**ACHSCP Impact Assessment – Stage 1 – Proportionality and Relevance**

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| **Name of Policy or Practice being developed** | Revising ACHSCP non-emergency services reception responses - reducing administrative cover during defined times. |
| **Name of Officer completing Proportionality and Relevance Questionnaire** | Sandy Reid |
| **Date of Completion** | 16th Oct 2025 |
| **What is the aim to be achieved by the policy or practice and is it legitimate?** | The aim is to review and reduce reception capacity need incrementally and naturally through vacancy management achieving budget savings. Resulting in reception responses for non-emergency services to being digital or telephone response only during defined times. |
| **What are the means to be used to achieve the aim and are they appropriate and necessary?** | This managed delay applies **only to non-emergency enquiries**, and does not include any concerns relating to safety, welfare, or time-sensitive care. Public-facing information will clearly emphasise that urgent matters continue to be handled immediately via established pathways.<br><br>Services will develop communication lines to be available during defined times of no face to face reception capacity. |
| **If the policy or practice has a neutral or positive impact please describe it here.** | Positive impact on supporting staff health and wellbeing, breaks and capacity to undertake other tasks. |
| **Is an Integrated Impact Assessment required for this policy or decision (Yes/No)** *Note – if multiple assessments are required please complete a separate template for each of these and embed them in the section below 'Rationale for Decision' with a brief supporting narrative. This will ensure all relevant assessments are connected regardless of the stage they are at in the process.* | Yes a full impact assessment is required.<br><br>**Public feedback indicates strong concerns regarding the removal or reduction of reception staff**, with over one-third of respondents explicitly stating the need to speak to a human being and warning that reduced phone access may cause delays, frustration and escalation of non-emergency issues into crises<br><br>Respondents noted that **digital-only routes exclude key groups** including older people, disabled people, those with low digital literacy, and those with limited access to devices or data. This aligns with data showing that phone contact remains essential for many vulnerable groups, particularly those reporting disability, socio-economic disadvantage or carer responsibilities. |
| **Rationale for Decision** NB: consider: - <br>• **How many people is the proposal likely to affect?**<br>• **Have any obvious negative impacts been identified?** | This is to review reception areas across ACHSCP Services. Majority of buildings will still have a reception area for face to face discussions. This change predominantly to review number of service area receptions and capacity for cover during defined times. |

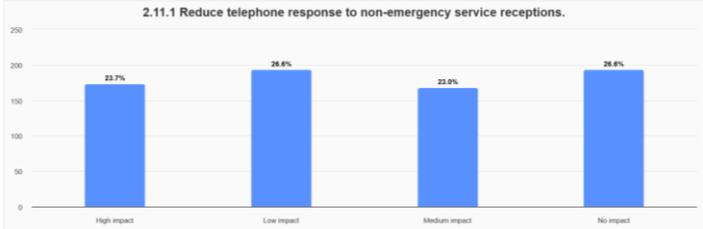| | |
|---|---|
| <ul><li>**How significant are these impacts?**</li><li>**Do they relate to an area where there are known inequalities?**</li><li>**Why are a person's rights being restricted?**</li><li>**What is the problem being addressed and will the restriction lead to a reduction in the problem?**</li><li>**Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently?**</li><li>**Are there existing safeguards that mitigate the restriction?**</li></ul> | During defined periods when reception staff are supporting staff breaks and vacancy management, non-urgent calls will be diverted to alternative access routes with clear defined opening times, patients and services users can either recall or if messages are left there will be a commitment that these will be actioned within a target window of a maximum of four hours.<br><br>There may be unsupportive feedback, potential for an increase in complaints from some members of the public. Further, some staff may experience low morale as a direct impact of not delivering the same service as before.<br><br>ACHSCP has stringent vacancy control processes in place and is unlikely to approve filling reception posts on a like for like basis. This will only take place when there are insufficient receptionist staff available to answer phones and will only happen incrementally.<br><br>As services review vacancies any changes to contact or delivery models will be appropriately updated and service information promoted to services users and patients. |
| **Decision of Reviewer** | **Agreed** |
| **Name of Reviewer** | **Sandy Reid** |
| **Date** | **March 2026** |

**APPENDIX C**

### ACHSCP Impact Assessment – Stage 2 – Impact Assessment

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| **Description of Policy or Practice being developed including intended aim.** | Revising ACHSCP non-emergency services reception responses - reducing administrative cover during defined times |
| **Is this a new or existing policy or practice?** | New practice to support capacity and vacancy management for administrative services. |
| **Name of Officer Completing Impact Assessment** | Sandy Reid |
| **Date Impact Assessment Started** | October 2025 |
| **Name of Lead Officer** | Sandy Reid |
| **Date Impact Assessment approved** | March 2026 |

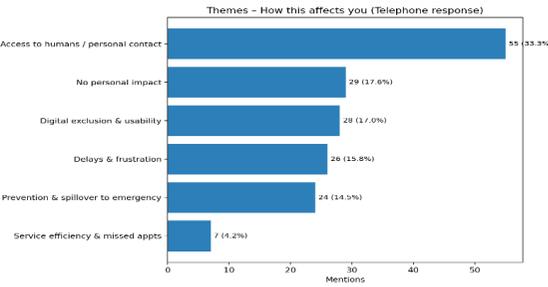### Summary of Key Information

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| **Groups or rights impacted.** | Age/ Disability – Main group that could be potentially impacted by the changes. We understand that telephones responses are not completely accessible to those within sensory impairments. Multiple respondents highlighted that online forms are complex, inaccessible or unusable for them, and that telephony is required for equitable access to services<br><br>Majority of buildings will still have a reception area for face to face discussions. This change is predominantly not for those with main reception buildings but to reduce receptions throughout service areas within buildings. |
| **Feedback from consultation and engagement** | <ul><li>Total responses 786</li><li>26.6% of commentators report no personal impact.</li><li>Many respondents (33.3%) stress the need to speak to a human, warning that reduced phone access can worsen delays, cause</li></ul> |

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| **and how this informed development of the policy or practice** | frustration and potential risk non-emergencies escalating. Phone access will be available to either transfer to other services or teams for cover or messaging service available.<br>• Digital only approaches may exclude older, disabled or digitally disabled users<br>• Some commentators favour a hybrid access model (strengthening digital access whilst retaining some human contact)<br><br>Consultation feedback suggested a mixed viewpoint on impacts to their services to reduce reception response for non-emergency services<br><br>2.11.1 Reduce telephone response to non-emergency service receptions.<br><br>High impact 23.7%  Low impact 26.6%  Medium impact 23.0%  No impact 26.6%<br><br>Feedback indicated that people favoured a hybrid model to access services, while retaining some human coverage. Calls to strengthen digital and call-back options with emphasis on triage/ efficiency and safeguards in plan e.g. voicemails and messaging service routinely checked. |
| **Performance Measures identified, where these will be reported and how impact will be monitored.** | Implementing phased approach to service change as vacancies arise, will enable services to update communications methods. Ongoing patient feedback, complaints and adverse events will be monitored to ensure no other unintended impacts arise.<br><br>Feedback from this option and impact assessment will be reviewed and supported in all service options for reception areas as vacancies arise. This will ensure best outcome for specific services and service users when reception responses change. |

**Review**

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| **Date the Impact will be reviewed** | |
| **Rationale for Date** | |

Having considered all of the groups, duties and rights in the list at Appendix A of the Guidance on Impact Assessment could this policy or practice have a negative impact on any of the following.   Please answer Yes or No.   If you answer Yes, please specify precisely which particular group, duty or right will be impacted and how and also what (if any) current evidence you have.

| | Yes/No | Details | Evidence |
|---|---|---|---|
| Protected Characteristics | Yes | Respondents noted that **digital-only routes exclude key groups** including older people, disabled people, those with low digital literacy, and those with limited access to devices or data. This aligns with data showing that phone contact remains essential for many vulnerable groups, particularly those reporting disability, socio-economic disadvantage or carer responsibilities.<br><br>**Older people and disabled people** are likely to be disproportionately affected due to lower digital confidence, cognitive impairments, sensory impairments and reliance on human support. Multiple respondents highlighted that online forms are complex, inaccessible or unusable for them, and that telephony is required for equitable access to services. | Themes – How this affects you (Telephone response)<br><br>Access to humans / personal contact — 55 (33.3%)<br>No personal impact — 29 (17.6%)<br>Digital exclusion & usability — 28 (17.0%)<br>Delays & frustration — 26 (15.8%)<br>Prevention & spillover to emergency — 24 (14.5%)<br>Service efficiency & missed appts — 7 (4.2%)<br><br>Mentions |
| Fairer Scotland Duty | No | | |
| Health Inequality | Yes | Article 8: Right to accessible Communication – although notably we are reducing face to face communications, we are still providing telephony messaging services or alternative communication route. Some service users may face barriers to communication without direct telephone access, restricting their ability to participate in decisions about their care. | |
| Specific Groups | No | | |
| Human Rights | No | | |
| UNCRC | No | | |

| Will there be any cumulative impacts between this policy or decision and others | Yes | | No | X |
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| Describe what this cumulative impact will be and include evidence mitigations in the sections below | | | | |

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place.

| Stakeholder Groups | Feedback Received | Influence on Policy or Practice/Mitigating Actions |
|---|---|---|
| Budget Consultation Feedback | • Total responses 786<br>• 26.6% of commentators report no personal impact.<br>• Many respondents (33.3%) stress the need to speak to a human, warning that reduced phone access can worsen delays, cause frustration and potential risk non-emergencies escalating.<br>• Digital only approaches may exclude older, disabled or digitally disabled users<br>• Some commentators favour a hybrid access model (strengthening digital access whilst retaining some human contact) | Implementing phased approach to service change as vacancies arise, will enable services to update communications methods ensuring suitable telephone messaging or alternative communication routes are available. Ongoing patient feedback, complaints and adverse events will be monitored to ensure no other unintended impacts arise.<br><br>Feedback from this option and impact assessment will be reviewed and supported in all service options for reception areas as vacancies arise. This will ensure best outcome for specific services and service users when reception responses change |

Commented [JA2]: What are the mitigations around this?

**Scottish Specific Public Sector Duties (SSPSED)**

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

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| Not applicable - |

**ACHSCP Impact Assessment  – Stage 4 – Review**

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| **Name of Impact Assessment being reviewed** | |
| **Name of Officer completing review** | |
| **Date Review Commenced** | |
| **Reason for Review (scheduled or accelerated)** | |
| **Reason for Accelerated Review** | |
| **Name of Lead Officer** | |
| **Date Review Completed** | |

**Summary of Key Information**

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| **What amendments have been identified to the original Impact Assessment?** | |
| **What evidence do you have for these amendments?** | |
| **What actions have you taken to review the policy or practice in light of the review?** | |

Having considered all of the groups, duties and rights in the list at Appendix A of the Guidance on Impact Assessment has the impact of this policy or practice changed from the original assessment?   Please answer Yes or No.   If you answer Yes, please specify precisely what change has occurred and which particular group, duty or right it affects and how and also what (if any) current evidence you have.

| | Yes/No | Details | Evidence |
|---|---|---|---|
| Protected Characteristics | | | |
| Fairer Scotland Duty | | | |
| Health Inequality | | | |
| Specific Groups | | | |
| Human Rights | | | |
| UNCRC | | | |

| | Yes | | No | |
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| **Will there be any cumulative impacts between this policy or decision and others** | | | | |
| **Describe what this cumulative impact will be and include evidence mitigations in the sections below** | | | | |

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place in light of the changes identified above.

| Stakeholder Groups | Feedback Received | Influence on Policy or Practice/Mitigating Actions |
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