, effectively, an NHS number and its use as a patient identifier makes it increasingly important to the implantation of "eHealth" (electronic health records (EHR) and other information and communication technologies (ICT) being introduced to healthcare in Scotland).*<br>Community Health Index Management Board (CHIMB) – Scotland's Health on the Web |

| What people told us (what is the supporting information/evidence) |
| --- |
| Digital Identity Service/ScotAccount have carried out extensive user research in their service to date. Part of the key feedback has been the need for alternative verification methods and as a result alternative verification methods are being developed including a system based on someone vouching for the identity of someone else. |

A separate EQIA is being completed by the Scottish Government in respect of ScotAccount. Once published, the ScotAccount EQIA will be incorporated into this EQIA.

**How has this evidence informed the design and delivery of MyCare.scot?**

Usability testing will identify any material issues with the sign-up/sign-in journey elements of MyCare.scot.

The National Contact Centre will provide first line support for user issues. This will be accessed via freephone telephone line to ensure access for everyone. National Contact Centre staff will guide users through the onboarding process, offering support to users with different levels of digital awareness. This support will include the online identity verification process. Further details on the work of the National Contact Centre are provided previously.

**What have we still to do?**

Delivering an inclusive and low-effort as possible sign-up/sign-in journey is critical to overall success of the service. There are likely to be material issues with sign-up/sign-in at launch due to the length of time it takes to complete, the number of steps required, the need to have specific identification documents to complete identity verification, the usage of a credit check in the ScotAccount process and the lack of non-biometric options for identity verification.

We still therefore need to collaborate with ScotAccount on the non-biometric pathways they are currently developing, and more generally work to improve the sign-up/sign-in journeys as a priority post initial release.

**What do we consider is the perceived impact (benefits; barriers; neutral) on people who share protected characteristics by undertaking identity verification and authentication?**
- Age
- Disability
- Race
- Religion or Belief
- Sex
- Sexual orientation
- Gender Re-assignment (Gender identity and transgender)

- Marriage/Civil Partnership (discrimination only)
- Pregnancy / Maternity
- Socio-economic status
- Carers
- Remote and rural communities

It is recognised that there may be barriers to the use of identity verification and authentication in accessing MyCare.scot via ScotAccount. People with certain protected characteristics or a combination of characteristics could have a negative experience in onboarding onto MyCare.scot due to the nature of the current solution, this could include but is not limited to people:

- With no fixed addresses, including people who are experiencing homelessness
- With no credit history, including children and young people
- With no existing CHI number
- With no access to or who do not have an identity document such as a passport or a driving licence, including people who are refugees or asylum seekers

It is vital as part of the rollout of MyCare.scot that robust mitigating actions are taken to address these barriers, these will include ensuring that:
- Non-digital support is provided to people who want to create ScotAccount (this is through the work of the National Contact Centre).
- Alternative verification methods are explored and developed. (No further information on this is available at this time and will be recorded as an action.)
- Non-digital alternatives for MyCare.scot are communicated. It is acknowledged that there are communications advising that MyCare.scot is supplementing current services and not replacing them. In terms of the development of non-digital alternatives for MyCare.scot no further information on this is available at this time and will be recorded as an action
- Through incorporating a digital inclusion strategy that people who may face barriers and who wish to use MyCare.scot are provided with meaningful support and opportunities to do so. (The work to create a digital inclusion strategy is provided in a subsequent section of this EQIA.)

These mitigating actions should be taken forward by the Scottish Government and the programme.

The work of the Digital Identity Service/ScotAccount has included extensive user research and it was identified that there is a need for alternative verification methods which are now being developed, this includes a system based on a person vouching for the identity of another person. The EQIA for ScotAccount should address the impact of identity verification and authentication on equality groups and the findings will be referenced within this EQIA, as will the mitigating actions that are within the scope of the programme to address.

In terms of current mitigations that are being actioned by the programme, non-digital support provided by the National Contact Centre will be in place to support people with onboarding onto MyCare.scot, including identity verification through ScotAccount. How this work develops to support national rollout of MyCare.scot will be considered within this EQIA.

For the overall analysis of impact by protected characteristic this section should be read in parallel to Appendix 1 - National Equality Impact Assessment version 2.0, Digital Health and Care Scotland, Scottish Government
"Assessing the impacts and opportunities, by characteristic" Section 5.

How does this work meet the general equality duty?

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

Identity verification and authentication for the use of MyCare.scot will be considered by the Scottish Government within its EQIA for the Digital Identity Service/ScotAccount.

In terms of programme actions, the provision of non-digital support through the work of the National Contact Centre to support people with creating MyCare.scot accounts via ScotAccount, provides a level of mitigation to address some of the risks associated with the potential barriers as described in the earlier section, as will the incorporation of a digital inclusion strategy into the design and delivery of MyCare.scot.

A series of actions are required to address and monitor how the mitigating actions are being incorporated in respect of:

- The provision of non-digital support for people who want to create MyCare.scot accounts via ScotAccount (through the National Contact Centre initially)
- The incorporation of a digital inclusion strategy
- Exploring and developing alternative verification methods
- The development and communication of non-digital alternatives for MyCare.scot

These actions will be continually monitored to ensure that there will be equity of access to everyone who wants to use MyCare.scot and those who do not. Where information is received that identity verification and authentication processes for MyCare.scot are a barrier to people action will be taken, within specified timescales, to address this. This action is recorded in the "Actions" section.

We recognise that in terms of accessing MyCare.scot through identity verification and authentication processes we are focused on ensuring that barriers are not in place for people and when they are we take action. We also recognise that for many people having online identity verification in place to access MyCare.scot could advance equality of opportunity as they are being provided with online access to a digital service where they might have been unwilling to access a physical service (as evidenced in the Scottish Government EQIA):

- *Not having to travel has the potential to reduce distress. For example, people with learning disabilities, autism, chronic pain, anxiety, and mobility issues*

- *There is some evidence that shows that men access healthcare services at a later stage whereas they may be more likely to access information digitally including from work*

- *Where travel to attend a GP or hospital appointment is not required the Digital Front Door has the potential to have a positive impact on all aspects of maternity care, (pre and postnatal)*

As to how identity verification and authentication meet the general duty requirements, this will be incorporated once the programme is in receipt of the EQIA for ScotAccount. This will be recorded as an action as there is insufficient evidence to currently address the general duty requirements.

| **Rights** |
|---|
| Citizen, public or service users' rights are incorporated within the Scottish Government's EQIA and further considerered in this MyCare.scot EQIA.<br><br>Scottish Government, National EQIA for Digital Front Door, for Health and Social Care states:<br>*The terms citizen is used in this document to anyone accessing the services and not to formal citizenship status. Notably, although refugees and asylum seekers are not explicitly stated within the duty, the News Scots Refugee Integration Strategy (Scottish Government, 2018), states: while refugee or an asylum seeker is not in itself a protected characteristic, they will benefit from the protection afforded. The Scottish Government has also been clear that everyone has a right to healthcare in Scotland, 'This includes all refugees, asylum seekers and people whose claim for asylum has been refused.' (2018).*<br><br>*The terms 'service users' or consumers are not ideal; however, better generic terms have not yet been forthcoming.* In this EQIA we generally use the terms "people" or "person".<br><br>In terms of framing "rights" within this EQIA we have considered:<br>• Scotland's National Human Rights Action Plan Home \| Scottish Human Rights Commission; SNAP \| Scottish Human Rights Commission<br>• Right to Health (Scottish Human Rights Commission)<br>• Rights in relation to data protection A guide to individual rights \| ICO<br>• UN Convention on Rights of a Child (UNCRC) - UNICEF UK UN Convention on the Rights of a Child and the incorporation into law in Scotland. This is the basis of our Children's Rights and Wellbeing Impact Assessment and will be provided here<br><br>In doing so we evidence in this EQIA (and the Children's Rights and Wellbeing Impact Assessment) the actions taken to address the consideration of rights and make the commitment to further develop a rights-based approach into the design and delivery of MyCare.scot. Further information on the rights-based approach is presented throughout this EQIA. |
| Terminology/Explanation |
| **Human Rights**<br>The Scottish Human Rights Commission explains rights as: |

*Human rights include "civil and political" rights, such as:*
- *Freedom of expression*
- *Freedom of religion or conscience*
- *Freedom of assembly*
- *The right to a fair trial*
- *The right to privacy*
- *The right to vote*

*Human rights also include "economic, social and cultural" rights, such as:*
- *The right an adequate standard of living*
- *The right to adequate food, housing, sanitation and water*
- *The right to education*
- *Rights at work*

Human Rights Laws | Scottish Human Rights Commission

Right to Health
*Everyone has the right to the highest attainable standard of physical and mental health. This includes being able to access good quality health services. It also includes being able to access other rights that support your right to health, such as decent housing, healthy working conditions, and a clean environment.* (Scottish Human Rights Commission Right to Health)

**Data Protection Rights**
In terms of data protection rights, the Information Commissioner's Officer explains rights in relation to data protection:
- *Right to be informed - Individuals have the right to be informed about the collection and use of their personal data*
- *Right of access - Individuals have the right to access and receive a copy of their personal data, and other supplementary information*
- *Right to rectification - The UK GDPR includes a right for individuals to have inaccurate personal data rectified or completed if it is incomplete*
- *Right to erasure - The UK GDPR introduces a right for individuals to have personal data erased*
- *Right to restrict processing - Individuals have the right to request the restriction or suppression of their personal data*

- *Right to data portability - The right to data portability allows individuals to obtain and reuse their personal data for their own purposes across different services*
- *Right to object - The UK GDPR gives individuals the right to object to the processing of their personal data in certain circumstances.*
- *Rights related to automated decision-making including profiling - The UK GDPR has provisions on:*
  - *automated individual decision-making (making a decision solely by automated means without any human involvement); and*
  - *profiling (automated processing of personal data to evaluate certain things about an individual). Profiling can be part of an automated decision-making process*

A guide to individual rights | ICO

Not all of these data protection rights will apply at all times but as part of the design and delivery of MyCare.scot we have risk assessed how peoples' data will be managed. This is explained further in the section relating to the management of peoples' personal and special category data in this section.

## Summary of output/action by programme

The programme for MyCare.scot has instigated a suite of data protection impact assessments (DPIAs) to cover the processing of personal and special category data for all relevant aspects. Within each DPIA is a section detailing how individuals can enact their data protection rights to ensure that the programme is meeting its obligations. The MyCare.scot Privacy Notice will detail whom individuals should contact to enact their rights.

For human rights, the programme to date has been working towards the development of a rights-based approach; however, this work requires a clearer focus and direction. An action is taken to develop a right's-based approach/policy for MyCare.scot.

## What people told us (what is the supporting information/evidence)

The Scottish Government, as part of its EQIA worked with the Scottish Human Rights Commission to consider the challenges around MyCare.scot from a human rights perspective. This work is ongoing and in terms of the design and delivery of MyCare.scot our approach is continually being informed by this collaborative approach with stakeholders in the engagement undertaken by the Scottish Government. As noted, an action for the programme is to clearly define and develop its own rights-based approach for MyCare.scot in collaboration with human rights-based organisations.

The ALLIANCE has a clear set of principles regarding the application of human rights to digital health and care: [Revised Digital Health and Social Care Human Rights Principles have been published - Health and Social Care Alliance Scotland](#)

- *People at the centre*
- *Digital where it is best suited*
- *Digital as a choice*
- *Digital inclusion, not just widening access*
- *Access and control of digital data*

These principles are being incorporated into the programme currently; however, there is further opportunity to develop these into a defined human rights policy approach for MyCare.scot.

What do we consider is the perceived impact (benefits; barriers; neutral) on people who share protected characteristics by undertaking a rights-based approach?

- Age
- Disability
- Race
- Religion or Belief
- Sex
- Sexual orientation
- Gender Re-assignment (Gender identity and transgender)
- Marriage/Civil Partnership (discrimination only)
- Pregnancy / Maternity
- Socio-economic status
- Carers
- Remote and rural communities

A rights-based approach including human rights, rights in relation to privacy and rights in relation to children and young people is a vital consideration in the design and delivery of MyCare.scot.

We recognise the work of the programme in ensuring that rights in relation to privacy are assessed in line with legislation and that robust mechanisms in in place to ensure that risks relating to the

processing of personal and special category data are scrutinised. In having robust mechanisms in place, organisations as well as individual users are provided with assurances that their personal data, and the data of others, is processed securely. The overall impact should be positive across all protected characteristics.

In terms of a human rights approach, the overall impact is neutral as there is insufficient evidence currently that the design and delivery have systematically incorporated human rights. The actions to address this has been noted and will be recorded in the "Actions" section.

This section should be read in parallel to Appendix 1 - National Equality Impact Assessment version 2.0, Digital Health and Care Scotland, Scottish Government
"Assessing the impacts and opportunities, by characteristic" Section 5.

How does this work meet the general equality duty?

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

Based on the evidence and outcomes of the Scottish Government's EQIA process and the information presented in this section there are actions required to be addressed and undertaken by the programme to enable the consideration of how a rights-based approach is meeting the requirements of the general equality duty.

It is recognised the work that has been undertaken by the Scottish Government to address human rights and the engagement they have undertaken as part of the EQIA process, and this needs to be built upon by the programme. The actions to address this are outlined in the "Actions" section.

## Proxy/Delegated Authority

Proxy or delegated access is the ability for one person to legitimately access the information/account of another person.

In the course of engagement and consultation undertaken by the Scottish Government it was identified that:

- *Proxy access requirements (for example, where carers or advocates act on behalf of someone else) must be properly documented in health and care records and accessible digitally*

- *The role of paid and unpaid carers needs to be understood including proxy access*

- *Carers and young carers – considered under the Carers (Scotland) Act 2016, which gives carers rights to support and involvement in care planning.  Digital proxy access, identity verification and consent processes are highly relevant for carers using MyCare.scot on behalf of others.*

(Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

Delegated authority, or proxy, was one of the main themes explored by the Scottish Government as part of its engagement. It was also stated that not considering the issues relating to proxy could be a barrier for addressing positive outcomes for some people.

It is recognised that people and for their carers (family carers, paid or unpaid carers) as well as health and social care professionals more broadly will require targeted communications and guidance to support their understanding of proxy – and for these groups to be involved in engagement regarding approaches, as well as engaging with groups who represent people who may be most likely to require proxy.

### Summary of output/action by programme

Proxy or delegated access is recognised as an important area of future focus; however, it is out of scope for the initial release of MyCare.scot and the timescales of the initial part of the national rollout. It is anticipated that proxy/delegated access will be an important area for future discovery given how important the functionality will be towards overall inclusion objectives. Proxy is however a very

challenging area, across multiple areas of consideration, and will require material research and design work as well as meaningful engagement and consultation. The decision to incorporate proxy/delegated authority is a policy decision.

In terms of programme design and delivery, while we have yet to do any dedicated research into proxy as a dedicated topic, it has come up in wider work. For example this is an extract of our initial discovery work into Appointments and Communications:

*Most participants had experience of either supporting a person to receive healthcare or being supported by others. Whether this be caring for children, parents or being supported by formal care teams. We heard various examples of care coordination; families using a shared digital calendar to manage children's appointments, or formal care teams and Personal Assistants communicating the cared for person's health care arrangements via a Microsoft Teams channel. From the Discovery, it's clear that sharing of health information and appointments is happening regularly, and in some informal cases, happening without oversight. Therefore, it is not surprising that participants would like MyCare.scot to afford them sharing capabilities.*

*For some participants, the ability to link accounts was a presumed feature, for others a recommendation. Participants shared experiences they had (such as supporting a family member in an emergency situation), that they felt could have been improved had they had access to their family member's list of medication.*

*"I found out just the other day she's got lymphedema, but again, I didn't have access to that information … If it was an app that I could get in to see would be brill. Because, you know, at that time, we were scratching our heads. We're looking through mum's pillbox going; 'What pills is she on again?' And 999 were asking lots of complicated questions and we're going; 'We haven't got a clue'. We needed to wait 4 1/2 hours for an ambulance, which was a long, long, long evening".*

*For a participant who has young children, having proxy access or linked accounts would be the deciding factor in whether to use MyCare.scot. They also questioned the technicalities of how parents would manage separate apps or logins on one device. Therefore linked accounts.*

*"Would actually, honestly be essential. I wouldn't want to have three accounts. I wouldn't want to have my account, my kids' accounts and have to log into all these different things. In order for it to be successful, you'd need to be able to delegate kids' health to a parent or a guardian. Because ultimately I'm the one who organises their life and takes them to appointments and books like the dentist and all that kind of stuff. So I need to know what that would be. I think that will be what makes it mega successful and usable. I just don't know how you'd get notified for all the things. You can't download an app three times. So I think that would just be annoying".*

### What other evidence did we find?

In the planning of proxy to incorporate into the technical design and delivery of MyCare.scot, this will involve colleagues across the programme who specialise in data protection, information security, clinical safety, human rights, equalities, child and adult protection and social care as well as health and social care professionals, (this list is not exhaustive) as there are significant legal and regulatory considerations into building in proxy into MyCare.scot.

### How has this evidence informed the design and delivery of MyCare.scot?

Proxy is to be prioritised as one of several possible future discoveries at programme level.

### What have we still to do?

Detailed discovery into what proxy means for MyCare.scot including engagement with people and representative groups regarding proxy.

### What do we consider is the perceived impact (benefits; barriers; neutral) on people who share protected characteristics by providing proxy/delegated authority?

- Age
- Disability
- Race
- Religion or Belief
- Sex
- Sexual orientation
- Gender Re-assignment (Gender identity and transgender)
- Marriage/Civil Partnership (discrimination only)
- Pregnancy / Maternity

- Socio-economic status
- Carers
- Remote and rural communities

As part of the discovery of proxy, equality considerations will be incorporated at policy and at programme level. The output of this will be recorded here. An action is taken to ensure that equality considerations are incorporated into this work.

This section should be read in parallel to Appendix 1 - National Equality Impact Assessment version 2.0, Digital Health and Care Scotland, Scottish Government
"Assessing the impacts and opportunities, by characteristic" Section 5.

How does this work meet the general equality duty?

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

This section will be completed as part of the discovery work required for proxy; however, this is to be addressed both at policy and programme level.

| **Preference/Choice** |
|---|
| In the design and delivery of MyCare.scot we recognise the importance of recording peoples' preferences and choices, and the need to balance this with both legal and technical considerations.<br><br>In the course of engagement and consultation undertaken by the Scottish Government it was identified that:<br><br>• *Recording communication and accessibility preferences must be possible and easy to update, so services can respond to change user needs*<br><br>• *Service-provider assumptions about digital skills or preferences should be avoided.  Inclusive design should allow individuals to choose what works for them*<br><br>• *Communication and accessibility preferences have been highlighted as core to improving both effective and efficient service*<br><br>(Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)<br><br>In addition, that one of the potential benefits of capturing preferences in MyCare.scot, is for it to be, *Effective and efficient by responding to preferences and sharing information.* (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care) |
| **Summary of output/action by programme** |
| For the initial December 2025 release of MyCare.scot, the only preference users can have is in how they receive notifications of new messages being available in their mailbox – i.e. via SMS, email or both. Currently these preferences apply only to the messaging element of the MyCare.scot application and are not propagated into any wider NHS Scotland or social care systems.<br><br>There is a need to explore how preference and choice can be incorporated into future developments. This is captured as an action to take forward at both policy and programme level. |
| **What people told us (what is the supporting information/evidence)** |
| As part of the Scottish Government's engagement and consultation it was identified that: |

- *Being able to update preferences (communication and accessibility) in an ongoing way will help to ensure that stated personal preferences are used (appointment letters, health information, and so on). This has benefits for all types of interactions including in-person, telephone, video, and communications (letter, telephone, SMS=Short Message Service)*

- In relation to gender reassignment, *Trans people will have the opportunity to engage digitally rather than face-to-face or via telephone and this has the potential to reduce the misgendering of individuals*

- *Having the opportunity to choose the way of engaging with health and social care services would be positive. Including opportunities to ensure demographic information is correct, communication preferences are recorded, and preferred nomenclature is documented would be welcomed*

(Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

In discovery work to date, people have expressed a preference for having both digital and traditional options available, such as an opt-in/opt-out system for services like MyCare.scot. This flexibility helps reduce stress and accommodates varying levels of digital literacy, especially among older users, this was communicated as part of research carried out to underpin the app naming/positioning. There generally are concerns that the growth of digital services will require people to transition to those channels and the reduced availability of non-digital channels.

| What have we still to do? |
| --- |
| As described, for the initial December 2025 release of MyCare.scot, the only preference users can have is in how they receive notifications of new messages being available in their mailbox. In consultation with stakeholders, including the Scottish Government, the programme requires to further explore how preference and choice could be incorporated into future developments, and this will be captured as an action within this EQIA. |

| What do we consider is the perceived impact (benefits; barriers; neutral) on people who share protected characteristics by providing a system that has the ability to record preferences/choices? |
| --- |
| • Age |

- Disability
- Race
- Religion or Belief
- Sex
- Sexual orientation
- Gender Re-assignment (Gender identity and transgender)
- Marriage/Civil Partnership (discrimination only)
- Pregnancy / Maternity
- Socio economic status
- Carers
- Remote and rural communities

As part of the further development of preference and choice, equality considerations will be incorporated. The output of this will be recorded here. An action is taken to ensure that equality considerations are incorporated into this work.

This section should be read in parallel to Appendix 1 - National Equality Impact Assessment version 2.0, Digital Health and Care Scotland, Scottish Government
"Assessing the impacts and opportunities, by characteristic" Section 5.

How does this work meet the general equality duty?

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

This section will be completed as part of the discovery work required for preference and choice.

## Communication

In designing and developing MyCare.scot, we recognise the importance in ensuring that:

- MyCare.scot is clearly communicated, and that we consider the different requirements and circumstances of people in designing and delivering communications
- Communications are accessible and use inclusive language and images
- Guidance materials are available for individual users and for health and social care professionals, as well as third party organisations

In the course of engagement and consultation undertaken by the Scottish Government evidence collection, analysis and outcomes identified that:

- *Awareness-raising and communication activities should continue to use a mix of national campaigns, trusted community organisations and mainstream media to reach the widest audience*

- *Communication and accessibility preferences have been highlighted as core to improving both effective and efficient service*

- *It is important for health and social care information to be available in a variety of languages. Further consideration of Artificial Intelligence (AI) in translating information from one language to another such as Google Translate (Google Translate).  This will require engagement with community-led organisations to assess risks and benefits*

- *Accessible navigation and information – plain language, compatibility with screen readers and multilingual support – will enable more people to use the MyCare.scot effectively*

(Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

## Summary of output/action by programme

### Communications and engagement strategy

The communications and engagement workstream for MyCare.scot is made up of a communications lead and communications business partner. The wider workstream extends to a business analyst, marketing, communications and policy colleagues in Scottish Government, and representatives from communications in ScotAccount and COSLA.

The group meets regularly to discuss current work pertaining to MyCare.scot and to ensure that communications activity across Government, COSLA and the MyCare.scot programme is aligned.

The group also works collaboratively to create and feedback on the creation of assets such as visual identity, marketing collateral and the overarching communications and engagement strategy for the programme.

MyCare.scot communications work has included widening representation to COSLA (which represents local authorities) to ensure that social care is included, as well as ScotAccount ScotAccount - mygov.scot and representatives from the Scottish Government. MyCare.scot also includes representatives from across the territorial health boards in Scotland, covering all regions and sectors.

The scope of the workstream, as confirmed in the communications and engagement strategy is:

- Setting the standard and strategy for communications and engagement activity for the duration of the programme
- Leading national communications and engagement activity on behalf of the programme with key stakeholders such as the public, NHS Boards and social care organisations
- Working collaboratively with partners such as Scottish Government (SG), NES communications team and others to manage enquiries about and the reputation of DFD, providing a central focal point for messaging consistency
- Supporting local communications teams across Health Boards and Local Authority (LA) areas with advice on the tools required to support implementation of DFD 'on the ground'
- Providing expert strategic advice and guidance on communications and engagement within the programme to workstream leads
- Supporting communications best practice through the production of assets, guidance and shared learning opportunities across the programme

The aims and objectives of the communication's team are:

- Increase awareness and understanding of DFD among key audiences, with a view to driving uptake and usage

- Provide a 'single source of truth' for programme information for partners such as Scottish Government, COSLA and wider NHS services, minimising burden on other functions
- Position DFD as people's first choice to access personal health and care information, championing Scottish Government's 'Digital First' aspiration
- Increase expertise, confidence and knowledge of DFD among health and care providers through shared learning opportunities, networks and events

A communications and marketing strategy and plan has been completed.

In terms of collecting communication preferences, we are in the very early stages of communicating publicly about this programme and are in the process of identifying suitable channels and talking to stakeholders about how they would prefer to be kept up to date on the programme's progress, including using their own communications' channels. We have completed a communications channel map according to wider conversations with multiple stakeholders which will be used as the basis for communication going forward.

Local communications preferences will be mapped and logged at regional and local level ahead of deployment.

In terms of securing resources to develop and implement a plan using a variety of methods, this work is in progress. Following research via the Scottish Government Insights team, the programme is developing a marketing and communications toolkit for NHS Lanarkshire in collaboration with their programme lead, to support a national and regional launch in December 2025. This asset pack will subsequently be adapted for use by other Health Boards and social care organisations during the rollout.

A social media content plan is underway and will be completed in October 2025. We are in the process of setting up a Facebook and LinkedIn page for the MyCare.scot programme and will begin publishing content according to our content calendar from the end of September 2025.

We have a list of actively interested partners across health and social care who have offered to share our content on a monthly basis. We will therefore issue a monthly programme bulletin accessible to anyone working in health or social care on SharePoint, and a synopsis of this content will be shared via partner channels to ensure maximum cross-sector reach.

We have commenced formal engagement with GPs, wider primary care and health boards ahead of roll out in 2026 and are logging engagement at programme level.

**Organisational Readiness**

Evidence Gathered:

Baseline readiness assessments have been conducted to look at organisational, operational, digital, behavioural and resource readiness.  The scope for this has been across NHS boards, looking to rollout DFD initial release features across secondary care services.  Stakeholder readiness packs were issued, including surveys and workshops held with stakeholders from a wide range of disciplines to form guiding coalitions. Surveys and workshops included gathering feedback and insights into current provision for communication and inclusion.  Some initial findings:

- Appointment management, including digital communications and record access are partly operational within some boards
- Identity management and service finder mostly not started
- Where these features exist in boards, multilingual support, non-digital alternatives, outreach, and support services only partially in place or absent

Impacts identified:

There is variation across NHS boards in provision of digital engagement features and inclusion measures, resulting in risk of inequality, as service users in different areas may experience inconsistent access to digital services, information and support.  It was highlighted that equality groups most likely to be affected would include, older people, people with disabilities, people with limited English proficiency and people with low digital or health literacy.  There is a risk that without standardisation, the programme could exacerbate rather than reduce health inequalities.

Mitigation/Actions:

We are establishing a national hub as a platform for the following activities/information sharing:

- Engagement and visibility of delivery organisation progress.
- Distribution, storage and promotion of enablement toolkits and frameworks, including communications and inclusion.
- Standardised templates and resources to reduce variation
- Streamlined national communications to ensure consistent messaging

In addition to this there will be ongoing readiness touchpoints (across all domains but to include communications and inclusion) to identify and address gaps. We will also work with the service design and User Centred Design teams to build feedback loops and co-design workshops, working with delivery organisations, health and social care staff and service users.

Future Plans:
We will use the national hub to host and update toolkits for communications and inclusion (in addition to others); provide regular programme updates; monitor delivery organisation provision through ongoing assessment mechanisms (meetings, webinars, focus groups, trackers, surveys) and support peer learning across organisations.

We will support continued co-design with service users and advocacy groups to refine inclusion approaches and ensure EQIA findings are embedded within all relevant guidance and that adoption is monitored.

**Provision of services and support in languages other than English**
In terms of the outcomes relating to the provision of services and support in other languages other than English, this is a decision for the Scottish Government at national level, and the programme will accordingly take forward the actions required. MyCare.scot is currently not available in other languages apart from English and as such has not tested for translation tool-friendliness at this point.

For users who communicate in other languages or who have limited use of English alternative options are in place to contact the National Contact Centre for support in creating a MyCare.scot account and interpretation services are available.

What people told us (what is the supporting information/evidence)

Substantial evidence was collected by the Scottish Government in respect of communications it identified that:

- *Information on how to use the Digital Front Door will need to be translated into the most frequently used languages including British Sign Language and easy-to-read versions. This will enable more*

*people to use the Digital Front Door* Disability (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

- *If MyCare.scot facilitates appointments, community language interpreters will be able to join virtual appointments to ensure effective support without either having to travel. This may reduce the issue of interpreters not attending leaving patients with no communication support. Where desirable it will also facilitate extended family members to join consultations, including from overseas.* Ethnicity (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

Issues were identified by the Scottish Government within its EQIA, as "common to all/common to many of the protected characteristics", including:

- *Poverty, literacy and digital skills continue to cut across all protected characteristics, reinforcing the need for holistic digital-inclusion measures.* (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

- *Ensuring communications are inclusive* Age (Scottish Government "Underpinning Evidence" Evidence, analysis, and proposed mitigation, by characteristic, National EQIA)

- *Offer information in plain English, appropriate to at least the average reading age in Scotland* Disabled (Scottish Government "Underpinning Evidence" Evidence, analysis, and proposed mitigation, by characteristic, National EQIA)

- *Services need to be designed to be responsive to different language preferences including interpretation facilities* Ethnicity (Scottish Government "Underpinning Evidence" Evidence, analysis, and proposed mitigation, by characteristic, National EQIA)

- *Assess digital solutions such as Google Translate* Ethnicity (Scottish Government "Underpinning Evidence" Evidence, analysis, and proposed mitigation, by characteristic, National EQIA)

What do we consider is the perceived impact (benefits; barriers; neutral) on people who share protected characteristics through the programme's approach to communications?
- Age
- Disability
- Race
- Religion or Belief
- Sex
- Sexual orientation
- Gender Re-assignment (Gender identity and transgender)
- Marriage/Civil Partnership (discrimination only)
- Pregnancy / Maternity
- Socio-economic status
- Carers
- Remote and rural communities

The programme has highlighted the actions that are being taken in respect of the overall communications strategy to ensure that:

- MyCare.scot is clearly communicated and the different requirements and circumstances of people in designing and delivering communications are incorporated
- Communications are accessible and use inclusive language and images
- Advice and support are available for individual users and for health and social care professionals, NHS Health Boards and other organisations
- Engagement and consultation are undertaken with a range of internal and external stakeholders

The work of the Scottish Government in its EQIA process highlighted a number of outcomes specifically in relation to communication. One of the most significant outcomes was in respect of MyCare.scot potentially being available in other languages and/or for the system having the capability to use translation software. It is acknowledged that MyCare.scot is available in English and at present cannot be translated into alternative languages.

On balance, the overall perceived impact is neutral. Whilst the programme has addressed a number of outcomes from the Scottish Government's EQIA process in respect of overall communications, the lack

of alternative language options should be acknowledged. We will record in this EQIA any decisions determined at policy level on the scope for alternative language and translation services for MyCare.scot beyond English.

For the overall analysis of impact by protected characteristic this section should be read in parallel to Appendix 1 - National Equality Impact Assessment version 2.0, Digital Health and Care Scotland, Scottish Government
"Assessing the impacts and opportunities, by characteristic" Section 5.

How does this work meet the general equality duty?

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

Based on the evidence and outcomes of the Scottish Government's EQIA process and the information presented in this section we do not consider that the actions relating to communications is discriminatory; however, an approach is a required in terms of how MyCare.scot will address both communication requirements of additional languages and in terms of additional support for those who experience communication barriers due to lack of English, disability or other learning requirements. For MyCare.scot to be made accessible across Scotland these barriers should be addressed at policy level. The programme's scope of supporting the development of this area will be recorded in this EQIA.

## Access and Inclusion

Access and inclusion are two of the main themes considered by the Scottish Government as part of its EQIA process, and for the programme it is vital that considerations relating to access and inclusion are incorporated into the design and delivery of MyCare.scot.

For the programme, access and inclusion are overarching principles that people who want to access MyCare.scot can access it, and the barriers that people face in accessing MyCare.scot should be considered and action taken where possible, as by removing most of these barriers we are working towards an accessible and inclusive service for people in Scotland.

It is important for the programme to recognise that not all barriers, both physical and non-physical, can be removed by the programme and therefore provide details as to the non-digital options available, providing assurances that those who are not accessing via MyCare.scot will have alternative equitable provision. In addition, that people wanting to use MyCare.scot are provided with the support to do so.

The vision for MyCare.scot is that people (initially aged 18 years and over for the national rollout), *to be able to securely access trusted health and social care information and services through a single login.* (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

- The first service that will be delivered for MyCare.scot is a web application. This will have the features of an app but will not need the app stores for installation. As noted by the Scottish Government in its EQIA, *The Minimum Viable Product is developing a "Progressive Web App" (PWA) – a web-based application that provides the same functionality as a traditional app but without requiring app-store installation.  From a equality perspective, this approach improves accessibility for users with low-cost smartphones, older devices or desktop access only.  Future service interactions will assess whether a native app should be also offered to complement the PWA model.* (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

| What people told us (what is the supporting information/evidence) |
| --- |
| In recognising the importance of access and inclusion, as principles to incorporate into MyCare.scot this EQIA has listed some of the outcomes and evidence provided by the Scottish Government in its EQIA: |

In terms of overall evidence, the Scottish Government in its EQIA found that:

- *Current evidence suggests that maintaining a mix of access routes – digital, telephone and in person – remains the most effective way to reduce inequalities.  MyCare.scot aims to support this inclusive, multichannel approach, while ensuring that people who prefer or require non-digital options can still access services on an equal basis.*

- *Engagement with community representatives highlights that MyCare.scot could advance equality of opportunity for older people, and carers of all ages living in remote and rural areas, where travel or transport costs are barriers to accessing health and care services. Age (*Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

For the protected characteristic disability (including intersectionality with socio economic status):

- *A large percentage of people in Scotland are disabled, are more likely not to be in employment, and face challenges to afford connectivity, devices, and transport etc.*

- *Poverty is the single biggest driver of poor mental health, and people living in poverty carry a higher risk of suicide, as do those who are unemployed or socially isolated. Many disabled people also face the additional barrier of digital exclusion, meaning it is harder to access advice, support and services*

- *Some people experiencing unstable living circumstances or substance misuse may also experience associated physical or mental health conditions that can affect their daily lives.  While substance misuse itself is not recognised as disability under the Equality Act 2010, the health impacts linked to it may create additional barriers to digital inclusion.  Ensuring accessible support and signposting through MyCare.scot could help address these inequalities*

- *MyCare.scot offers the potential to make access to services more convenient by reducing the need for travel and associated costs, for example through local community hubs. Reducing the need to travel may also help to lessen distress for some people – for example, people with learning disabilities, autism, chronic pain, anxiety, and mobility issues.*  Disability (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

For the protected characteristic ethnicity (including intersectionality with age; socio economic status):

- *The evidence highlights intersectional impacts for minority ethnic groups including refugees who are older, less likely to be in work, in poverty, and don't speak English. For instance, Asian' people are significantly less likely to have used the internet than people of the same age who identified their ethnicity as white.  People at the intersection of these experiences require a range of different approaches*

- *Asylum seekers and refugees face unique and complex challenges related to their mental health; however, they are less likely to receive support than the general population. There may be opportunities for digital approaches to improve the experience*

- *For Gypsy Traveller communities, issues to consider include difficulties with GP registration, discrimination from some professionals (leading to poorer access and or treatment), digital exclusion, and lower levels of literacy. It is known that Gypsy Travellers has poorer health than the general population. Digital may provide some opportunities to improve continuity of care, with for example GP and other primary care services* Ethnicity (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

For the protected characteristic sex:
- *As women are more likely to be the primary carers for children and to manage health-related matters for their families, the initial age restriction of 18+ may present a greater barrier for women accessing healthcare information or services on behalf of dependents*

- *Most single-parent households are women and on low incomes, digital options have potential benefits and barriers.  Women are more likely to suffer domestic abuse and therefore being able to access services in a safe space would be a priority.  Creating and promoting safe places in, for instance community hubs, libraries would be advantageous.  [Mitigating the risks of domestic abuse - NHS England Digital](#)* Sex (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

For the protected characteristic sexual orientation:
- *Moving to digital access is addressing some of the findings from the Scottish Government Public Engagement about Near Me, in September 2020, where LGBT+ individuals indicated a keenness for digital options for appointments, especially in remote and rural areas enabling a digital safe space*

*for a consultation* Sexual orientation (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

For the protected characteristic gender reassignment:
- *Evidence shows that Trans people are at a higher risk of experiencing mental health challenges, often linked to discrimination and social stigma.  Having resources such as Digital Mental Health Services in one place could help improve access and engagement with MyCare.scot*

- *Through the EQIA process, we heard that Trans people would avoid going to appointments and having digital options would improve access* Gender reassignment (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

For the protected characteristic pregnancy and maternity:
- *Where travel to attend a GP or hospital appointment is not required the Digital Front Door has the potential to have a positive impact on all aspects of maternity care, (pre and postnatal)*

- *Digital approaches could also enable partners, and family members to attend appointments remotely (such as used due to Covid-19 restrictions on the home/work circumstances of their partner)*

- *Potential for some staff to miss signs of gender-based violence / post-natal depression during pregnancy if all consultations are remote rather than a blended approach* Pregnancy and Maternity (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

Fairer Scotland Impact Assessment. MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland Digital, data, and health literacy, Scottish Government

- *Research indicates that those from poorer socio-economic backgrounds are more likely to have poorer skills and attainment.[2] [3]  Prior to COVID-19, a report by Citizens Advice Scotland*

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[2] education-attainment-scotland-full.pdf (Footer reference from the Scottish Government's Fairer Scotland Duty Assessment – link not currently live)

[3] Closing the poverty-related attainment gap: A report on progress 2016-2021 (www.gov.scot)

*'Disconnected: Understanding digital inclusion and improving access'[4] suggests that those living in the least deprived areas are twice as likely to be able to use a computer than those in the most deprived areas*

- *There may be potential negative impacts associated with opening access to data if the data provided is not understandable.  Accessibility issues could also be more acute for some groups of individuals from poorer socio-economic backgrounds[5]*

- *A review of Ofcom's research on digital exclusion among adults in the UK, OFCOM March 2022 showed that across the UK, the number of households who do not have access to the Internet at home currently stands at 6%[6]. Those most at risk of digital exclusion include older adults; the most financially vulnerable; those not working; people living alone; and people impacted by a limiting condition e.g. hearing or vision impairment*

- *Specifically in Scotland, 93% of households had access to the internet and the proportion varied by deprivation. Only 87% of households in the 20% most deprived areas had access to the Internet whereas almost all households (99%) in the 20% least deprived areas had access to the Internet. Moreover, people experiencing socio-economic disadvantage will tend not to have the latest technology available (Scottish Household Survey 2020.[7] Recent challenges linked to the cost-of-living crisis have seen this further exacerbated[8]*

- *On the other hand, 62% of those on low incomes in Scotland surveyed worry about being able to afford transport or live in areas with little or no public transport. Therefore, there are potential benefits through reduced travel and/or time off work if services can be accessed digitally. The poorest households are close to seven times as likely to lack access to a car as the richest[9]*

| How has this evidence informed the design and delivery of MyCare.scot? |
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| Access and inclusion considerations which address the outcomes from the Scottish Government's EQIA process are presented holistically in this EQIA. There is an action to ensure that the programme builds upon access and inclusion. Part of this action will involve developing the awareness of programme staff |

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[4] cas_disconnected_report.pdf (Footer reference from the Scottish Government's Fairer Scotland Duty Assessment – link not currently live)

[5] Greater access, better insight, improved outcomes: a strategy for data-driven care in the digital age (www.gov.scot)

[6] Digital exclusion: a review of Ofcom's research on digital exclusion among adults in the UK

[7] Section four - Internet - Scottish Household Survey 2020 - telephone survey: key findings - gov.scot (www.gov.scot)

[8] One million cancel broadband as living costs rise - BBC News

[9] Trends in households without access to a car - The Health Foundation, April 2021

as to how access and inclusion should be incorporated into the design and delivery of MyCare.scot. This will be formalised and the outputs from this awareness raising will be recorded in this EQIA.

In terms of the overall awareness of programme staff with NES, staff are required to complete mandatory training on equality, diversity and human rights. The training has been developed to meet the essential learning needs of the health and social care workforce in Scotland. In addition, line managers within NES have a responsibility to ensure that equality and diversity procedures and practices are upheld.

NES has created an Inclusive Education and Learning policy [Inclusive education and learning | NHS Education for Scotland](#) which sets out our commitment "to making education more accessible and equitable for health and social care staff."

Access and inclusion considerations and the activities undertaken by the programme are reflected in this EQIA, including the non-digital support options that are available. In respect of non-digital options, the programme needs to further assess how it is:

- addressing digital choice
- assessing risks where we are not delivering on certain digital aspects that people might be expecting (from the evidence gathered as part of the Scottish Government's EQIA process), and the programme's own consultation and engagement

As the work of the programme develops and further services are incorporated into MyCare.scot there is opportunity to strengthen current approaches in further defining access and inclusion considerations in MyCare.scot – and for this to be reflected within this EQIA. This EQIA may also act as a catalyst for this work. This will be taken forward as an action.

An area for further consideration for the programme is in respect of health inequalities. The Scottish Government in its EQIA states that:

*Health inequalities are disparities in health outcomes between individuals or groups.  They are influenced by a wide range of factors. These include access to education, employment, and good housing; equitable*

*access to healthcare; individuals' circumstances and behaviours (diet, alcohol consumption, smoking, and income levels).* (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

*The Health Foundations 2022 independent review of health and health inequalities in Scotland analysed how socioeconomic factors and public health interventions have influenced health outcomes over the past two decades. Recent research – including the 2024 Inequality Landscape Report from Scottish Health Equity Research Unit – continues to underscore the importance of socio-economic factors in shaping health outcomes. These findings are being used to inform the MyCare.scot Programme's alignment with the Fairer Scotland Duty and wider health-inequality objectives described in the National Rollout Summary.* (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care). For MyCare.scot we have incorporated the findings from the Fairer Scotland Impact Assessment into this EQIA.

An area for further consideration for the programme is to review research, policy and guidance regarding health inequalities in Scotland and how MyCare.scot can help to inform and address health inequalities. A health inequalities review of MyCare.scot will be taken forward as an action and this will include how MyCare.scot intends to identify who is accessing MyCare.scot and why, and what the longer term plans are for considering how MyCare.scot is addressing both the health and social care needs of people in Scotland, and as part of that – addressing health inequalities. This is captured as an action to be taken forward.

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What do we consider is the perceived impact (benefits; barriers; neutral) on people who share protected characteristics by ensuring access and inclusion considerations are incorporated into the design and delivery of MyCare.scot?

- Age
- Disability
- Race
- Religion or Belief
- Sex
- Sexual orientation
- Gender Re-assignment (Gender identity and transgender)
- Marriage/Civil Partnership (discrimination only)
- Pregnancy / Maternity
- Socio-economic status

- Carers
- Remote and rural communities

In respect of considering the overall impact of incorporating access and inclusion considerations into MyCare.scot parts of the measurement of impact currently sits within defined actions taken by the programme, for example:
- Usability testing
- User research and co-design
- Communications

As MyCare.scot develops a defined approach for access and inclusion, the impact will be considered within this EQIA, this will include the work to raise awareness within programme teams, and associated outputs, and to develop a defined approach to addressing health inequalities.

This section should be read in parallel to Appendix 1 - National Equality Impact Assessment version 2.0, Digital Health and Care Scotland, Scottish Government
"Assessing the impacts and opportunities, by characteristic" Section 5.

How does this work meet the general equality duty?

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

This assessment is incorporated into defined areas of action within this EQIA.  As noted, this approach will be revisited as MyCare.scot develops and as incorporates further services. In addition, the work required to address awareness and health inequalities will also be considered within this EQIA.

**Digital Inclusion and Digital Exclusion**

The Scottish Government's EQIA includes the following information in respect of digital inclusion and exclusion:

- *Digital inclusion and its inverse digital exclusion are both dynamic and evolving. The Scottish Government's Digital Inclusion Programme[10] describes five pillars: motivation, connectivity, device, skills and inclusive design*

- *Understanding how the five Pillars of Digital Inclusion (motivation, connectivity, device, skills and inclusive design) relate to each characteristic group will support targeted mitigation*

The Scottish Government, National EQIA for Digital Front Door, for Health and Social Care identifies the challenges in not being able to overcome the barriers of digital exclusion (Scottish Government's Digital Inclusion Programme Digital Inclusion – Digital Services and Innovation):

- *Key challenges include overcoming barriers associated with digital exclusion as described in the Scottish Government Digital Inclusion Programme (2023) (Figure 3).  Engagement and evidence gathering for the Digital Front Door have also identified additional scenarios that may limit effective use of the service – such as lack of awareness of digital options, limited choice, or assumptions by service provides about a personal suitability for digital tools.* (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

- *Intersectionality and socio-economic inequality are an additional consideration, as overlapping factors such as disability, age and poverty, language, or rural isolation can compound barriers to digital access.  Ongoing engagement, inclusive design and target communication will therefore be critical to ensure that MyCare.scot is accessible, trusted and useable for all.* (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

- *The Covid-19 pandemic demonstrated how digital technology can improve access to health and social care services, but it also highlighted the barriers faced by people who are digitally excluded. The Trussell Trust's Hunger in Scotland (2023) identified poverty and food insecurity as drivers of*

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[10] Digital Inclusion | TEC Scotland

*digital exclusion, while the Scottish Women's Budget Groups' Women's Survey on Transport (2023) showed how rising transport costs compound access barriers for many women, particularly disabled women and single parents.* (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

- *Digital exclusion continues to affect some groups more than others – including older people, people on low incomes, disabled people, and those with limited digital skills or connectivity. Evidence gathered since 2023 confirms that digital exclusion intersects with other factors such as poverty, geography and caring responsibilities.* (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

- *Research indicates that those from poorer socio-economic backgrounds are more likely to have poorer skills and attainment.[11] [12] Prior to COVID-19, a report by Citizens Advice Scotland 'Disconnected: Understanding digital inclusion and improving access'[13] suggests that those living in the least deprived areas are twice as likely to be able to use a computer than those in the most deprived areas* Scottish Government Fairer Scotland Impact Assessment [MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland](#)

| Summary of output/action by programme |
|---|

Significant work should be undertaken across all programme workstreams to ensure digital inclusion is embedded – digital inclusion does not sit over on the side; it needs to be a core part of every programme workstream and there will be key requirements as part of the intersectional nature of digital inequality. As part of the further design and delivery of MyCare.scot we need to address the following questions:

For communications and engagement:
- How are we developing approaches to communicate the benefits of MyCare.scot and how are we introducing people to this new way of engaging with health and social care?

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[11] [education-attainment-scotland-full.pdf](#) (Footer reference from the Scottish Government's Fairer Scotland Duty Assessment – link not currently live)

[12] [Closing the poverty-related attainment gap: A report on progress 2016-2021 (www.gov.scot)](#)

[13] [cas_disconnected_report.pdf](#) (Footer reference from the Scottish Government's Fairer Scotland Duty Assessment – link not currently live)

- What communication messaging are we sharing with care providers so that they can support the people who access their services to understand the benefits to engaging with MyCare.scot?

- How are we building awareness of MyCare.scot across Scotland and ensuring we are engaging with communities who face systemic barriers to accessing health and social care?

- How are we cascading messaging and building awareness through trusted community organisations and groups who can support people to have an awareness of what MyCare.scot is and how it may support them in their health and wellbeing?

For Service Design:
- What have we understood so far from engagement around how people want to be supported to use MyCare.scot e.g. in how they will receive digital skills and confidence support, reassurance and guidance?

- How will digital inclusion support be designed, what that 'onboarding' and introductory processes will look like as part of the service journey?

- How are we meeting digital service standard criteria 5, addressing the 'inclusive design' of the platform? What the Digital Scotland Service Standard is and how it impacts you - Service Manual

For services that are developed and becoming available through MyCare.scot:
- What digital inclusion considerations have already been explored by services?

- Do they understand the digital inclusion needs of the people who are likely to be accessing those services digitally?

- Do we have an understanding of the proportion of the population likely to be impacted by digital exclusion and who we need to engage with?

For staff and organisations:
- How are we supporting the upskilling of staff in MyCare.scot to be able to support people who are accessing their services to be introduced and onboarded?

- How are we supporting organisations to develop partnerships with digital inclusion expertise in the community to be able to signpost people to support?

For rollout plans:
- What mechanisms are we developing in local areas to ensure that digital access is available and that there is a place or a person who can provide digital skills and confidence support, device and connectivity access?

These questions, and the resulting actions, are incorporated into the Actions section of this EQIA.

## What people told us (what is the supporting information/evidence)

As part of the Scottish Government's engagement, it was identified that:

*Digital exclusion continues to affect some groups more than others – including older people, people on low incomes, disabled people, and those with limited digital skills or connectivity.  Evidence gathered since 2023 confirms that digital exclusion intersects with other factors such as poverty, geography and caring responsibilities.*

*Current evidence suggests that maintaining a mix of access routes, digital, telephone and in person – remains the most effective way to reduce inequalities.  MyCare.scot aims to support this inclusive, multichannel approach, while ensuring that people who prefer or require non-digital options can still access services on an equal basis.* (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

Scottish Government Fairer Scotland Impact Assessment: MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland

- *The Scottish Government's Protect Scotland App EQIA, (December 2020)[14] noted that around 3.9 million or 88% of people in Scotland have used apps on mobiles, tablets, or other digital devices. It also highlighted that those who are most likely to be digitally excluded are individuals and families on low incomes including:*
    - *minority ethnic people.*
    - *people who experience additional challenges such as care experienced.*

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[14] EQIA-18-december-2020.pdf (protect.scot)

- o *disabled people, particularly those people who experience barriers to communication or those with a sensory impairment.*
- o *people who live in remote and rural communities.*
- o *people experiencing homelessness[15]*

- Evidence and insights illustrate that the prevalence of digital exclusion is not split equally across the population. Certain demographics are more likely to be digitally excluded, including older people, those who are not working, the most financially vulnerable, and those who live with a condition that limits or impairs their ease of use of communication with services. In many cases, these factors will be inter-related

In terms of what people have told the programme (through user engagement or communications) about digital inclusion and exclusion – this evidence should be incorporated into this EQIA ahead of national rollout. How the programme is considering digital inclusion and exclusion will be recorded as actions, across the areas specified and more widely through the implementation of this strategy.

**What other evidence did we find?**

Evidence that should be included in incorporating digital inclusion considerations into the programme include:

**Evaluation of the Digital Inclusion Programme (August 2025)**

The outcomes of the national Scottish Government Digital Inclusion Programme evaluation highlight the importance of embedding digital inclusion as part of service delivery, ensuring sustainable funding, and adopting place-based approaches. It also emphasised the need for improved access to devices and connectivity and stronger cross-sector collaboration.

Specific implications from the Evaluation for MyCare.scot include the recommendations of:

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[15] *Homelessness can be driven by individual vulnerabilities or support needs, for example, mental ill health, learning or physical disability, a medical condition, family/relationship breakdown, drug or alcohol dependency, lack of basic housing management or independent living skills, or experience of institutional care. (Scottish Government EQIA for the Digital Front Door)*

- The need for digital inclusion to be embedded across health and social care and for it to be mandated as part of strategies within public service delivery frameworks, with accountability mechanisms
- Localised, community-driven approaches where service providers are supported to work with digital inclusion organisations to co-design and deliver place-based support
- Targeted interventions for groups who are most at risk of digital exclusion
- Overcoming barriers to device and connectivity access through, for example, expanding device refurbishment schemes and subsidised connectivity programmes
- Establishing formal partnerships (with appropriate commissioning models) and knowledge-sharing platforms to enable cross-sector collaboration to embed digital inclusion
- Ethical considerations around data, privacy, and consent are increasingly relevant as they continue to be a barrier to engagement, especially in relation to health and social care
- Ensuring appropriate training and resources for frontline staff and investing in digital capability-building through, for example, expanding digital champions models of upskilling
- Programmes are most effective when co-designed with service users, prioritising inclusive design

The Scottish Government Population Health and Service Renewal Frameworks also include commitments and actions to digital inclusion in health and social care:

- *'Embedding and mainstreaming digital inclusion support across health and social care as part of 'business-as-usual' processes in service delivery'*
- *'Embedding digital inclusion approaches which promote digital choice and reduce the risk of deepening inequalities'*

Digital Health and Social Care Human Rights Principles - Health and Social Care Alliance Scotland - Professionals guide

Principle 3 of the Human Rights Principles for Digital Health and Social Care states: '*everyone has the access, skills and confidence to utilise digital services if they choose to do so, regardless of their socioeconomic background, location or ability'*. The professionals guide highlights that for those that would like to explore digital health and social care services without committing, there should be clear information regarding options available along with support to help people start exploring confidence

and motivation, through conversations that are built on trust. '*Approaches focused on 'trusted people in local places' have been shown to be the most effective in getting people started online*'.

Frameworks from England also provide important implications for digital inclusion in health and social care:

Inclusive Digital Healthcare: A framework for NHS action on digital inclusion

https://www.england.nhs.uk/long-read/inclusive-digital-healthcare-a-framework-for-nhs-action-on-digital-inclusion/ - last updated March 2024

Digital Inclusion Framework for Health & Care University of Sussex and NHS Sussex

Expertise, consulting and commission research for public and third sector : Public and third sector : Collaborate : University of Sussex

In addition,

- Lloyd's consumer index 2024 – around 30% of people who are offline feel that the NHS is one of the most difficult organisations to interact with

- Good Things Foundation Digital Nation UK 2025:

  - 7.9million in UK lack basic digital skills, 1.9million struggle to afford mobile phone contract, 3.7million families are below the digital minimum living standard, 1.6million do not have smartphone tablet or laptop
  - 31% of UK adults don't access health services online
  - 69% of those with no basic digital skills have disability or impairment
  - 77% of those with no basic digital skills are over 65
  - 29% of older people feel left behind by services moving online

| How has this evidence informed the design and delivery of MyCare.scot? |
| --- |

Whilst considerations of digital inclusion and exclusion may have been incorporated into programme approaches, there is no evidential approach currently. This needs to be addressed ahead of national

rollout of MyCare.scot, and robust plans should be produced and implemented by the relevant programme teams ahead of national rollout. These should include the resources and scaffolded approaches highlighted previously.

A digital inclusion strategy is being created by a digital inclusion subject expert to support the design and delivery of MyCare.scot, the development of this strategy includes:

- Reviewing evidence on approaches to digital inclusion and models of best practice to develop a plan/matrix of how digital inclusion can be supported as part of the rollout of MyCare.

All areas of the programme require to address aspects of digital inclusion respective to their areas of focus in ensuring the development of MyCare is inclusive and accessible for the people of Scotland, specifically meeting the Digital Scotland Service Standard Criteria 5. 5. Make sure everyone can use the service - Service Manual

Further detail on the digital inclusion strategy will be recorded here ahead of national rollout. It will also be incorporated into programme area's digital inclusion plans and incorporate consideration of the Digital Scotland Service Standard Criteria 5. These points will be recorded as actions.

What do we consider is the perceived impact (benefits; barriers; neutral) on people who share protected characteristics by ensuring digital inclusion considerations are incorporated into the design and delivery of MyCare.scot?
- Age
- Disability
- Race
- Religion or Belief
- Sex
- Sexual orientation
- Gender Re-assignment (Gender identity and transgender)
- Marriage/Civil Partnership (discrimination only)
- Pregnancy / Maternity
- Socio-economic status

- Carers
- Remote and rural communities

It is envisioned that the incorporation of digital inclusion considerations will have a positive impact on people if this is addressed and taken forward by programme teams and we develop a consistent approach to how digital inclusion will be supported in local communities as part of the rollout plan. There is currently insufficient evidence to support the assessment of impact on equality groups given the further work required of the programme and relevant programme teams, and we will record the impact as neutral currently.

For the overall analysis of impact by protected characteristic this section should be read in parallel to Appendix 1 - National Equality Impact Assessment version 2.0, Digital Health and Care Scotland, Scottish Government
"Assessing the impacts and opportunities, by characteristic" Section 5.

How does this work meet the general equality duty?

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

This section will be completed ahead of the national rollout in April 2026.

**Digital Connectivity**

In the course of engagement undertaken by the Scottish Government it was identified that:

- *Connectivity remains a key enabled for equitable access to digital health and care services. While broadband and mobile coverage across Scotland have improved sustainability in recent years, notable regional disparities persist, particularly in rural and island communities*

- *The MyCare.scot / Digital Front Door programme will align with these national initiatives and build connectivity considerations directly into design. Mitigations will include ensuring that non-digital options remain available, monitoring uptake by region to identify areas of low connectivity and incorporating inclusive-design principles to minimise the impact of infrastructure gaps*

- *Ensuring equitable connectively is therefore critical to achieving the programmes vision of accessible digital health and care for all citizens, regardless of geography or circumstance*

(Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

Further information on Scotland's approach to digital connectivity is provided here Digital Connectivity - Digital Connectivity.

Digital connectivity is related to digital inclusion; however, it is its own substantial area of consideration as it is focused on the infrastructure required, and the technical design as what services require "online" access and what can be done "offline". Elements of digital connectivity will be incorporated into the development of a digital inclusion approach, the wider area regarding infrastructure is not considered within this impact assessment.

Digital connectivity should include considerations of:
- connectivity across geographical areas
- connectivity challenges across different areas of Scotland including where might there be inequity of access in terms of digital connectivity
- the data requirements for engaging with the digital service
- the mechanisms that are required for access offline (or if it will require people to be online - whereby there is a cost to use the service as data will be required)

- usage of community hubs (an example is the "Near Me" community hubs and how this overcame connectivity challenges through local access points)
- signposting people to resources, including the national data bank and building awareness of social tariffs (as there is only an 8% uptake on these)

**Cyber Security**

The Scottish Government's EQIA "Issues to be addressed to deliver positive outcomes" (appendix) noted the following issues to be addressed as part of the programme design and delivery of MyCare.scot:

- Cyber security concerns - general fear of being on-line, fear of fraud and being scammed
- Security - low confidence in security and safeguards
- Vulnerability – through lack of confidence in security and safeguards especially around sharing data.

Cyber security is the practice of protecting computers, mobile devices, networks, and data from digital threats. These threats can include unauthorised individuals, commonly known as hackers, trying to break into systems, viruses or malware that damage files, or scams designed to trick people into giving away sensitive information.

**Summary of output/action by programme**

The programme strategy for cyber security across MyCare.scot is to use a variety of different approaches and measures all based on best practice. This forms what is commonly known within information security as defence in depth. The teams designing and building infrastructure and software work to 'secure by design and by default', meaning security is considered throughout the build and development lifecycle from design to final product and through the ongoing life of the software. The programme then use different measures as 'checks and balances' on our secure by design approach, such as asking independent third parties to carry our regular security tests on our technology; having appropriate in-house tools and processes to ensure the programme tests changes before they are put into the live system; this makes sure the programme is  not introducing any vulnerabilities in error, and it also means the programme are measuring how well the security and controls have been applied, mapped to common frameworks and standards that are used industry-wide.

**What people told us (what is the supporting information/evidence)**

As part of the Scottish Government's engagement and consultation it was identified that:

*Lloyds Consumer Digital Index (November 2022) noted that with millions more people doing more online and being more exposed to scams and fraud, this means online safety and security skills must remain a priority. This was also highlighted as part of the engagement and public consultation for the preparation of*

*the Scottish Government's Digital Health and Care Strategy.* (Fairer Scotland Impact Assessment, Scottish Government) [MyCare.scot – Our Digital Front Door – Digital Healthcare Scotland](#)

| What other evidence did we find? |
| --- |

The Scottish Government relies on its comprehensive Scottish Public Sector Cyber Resilience Framework, which is aligned with NCSC 10 Steps to Cyber Security and other core standards like ISO 27001, and is enforced through the Network and Information Systems (NIS) Regulations and GDPR requirements. For the health sector specifically, including MyCare.scot, Scottish Ministers are the Competent Authority, and the Digital Health & Care Division performs audits against the Framework to ensure robust cyber security for networks and information systems.

In terms of key Frameworks and Standards, the [Scottish Public Sector Cyber Resilience Framework (version 2.0)](#) serves as the core document, drawing on and aligning with established standards:

- **NCSC 10 Steps to Cyber Security:** A foundational guidance set for public sector organisations
- **ISO 27001:** The framework is aligned with the requirements of ISO 27001 for information security management
- Cyber Essentials: A scheme that provides a clear, achievable standard for cyber security, which organisations are encouraged to adopt
- **GDPR and NIS Regulations:** Compliance with the General Data Protection Regulation (GDPR) and the Security of Network and Information Systems (NIS) Directive is integral to the framework

How this typically works in practice:

- **Competent Authorities:** For essential service sectors, a Competent Authority is designated. In Scotland, Scottish Ministers are the Competent Authority for the health sector, overseeing NHS Scotland health boards
- **Formal Assessments and Audits:** The designated Scottish Health Competent Authority conducts formal assessments and audits of NHS Scotland health boards to evaluate their cyber security controls, risk management, and governance processes
- **Scottish Cyber Co-ordination Centre (SC3):** SC3 plays a role in coordinating multi-agency response efforts for significant national cyber incidents and provides support and advice

| How has this evidence informed the design and delivery of MyCare.scot? |
|---|
| The security of the MyCare.scot app, its users and their health data, is at the forefront of this Scottish Government initiative.  The confidentiality, Integrity and Availability of the data offered via the MyCare.scot app is assured through building and developing using the GDPR principle of "Secure by Design".  In the previous section key frameworks and standards that underpin the Scottish Public Sector Cyber Resilience Framework (version 2.0) were listed, these are the frameworks and standards that the MyCare.scot app has been built and tested to in terms of infrastructure and software. |

| What have we still to do? |
|---|
| Cyber security is a continual cycle of compliance for the MyCare.scot app. The continual assurance is realised through deployed compliance tooling for infrastructure.  Similarly, automated vulnerability testing is embedded within continuous integration and continuous deployment development cycles. The service is also under proactive monitoring via the NHS Security Operations Centre.  The whole assurance strategy is also supplemented by ongoing schedules for third party security testing; regular reviews of design and implementation documents; adoption and regular review of appropriate policies, procedures and processes to support secure working practices and regular system and user audits. |

| What do we consider is the perceived impact (benefits; barriers; neutral) on people who share protected characteristics by ensuring the system is secure? |
|---|
| <ul><li>Age</li><li>Disability</li><li>Race</li><li>Religion or Belief</li><li>Sex</li><li>Sexual orientation</li><li>Gender Re-assignment (Gender identity and transgender)</li><li>Marriage/Civil Partnership (discrimination only)</li><li>Pregnancy / Maternity</li><li>Socio-economic status</li><li>Carers</li><li>Remote and rural communities</li></ul> |

The overall perceived impact of the programme's actions to address concerns around security and cyber security is that it will be a positive impact. It should benefit individual users, health and social care professionals, and organisations that a "secure by design" approach has been undertaken in the development of MyCare.scot and therefore provide sufficient assurances to those engaged initially in the Scottish Government's EQIA process that issues around security and cyber security have been addressed. It is considered that this impact is relevant to all protected characteristic groupings. An action for the programme may be to ensure that security controls are sufficiently communicated to users, health and social care professionals and organisations at the level relevant to the recipient. The programme will be sharing security control documentation with relevant health boards for the release of MyCare.scot.

For the overall analysis of impact by protected characteristic this section should be read in parallel to Appendix 1 - National Equality Impact Assessment version 2.0, Digital Health and Care Scotland, Scottish Government
"Assessing the impacts and opportunities, by characteristic" Section 5.

How does this work meet the general equality duty?

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

Based on the evidence and outcomes of the Scottish Government EQIA and the programme information, the actions taken in respect of security and cyber security are not discriminatory. By providing people with assurances that security controls are in place for MyCare.scot may widen the access to people who may have been previously unsure about using MyCare.scot; however, the consideration that this could advance equality is too indirect a statement to make.

**Data Considerations including the use of personal and special category data**

Within the Scottish Government's EQIA, there are a number of "data conisderations" that should be included (this was done in partnership with colleagues leading the Data Strategy). Considerations relevant to the use of personal and special category data include:

- *What should be collected and why? (Individual, Service, Population)*
- *What should be stored, for how long and why?*
- *Are there any technical or design considerations to collect key information?*
- How can people be assured that their data is safe and secure?
- Training and awareness around collecting and analysing equalities data.
- What should be read-only and what should be read/write?
- *Will there be functionality to collect and monitor demographic data and all the protected characteristics to determine who is accessing the Digital Front Door?*
- *Further work is required to determine w*hat is collected and how it will be held and used.

(Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

In terms of the collection of demographic or equality data, in the course of engagement and the analysis undertaken by the Scottish Government as part of its EQIA it was identified that the monitoring of equality data should be built into the design of MyCare.scot as without it, it will not be possible to profile who is using MyCare.scot in respect of equality groups.

In addition:

*Collecting data on religion or belief (or none) is important as this may highlight who is or is not using the service. This is an important consideration to understanding and addressing health inequalities. This aligns with the rollout plan's commitment to establish a benefit-realisation and data-insight framework capable of monitoring equality of access and usage.* Religion or belief (including no religion or belief) (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

The programme EQIA needs therefore to address:
- What demographic (including equality) data is being collected and how is this being "managed"

- The overall concerns as to how data is being collected, for what purposes, how it is being stored, how are people being provided with assurances that their data is secure

These questions should be addressed ahead of national rollout and will be recorded as an action.

| Terminology/Explanation |
| --- |

The primary legislation that has been considered, in general, in the development and delivery of digital products and services is:
- Data Protection Act 2018
- UK General Data Protection Regulations (UK GDPR)

In the development of MyCare.scot, making sure we have the right information, in the right place and at the right time is vital to patient care, effective service delivery and accountability. It is also vital that information is protected from unauthorised use or access and shared only when appropriate.

The UK GDPR recitals state that special category data is personal data that merits specific protection. This is because use of this data could create significant risks to the individual's fundamental rights and freedoms - such as prejudice or discrimination.

Special category data is defined as personal data revealing or concerning:
- racial or ethnic origin
- political opinions
- religious or philosophical beliefs
- trade union membership
- genetic data
- biometric data (where used for identification purposes)
- data concerning health
- sex life and sexual orientation

A Data Protection Impact Assessment (DPIA) is a tool that can help identify the most effective way to comply with data protection obligations.  A DPIA is required when the processing of personal data is likely to result in a high risk to the rights and freedoms of individuals.  A DPIA should consider

compliance risks, but also broader risks to the rights and freedoms of individuals, including the potential for any significant social or economic disadvantage.

The Information Commissioner's Office explains why data is termed special category:

"It's not just that this type of information might be seen as more sensitive or 'private'. The recitals to the UK GDPR explain that these types of personal data merit specific protection. This is because use of this data could create significant risks to the individual's fundamental rights and freedoms. For example, the various categories are closely linked with:
- freedom of thought, conscience and religion
- freedom of expression
- freedom of assembly and association
- the right to bodily integrity
- the right to respect for private and family life
- freedom from discrimination

The presumption is that this type of data needs to be treated with greater care because collecting and using it is more likely to interfere with these fundamental rights or open someone up to discrimination. This is part of the risk-based approach of the UK GDPR."

What is special category data? | ICO [What is special category data? | ICO](#)

The Equality Act 2010 defines protected characteristics as:
- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

Protected characteristics | EHRC (equalityhumanrights.com) [Protected characteristics | EHRC](#)

Data in relation to protected characteristics would be considered as part of a Data Protection Impact Assessment, either in relation to Personal or Special Category Data, and more widely in respect of NES' policies and procedures in Data Protection, Information Security, Records Management and Freedom of Information.

Within the programme we ensure that required data sharing and processing agreements are in place with Health Boards and other organisations to ensure the safe and transparent sharing and processing of Personal or/and Special Category Data. We also ensure that Privacy Notices communicate to users how their data is being used, this includes child-friendly Privacy Notices.

| Summary of output/action by programme |
| --- |
| <ul><li>Data Protection Impact Assessments are being created to cover the different processing elements of the DFD Programme</li><li>Relevant Privacy Notice for the MyCare.scot service will be published, informing users of how their data is processed</li><li>Relevant agreements will be implements to ensure that data is being processed lawfully at all times within the programme</li><li>Clinical colleagues have been involved in determining what data is required to provide the relevant service and ensuring it is presented safely</li></ul> |

| What have we still to do? |
| --- |
| <ul><li>Continue the creation and upkeep of Data Protection Impact Assessment documentation</li><li>Finalise agreements to be put in place for the commencement of the December 2025 release</li><li>Ensure documentation is continually reviewed and updated as the programme evolves</li><li>Clarify what demographic data is being captured within MyCare.scot and how it is to be used. As well as how people are being informed how their demographic data is being used</li></ul> |

| What do we consider is the perceived impact (benefits; barriers; neutral) on people who share protected characteristics by ensuring that personal and special category data is appropriately managed within MyCare.scot? |
| --- |
| <ul><li>Age</li></ul> |

- Disability
- Race
- Religion or Belief
- Sex
- Sexual orientation
- Gender Re-assignment (Gender identity and transgender)
- Marriage/Civil Partnership (discrimination only)
- Pregnancy / Maternity
- Socio-economic status
- Carers
- Remote and rural communities

By ensuring that policies and procedures are adhered to regarding the management of personal and special category data the programme are protecting and promoting the fundamental rights and freedoms of individuals, including freedom from discrimination.

By ensuring that MyCare.scot, and the subsequent services that are incorporated, as developed in line with data protection legislation that this would have a positive impact on all equality groups.

For the overall analysis of impact by protected characteristic this section should be read in parallel to Appendix 1 - National Equality Impact Assessment version 2.0, Digital Health and Care Scotland, Scottish Government
"Assessing the impacts and opportunities, by characteristic" Section 5.

How does this work meet the general equality duty?

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

On the evidence provided by the Scottish Government as part of its EQIA process and the information presented by the programme, it is considered that the actions in relation to the management of personal and special category data are not discriminatory.

In developing analytical capacity in the collection and analysis of personal and special category data there are opportunities to advance equality of opportunity by endeavouring to connect the development of digital products and services, with the ability to collect and analyse data relating to protected characteristics to assessing the impact of what the programme does and how this could inform programme level considerations.

In determining whether there are any opportunities to foster good relations between those who share a protected characteristic and those who do not, we recognise the current limitations on evidence. The further development of this work will be recorded as an action.

# Overall Impact

It is recognised that whilst MyCare.scot will not specifically target equality groups or sections of society it has the potential to impact on people who share a protected characteristic, or a range of protected characteristics (including socio economic; remote and rural communities and carers) in different ways and that the impact could be compounded by the intersectionality of protected characteristics.

This could include, but is in no way limited to the impact on:

- A person's emotional or mental wellbeing by having access to information on their personal device regarding their own medical history. This could include people who have experienced or are experiencing a form of abuse
- A person who is unable to access or easily access MyCare.scot, including the feeling of isolation or exacerbation of isolation or exclusion
- A person who is unable to verify their identify due to their current circumstances and the compounding of isolation or exclusion
- A person who is transgender or going through the process of changing gender where their biological sex is recorded in their medical history does not match their current gender status
- A person who does not have English as a first language and who has limited use of English and finds it difficult understanding the information provided on MyCare.scot
- A person who is a carer and cannot access information for the person they provide care for
- A person who has a disability and is unable to easily access MyCare.scot
- A person who does not have sufficient digital connection on a device because they cannot afford to
- A person's overall safety as they suffering from abuse, for example coercion or control, and is scared that their abuser will have access to and control over their medical information

**This is not an exhaustive list of people and the types of circumstances that people are living in that needs to be considered in the work that we do in developing and delivering MyCare.scot.**

We have within this EQIA considered the perceived impact of MyCare.scot, across a range of areas that form part of the design and delivery of MyCare.scot, on people who share protected characteristics and advised that the impact considerations should be read in conjunction with the Scottish Government's

National Equality Impact Assessment - "Assessing the impacts and opportunities, by characteristic" Section 5 (available at Appendix 1 of this EQIA).

An action is to continually and proactively assess the impact on people by undertaking further engagement and consultation activities, collecting feedback from users, and the overall collection and analysis of evidence. This is captured as a further action to take forward by the programme.

# Generic mitigating actions taken by the Programme

The specific mitigating actions taken by the programme are detailed in earlier sections, by outcome. These generic mitigating actions address the outcomes from the Scottish Government's EQIA process which are within the programme's scope to address. Generic mitigating actions:

- Engagement and consultation have been undertaken and are currently ongoing. This includes with health and social care professionals and users in general. Engagement and consultation have been undertaken with individuals and groups representing sections of society which includes representatives of equality groups. Mechanisms are in place to record the outcomes from engagement and for this to inform the design and delivery

- The programme is establishing a significant user research function in support of MyCare.scot. Currently this has been focused on providing medicines and allergies data to people and appointments and communications overall. A digital repository has also been created to store this work. Service design has focused on a blueprint delivery and user journey analysis

- Usability and accessibility testing is underway which will mean that MyCare.scot is fully accessible. Testing enhances understanding within the programme as to how people will use MyCare.scot and therefore informs the further development of digital services

- Identity verification and authentication is in place via ScotAccount, and the National Contact Centre will be supporting people with identity verification enquiries. Processes, including system design,

information governance and security, to assess and support identity verification and authentication are built into MyCare.scot and guidance about identity verification and authentication, is provided to people who are using it

- Rights in relation to data protection are incorporated into MyCare.scot, a Children's Rights and Wellbeing Impact Assessment will be available, and human rights considerations are incorporated into different areas of development and delivery of MyCare.scot – this will be further developed as a subsequent action

- Proxy/Delegated Authority is not part of the initial release for MyCare.scot but equality considerations as well as data protection, information security, clinical safety, human rights will be part of the development

- A range of activities are underway in respect of communications, across organisations, health and social care organisation and individual users

- MyCare.scot meets organisational standards in respect of cyber security and manages personal and special category data using a risk-based approach, in accordance with data protection legislation

# Underpinning Evidence

The programme recognises the valuable engagement and consultation done by the Scottish Government in completion of its Equality Impact Assessment. We have listed the underpinning evidence which should be read in parallel to and has informed this EQIA. This section will continually be added to as we develop MyCare.scot.

- Digital Front Door for Health and Social Care, National Equality Impact Assessment version 2.0, Digital Health and Care Scotland, Scottish Government [MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland](MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland)

- Assessing the impacts and opportunities, by characteristic (Section 5) – the evidence analysis and considerations against the three needs of the general equality duty have been incorporated into this EQIA and will be incorporated into the Children's Rights and Wellbeing Impact Assessment. This has ensured that within this EQIA we have taken into account the general equality duty considerations of the Scottish Government (National) EQIA as well as MyCare.scot (the Programme) EQIA

- Digital Front Door for Health and Social Care, National Equality Impact Assessment – Evidence, analysis, and proposed mitigation, by characteristic, Published August 2023, Digital Health and Care Scotland, Scottish Government MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland

  - We have evaluated the evidence, analysis and proposed mitigations and addressed these within this EQIA. This includes incorporating the findings from the intersectionality analysis done by the Scottish Government. An action for the programme is to ensure that future evidence collection and analysis take an intersectional approach

  - The programme will be collecting and analysing feedback from the rollout of MyCare.scot and in focused engagement and consultation. The outcomes from this feedback and engagement will be reflected within this EQIA. In parallel the further engagement, consultation and wider evidence analysis that is done as part of this EQIA will be shared with the workstreams that are responsible for developing and delivering MyCare.scot

- Digital Front Door, Island Communities Impact Assessment (ICIA), Digital Health and Care Scotland, Scottish Government
  MyCare.scot EQIA has incorporated the findings from this screening assessment. Where the Scottish Government makes any changes to this screening assessment, we will take forward any relevant findings as technical delivery partner. Currently we have considered digital connectivity as part of this EQIA.

- Digital Front Door for Health and Social Care, Fairer Scotland Duty Assessment, Digital Health and Care Scotland, Scottish Government MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland (will be published here)
  - The Fairer Scotland Duty Assessment is referenced within this EQIA. This includes incorporating the findings from the intersectionality analysis done by the Scottish

Government. An action is to ensure that future evidence collection and analysis takes an intersectional approach

- EQIA for ScotAccount – link to be provided once in EQIA for ScotAccount is published

# Human Rights

Within the Scottish Government's EQIA, it is stated that: *The approach to designing and delivering the Digital Front Door/MyCare.scot aligns with Scotland's* National Human Rights Action Plan.[16] And the development of the forthcoming Human Rights Bill for Scotland (expected 2026). The programme's focus on secure, equitable digital access supports Scotland's commitment to progressively realising economic, social and cultural rights within public services.

In addition,

*The Health and Social Care Scotland (the ALLIANCE), Scottish Care, and VOX (Voices of eXperience) continue to support the development of rights-based digital health and social care policy and practice across Scotland, including five principles for a human rights-based approach, particularly the PANEL principles of Participation, Accountability Non-discrimination, Empowerment and Legality.*

*The EQIA project team has worked closely with the Scottish Human Rights Commission to consider expected challenges and gather feedback on inclusion and human-rights-related activity undertaken to date. The Commission noted that while early progress was positive, further evidence would be required before determining that the policy is fully non-discriminatory. Since that time, additional work has been undertaken through the MVP phase to strengthen the evidence base, including user testing, engagement with people from a range of protected characteristics and ongoing collaboration with the partners of the programme. The programme intends to re-engage with the Scottish Human Rights Commission during 2026 to ensure continued alignment with human rights standards as the service expands and the policy develops.*

(Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

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[16] SNAP 2 – Scotland's second National Human Rights Action Plan (snaprights.info)

An action for the programme, is to define a human-rights approach for MyCare.scot and to directly engage rights-based organisations in the further development and delivery of MyCare.scot programme and associated services. There needs to be a conscious decision to engage rights-based organisations in consultation and engagement activities and incorporate feedback as well as policy and legislation within our work, including incorporating Scotland's National Human Rights Action Plan and rights-based digital health and social care policy. This action will be taken forward by the programme.

# Fairer Scotland Duty/socio economic circumstances and health inequalities

Within the Scottish Government's EQIA health inequalities are described as *disparities in health outcomes between individuals or groups, influenced by a wide range of factors including access to education, employment, housing and healthcare, as well as personal circumstances such as diet, alcohol, consumption, smoking and income levels.*

*The Health Foundations 2022 independent review of health and health inequalities in Scotland analysed how socioeconomic factors and public health interventions have influenced health outcomes over the past two decades. Recent research – including the 2024 Inequality Landscape Report from Scottish Health Equity Research Unit – continues to underscore the importance of socio-economic factors in shaping health outcomes. These findings are being used to inform the MyCare.scot Programme's alignment with the Fairer Scotland Duty and wider health-inequality objectives described in the National Rollout Summary.*

(Scottish Government, National EQIA for Digital Front Door, for Health and Social Care)

For the programme, we have a role in considering how health inequalities can be addressed at programme and service level. This role will also involve engaging with delivery partners, including the Scottish Government, in the collection and management of data which can inform decision making regarding health inequalities. This is to be taken forward as an action.

As stated in Digital Front Door for Health and Social Care, Fairer Scotland Duty, Approved February 2024, Digital Health and Care Scotland, Scottish Government:

*The establishment of a user's identity to access certain data and enable secure proxy access are two of the biggest factors to overcome.[17] Key to the identity approach being taken will be to adopt biometric[18] (e.g. passport, driving licence etc.) and non-biometric (e.g. vouching) routes underpinned by usability testing. To support this work, NES have established an IDV lead provision, and the Digital Health and Care Innovation Centre (DHI) has been commissioned to conduct some user research into proxy access. These considerations are important to help address inequalities.*

The mitigations captured in the Fairer Scotland Duty Assessment relevant to this EQIA and which have been incorporated into the above sections.

# Island's Community Impact Assessment

An action for the programme is to continue to engage with Scottish Government regarding the Island's Community Impact Assessment and more widely regarding the needs of people living on islands and in remote communities to ensure that impact considerations are incorporated into the design and delivery of MyCare.scot. There will be specific barriers and benefits to people living in island and remote communities which should continue to be highlighted and assessed as part of the rollout of MyCare.scot.

# Data Protection Impact Assessment

Data Protection Impact Assessments have been undertaken for MyCare.scot. Further information on approaches to Data Protection Impact Assessment in provided here. A publicly available Data Protection Impact Assessment has been created for MyCare.scot and is available on the MyCare.scot website.

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[17] How we are improving inclusion for digital identity in government - Government Digital Service (blog.gov.uk)

[18] Biometric identification is used to verify the identity of a person. Biometrics are a unique physical characteristic, such as facial identification or fingerprints that can be used for automated recognition.

# Actions and Future Planning

An EQIA is not a one-off process. It is a tool to support the ongoing assessment and analysis of the perceived and actual impact of MyCare.scot on people.

It should also support the findings or requirements that are borne out of this initial and ongoing assessment through continual monitoring. This section puts in one place the actions that are described throughout this EQIA.

| Actions | **Equality Impact Assessment:**<br>Create the mechanisms required between the Scottish Government, NES (as programme technical lead), NHS Health Boards in Scotland and other organisations, to liaise with each other in the sharing of research and wider evidence gathered to further update individual equality impact assessments. This approach will also include related impact assessments including:<br>• Children's Rights and Wellbeing Impact Assessment<br>• Island's Community Impact Assessment<br>• Fairer Scotland Duty Impact Assessment |
|---|---|
| Intended Outcomes | • Sharing of information to support in the development and implementation of EQIAs and other associated impact assessments<br>• Creation of relationships with those responsible for completing EQIAs (and other associated impact assessments) for MyCare.scot |
| To be completed by | June 2026<br>The developing of relationships will be ongoing; however, structure to be in place for June 2026. |
| Actual Outcomes | How does this action (in respect of the design and delivery of MyCare.scot):<br><br>• support the elimination unlawful discrimination?<br>• advance equality of opportunity?<br>• support the fostering of good relations? |
| Actions | **Equality Impact Assessment:** |

| | |
|---|---|
| | Create the environment to enable people and organisations to provide feedback on the EQIA. This includes:<br>• Communicating MyCare.scot email address and contact information for the programme EQIA<br>• Communicating the programme EQIA to people and organisations. As part of this provide details as to the wider engagement activities that people and organisations can be involved in |
| Intended Outcomes | • EQIA is continually informed by feedback from people and organisations<br>• There is a mechanism in place to gather and incorporate feedback into the EQIA process. This may also result indirectly in people and organisations wishing to be involved in the further engagement activities undertaken by the programme<br>• Awareness is raised as to the purpose of the EQIA |
| To be completed by | To be in place for national rollout in April 2026. |
| Actual Outcomes | How does this action (in respect of the design and delivery of MyCare.scot):<br>• support the elimination unlawful discrimination?<br>• advance equality of opportunity?<br>• support the fostering of good relations? |
| Actions | **Equality Impact Assessment:**<br>Schedule the review of the programme EQIA in advance of the national rollout of MyCare.scot in April 2026. In addition, schedule the further review of this EQIA every six months. |
| Intended Outcomes | • EQIA is updated in advance of national rollout<br>• EQIA is updated at scheduled intervals of every six months initially, and/or in response to legislative changes; policy decisions of MyCare.scot; and evidence which identifies that the outcomes of MyCare.scot could or are having a negative impact and could be considered to be discriminatory |
| To be completed by | April 2026 (initial due date) |

| | |
|---|---|
| Actual Outcomes | How does this action (in respect of the design and delivery of MyCare.scot): <br><br> • support the elimination unlawful discrimination? <br> • advance equality of opportunity? <br> • support the fostering of good relations? |
| Actions | **Equality Impact Assessment:** <br> Evidence gathering through research undertaken by the programme teams (including engagement; usability testing; user research) will continue to be incorporated into this EQIA. |
| Intended Outcomes | • EQIA remains in constant development in response to evidence gathered by programme teams and consequently promotes awareness within programme teams as to the importance of gathering evidence from people and organisations which informs MyCare.scot |
| To be completed by | April 2026 (initial due date) however this will be a continuous objective. |
| Actual Outcomes | How does this action (in respect of the design and delivery of MyCare.scot): <br><br> • support the elimination unlawful discrimination? <br> • advance equality of opportunity? <br> • support the fostering of good relations? |
| Actions | **Equality Impact Assessment:** <br> The EQIA process needs to be responsive to innovations, published research and wider strategy development. There is an action to ensure that the EQIA both reflects these changes and more widely ensures that these areas are considered from an equality's perspective in the design and delivery of MyCare.scot. This includes: <br> • Inclusion of technology in the support of language translation <br> • The use of AI to enable inclusive services <br><br> As well as incorporating recently published research, including but not limited to: <br> • "Connecting You Now" |

| | |
|---|---|
| | • Fraser Allender Institute research to investigate technology for people with learning disabilities in health and social care<br>• Audit Scotland work to review how public bodies are addressing digital exclusion |
| Intended Outcomes | • EQIA is responsive to innovations, published research and wider strategy development |
| To be completed by | April 2026 (initial due date) however this will be a continuous objective. |
| Actual Outcomes | How does this action (in respect of the design and delivery of MyCare.scot):<br><br>• support the elimination unlawful discrimination?<br>• advance equality of opportunity?<br>• support the fostering of good relations? |
| Actions | **Engagement:**<br>Develop an engagement policy (focused on equalities) to ensure that a broad spectrum of individuals and organisations are engaged with the programme, including addressing the issues associated with under representation among some equality groups.<br><br>Ensure that user research and codesign is incorporated into a policy approach as similar considerations apply in terms of widening engagement opportunities and sharing outputs with those who have engaged with us. |
| Intended Outcomes | • Engagement policy for the programme is created<br>• Engagement recognition is provided to organisations and individuals who have participated in engagement activities which recognises the importance of their role and how the programme will learn from their experiences<br>• Opportunities for cross collaboration between stakeholders is created - where engagement facilitates the sharing of multiple experiences and insights across equality groups to ensure that an intersectional approach is taken<br>• Evidence that is collected is analysed using an intersectional approach<br>• Opportunities are explored to engage with individuals and organisations where they are generally considered to be underrepresented in engagement |

| | |
|---|---|
| | • Opportunities are explored to engage with carers including unpaid carers to ensure they are represented<br>• An evidence analysis approach is undertaken to enable us to identify "gaps" in evidence that is required<br>• The administrative processes associated with engagement are not onerous for those wishing to engage<br>• A range of engagement opportunities are facilitated taking into account materials, technology and environments including times and locations of those who are willing to engage with us |
| To be completed by | April 2026 (initial due date) for policy creation. Post creation of this policy this work will be assessed and the future actions refined. |
| Actual Outcomes | How does this action (in respect of the design and delivery of MyCare.scot):<br><br>• support the elimination unlawful discrimination?<br>• advance equality of opportunity?<br>• support the fostering of good relations? |
| Actions | **Usability testing:**<br>Publication of outputs from the usability testing to be incorporated into the EQIA. |
| Intended Outcomes | • Outputs from the usability testing to be summarised in the EQIA<br>• Learnings from the usability testing as to how this has informed the design and delivery to also be recorded |
| To be completed by | December 2025 (initial). Further actions will then be refined post initial review |
| Actual Outcomes | How does this action (in respect of the design and delivery of MyCare.scot):<br><br>• support the elimination unlawful discrimination?<br>• advance equality of opportunity?<br>• support the fostering of good relations? |
| Actions | **Non-digital developments:** |

| | Equality and accessibility considerations are incorporated into the approaches taken by the non-digital programme teams. This includes: |
|---|---|
| | • The work of the National Contact Centre |
| | • Other non-digital support options |
| | • Non-digital options for identity verification, including vouching |
| | • Wider non-digital options |
| | This list is not exhaustive and will be continually added to as the programme progresses. (There is a need to ensure that non-digital support options are accessible to as many people as possible and embedding equality considerations into the development of this work is vital.) |
| Intended Outcomes | • Non digital support options are responsive to the needs of all users, and a plan is devised with the programme teams responsible for the design and delivery of non-digital options |
| | • Opportunities are taken to ensure there is equity of access, including further engagement with individuals and organisations focused on non-digital development |
| To be completed by | April 2026 for first version of plan. Actions from this will then be refined and recorded within this EQIA. |
| Actual Outcomes | How does this action (in respect of the design and delivery of MyCare.scot): |
| | • support the elimination unlawful discrimination? |
| | • advance equality of opportunity? |
| | • support the fostering of good relations? |
| Actions | **National Contact Centre:** |
| | A defined approach to equality and inclusion (including digital inclusion) considerations are required for the National Contact Centre. A policy approach should be developed for this work, and this work scoped and assessed by the completion of an Equality Impact Assessment for the services provided by the National Contact Centre. Policy development should include consultation with similar services including third party organisations who have contact centres as well as NHS Boards. |

| | |
|---|---|
| Intended Outcomes | • National Contact Centre provides a service which is inclusive and accessible |
| To be completed by | EQIA and policy plan should be in development for national rollout in April 2026. |
| Actual Outcomes | How does this action (in respect of the design and delivery of MyCare.scot):<br><br>• support the elimination unlawful discrimination?<br>• advance equality of opportunity?<br>• support the fostering of good relations? |
| Actions | **Proxy/delegated authority:**<br>• Ensure that equality and rights considerations are embedded within policy and programme decisions regarding proxy/delegated authority<br>• Update this EQIA in the development of these areas |
| Intended Outcomes | Equality and rights considerations are embedded into the decision making and associated outputs regarding proxy/delegated authority and are reflected as appropriate in this EQIA. |
| To be completed by | No specified dates currently. |
| Actual Outcomes | How does this action (in respect of the design and delivery of MyCare.scot):<br><br>• support the elimination unlawful discrimination?<br>• advance equality of opportunity?<br>• support the fostering of good relations? |
| Actions | **Preference/choice:**<br>• Ensure that equality and rights considerations are embedded within policy and programme decisions regarding preference/choice<br>• Update this EQIA in the development of these areas |
| Intended Outcomes | Equality and rights considerations are embedded into the decision making and associated outputs regarding preference/choice and are reflected as appropriate in this EQIA. |

| To be completed by | No specified dates currently. |
|---|---|
| Actual Outcomes | How does this action (in respect of the design and delivery of MyCare.scot):<br><br>• support the elimination unlawful discrimination?<br>• advance equality of opportunity?<br>• support the fostering of good relations? |
| Actions | **Staff awareness/Fostering relations:**<br>Where there are opportunities to develop the awareness of programme staff as to the requirements regarding equality; inclusion and rights this should be undertaken. Whilst NES has specific training and guidance in place further support could be provided specifically to programme staff in raising awareness which may address some of the requirements around fostering relationships with people who share protected characteristics and those who do not. This should be explored in more detail with NES training colleagues and appropriate training should be delivered. |
| Intended Outcomes | • Training is provided to programme staff on MyCare.scot to support their understanding of the importance of incorporating equality, inclusion and rights considerations into the design and delivery |
| To be completed by | The expectation that training is in place for August 2026 – if not before. |
| Actual Outcomes | How does this action (in respect of the design and delivery of MyCare.scot):<br><br>• support the elimination unlawful discrimination?<br>• advance equality of opportunity?<br>• support the fostering of good relations? |
| Actions | **Digital Inclusion:**<br>The programme requires to implement the digital inclusion strategy which is currently in development. This should include but is not limited to:<br>• incorporation of the resources and scaffolded approaches as outlined in the strategy and summarised previously within this EQIA for the areas of: |

| | |
|---|---|
| | <ul><li>o    communications and engagement, including for staff and organisations</li><li>o    service design, including for new services that are developed</li></ul>• evidence of incorporation of the Digital Scotland Service Standard Criteria 5 |
| Intended Outcomes | • A digital inclusion strategy is implemented at all appropriate levels in the design and delivery of MyCare.scot and evidence of implementation is provided |
| To be completed by | After completion of the digital inclusion strategy, timescales for this work will be defined. |
| Actual Outcomes | How does this action (in respect of the design and delivery of MyCare.scot):<br><br>• support the elimination unlawful discrimination?<br>• advance equality of opportunity?<br>• support the fostering of good relations? |
| Actions | **Use of equality monitoring data:**<br>The programme requires to define what demographic (including equality) data is being collected, or expected to be collected, via MyCare.scot and how this data will be used to support the development of MyCare.scot, as well as opportunities for research and reporting, including in the area of health inequalities. |
| Intended Outcomes | • Data collected about people is used to inform policy decision making and research and is managed with secure and defined processes<br>• People understand how their data is being used and the importance of collecting and using data for specified purposes |
| To be completed by | An approach should be defined ahead of national rollout in April 2026. |
| Actual Outcomes | How does this action (in respect of the design and delivery of MyCare.scot):<br><br>• support the elimination unlawful discrimination?<br>• advance equality of opportunity?<br>• support the fostering of good relations? |
| Actions | **Social Care and Social Work:** |

| | |
|---|---|
| | There is an action to ensure that social care and social work considerations are fully reflected within this EQIA. There is insufficient detail currently as to how social care and social work considerations are implemented within MyCare.scot. This will include incorporating considerations of:<br>Legislation protecting people in care \| Care Information Scotland<br>Health and Social Care Standards: my support, my life - gov.scot |
| Intended Outcomes | • The work of MyCare.scot regarding social care and social work is fully reflected within this EQIA |
| To be completed by | April 2026 prior to national rollout. |
| Actual Outcomes | How does this action (in respect of the design and delivery of MyCare.scot):<br><br>• support the elimination unlawful discrimination?<br>• advance equality of opportunity?<br>• support the fostering of good relations? |
| Actions | **Support for health and social care professionals:**<br>There is an action to ensure that the support for health and social care professionals in supporting people with accessing MyCare.scot is fully reflected within this EQIA. There is insufficient detail currently as to how training and materials to support health and social care professionals is being implemented for MyCare.scot.<br><br>This work should include consideration of the Digital Maturity Survey 2023. |
| Intended Outcome | • Support for health and social care professionals in supporting MyCare.scot is clearly defined and reflected in this EQIA |
| To be completed by | The plan for this should be incorporated into the revised EQIA for national rollout in April 2026. |
| Actual Outcome | How does this action (in respect of the design and delivery of MyCare.scot):<br><br>• support the elimination unlawful discrimination? |

| | |
|---|---|
| | • advance equality of opportunity?<br>• support the fostering of good relations? |
| Action | **Inclusion of wider groups:**<br>There is an action to ensure that the rights of the Armed Forces Community and the principles of the Armed Forces Covenant (Armed Forces Act 2011) is incorporated into this EQIA ahead of national rollout in April 2026. |
| Intended Outcome | • Service personnel, veterans and their families are not disadvantaged in accessing healthcare and related digital services |
| To be completed by | For national rollout in April 2026. |
| Actual Outcome | How does this action (in respect of the design and delivery of MyCare.scot):<br><br>• support the elimination unlawful discrimination?<br>• advance equality of opportunity?<br>• support the fostering of good relations? |
| Action | **Inclusion of wider groups:**<br>There is an action to ensure that people who are experiencing homelessness are incorporated into programme consideration and the specific impacts and risks for this group should be outlined. The "Ending Homelessness Together Action Plan" 2018 should be consulted as well as representatives of this group should be engaged in participation activities. In addition, published research, policies and strategies should be consulted. |
| Intended Outcome | • People who are experiencing homelessness, including factors relating to limited or unstable access to devices, lack of ID verification or personal records, lack of having a registered GP that may restrict someone's ability to use MyCare.scot is incorporated into programme consideration |
| To be completed by | For national rollout in April 2026. |

| Actual Outcome | How does this action (in respect of the design and delivery of MyCare.scot):<br><br>• support the elimination unlawful discrimination?<br>• advance equality of opportunity?<br>• support the fostering of good relations? |
|---|---|
| Action | **Inclusion of wider groups:**<br>There is an action to ensure that people who are refugees or asylum seekers are incorporated into programme consideration, and the specific impacts and risks of these groups should be outlined. The Scottish Government's "New Scot's Refugee Integration Strategy" (2018 – 2028) should be consulted as well as representatives of these groups should be engaged in participation activities.<br><br>In addition, published research, policies and strategies should be consulted. |
| Intended Outcome | • People who are refugees or asylum seekers, including factors relating to language barriers, lack of ID, digital exclusion that may restrict someone's ability to use MyCare.scot is incorporated into programme consideration |
| To be completed by | For national rollout in April 2026. |
| Actual Outcome | How does this action (in respect of the design and delivery of MyCare.scot):<br><br>• support the elimination unlawful discrimination?<br>• advance equality of opportunity?<br>• support the fostering of good relations? |
| Action | **Personal safety:**<br>Outcomes from the Scottish Government's engagement identified that personal safety was an area that should be addressed within the design and delivery of MyCare.scot:<br>• *Location is not tracked, and identifiable information only shared with permission*<br>• *Concerns over control and coercion of vulnerable people*<br>• *Quick leave/clear history options*<br>(Scottish Government, National EQIA for Digital Front Door, for Health and Social Care) |

| | |
|---|---|
| | The evidence underpinning this was: |
| | • *Women are more likely to suffer domestic abuse and therefore being able to access services in a safe space would be a priority. Creating and promoting safe places in, for instance community hubs, libraries would be advantageous [Mitigating the risks of domestic abuse - NHS England Digital](#)* Sex (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care) |
| | • *To promote safety for anyone experiencing sexual abuse it is recommended that the Digital Front Door provides a quick leave / clear history options* Sex (Scottish Government, National EQIA for Digital Front Door, for Health and Social Care) |
| | • *The Digital Front Door should be designed to ensure the location is not tracked and identifiable information only shared with permission* |
| | Sex (Scottish Government "Underpinning Evidence" Evidence, analysis, and proposed mitigation, by characteristic, National EQIA) |
| | There is an action for the programme to address personal safety concerns, as this is identified as an issue both for women and for vulnerable people – which covers a range of protected characteristics, including but not limited to age and disability. There is no evidence currently that matters relating to personal safety – which recognises the different situations in which this may apply has been addressed and taken forward by the programme in the design and delivery of MyCare.scot. This should be incorporated into programme planning as a priority. |
| Intended Outcome | MyCare.scot is responsive to the needs of users. It takes into account the circumstances of people, including relative to their protected characteristics in developing and delivering MyCare.scot – this is particularly the case in considering the personal safety of people in using MyCare.scot. |
| To be completed by | As soon as possible and before national rollout in April 2026. |
| Actual Outcome | How does this action (in respect of the design and delivery of MyCare.scot): <br><br> • support the elimination unlawful discrimination? <br> • advance equality of opportunity? |

| | |
|---|---|
| | • support the fostering of good relations? |
| Action | **Development of MyCare.scot – design and delivery of additional services:**<br>For each new service that is being designed as part of the DFD programme delivery an associated Equality Impact Assessment is to be created. These EQIAs will be based on the main areas of considerations recorded within this programme EQIA; however, a separate assessment should be created to ensure that each new service is incorporating the required equality considerations.<br><br>An equality impact assessment template to support this will be created and shared with relevant DFD project teams. |
| Intended Outcome | • Each new service that forms part of the DFD programme has incorporated equality considerations and has its own EQIA in place<br>• The overall programme EQIA (and associated equality considerations) will be continually informed by the design and delivery of new services |
| To be completed by | Ongoing as required. A summarised template will be in place for national rollout in April 2026. |
| Actual Outcome | How does this action (in respect of the design and delivery of MyCare.scot):<br><br>• support the elimination unlawful discrimination?<br>• advance equality of opportunity?<br>• support the fostering of good relations? |
| Action | **Health Inequalities:**<br>The programme requires to define an approach as to how health inequalities are being considered and incorporated into MyCare.scot. This is to include a review of research, policy and guidance regarding health inequalities in Scotland and how MyCare.scot can help to inform and address health inequalities.<br><br>This should include how MyCare.scot intends to identify who is accessing MyCare.scot and why, and what the longer-term plans are for considering how MyCare.scot is addressing both the health and social care needs of people in Scotland, and as part of |

| | |
|---|---|
| | that – addressing health inequalities. This work may be done in parallel or led by the Scottish Government. |
| | The programme should incorporate health inequalities into the design and delivery of MyCare.scot and work with stakeholders to ensure that health inequalities are taken forward at policy level as well as the technical design and delivery. The publication by Public Health Scotland will also be incorporated into this approach: A guide to Health Impact Assessment |
| Intended Outcome | • MyCare.scot is informed by research, policy and guidance regarding health inequalities and opportunities are taken to support addressing health inequalities. |
| To be completed by | An initial plan should be created for April 2026. The outcomes of which will be ongoing. |
| Actual Outcome | How does this action (in respect of the design and delivery of MyCare.scot): |
| | • support the elimination unlawful discrimination? |
| | • advance equality of opportunity? |
| | • support the fostering of good relations? |
| Action | **Rights based approach:** |
| | The programme requires to clearly define and develop its own rights-based approach for MyCare.scot in collaboration with human rights-based organisations. This should incorporate the principles regarding the application of human rights in digital health care Revised Digital Health and Social Care Human Rights Principles have been published - Health and Social Care Alliance Scotland. In addition, the approach should be informed by the further development of the Scottish Government's work with the Scottish Human Rights Commission regarding this work. |
| | There needs to be a conscious decision to engage rights-based organisations in consultation and engagement activities and incorporate feedback as well as policy and legislation within our work, including incorporating Scotland's National Human Rights Action Plan and rights-based digital health and social care policy. |

| | |
|---|---|
| | This approach should be defined in a clear plan. |
| Intended Outcome | • MyCare.scot has a defined rights-based approach in place which covers multiple areas of the programme. |
| To be completed by | An initial plan should be created for April 2026. The outcomes of which will be ongoing. |
| Actual Outcome | How does this action (in respect of the design and delivery of MyCare.scot):<br><br>• support the elimination unlawful discrimination?<br>• advance equality of opportunity?<br>• support the fostering of good relations? |
| Action | **Access and Inclusion:**<br>Strengthen current approaches in further defining access and inclusion considerations in MyCare.scot. This action will go across multiple streams of work within the programme, including staff awareness; however, there is a need to continually promote these overarching principles and provide evidence of how this is being achieved. |
| Intended Outcome | • Access and inclusion and incorporated and promoted within MyCare.scot and we continually collect and analyse evidence in support of this. |
| To be completed by | Continual action – no defined timescales; however, the work should be continually reflected within the programme and associated service level EQIAs. |
| Actual Outcome | How does this action (in respect of the design and delivery of MyCare.scot):<br><br>• support the elimination unlawful discrimination?<br>• advance equality of opportunity?<br>• support the fostering of good relations? |
| Action | **User research and co-design:**<br>User research and co-design should include a diverse range of participants which better informs design decisions. This will tie in with the work to develop an engagement policy which will encompass usability testing, user research and co-design. |

| Intended Outcome | • User research and co-design include a diverse range of participants spanning equality groups and more widely focusing on groups in relation to rights. |
|---|---|
| To be completed by | Included in the engagement policy developments this should be in place for April 2026. |
| Actual Outcome | How does this action (in respect of the design and delivery of MyCare.scot):<br><br>• support the elimination unlawful discrimination?<br>• advance equality of opportunity?<br>• support the fostering of good relations? |
| Action | **Digital Scotland Service Standard:**<br><br>The EQIA requires to reflect the work done by the DFD programme in meeting the three themes of the Digital Scotland Service Standard - Service Manual in respect of:<br>o Meeting users' needs<br>o Providing a service<br>o Using the right technology |
| Intended Outcome | • This EQIA fully reflects the continued work of the programme teams in ensuring that MyCare.scot meets the Digital Scotland Service Standard. |
| To be completed by | To be reflected within the next version of this EQIA ahead of national rollout. |
| Actual Outcome | How does this action (in respect of the design and delivery of MyCare.scot):<br><br>• support the elimination unlawful discrimination?<br>• advance equality of opportunity?<br>• support the fostering of good relations? |

# Appendices & Resources

## Appendix 1

Digital Front Door for Health and Social Care, National Equality Impact Assessment version 2.0, Digital Health and Care Scotland, Scottish Government

"Assessing the impacts and opportunities, by characteristic" Section 5 of the Scottish Government's EQIA is provided in the table below.

This programme EQIA for MyCare.scot has shown the linear progression from the engagement and consultation undertaken by the Scottish Government during its EQIA process and addressed each of the outputs. Underpinning this is the evidence collected and analysed by the Scottish Government and this programme EQIA should be read in parallel to the work undertaken by the Scottish Government. The Scottish Government has considered the impact of MyCare.scot on people who share protected characteristics and against the three needs of the general equality duty. We have incorporated these outcomes into MyCare.scot EQIA.

The following section summarises potential impacts and opportunities by protected characteristics. The analysis builds on Version 1 (August 2023) and has been reviewed for Version 2 (2025) using the latest evidence, equality engagement and preparatory work for the NHS Lanarkshire MVP. Mo major new impacts were identified, but accessibility and inclusion actions will continue to evolve as testing begins.

| Equality consideration | Benefits | Barriers | Neutral | Reasons for our decision |
|---|---|---|:---:|---|
| **Age - Digital Front Door will initially be available for people aged 18 and over** | | | | |
| Eliminating unlawful discrimination, harassment, and victimisation | | | X | MyCare.scot will not create unlawful discrimination. |

| | | | | |
|---|---|---|---|---|
| Advancing equality of opportunity | X | X | | Engagement with community representatives highlights that MyCare.scot could advance equality of opportunity for older people, and carers of all ages living in remote and rural areas, where travel or transport costs are barriers to accessing health and care services.<br><br>Evidence indicates that some older people, especially those on low incomes, may be at risk of digital exclusion. The provision of local digital support (e.g. through community hubs), can help increase access and mitigate barriers.<br><br>Young people highlighted that they prefer digital interaction over telephone calls, so expanding digital access is likely to have a positive impact on this age group.<br><br>Service providers need to be cautious about making assumptions about people's wishes and ability to use digital approaches across all age groups. |
| Promoting good relations among and between different age groups | | | X | At launch, MyCare.scot will be available to people aged 18 and over, with future phases exploring safe and appropriate access for children and young people. This approach aligns with the rollout plan's phased delivery model.<br><br>While proxy access for parents, carers or guardians is not yet implemented, it remains a design and policy priority for future |

| | | | | releases, in line with ongoing technical work on identity and delegated access functionality. |

**Disabled** (physical/ sensory problems, learning, communication needs; cognitive impairment, mental health, long-term condition)

| Equality consideration | Benefits | Barriers | Neutral | Reasons for our decision |
|---|---|---|---|---|
| Eliminating unlawful discrimination …. | | | X | MyCare.scot will not create unlawful discrimination. |
| Advancing equality … | X | X | | A large percentage of people in Scotland are disabled, are more likely not to be in employment, and face challenges to afford connectivity, devices, and transport etc. |
| | | | | Poverty is the single biggest driver of poor mental health, and people living in poverty carry a higher risk of suicide, as do those who are unemployed or socially isolated. Many disabled people also face the additional barrier of digital exclusion, meaning it is harder to access advice, support and services |
| | | | | A well-designed MyCare.scot offers the potential to offer choice and improve accessibility. |
| | | | | Some people experiencing unstable living circumstances or substance misuse may also experience associated physical or mental health conditions that can affect their daily lives. While substance misuse itself is |

| | | | | not recognised as disability under the Equality Act 2010, the health impacts linked to it may create additional barriers to digital inclusion. Ensuring accessible support and signposting through MyCare.scot could help address these inequalities. |
| | | | | |
| | | | | Experiencing discrimination and trauma has a significant negative impact on mental health and wellbeing and can disproportionately impact disabled people. |
| | | | | |
| | | | | MyCare.scot offers the potential to make access to services more convenient by reducing the need for travel and associated costs, for example through local community hubs. Reducing the need to travel may also help to lessen distress for some people – for example, people with learning disabilities, autism, chronic pain, anxiety, and mobility issues. |
| | | | | |
| | | | | Accessibility testing will be embedded within MVP evaluation during 2025, ensuring compatibility with assistive technologies such as screen readers, voice-to-text, adjustable colour contrast and captioning tools, in line with WCAG 2.2 and BS 8878 standards. |
| | | | | |
| | | | | Well-conducted user testing will enhance opportunities to use digital services.  Our technical partner(s) will need to be abreast of the various mediums available to make devices as inclusive as possible, such as the |

| | | | | use of screen readers, the ability to change font size, background colour changes; use of captions and speech to text. |
|---|---|---|---|---|
| | | | | The promotion and use of various systems will make services more accessible such as: |
| | | | | Contact Scotland (contactscotland-bsl.org), |
| | | | | Recite Me Website Accessibility Software |
| | | | | Texthelp - World Leaders in Assistive Technology and Edtech Software \| Texthelp, |
| | | | | Relay UK - homepage \| Relay UK (bt.com) |
| | | | | Information on how to use MyCare.scot will need to be translated into the most frequently used languages including British Sign Language and easy-to-read versions. This will enable more people to use the MyCare.scot. |
| | | | | Being able to update preferences (communication and accessibility) in an ongoing way will help to ensure that stated personal preferences are used (appointment letters, health information, and so on). This has benefits for all types of interactions including in-person, telephone, video, and communications (letter, telephone, SMS=Short Message Service). |
| Promoting good relations … | | | | We do not anticipate any strain on relationships between people who are disabled and those who are not.  However, |

| Equality consideration | Benefits | Barriers | Neutral | Reasons for our decision |
|---|---|---|---|---|
| | | | | implementing the mitigating factors identified will advance equality. |
| **Sex (at birth)** | | | | |
| **Equality consideration** | **Benefits** | **Barriers** | **Neutral** | **Reasons for our decision** |
| Eliminating unlawful discrimination … | | | X | MyCare.scot will not create unlawful discrimination |
| Advancing equality …. | X | X | | As women are more likely to be the primary carers for children and to manage health-related matters for their families, the initial age restriction of 18+ may present a greater barrier for women accessing healthcare information or services on behalf of dependents.<br><br>Most single-parent households are women and on low incomes, digital options have potential benefits and barriers.<br><br>Women are more likely to suffer domestic abuse and therefore being able to access services in a safe space would be a priority. Creating and promoting safe places in, for instance community hubs, libraries would be advantageous. Mitigating the risks of domestic abuse - NHS England Digital<br><br>To promote safety for anyone experiencing domestic or sexual abuse, MyCare.scot will include quick-exit and clear-history features, in line with the Scottish Government's Digital |

| | | | | Services Domestic Abuse Chater (2024) and committed in the rollout plan. |
| | | | | There is some evidence that shows that men access healthcare services at a later stage whereas they may be more likely to access information digitally including from work. |
| | | | | Female sex workers, who make up the majority of people in this industry, may experience unstable living circumstances and limited access to money, which can restrict their ability to access digital devices or internet connections. |
| Promoting good relations .. | | | X | We do not anticipate any strain on relationships between women and men. The digital front door should provide improvements for both men and women. |

**Pregnancy and Maternity**

| Equality consideration | Benefits | Barriers | Neutral | Reasons for our decision |
|---|---|---|---|---|
| Eliminating unlawful discrimination | | | X | MyCare.scot will not create unlawful discrimination |
| Advancing equality … | X | X | | Alternative options to digital will remain available across all services.<br><br>MyCare.scot offers benefits in terms of being more convenient by accessing services digitally from home or at time of need |

| | | | | Where travel to attend a GP or hospital appointment is not required MyCare.scot has the potential to have a positive impact on all aspects of maternity care, (pre and postnatal).

A blended approach to the provision of pregnancy services, for example, having blood taken at a location closer to home rather than a journey to the main centre and follow-up digitally.

Having clear and accessible information in one place is important for new parents, especially those who are new to the maternity and child health services. BadgetNet/Badger Note is now in use across Scotland, with the exception of NHS Lothian and gives families access to their records/notes in a centralised digital format. The introduction of MyCare.scot will add further functionality by offering digital communication between families and services. Work will be undertaken to harmonise the offering between both tools as the MyCare.scot service matures.

Digital approaches could also enable partners, and family members to attend appointments remotely (such as used due to Covid-19 restrictions on the home/work circumstances of their partner).

Potential for some staff to miss signs of gender-based violence / post-natal |

| | | | | depression during pregnancy if all consultations are remote rather than s blended approach. |
|---|---|---|---|---|
| Promoting good relations … | | | X | MyCare.scot offers an option to provide enhanced services without impacting good relations. |

**Gender reassignment**

| Equality consideration | Benefits | Barriers | Neutral | Reasons for our decision |
|---|---|---|---|---|
| Eliminating unlawful discrimination | | | X | MyCare.scot will not create unlawful discrimination. |
| Advancing equality … | X | | | Evidence shows that experiencing discrimination or trauma can have a significant negative effect on mental health and wellbeing, and that Trans people are disproportionately affected by these experiences.<br><br>Experiencing discrimination and trauma has a significant negative impact on mental health and wellbeing and can disproportionately impact Trans people.<br><br>Through the EQIA process, we heard that Trans people would avoid going to appointments and having digital options could improve access.<br><br>Engaging digitally rather than face-to-face or by telephone may help reduce the risk of misgendering, which can occur when staff |

| | | | | make assumptions about a person's gender based on their voice or appearance.

Having the opportunity to choose the way of engaging with health and social care services would be positive. Including opportunities to ensure demographic information is correct, communication preferences are recorded, and preferred nomenclature is documented would be welcomed.

Evidence shows that Trans people are at a higher risk of experiencing mental health challenges, often linked to discrimination and social stigma. Having resources such as Digital Mental Health Services in one place could help improve access and engagement with MyCare.scot. |
| Promoting good relations … | | | X | MyCare.scot should not have any differential impact on promoting good relations. |

**Sexual orientation**

| Equality consideration | Benefits | Barriers | Neutral | Reasons for our decision |
|---|---|---|---|---|
| Eliminating unlawful discrimination | | | X | MyCare.scot will not create unlawful discrimination. |
| Advancing equality … | X | | | Evidence shows that experiencing discrimination or trauma can have a significant negative effect on mental health and wellbeing, and that LGBTIQA+ people |

| Equality consideration | Benefits | Barriers | Neutral | Reasons for your decision |
|---|---|---|---|---|
| | | | | are disproportionately affected by these experiences.<br><br>Moving to digital access is addressing some of the findings from the Scottish Government Public Engagement about Near Me, in September 2020, where LGBTIQA+ individuals indicated a keenness for digital options for appointments, especially in remote and rural areas enabling a digital safe space for a consultation. |
| Promoting good relations … | | | X | MyCare.scot should not have any differential impact on promoting good community relations. |

**Ethnicity**

| Equality consideration | Benefits | Barriers | Neutral | Reasons for your decision |
|---|---|---|---|---|
| Eliminating unlawful discrimination | | | X | MyCare.scot will not create unlawful discrimination. |
| Advancing equality … | X | X | | Evidence shows that minority ethic people are more likely to experience discrimination and trauma, which can have a significant negative effect on mental health and wellbeing.<br><br>The evidence highlights intersectional impacts for minority ethnic groups including refugees who are older, less likely to be in work, in poverty, and don't speak English. For instance, Asian' people are significantly less likely to have used the internet than people |

| | | | | of the same age who identified their ethnicity as white.  People at the intersection of these experiences require a range of different approaches. |
| | | | | Asylum seekers and refugees face unique and complex challenges related to their mental health; however, they are less likely to receive support than the general population. There may be opportunities for digital approaches to improve the experience. |
| | | | | For Gypsy/Traveller communities, issues to consider include difficulties with GP registration, discrimination from some professionals (leading to poorer access and or treatment), digital exclusion, and lower levels of literacy. It is known that Gypsy/Travellers have poorer health than the general population. Digital may provide some opportunities to improve continuity of care, with for example GP and other primary care services. |
| | | | | Having access to their own healthcare record is seen as a benefit for Gypsy/Traveller communities, however, literacy could be a barrier. |
| | | | | MECOPP's 2023 research on vaccinations and digital access among Gypsy/Traveller communities remains relevant. |
| | | | | If communication and access needs are identified and shared with services |

| | | | | appropriate adjustments/communication could be implemented. |
|---|---|---|---|---|
| | | | | Making sure that communication is not a barrier for people who do not speak English or where English is not their first language. |
| | | | | It is important for health and social care information to be available in a variety of languages. Further consideration of Artificial Intelligence (AI) in translating information from one language to another such as Google Translate (Google Translate) This will require engagement with community-led organisations to assess risks and benefits. |
| | | | | Insights from Digital Front Door Workshops (2023) highlighted some benefits of using trusted sources to share information, other than, for example, the Scottish Government. |
| | | | | If MyCare.scot facilitates appointments, community language interpreters will be able to join virtual appointments to ensure effective support without either having to travel.  This may reduce the issue of interpreters not attending leaving patients with no communication support.  Where desirable it will also facilitate extended family members to join consultations, including from overseas. |
| | | | | It may support some communities (i.e., those people working for small commercial businesses, who work anti-social hours, or |

| | | | | who have irregular working hours) to attend appointments |
|---|---|---|---|---|
| | | | | The research has shown that people with Minority Ethnic backgrounds are more likely to be impacted by Covid-19. Similar patterns have been observed in other health conditions such as diabetes, cardiovascular disease, and respiratory illnesses. Accessing services digitally reduces travel time, inconvenience, and risk of infection. |
| Promoting good community relations .. | | | X | If MyCare.scot is accessible to as many people of Scotland, regardless of ethnicity then it will help to promote improved community relations. |

**Religion or belief (including no religion or belief)**

| Equality consideration | Benefits | Barriers | Neutral | Reasons for your decision |
|---|---|---|---|---|
| Eliminating unlawful discrimination | | | X | MyCare.scot will not create unlawful discrimination. |
| Advancing equality .. | | | X | Scotland is a religiously and culturally diverse country. We are not aware of any relevant existing evidence on religion or belief (or no religion or belief) impacting on digital health and social care. |
| | | | | Faith communities often have members who are older, disabled, or may not have English as a first language. In these circumstances, Faith leaders and volunteers can provide emotional support and practical help. This |

| | | | | was all evident during the Covid-19 pandemic.<br><br>Insights from Near Me public engagement and insights from this Digital Front Door EQIA (2023) process highlighted some benefits of the use of digital approaches to avoid stigma for LGBTIQA+ individuals, especially in remote and rural areas<br><br>Consideration of the impact of male dominance in certain cultures.<br><br>Beliefs and spiritual perspectives may also shape how people understand illness, disability and healthcare. Recognising and respecting these differences will be important to ensure that digital health services are inclusive and sensitive to individual needs.<br><br>For people fasting options to access services digitally might be more convenient and provide a better experience.<br><br>Collecting data on religion or belief (or none) is important as this may highlight who is or is not using the service.  This is an important consideration to understanding and addressing health inequalities. This aligns with the rollout plan's commitment to establish a benefit-realisation and data-insight framework capable of monitoring equality of access and usage. |
|---|---|---|---|---|

| | | | | Explore research and insights to determine if intersectionality is relevant (is there some evidence of male domination within religious / race)? |
|---|---|---|---|---|
| Promoting good relations … | | | X | MyCare.scot should not have any differential impact on promoting good relations |
| **Marriage and Civil Partnership [19]** | **Benefits** | **Barriers** | **Neutral** | **Reasons for your decision** |
| Eliminating unlawful discrimination | | | X | The protected characteristic of marriage and civil partnership only covers the discrimination element of the three aims and only covers the workplace and so we see this as a neutral impact. |

More detailed information on the barriers identified through this assessment, together with the mitigations and actions agreed, is provided in Section (Barries and Mitigations). This section should be read alongside the analysis above to understand how each identified impact area will be addressed.

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[19] In respect of this protected characteristic, a body subject to the Public Sector Equality Duty (which includes Scottish Government) only needs to comply with the first need of the duty (to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010) and only in relation to work. This is because the parts of the Act covering services and public functions, premises, education etc. do not apply to that protected characteristic. Equality impact assessment within the Scottish Government does not require assessment against the protected characteristic of Marriage and Civil Partnership unless the policy or practice relates to work, for example HR policies and practices.

Thank you