

MyCare

MyCare.scot (Digital Front Door Programme Level)

Equality Impact Assessment



Healthier
Scotland
Scottish
Government



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Version History

Version	Date	Summary of Changes
V1.0	13/11/2025	Created for minimum viable product of MyCare.scot in NHS Lanarkshire
V2.0	01/04/2026	Updated for whole population availability

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 Public Services Delivery Scotland under the leadership of Karen Reid, who is the Chief Executive¹. Public Services Delivery Scotland (PSD Scotland) has 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 and its associated mobile apps on iOS and Android (future release).

As part of our work, PSD Scotland 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. PSD Scotland 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

¹ [Improving delivery across health and social care - gov.scot](#)

Digital Health and Care Strategy 2021

[Digital health and care strategy - gov.scot \(www.gov.scot\)](https://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

PSD Scotland 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]². 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]. PSD Scotland 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

² The Equality, Diversity and Inclusion Strategy was created for NHS Education Scotland, now part of PSD Scotland.

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; Data (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 PSD Scotland 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](#)) makes it a duty under Regulation 5 for PSD Scotland to assess and review its policies and 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/statuses:

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

As we incorporate additional groups into equality considerations, we recognise that more can and should be done to ensure that we are taking into account lived experiences and impacts across a diverse range of groups. We recognise this, and it is recorded as an action to take forward. A centralised record of all actions arising from this EQIA process are presented [here](#).

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 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 disadvantages 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 engagement and outcomes. This is presented in subsequent sections, and we have addressed how we are meeting these outcomes 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](#)

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. PSD 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](#)

In December 2025 the first version, as part of the initial rollout in NHS Lanarkshire for a small group of users, was offered to people 16 years old and over. The national rollout in April 2026 is aimed for 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 may 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 for 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 references the Scottish Government's national EQIA (for Digital Front Door) and should be read in parallel to it. A copy will be available here [MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland](#). We will use the term "Scottish Government's national EQIA" in reference to the EQIA undertaken 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 Health 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 Health Boards and organisations in identifying and embedding equality considerations at regional level in the delivery of MyCare.scot. (NHS Lanarkshire prepared its own EQIA ahead of implementation of MyCare.scot.³) The overall aim is for the Scottish Government's national EQIA, this programme EQIA for MyCare.scot and the 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 for the national rollout in April 2026 and beyond, 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 revised versions of this EQIA 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-

³ 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](#)

digital support is described in this EQIA. The Scottish Government in its "Our Digital Front Door" (general information website) states:

We know that MyCare.scot won't be right for everyone, so existing channels of communication and access will continue to be available alongside it. We are currently researching other channels and working with colleagues to ensure that all routes are equally represented to allow people maximum choice in how, when and where to access their information. [MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland](#)

The National Contact Centre (NCC), part of the Primary and Community Care Directorate in PSD 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 people through the onboarding process, including setting up a [ScotAccount - mygov.scot](#), and offering support to people 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 PSD Scotland, and ScotAccount, part of the Scottish Government. During the sign-up process, a person will be directed to ScotAccount webpages to complete that part of the sign up, before being redirected to MyCare.scot. If the person requires assistance they will be directed to contact ScotAccount (further information here [ScotAccount - mygov.scot](#)) or the National Contact Centre depending on the stage of the onboarding process they have reached.

The initial focus of the programme in developing non-digital aspects of MyCare.scot has been in respect of the National Contact Centre (NCC). As well as providing support to people, the NCC will undertake actions to improve digital inclusion and to proactively engage people in offering support which may increase the uptake of MyCare.scot. 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. Part of a [human rights-based approach to digital care delivery](#), digital inclusion means 'everyone has the access, skills and confidence to utilise digital services [for health and care] if they choose to do so, regardless of their socioeconomic background, location or ability.'⁴

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](#))

⁴ Human Rights Principles for Digital Health and Social Care: how we design, deliver and evaluate rights-based digital services, The Health and Social Care Alliance Scotland (the ALLIANCE), Scottish Care and VOX Scotland, [HRP_Guide_prof_WEB_updated_7_10_25.pdf](#)

- 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, life situations and perpetual structural and systemic barriers. 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
- Co-design, community involvement and continuous engagement 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 care, participate in decision-making, and make informed choices
- Providing alternative formats and channels for accessing health and care 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 tools for health and care - 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

A summary of the potential barriers, impacts and mitigations of MyCare.scot identified by the Scottish Government in its EQIA process. In summary barriers may include:

- Digital exclusion – the potential barrier being limited or no access to devices, connectivity, or digital skills may prevent use of MyCare.scot
- Digital connectivity – the potential barrier being poor broadband/mobile coverage in rural and island areas reduces access and reliability

- Lack of accessible communications – the potential barrier of 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 their data being used or shared
- Transformation/workforce readiness for staff – the potential barrier that staff may not understand MyCare.scot functionality, limiting signposting and support

The potential benefits of MyCare.scot are summarised by the Scottish Government in their high level summary, a link is provided here: [MyCare.scot: national rollout - high-level summary - gov.scot](#)

The potential barriers, impacts and mitigations are 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 function (User Centred Design) has undertaken research with external stakeholders. As part of the development of MyCare.scot and its functionality, members of the user-centred design practice have undertaken research with members of the public and other stakeholders. 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 updated versions of this EQIA.

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 was initially created in support of the initial rollout to NHS Lanarkshire in December 2025 and further updates have been made in support of the national rollout (whole population availability “WPA”) in April 2026.

Outputs from the Scottish Government’s Equality Impact Assessment Process

The main outcomes from the Scottish Government’s 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 of MyCare.scot
- Describe the actions that have been taken by the 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
- 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 workshops with representatives of equality groups and one to one activities with participating organisations. Further information on the engagement undertaken by the Scottish Government in collaboration with COSLA⁵ is located at this [link](#).

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.

- The ALLIANCE [The ALLIANCE - Health and Social Care Alliance Scotland](#) and The ALLIANCE Digital Citizen Panel [Digital Citizen Panel - Digital](#)
- Young Scot [Young Scot – Information and Opportunities for Young People](#) and Young Scot Digital Panel
- LGBT Youth Scotland [Home - LGBT Youth Scotland](#)
- Muslim Women's Resource Centre [Amina – The Muslim Women's Resource Centre](#)
- NHS Equalities Leads
- Patient Participation Groups
- Positive Action in Housing [Positive Action in Housing](#)
- RNIB [Scotland - Royal National Institute of Blind People | RNIB](#)
- Scottish Refugee Council [Home - Scottish Refugee Council](#)
- Sensory Hub [Home - The Sensory Hub](#)
- Stonewall Scotland [Stonewall Scotland | Stonewall](#)
- Health Improvement Scotland [Healthcare Improvement Scotland](#)
- Highland Digital Inclusion Network
- SCVO [Scottish Council for Voluntary Organisations](#)
- Public Health Scotland [Public Health Scotland](#)
- Digital Health and Care Directorate [Digital Health and Care Directorate - gov.scot](#)
- Engender <https://www.engender.org.uk/>
- Terrence Higgins Trust [Homepage | Terrence Higgins Trust](#)

⁵ [About COSLA | COSLA](#)

- 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. Direct user research with members of the public can therefore be included in this definition of engagement. 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

User-centred design work in the DFD programme represents four professional specialisms: user research, service design, user experience design and content design. In the development of MyCare.scot the focus of the user research work to date has been in direct user research with members of the public (primary research), reviews of existing research outputs (secondary 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
- Anaphylaxis UK
- The Natasha Allergy Foundation
- Allergies UK

We capture self-reported information about people from a screening survey that people complete when joining up to take part in research – who are then considered part of our participant panel. This is the same data captured by the Scottish Census⁶. This allows us to review the participant panel to look for areas of under-representation in respect of the people who are engaging with us (this includes protected characteristics as well as other demographic information).

⁶ [Home | Scotland's Census](#)

Later in 2026 we intend to do a gap analysis of the participant panel against a range of protected characteristics and other demographic information so that areas of under-representation can be targeted appropriately and proactively, with the target that the overall participant panel be as representative and diverse as possible.

The link between these organisations and the proprietary participant panel is that when a partner organisation shares a call to action to be involved in DFD research, people are directed to join the panel directly.

An example of what these organisations told us and how participants were recruited is described in the Appointments and Digital Communications Discovery Report (further details below). Participants are 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. It is also listed on the MyCare.scot website. (A link to this is available here: [Help us improve MyCare.scot - MyCare.scot](#))

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)

These kinds of engagement and research activities are ongoing. At the time of drafting there are live discoveries in a range of contexts including **the health and care record, digital inclusion, appointments, communications, social care and social work.**

Research findings are documented as part of discovery work and used as reference for design and development work for solutions which aim to meet the identified need. Research insights and other assets are stored on a research repository and made available to people working on the DFD programme upon request to manage access. There are no current plans to publish user research directly, but this will be reassessed later in 2026/27. Further information on Condens which is the research repository system being used is available at [this link.https://condens.io/research-repository/](https://condens.io/research-repository/)

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”.

Using remote interviews vs in-person interviewing:

Given the diversity of the end-users, we needed to reach in a short time frame for initial release and national rollout, it was decided that conducting interviews remotely via Teams was 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, providing 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 programme moving forward by making the results of our research, searchable, contextual and in a format that can be shared with others within the programme to provide relevant insights at speed, when needed.

The team intends to develop an ethical process with appropriate data protection controls 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?

The engagement activities have led to a regular workshop series with the ALLIANCE and growth of the DFD programme's own participant panel.

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 aims 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 PSD Scotland 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 and to grow the public research panel so it can be as representative as possible. The User-centred Design and Communications teams within the DFD 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. There will likely be a need to grow the team's capacity and to scale the participant recruitment, panel management and overall research operations systems as the profile grows.

The DFD programme team aims to continue the growth of the participant panel and to ensure it is as representative and diverse as possible.

It was previously noted that the research teams as part of the DFD programme intend to create an ethical process for conducting face-to-face interviews for future work.

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. This activity also works towards the DFD programme meeting the criteria as set out in the Digital Scotland Service Standard (DSSS). A link to the Digital Scotland Service Standard is provided here: [Digital Scotland Service Standard - Service Manual](#). Specifically, Criteria One is in respect of understanding users and their needs.

Overall, we perceive that this is a benefit to people who share protected characteristics; however, it is recognised that 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 previously, and more widely how engagement has informed what we do. If this work does not continue 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. As part of this policy development the DFD programme needs to ensure a coordinated and consistent approach across all engagement and consultation activities to ensure that we are mitigating against "engagement fatigue", are proactively sharing feedback from different streams of work across the DFD programme and are facilitating a "two-way" relationship between organisations and individuals to ensure that peoples' input is acknowledged and reflected in the work we do. This will be itemised as part of the engagement and consultation policy action which should be undertaken as a matter of priority.

It is noted that the DFD programme (research function) intends to develop an "ethical process" for conducting face to face research in future work. We are not aware currently how the programme will incorporate a trauma informed approach into their overall engagement and consultation practices, which is a necessary consideration as the programme looks towards extending its reach to underrepresented groups, as well as engaging with children and young people. This will be recorded as an action.

For the overall analysis of impact and mitigations itemised by protected characteristic this section should be read in parallel to the Scottish Government's national Equality Impact Assessment for MyCare.scot. A copy of this EQIA will soon be available at this link: [MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland](#)

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 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

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.

The types of research activities carried out in this phase were:

- Online usability testing with members of the public
- Online focus groups with members of the public
- Online interviews with members of the public
- Online interviews with health and social care professionals (e.g. service managers, clinicians)

With outputs documented and linked as evidence to each discrete discovery.

Co-design is a type of user research where potential users and stakeholders are actively involved not only in the identification of problems to solve, but also 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.

Co-design with members of the public in the ideation phase of design has yet to be carried out at scale across the programme. That will change as capacity grows for conventional co-design practice later in 2026/27 on functionality which will be valuable at national scale.

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

The discovery report on 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*

What other evidence did we find?

The Scottish Government's [Digital Scotland Service Standard](#) is a set of 12 criteria that all organisations delivering public services should work towards.

1. Understand users and their needs
2. Solve a whole problem for users
3. Design and deliver a joined-up experience – making sure everyone can use your service
4. Help users succeed first time
5. Have a multidisciplinary team
6. Create a secure service which protects users' privacy and data
7. Define what success looks like and publish performance data
8. Choose the right tools and technology
9. Use and contribute to shared digital practices, processes, components, standards, patterns and platforms
10. Make new source code open
11. Operate a reliable service
12. Ensure sponsor acceptance

Key areas from the Digital Scotland Service Standard for the DFD programme in respect of User research and co-design include:

Criteria 1

[Speaking to your users](#) over multiple sessions is often the best way of understanding the needs of your users, but it is not the only way. Your users are the users of other services, so you should contact these services to gather the user research they have done.

[You must test early prototypes of all or parts of your service with your users](#) and use their feedback to improve the design of your service before testing again. Iterating your service with users in this way makes it more likely that your end service will be fit for purpose.

Criteria 2

Beyond users, you'll also need to look at the organisations that serve these users. If you understand how existing services are designed, you'll be able to focus on:

- *where your service fits in*
- *how your service can support or impact the wider interaction between users and the public sector*

Criteria 3

Users should not be excluded or have a poor experience because of the way government is structured, or because a service is only designed for digital channels. It is a legal requirement that government services must work for everyone.

You should:

- *include disabled people in user research*
- *understand the varying levels of digital skills, connectivity and confidence among your users and how this impacts the design of your service*
- *consider what support might be required to help people use your service, including whether offline access to your service is needed*

Creating accessible services will also benefit other users. For example, [using simple words](#) can help people who have a learning disability, but also users who have the reading age of a 9-11 year old (around 50% of the Scottish population).

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

This research work in the context of Appointments and Communications is an example of how a set of foundational user needs are identified. These are then used as references when developing solutions to ensure that needs are being met. All research outputs are stored in a digital repository so that people across the programme can access the information on demand, with appropriate controls.

MyCare.scot has in most instances a reading age of nine years old. Due to clinical terminology required for medication and allergies we require to use specific clinical terms which cannot, for patient safety considerations, mean that MyCare.scot has an overall reading age of nine years old.

What have we still to do?

A wide range of discoveries are in progress to support the design and development of future functionality.

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?

- 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 user research undertaken by the programme should be a perceived benefit to people who share protected characteristics if there is continued work to further develop:

- Opportunities for a diverse range of users and stakeholders to be engaged, and for the output better inform designs decisions
- User research is stored (with relevant controls) and is used inform other design decisions, to avoid engagement fatigue of participants and to work towards an inclusive by design principle

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 and mitigations itemised by protected characteristic this section should be read in parallel to the Scottish Government's national Equality Impact Assessment for MyCare.scot. A copy of this EQIA will soon be available at this link: [MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland](#)

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 details are 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 for the programme to consider and incorporate into their user research and co-design activities.

Usability & Accessibility Testing

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 – in the case of the websites and web-based applications, 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 April 2026 release is now available and four outstanding issues will exist in that release:

1. Unread messages are not communicated to screen reader users. This fails WCAG Success Criterion 1.3.1 – Info and Relationships and 4.1.2 – Name, Role, Value
2. Screen reader users are not informed when a new message appears on the application. This fails WCAG Success Criterion 4.1.3 Status Messages
3. External 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. Some document formats such as PDF, MS Word and Excel may not be fully accessible or the most user friendly on mobile. The long-term plan is to replace them with accessible HTML pages

Since the December 2025 release, the following issues were resolved:

- Screen reader users are not informed when the countdown sequence to the sign out modal is activated
- PDF links do not inform users that they open in a new tab
- Links are styled as buttons but lack the keyboard functionality that is part of a button HTML element
- Colour is used as the only visual feedback on unread messages
- Truncated text has been removed from the find a service page

It is the intention to resolve these issues where possible post April release to improve WCAG 2.2 compliance.

Summary of output/action by programme

Moderated and unmoderated user testing started in October 2025.

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.

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.

An accessibility specialist has been assigned to lead 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.

The accessibility audit and associated remediation work for the April 2026 MyCare.scot release is now complete.

What other evidence did we find?

- The Scottish Government's [Digital Scotland Service Manual](#) includes content standards on usability testing. In terms of when to test usability it explains:

Early and often.

You can do usability testing at multiple stages in a service or product lifecycle, such as:

- *while working out what to design – testing existing services or products*
- *while designing your service or tool – testing prototypes*
- *before launch – testing final designs*
- *after launch – testing live services or products*

(and how to test for usability:)

Usability testing is a type of research that can identify usability issues, such as:

- *where journeys through your service are too long or complex*

- *language that confuses people*
- *where things do not work as you expected, for example, buttons that people do not notice)*

There are three different approaches:

- *heuristic review*
 - *unmoderated testing*
 - *moderated testing*
- [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 PSD Scotland 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.

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 require 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, particularly address the barriers that people with certain disabilities may face in accessing websites and apps. The programme has also described the current and future actions 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.

The accessibility testing which has already begun and is supporting design and development decisions 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 and mitigations itemised by protected characteristic this section should be read in parallel to the Scottish Government's national Equality Impact Assessment for MyCare.scot. A copy of this EQIA will soon be available at this link: [MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland](#)

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 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 the barriers people can face in accessing websites and apps are 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, they are provided with 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 is an area that is being incorporated into the programme as part of the technical design and delivery of MyCare.scot. The policy decisions associated with identity verification 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 that are within our scope to do so.

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 are:

- [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 [MyCare.scot](#)
- confirm your identity with [Scotland's Redress Scheme](#)
- 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](#))

The Scottish Government in its summary EQIA for ScotAccount states:

ScotAccount delivers the Scottish Government Digital Strategy commitment to provide a secure and simple way for people to prove who they are to access digital public services. It enables users to sign in, verify their identity, and reuse verified attributes across digital public services, enhancing privacy, reducing duplication, and improving user experience.

The service is designed to be secure, privacy-protecting and inclusive, aligning with the Scottish Government Digital Scotland Service Standard. It supports interoperability, reduces duplication and enhances user experience, while supporting the commitment to maintain offline routes for those unable or unwilling to use digital services. [1.3 Key findings - ScotAccount: equality impact assessment - gov.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 a person is able to verify their identity using ScotAccount, authentication is the technical process for a person to prove who they are each time they use MyCare.scot.

Terminology/Explanation

Once the user has a basic ScotAccount, they additionally need to have their identity verified and that linked with their 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.

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.

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). Further information on CHI is provided at this link:

[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 has been completed by the Scottish Government in respect of ScotAccount. A summary version of this EQIA is available at this link [ScotAccount: equality impact assessment - gov.scot](#)

The ScotAccount EQIA *concludes that ScotAccount has an overall positive impact on equality* as part of its key findings. Further details of the key findings can be read here at this link: [1.3 Key findings - ScotAccount: equality impact assessment - gov.scot](#)

As part of its EQIA process, ScotAccount applied a multi-method approach to assess potential impacts. The process began with a framing exercise to identify barriers and opportunities for inclusion, followed by extensive evidence gathering using national statistics, research reports and stakeholder insights.

Workshops explored the ScotAccount journey mapping to consider impacts, socioeconomic factors, document ownership and digital exclusion.

Section 1.8 of [ScotAccount: equality impact assessment - gov.scot](#)

Key findings of the ScotAccount EQIA are presented at 2.0 [ScotAccount: equality impact assessment - gov.scot](#), the analysis considers both positive opportunities and risks of indirect discrimination, alongside intersectionality with socioeconomic disadvantage. This is completed for each protected characteristic.

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

The EQIA for ScotAccount states:

The ScotAccount integrated user research team conducted testing and feedback with a wide range of users, including people with accessibility needs and protected characteristics. The programme adopted a user-centred feedback loop for service development. Stakeholder engagement with equality groups and expert panels shared policy decisions, while compliance checks against the Digital Scotland Service Standard and security frameworks ensured accessibility, trust and inclusion. Live service monitoring and planned external engagement will continue to address gaps and support ongoing improvement.

Section 1.8 of [ScotAccount: equality impact assessment - gov.scot](#)

The National Contact Centre will provide first-line support for user issues. This will be accessed via a 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 previously provided. In addition, as part of the programme delivery, support is available to people on the MyCare.scot web app at this link [Get support - MyCare.scot](#). This provides advice to people about why they need to verify their identity on ScotAccount.

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 MyCare.scot. There are likely to be material issues with sign-up/sign-in at WPA 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 current usage of a credit check in the ScotAccount process and the lack of non-biometric options for identity verification. The barriers that someone could face in verifying their identity via ScotAccount is recognised in the ScotAccount EQIA, as well as the mitigations in place and proposed mitigations:

Regarding the potential challenges of ScotAccount, barriers to identity verification through reliance on passports, driving licences and financial transaction history could disadvantage young people, older

people, disabled people and those who lack a sufficient digital footprint in the real world, largely achieved through financial transactions. To mitigate this, ScotAccount has expanded the range of biometric proofs and introduced knowledge-based verification. ScotAccount is also actively pursuing alternative ways people can verify their identity, exploring the potential use of reliable public sector data and vouching solutions. [1.3 Key findings - ScotAccount: equality impact assessment - gov.scot](#)

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

The perceived impact on people who share protected characteristics in respect of verifying their identity using ScotAccount is assessed by ScotAccount in its EQIA 2.0 Key Findings [ScotAccount: equality impact assessment - gov.scot](#). This assessment considers both the "positive opportunities and risks of indirect discrimination, alongside intersectionality with socioeconomic disadvantage." This DFD programme EQIA should be read in parallel to ScotAccount's EQIA for full consideration of the impacts and mitigations in relation to identity verification.

ScotAccount's overall conclusion is that:

This EQIA concludes that ScotAccount offers significant positive impacts by increasing secure access to digital public services, reducing reliance on paper documents, and promoting inclusion through user-centred design and accessibility standards. However, risks of indirect discrimination remain for individuals lacking traditional identity proofs or a digital footprint, compounded by socioeconomic disadvantage.

Mitigations include expanding non-biometric verification routes, knowledge-based checks, and alternative data sources, alongside maintaining offline service channels and ongoing stakeholder engagement.
(Section 2.1 Overall conclusion)

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 EQIA references the work of the ScotAccount EQIA and should be read in parallel to the ScotAccount EQIA as to how it is meeting the general equality duty in respect of identity verification. At section 2.2 of the [ScotAccount EQIA](#), its recommendations are:

(i) Actions implemented

The interim EQIA, along with insights from the embedded ScotAccount User Research team, informed the development of ScotAccount by identifying potential impacts which were then addressed within the delivery programme.

The following actions have been implemented to enhance inclusion and accessibility based on the EQIA findings:

- *ScotAccount introduced two-factor authentication using landlines to mitigate potential impact from lower levels of mobile phone ownership amongst older people.*
- *To ensure accessibility, the ScotAccount interface was designed with a reading age of eight years old.*
- *ScotAccount was continually tested against best practice accessibility standards and assessed as meeting Web Content Accessibility Guidelines to an "AA" rating.*
- *ScotAccount engages with service stakeholders throughout development, with early adopters playing a key role in shaping service design.*

- Ongoing onboarding includes user research and service design expertise to meet diverse user needs.
- ScotAccount engaged with an expert group in areas of privacy, security, and inclusion, to inform each stage of the programme development.
- In prioritising which alternative proofs to pursue for inclusion, ScotAccount engaged with the Scottish Youth Parliament for insights into young people's preferences and ideas.
- ScotAccount now includes the Young Scot NEC card for biometric proof.
- Knowledge-based verification was developed as an alternative to biometric data checks, removing the need for passports or driving licences.

In addition to the above actions, ScotAccount is actively developing alternative ways in which people can verify their identity without relying on previous financial transactions. The programme team is working with public sector data owners to identify trusted sources that meet GPG 45 (medium) security standards, with priority given to data sources that support inclusion for impacted groups.

(ii) Mitigating actions

The following actions have been taken to mitigate potential negative impacts, promote equality and meet the PSED needs:

- Where ScotAccount cannot directly influence digital inclusion infrastructure, the team liaises with the Connecting Scotland programme and the Scottish Government Digital Citizen Division to highlight systemic barriers and opportunities for improvement.
- Potential cost implications that may arise from new data-sharing arrangements and public engagement activities are being scoped as part of the programme's continuous improvement and inclusion strategy.
- ScotAccount sponsored a £650,000 Civtech challenge (9.7) to explore a "vouching solution" which would widen inclusion for people who did not have traditional proofs.
- Scottish Government Digital Citizen Division is sponsoring a £1 million Civtech Challenge (11.9) aimed at providing sustainable solutions for digitally excluded people to overcome barriers accessing key online services. This could attract interest and potential solutions from innovators in local government, private sector or the third sector.

(iii) Monitoring and review

The ScotAccount strategic approach is to source and use reliable data for identity verification to widen inclusion. On the basis of an options appraisal, the ScotAccount team is exploring data sources in the public sector which are not reliant on a history of financial transactions. This is aimed at providing a route for anyone with protected characteristics who could be impacted by socioeconomic factors (i.e. people who have a 'thin credit file' and who do not own traditional proofs for biometric checks).

ScotAccount will evaluate these routes through live service monitoring and user surveys.

As previously highlighted, ScotAccount is a privacy protecting service, and the ability to monitor and report on data is limited. The ScotAccount live service data monitoring will include anonymised service user age reporting and postcode to examine socioeconomic inclusion.

The embedded user research team will continue to engage with users and future users for insights. User research gains these insights from user feedback questionnaires which feed into service improvements. ScotAccount is currently exploring how the feedback results could be streamed for equalities monitoring.

As new customers onboard to ScotAccount, the stakeholder engagement strategy includes an understanding of their client matrix and service impact assessments to mitigate exclusion.

The findings of this EQIA will inform the stakeholder engagement strategy to better understand gaps in information and gain insights from people with protected characteristics. This includes joint engagement with service customers, the wider remit of the Digital Citizen Division and the ScotAccount team.

In terms of mitigating actions within the DFD programme, to support people authenticating their identity to continually access MyCare.scot (and the overall user experience in initially verifying their identity via ScotAccount), mitigations include:

- Non-digital support is provided to people who want to create ScotAccount (this is through the work of the National Contact Centre).
- Guidance is provided to people using a range of communication methods in terms of how to access ScotAccount and MyCare.scot, as well as communicating the support available
- 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 to MyCare.scot are communicated. It is acknowledged that there are communications advising that MyCare.scot is supplementing current services and not replacing them.
- Incorporating a digital inclusion strategy so 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 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.

Rights

In terms of framing "rights" within this EQIA we have considered:

- Scotland's National Human Rights Action Plan [Home | Scottish Human Rights Commission; SNAP | Scottish Human Rights Commission](#)
- [Right to Health](#) (Scottish Human Rights Commission)
- Rights in relation to data protection [A guide to individual rights | ICO](#)
- [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

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

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 people's data will be managed. This is explained further in the section relating to the management of people's personal and special category data.

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 meets its obligations. The MyCare.scot public facing Data Protection Impact Assessment is available at this link [mycare_public_dpia.pdf](#)

The MyCare.scot Privacy Notice details whom individuals should contact to enact their rights. A link to the Privacy Notice is available at this link [Privacy - MyCare.scot](#)

For human rights, the programme to date has been working towards the development of a rights-based approach; however, this work requires a defined scope and direction to be documented. An action is taken to develop a rights-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. 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 are 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.

For the overall analysis of impact and mitigations itemised by protected characteristic this section should be read in parallel to the Scottish Government's national Equality Impact Assessment for MyCare.scot. A copy of this EQIA will soon be available at this link: [MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland](#)

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 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.

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 is recognised, and this needs to be built upon by the programme. The actions to address this are outlined in the "Actions" section.

Proxy and Delegated Access

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

For MyCare.scot, proxy would mean that one person would have access to another person's MyCare.scot account and for delegated access this would mean that one person would have some access, for certain specific tasks only. Both would require significant safeguards in place in terms of privacy, security, consent, capacity, adult and child protection, and human rights.

Delegated access and proxy were one of the main themes explored by the Scottish Government as part of its engagement. It was recognised that in not considering the issues relating to proxy and delegated access it 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 that targeted communications and guidance to support their understanding of proxy and delegated access will be required – and for these groups to be involved in engagement.

Summary of output/action by programme

The work to scope proxy and delegated access will form part of the DFD programme design and delivery future work. It is anticipated that proxy and delegated access will be an important area for future discovery given how important the functionality will be towards overall inclusion objectives. It is recognised that these will be challenging areas to consider and will require material research and design work as well as meaningful engagement and consultation.

This will include engagement with:

- Carers, including unpaid carers and young carers (which will also be analysed as part of the Children's Rights and Wellbeing Impact Assessment)
- Disabled people and representatives from disability organisations
- Older people and representatives from organisations that work with older people
- Health and social care professionals
- People who face communications barriers, including people who have a limited understanding or use of English

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

In terms of programme design and delivery, we are now starting initial research into proxy and delegated access as a dedicated topic; however, 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 [], 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 []'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 and delegated access 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 and delegated access are to be prioritised as one of several possible future discoveries at programme level.

What have we still to do?

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

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 and delegated access, 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 and rights considerations are incorporated into this work.

For the overall analysis of impact and mitigations itemised by protected characteristic this section should be read in parallel to the Scottish Government's national Equality Impact Assessment for MyCare.scot. A copy of this EQIA will soon be available at this link: [MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland](#)

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 and delegated access; 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 or choices, and the need to balance this with both legal and technical considerations. When we describe preferences or choices, it is about how this can be recorded within MyCare.scot – whether that is the web app or mobile app (in development), and what these preferences or choices may include.

This may include preferences regarding:

- How people want to receive communications
- Different types of communications, including accessibility considerations
- How people want to update their data
- How people might want to opt out of certain digital services

In terms of communication preferences, these are considered both through the work of the User Centred Design team (as part of the DFD programme) as well as the DFD Communication's team.

In terms of opting out of, or into certain digital services, this will be explored in part here, and through the work to address digital exclusion and inclusion. We recognise that people might not opt into digital services available for a number of factors, including lack of digital skills or confidence, privacy, and fear of losing interactions with another person. This will all be explored as part of the DFD programme's work to develop an approach to digital inclusion.

Summary of output/action by programme

From 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 web app and are not propagated into any wider NHS Scotland or social care systems.

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

In discovery work to date, people have expressed a preference for having both digital and traditional options available, so that using a digital channel such as MyCare.scot is a choice, and that non-digital options are retained. This flexibility helps reduce stress and accommodates varying levels of digital literacy and barriers to access. This was first communicated as part of research carried out to underpin

the app naming/positioning and has been reinforced in future work. 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.

Secondary research has been undertaken by the DFD programme to develop an approach to digital inclusion. In brief, we recognise the barriers that some people face in transitioning to digital services. An example is for the protected characteristic of age:

[Online Nation 2024 report](#) (This is a link to the Online Nation 2024 report by Ofcom⁷)

In summary:

- People aged over 65 spend the least amount of time online, most on smartphone, then tablet and computer (women spent more time on the internet than men in all age groups)
- 13% of over 65s do not have internet access at home (figure is decreasing)
- Of those people aged 65+ without internet access at home, 95% stated they were unlikely to get it in the next 12 months, with a large proportion (80%) saying this was due to a lack of interest or need, while 19% say that someone else can go online for them if necessary, and 16% state that internet use is too complicated
- In younger age groups the reason for not getting internet access at home is more likely to be due to cost

[Connecting Scotland and digital exclusion - Connecting Scotland: phase 1 evaluation - gov.scot](#) (This is a link to the Scottish Government's publication "Connecting Scotland: phase 1 evaluation" which is a report evaluating the Connecting Scotland Programme.)

In summary:

- A lack of digital skills is the predominant barrier to digital inclusion for people aged over 65

What have we still to do?

As described, for the initial December 2025 release of MyCare.scot, the only preference users can have currently is 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.

⁷ [Home](#) (Ofcom website)

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.

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/choice, equality considerations will be incorporated. The output of this will be recorded here. An action is taken to ensure that equality and rights considerations are incorporated into this work.

For the overall analysis of impact and mitigations itemised by protected characteristic this section should be read in parallel to the Scottish Government's national Equality Impact Assessment for MyCare.scot. A copy of this EQIA will soon be available at this link: [MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland](#)

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/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

Summary of output/action by programme

Communications and engagement strategy

The communications and engagement workstream for MyCare.scot is made up of a communications workstream lead and a communications senior lead. The workstream works collaboratively with colleagues in Scottish Government, across departments such as insight, marketing, communications and policy. It also works closely with key contacts at Scottish Government Digital Office and COSLA. <https://www.cosla.gov.uk/about-cosla>

The workstream group, with representatives as above, 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, stakeholder engagement and associated assets 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](https://www.scotaccount.gov.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, PSD Scotland 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 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 communications 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 WPA-specific plan has been completed.

The programme communicates regularly with a wide range of stakeholders across health and social care at national level. These interactions are logged in an engagement tracker, to preempt duplication of effort and maintain consistency of message.

Public communication about MyCare.scot has so far been led by Scottish Government, as the programme commissioner. A full marketing campaign with the aim of raising awareness is planned for summer 2026. This will be led by Scottish Government marketing team, in full collaboration with the programme, using available insight from the launch. The programme is unable to communicate openly to the public about the launch of WPA until after the Scottish general election, as all such promotional communication is against the Scottish Government pre-election period guidelines (January 2026).

The communications team is working on a wide range of supporting assets for stakeholders across primary, secondary and community care for information purposes to support launch, such as slide packs, factsheets and sight of the planned public information materials. This is to ensure that anyone who may be asked by the public about the service is aware of what it is, how it works, and can briefly describe the benefits of signing up.

Health Board communications teams will be issued with a toolkit of useful assets based on the one provided to NHS Lanarkshire on launch in December 2025, which was very well received.

A social media content plan is underway and once pre-election restrictions are lifted in May 2026, a full calendar of content will be actioned, to support the public information launch in the summer and beyond.

We have a list of actively interested partners across health and social care who share our content in their own communications channels, thus widening our reach and ensuring greater inclusivity.

Across the programme, engagement with key stakeholders across primary, secondary and community care colleagues is underway at national level. A weekly meeting of Health Board representatives has also been set up, in conjunction with the organisational readiness workstream, where important information is shared and fed back into individual Health Board territories. This is supported by the wider health and care SharePoint site, which is now the hub for all MyCare.scot-related information and provides a central point of truth for current information.

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 roll out 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 Health 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

A set of standards for accessible and inclusive communication materials has been created by the DFD programme team. This is being used as the basis for providing communication materials in other languages and formats, such as large print, easy-read and Braille. These assets will be created and translated by the programme's design agency, alongside the others, and hosted on the MyCare.scot site for easy access and download.

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)

Evidence collected by the Scottish Government as part of its EQIA process, as published within its Underpinning Evidence, Evidence, analysis, and proposed mitigation, by characteristic [DfD-EQIA_Underpinning-Evidence_23-August-23.pdf](#) highlighted a number of areas for consideration by protected characteristic:

- *Ensuring communications are inclusive*
- *Offer information in plain English, appropriate to at least the average reading age in Scotland*
- *Services need to be designed to be responsive to different language preferences including interpretation facilities*
- *Assess digital solutions such as Google Translate*

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

MyCare.scot is available in English and at present cannot be translated into alternative languages. However, work has been undertaken by the programme to provide guidance materials in other languages than English, as well as alternative versions. In addition, the programme, through the support provided by the National Contact Centre, provides support to people who may face barriers to communication by providing advocates as well as translators.

On balance, the overall perceived impact is positive as the actions taken by the DFD programme through the work of the communications, organisational readiness and non-digital teams ensure that there is a sufficient level of support to address the communication barriers that people may face in accessing and interacting with MyCare.scot.

For the overall analysis of impact and mitigations itemised by protected characteristic this section should be read in parallel to the Scottish Government's national Equality Impact Assessment for MyCare.scot. A copy of this EQIA will soon be available at this link: [MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland](#)

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 information presented in this section we do not consider that the actions relating to communications is discriminatory; however, ongoing development and implementation of the communications and engagement strategy and the wider work of organisational readiness as well as non-digital approaches (including the National Contact Centre) is required to ensure that MyCare.scot will further 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. The programme's scope of supporting the development of this area will be recorded in this EQIA.

In respect of advancing equality of opportunity, it should be considered that the work of the programme team enables more people to use and interact with MyCare.scot who could, based on the evidence collected, face barriers due to communication needs.

In terms of fostering good relations, there are potential opportunities that will be explored with the relevant programme teams to ensure that we proactively communicate and market the importance of having additional and alternative communication models that are in place for everyone to foster the importance that everyone who wants to use MyCare.scot is given the option to do so. This will be recorded as an action to take forward.

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, people wanting to use MyCare.scot are provided with the support to do so.

The first service that has been delivered for MyCare.scot is a web application. This has the features of an app but will not need the app stores for installation. A mobile app is also now being developed for MyCare.scot and this EQIA will be updated to assess the impact of the mobile app, and the associated features the app being developed.

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

In terms of the overall awareness of programme staff, PSD Scotland 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 PSD Scotland have a responsibility to ensure that equality and diversity procedures and practices are upheld.

PSD Scotland 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."

What have we still to do?

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 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.

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 sit 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.

For the overall analysis of impact and mitigations itemised by protected characteristic this section should be read in parallel to the Scottish Government's national Equality Impact Assessment for MyCare.scot. A copy of this EQIA will soon be available at this link: [MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland](#)

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 it 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

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.

In the [2025 NHS in Scotland Finance and Performance audit](#), the recommendation was made that:

The Scottish Government should: Before the MyCare digital health and care app is rolled out, ensure equitable access to health and care services through setting out the digital inclusion support that will be available to those who need it.

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?

- What communication messaging are we sharing with care providers so that they can support the people who access their services to understand the benefits of 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 the 'onboarding' and introductory processes will look like as part of the service journey?
- How are we meeting digital service standard criteria 3 and 4, 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 understand 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 programme's initial discovery work into digital inclusion secondary evidence has been collected, in summary:

- [Digital Inclusion - NHSGGC](#) Glasgow Disability Alliance's 'Disabled People's Mental Health Matters' report (2021) highlighted that of the 2,500 disabled people involved, 1,500 faced digital exclusion with no access to devices, Wi-Fi or lacking the confidence to use it
- [Digital-Access-in-Healthcare.pdf](#) Disabled adults experience a gap in digital skills support, more often lack access to devices and connectivity, less accessibility to health platforms (tech and cognitive accessibility)
- [Key Findings - Health and social care - service renewal framework: equality impact assessment - gov.scot](#) 2023, 89% of people aged 50 and over had access to the internet at home – this was across all age groups although access tended to decrease with age. Older people are most likely using the internet to email friends/family (77%), to find out information (76%), and online shopping (71%)
- [scotlands-census-2022-fairer-scotland-duty-impact-assessment-for-publication-dec-2021.pdf](#) Older people are more likely to be digitally excluded

- [Scotland's Census: Understanding changes in health and socioeconomic inequality since 2011 - Scottish Health Equity Research Unit](#) ethnic minorities are more likely to live in the most deprived quintile of areas

What other evidence did we find?

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

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:

- 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
- [Lloyd's consumer index 2025](#) – reports that people are not offline by preference, they are limited by structural barriers and disadvantage.
- Good Things Foundation Digital Nation UK 2025:
 - 7.9million in UK lack basic digital skills, 1.9million struggle to afford mobile phone contracts, 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?

Considerations of digital inclusion and exclusion are developing across the programme approach and workstreams. A specific approach to digital inclusion is in development which will produce detailed actions at programme level across workstreams and a set of local actions for implementation in practice. Specific resources are yet to be confirmed. 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 as part of national rollout of MyCare.scot, and robust plans should be produced and implemented by the relevant programme teams as part of national rollout. These should include the resources and scaffolded approaches highlighted previously.

What have we still to do?

To develop recommendations on a digital inclusion approach for MyCare.scot a number of initial actions are underway:

A review of existing learning on digital inclusion across health and social care based on evidence from Scotland projects, UK-wide programmes, health-specific strategies and academic research will distill a set of learnings on motivation, digital access, skills and confidence, inclusive design and embedding/integrating digital inclusion that will inform the MyCare.scot service.

A Short Life Working Group involving Scotland's experts in digital inclusion delivery across health and social care are informing the development a set of baseline and best practice recommendations for delivering digital inclusion. These recommendations will be reviewed to assess 'Programme' level actions required to be delivered by specific workstreams across the Digital Front Door Programme and 'Local' level actions, those that will require local delivery to address direct requirements of digital inclusion support and embedding in practice.

A 'Satellite' working group will be convened following the conclusion of the SLWG (bringing together a subgroup of the national implementation group) who will review the recommendations and identify resource requirements to deliver these locally.

A dedicated 'Discovery' on digital exclusion barriers will identify who may be currently digitally excluded from accessing MyCare.scot, understand the underlying causes, and assess the potential impact for whole population availability (WPA). The findings will be presented back to the Programme to determine what actions are needed to address the barriers to accessing MyCare.scot.

The ALLIANCE (subject to continuation of funding via Department of Health and Care, Scottish Government) Discover Digital Programme are exploring including MyCare.scot material as part of the Discover Digital package and embedding this as part of supporting knowledge building and awareness of digital health and care tools available across various areas in Scotland. Although this will not directly address digital inclusion support provision locally, it will provide a broader awareness of MyCare.scot among care providers (predominantly Third Sector) and support public awareness and digital confidence through roadshow and workshop activities.

Outcomes of the activities outlined above will be consolidated into a proposed approach to digital inclusion for MyCare.scot. The approach will include the baseline recommendations required to be met at programme level and resourced locally as well as the best practice vision for continued progress in meeting needs and addressing digital inequality as MyCare.scot evolves and expands its digital offer.

The work will focus on recommended actions for the following areas to support the development of an approach to embedding digital inclusion as part of MyCare.scot implementation:

- Motivation, awareness and trust building: how will we support people to trust, be aware of and be interested in engaging in MyCare.scot?

- Digital access: how will we support digital access (access to a device and connectivity) to MyCare.scot for people who are currently excluded from digital access?
- Reassurance, skills and confidence support: how will we support people who need reassurance, skills or confidence support to engage in MyCare.scot and ensure our workforce is equipped with the confidence and tools they need to promote MyCare.scot and support others?
- Including everyone: what technical requirements are in place to ensure MyCare.scot is accessible and usable by people who access health and social care in Scotland?

All areas of the programme require to address aspects of digital inclusion respective to their areas of focus in ensuring the development of MyCare.scot is inclusive and accessible for the people of Scotland, specifically meeting the Digital Scotland Service Standard Criteria 3 and 4 in 'design and delivering a joined up service - making sure everyone can use the service' and 'Help users succeed first time'.

Further details on the digital inclusion strategy will be recorded here. It will also be incorporated into programme area's digital inclusion plans and incorporate consideration of the Digital Scotland Service Standard Criteria. 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 and mitigations itemised by protected characteristic this section should be read in parallel to the Scottish Government's national Equality Impact Assessment for MyCare.scot. A copy of this EQIA will soon be available at this link: [MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland](#)

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 after the incorporation of the recommendations from the Digital Inclusion Strategy for MyCare.scot.

Digital Connectivity

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 there might 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 requires 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)

Further information on digital connectivity is included within the Scottish Government's EQIA for ScotAccount (for identity verification) a link is available here: [ScotAccount: equality impact assessment - gov.scot](#)

Cyber Security

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 uses different measures as 'checks and balances' on our secure by design approach, such as asking independent third parties to carry out our regular security tests on our technology and having appropriate in-house tools and processes to ensure the programme tests changes before they are put into the live system. These measures make 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)

Lloyds Bank 2022 Consumer Digital Index, states:

The impact of the pace of change is also cause for concern. With information changing rapidly, it is difficult for consumers to maintain trust and understanding. Finally, 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. [Lloyds Bank 2022 Consumer Digital Index](#)

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 Security⁸ and other core standards like ISO 27001. This framework is enforced through the Network and Information Systems (NIS) Regulations and

⁸ The framework for assessments is changing this year to NCSC CAF. [Cyber Assessment Framework - NCSC.GOV.UK](#)

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 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 (CIA triad) 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?

- 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 overall perceived impact of the programme's actions to address concerns around security and cyber security is that it will have 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. The approach should 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 and mitigations itemised by protected characteristic this section should be read in parallel to the Scottish Government's national Equality Impact Assessment for MyCare.scot. A copy of this EQIA will soon be available at this link: [MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland](#)

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

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 as 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 PSD Scotland's' policies and procedures in Data Protection, Information Security, Records Management and Freedom of Information.

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

Summary of output/action by programme

- Data Protection Impact Assessments are being created to cover the different processing elements of the DFD programme

- Relevant Privacy Notice for the MyCare.scot service will be published, informing users of how their data is processed
- Relevant agreements will be implemented to ensure that data is being processed lawfully at all times within the programme
- Clinical colleagues have been involved in determining what data is required to provide the relevant service and ensuring it is presented safely

What have we still to do?

- Continue the creation and upkeep of Data Protection Impact Assessment documentation
- Finalise agreements to be put in place for the commencement of Whole Population Availability in April 2026
- Ensure documentation is continually reviewed and updated as the programme evolves

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?

- 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

By ensuring that policies and procedures are adhered to regarding the management of personal and special category data the programme is 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 and mitigations itemised by protected characteristic this section should be read in parallel to the Scottish Government's national Equality Impact Assessment for MyCare.scot. A copy of this EQIA will soon be available at this link: [MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland](#)

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 endeavoring 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 identity due to their current circumstances and the compounding of isolation or exclusion that it creates
- 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 need to be considered in the work that we do in developing and delivering MyCare.scot. Neither can assumptions be made by the DFD programme about people and their circumstances.

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 in parallel to the work of the Scottish Government.

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 be taken 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 health and social care professionals and people in general. Engagement and consultation have been undertaken with individuals and groups representing sections of society which include 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 for delivery and user journey analysis
- Usability and accessibility testing is underway, which will mean that MyCare.scot is 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 and Delegated Access are 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 Digital Health and Care Scotland, Scottish Government will be available at this link [MyCare.scot - Our Digital Front Door - Digital Healthcare Scotland](#)
- 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.

- EQIA for ScotAccount – [ScotAccount: equality impact assessment - gov.scot](https://www.gov.scot/resources/consultations-petitions/consultations/scotaccount-eqia/)

Human Rights

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 the 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 Plan⁹ and rights-based digital health and social care policy. This action will be taken forward by the programme.

⁹ [SNAP 2 – Scotland's second National Human Rights Action Plan \(snaprights.info\)](https://www.snaprights.info/)

Fairer Scotland Duty/socio economic circumstances and health inequalities

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.

Currently we have incorporated Fairer Scotland Duty considerations into this programme EQIA. The Scottish Government defines the Fairer Scotland Duty as:

The Fairer Scotland Duty, set out in Part 1 of the Equality Act 2010, came into force in Scotland from 1 April 2018.

*It places a legal responsibility on particular public bodies in Scotland to actively consider ('pay **due regard**' to) how they can **reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions**. Further information on the Fairer Scotland Duty is provided at this link [Fairer Scotland Duty: guidance for public bodies - gov.scot](#)*

Further actions are required to be undertaken by the programme to address the duty, including the creation of an overall strategic approach as to how addressing socio-economic disadvantages is being addressed. This will be recorded as an action.

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 on island and in 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 is provided [here](#). A publicly available Data Protection Impact Assessment has been created for MyCare.scot and is available on the MyCare.scot website.

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 and identify and monitor the mitigating actions.

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	<p>Equality Impact Assessment:</p> <p>Create the mechanisms required between the Scottish Government, PSD Scotland (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 (either in place or to be created) including:</p> <ul style="list-style-type: none"> • Children's Rights and Wellbeing Impact Assessment • Island's Community Impact Assessment • Fairer Scotland Duty Impact Assessment
Intended Outcomes	<ul style="list-style-type: none"> • Sharing of information to support in the development and implementation of EQIAs and other associated impact assessments

	<ul style="list-style-type: none"> • Creation of relationships with those responsible for completing EQIAs (and other associated impact assessments) for MyCare.scot
To be completed by	<p>December 2026</p> <p>The development of relationships will be ongoing; however, structure to be in place for December 2026.</p>
Actual Outcomes [section to be completed]	<p>How does this action (in respect of the design and delivery of MyCare.scot):</p> <ul style="list-style-type: none"> • support the elimination unlawful discrimination? • advance equality of opportunity? • support the fostering of good relations?
Actions	<p>Equality Impact Assessment:</p> <p>Create the environment to enable people and organisations to provide feedback on the EQIA. This includes:</p> <ul style="list-style-type: none"> • Communicating MyCare.scot email address and contact information for the programme EQIA • 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	<ul style="list-style-type: none"> • EQIA is continually informed by feedback from people and organisations • 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 • Awareness is raised as to the purpose of the EQIA
To be completed by	<p>To be in place shortly after national rollout in April 2026. It is recognised that there is the opportunity already created for people to feedback on this EQIA; however, this should be shared more widely.</p>
Actual Outcomes [section to be completed]	<p>How does this action (in respect of the design and delivery of MyCare.scot):</p> <ul style="list-style-type: none"> • support the elimination unlawful discrimination? • advance equality of opportunity?

	<ul style="list-style-type: none"> support the fostering of good relations?
Actions	<p>Equality Impact Assessment: 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.</p>
Intended Outcomes	<ul style="list-style-type: none"> EQIA is updated in advance of national rollout 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	<p>April 2026 (initial due date) EQIA for WPA (this version) has been updated for April 2026. However, this will be an ongoing action.</p>
Actual Outcomes [section to be completed]	<p>How does this action (in respect of the design and delivery of MyCare.scot):</p> <ul style="list-style-type: none"> support the elimination unlawful discrimination? advance equality of opportunity? support the fostering of good relations?
Actions	<p>Equality Impact Assessment: Evidence gathering through research undertaken by the DFD programme teams (including engagement; usability testing; user research) will continue to be incorporated into this EQIA.</p>
Intended Outcomes	<ul style="list-style-type: none"> 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	<p>April 2026 (initial due date) however this will be a continuous objective. Updates have been made to this EQIA by DFD programme teams as specified above; however, this will be an ongoing action particularly as we move from recording actions and analysis in the EQIA to embedding equality, inclusion and rights within the design and delivery of MyCare.scot.</p>

Actual Outcomes [section to be completed]	How does this action (in respect of the design and delivery of MyCare.scot): <ul style="list-style-type: none"> • support the elimination unlawful discrimination? • advance equality of opportunity? • support the fostering of good relations?
Actions	Equality Impact Assessment: The EQIA process needs to be responsive to innovations, recently 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 perspective in the design and delivery of MyCare.scot.
Intended Outcomes	<ul style="list-style-type: none"> • EQIA is responsive to innovations, published research and wider strategy development
To be completed by	December 2026 (initial due date) however this will be a continuous objective.
Actual Outcomes [section to be completed]	How does this action (in respect of the design and delivery of MyCare.scot): <ul style="list-style-type: none"> • support the elimination unlawful discrimination? • advance equality of opportunity? • support the fostering of good relations?
Actions	Fairer Scotland Duty: The DFD programme has so far incorporated some evidence relating to socio-economic disparities into its considerations; however, more could be done to define this work to ensure we are fulfilling any obligations to <i>actively consider how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</i> ¹⁰ (This is taken from the Scottish Government's guidance on the Fairer Scotland Duty.)
Intended Outcomes	<ul style="list-style-type: none"> • The DFD programme actively considers how it can reduce inequalities of outcome caused by socio-economic disadvantages • The DFD programme activity engages stakeholders in this work

¹⁰ [Fairer Scotland Duty: guidance for public bodies - gov.scot](https://www.gov.scot/resources/documents/2022/04/Fairer-Scotland-Duty-guidance-for-public-bodies.pdf)

	<ul style="list-style-type: none"> • A documented approach to engagement and consultation incorporates evidence collection and analysis for socio-economic disadvantage, and an evidential thread is documented from evidence gathering and analysis through to design and delivery which considers socio-economic disadvantage • The programme activities in addressing socio-economic disadvantage are incorporated into the digital inclusion approaches • The programme's obligations to fulfil the Fairer Scotland Duty is clearly evidenced within the programme EQIA – both as a standalone section and throughout protected characteristic analysis to ensure intersectionality considerations are taken forward
To be completed by	December 2026 (initial due date) however this will be a continuous objective.
Actual Outcomes [section to be completed]	<p>How does this action (in respect of the design and delivery of MyCare.scot):</p> <ul style="list-style-type: none"> • support the elimination unlawful discrimination? • advance equality of opportunity? • support the fostering of good relations?
Actions	<p>Children's Rights and Wellbeing Impact Assessment:</p> <p>For WPA, MyCare.scot is intended for use by people 18 years and over. It is not known at this time when MyCare.scot will be intended for use by people under 18 years; however, work has already commenced to scope a Children's Rights and Wellbeing Impact Assessment for MyCare.scot to ensure that we consider the rights of children and young people in accordance with the UN Convention on the Rights of the Child¹¹, incorporate these rights into MyCare.scot, and consider the specific impacts relevant to children and young people in accessing and interacting with MyCare.scot.</p>
Intended Outcomes	<ul style="list-style-type: none"> • The rights of children and young people are considered and incorporated into the design and delivery of MyCare.scot

¹¹ [UN Convention on Rights of a Child \(UNCRC\) - UNICEF UK](#); [UNCRC Full Text - The Children and Young People's Commissioner Scotland](#); [United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Act 2024](#)

	<ul style="list-style-type: none"> • The considerations of impact, specific to children and young people, and how they could access and interact with MyCare.scot are assessed and mitigations put in place • The programme involves children and young people, and their representatives, through engagement and consultation work, user testing, user research and co-design • The programme ensures that where required, trauma-informed and child protection considerations are incorporated in engagement activities with children and young people • Partnerships with representatives are created • A Children's Rights and Wellbeing Impact Assessment is created
To be completed by	December 2026 (initial due date) however this will be a continuous objective.
Actual Outcomes [section to be completed]	How have we ensured that the rights of children and young people have been incorporated in the design and delivery of MyCare.scot?
Actions	<p>Engagement: Develop an engagement policy (focused on equality, rights and inclusion) to ensure that a broad spectrum of individuals and organisations are engaged with the programme, including addressing the issues associated with under representation and non-representation.</p> <p>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.</p>
Intended Outcomes	<ul style="list-style-type: none"> • Engagement policy for the DFD programme is created • 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 • Opportunities for cross collaboration between stakeholders are created - where engagement facilitates the sharing of multiple experiences and insights across equality groups to ensure that an intersectional approach is taken

	<ul style="list-style-type: none"> • Evidence that is collected is analysed using an intersectional approach • Opportunities are explored to engage with individuals and organisations where they are generally considered to be underrepresented or non-represented in engagement • Opportunities are explored to engage with carers including unpaid carers to ensure they are represented • An evidence analysis approach is undertaken to enable us to identify "gaps" in evidence that is required • The administrative processes associated with engagement are not onerous for those wishing to engage • 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 • The development of an ethical process which is being created by a DFD programme team is incorporated into this engagement policy • A trauma informed approach to engagement is incorporated into this engagement policy with DFD programme team staff being appropriately trained in trauma informed approaches
To be completed by	December 2026 (initial due date) for policy creation. Post creation of this policy this work will be assessed and the future actions refined.
Actual Outcomes [section to be completed]	<p>How does this action (in respect of the design and delivery of MyCare.scot):</p> <ul style="list-style-type: none"> • support the elimination unlawful discrimination? • advance equality of opportunity? • support the fostering of good relations?
Actions	<p>Usability testing: Usability testing to be incorporated into the design and delivery of MyCare.scot on an ongoing basis with reflected outputs also incorporated into the MyCare.scot EQIA.</p>
Intended Outcomes	<ul style="list-style-type: none"> • Outputs from the usability testing to be summarised in the EQIA • Learnings from the usability testing as to how this has informed the design and delivery to also be recorded

To be completed by	April 2026 (initial). Further actions will then be refined post initial review
Actual Outcomes [section to be completed]	<p>How does this action (in respect of the design and delivery of MyCare.scot):</p> <ul style="list-style-type: none"> • support the elimination unlawful discrimination? • advance equality of opportunity? • support the fostering of good relations?
Actions	<p>Non-digital developments: Equality and accessibility considerations are incorporated into the approaches taken by the non-digital programme teams. This includes:</p> <ul style="list-style-type: none"> • The work of the National Contact Centre • Other non-digital support options • Non-digital options for identity verification, including vouching • Wider non-digital options including communications <p>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.)</p>
Intended Outcomes	<ul style="list-style-type: none"> • 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 • Communications consider the opportunities to promote equality of opportunity and to foster relations between people who share protected characteristics and those who do not • The work for non-digital developments ties in with the overall work to create a digital inclusion approach for MyCare.scot
To be completed by	December 2026 for first version of plan. Actions from this will then be refined and recorded within this EQIA.

Actual Outcomes [section to be completed]	How does this action (in respect of the design and delivery of MyCare.scot): <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • National Contact Centre provides a service which is inclusive and accessible
To be completed by	EQIA and policy plan should be in development for December 2026.
Actual Outcomes [section to be completed]	How does this action (in respect of the design and delivery of MyCare.scot): <ul style="list-style-type: none"> • support the elimination unlawful discrimination? • advance equality of opportunity? • support the fostering of good relations?
Actions	Proxy and delegated access: <ul style="list-style-type: none"> • Ensure that equality, inclusion, and rights considerations are embedded within policy and programme decisions regarding proxy and delegated access • Update this EQIA in the development of these areas
Intended Outcomes	<ul style="list-style-type: none"> • Equality, inclusion, and rights considerations are embedded into the decision making and associated outputs regarding proxy and delegated authority and are reflected as appropriate in this EQIA • Assumptions are challenged within DFD programme teams as to who would be impacted by proxy and delegated access decisions without an

	appropriate level of evidence being in place through engagement and wider research
To be completed by	No specified dates currently
Actual Outcomes [section to be completed]	How does this action (in respect of the design and delivery of MyCare.scot): <ul style="list-style-type: none"> • support the elimination unlawful discrimination? • advance equality of opportunity? • support the fostering of good relations?
Actions	Preference/choice: <ul style="list-style-type: none"> • Ensure that equality, inclusion and rights considerations are embedded within policy and programme decisions regarding preference/choice • Update this EQIA in the development of these areas
Intended Outcomes	<ul style="list-style-type: none"> • Equality, inclusion, and rights considerations are embedded into the decision making and associated outputs regarding preference/choice and are reflected as appropriate in this EQIA • Assumptions are challenged within DFD programme teams as to who would be impacted by preference/choice decisions without an appropriate level of evidence being in place through engagement and wider research
To be completed by	No specified dates currently
Actual Outcomes [section to be completed]	How does this action (in respect of the design and delivery of MyCare.scot): <ul style="list-style-type: none"> • support the elimination unlawful discrimination? • advance equality of opportunity? • support the fostering of good relations?
Actions	Staff awareness/Fostering relations: 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 PSD Scotland 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 PSD Scotland training colleagues and appropriate training should be delivered.
Intended Outcomes	<ul style="list-style-type: none"> • 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 December 2026 – if not before.
Actual Outcomes [section to be completed]	How does this action (in respect of the design and delivery of MyCare.scot): <ul style="list-style-type: none"> • support the elimination unlawful discrimination? • advance equality of opportunity? • support the fostering of good relations?
Actions	Digital Inclusion: The programme requires to implement the digital inclusion strategy which is currently in development. This should include but is not limited to: <ul style="list-style-type: none"> • Incorporation of the resources and scaffolded approaches as outlined in the strategy and summarised previously within this EQIA • Evidence of incorporation of the Digital Scotland Service Standard Criteria
Intended Outcomes	<ul style="list-style-type: none"> • 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 [section to be completed]	How does this action (in respect of the design and delivery of MyCare.scot): <ul style="list-style-type: none"> • support the elimination unlawful discrimination? • advance equality of opportunity? • support the fostering of good relations?
Actions	Use of equality monitoring data:

	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	<ul style="list-style-type: none"> Data collected about people is used to inform policy decision making and research (only for defined purposes) and is managed with secure and defined processes 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 as part of national rollout and on an ongoing basis.
Actual Outcomes [section to be completed]	How does this action (in respect of the design and delivery of MyCare.scot): <ul style="list-style-type: none"> support the elimination unlawful discrimination? advance equality of opportunity? 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. It is recognised that this is a major area of work for MyCare.scot and this is currently in development
Intended Outcomes	<ul style="list-style-type: none"> The work of MyCare.scot regarding social care and social work is fully reflected within this EQIA
To be completed by	Date to be confirmed and aligned with social care and social work developments.
Actual Outcomes [section to be completed]	How does this action (in respect of the design and delivery of MyCare.scot): <ul style="list-style-type: none"> support the elimination unlawful discrimination? advance equality of opportunity? support the fostering of good relations?
Actions	Support for health and social care professionals:

	There is an action to ensure that the support for health and social care professionals in supporting people with access to 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 are being implemented for MyCare.scot.
Intended Outcome	<ul style="list-style-type: none"> Support for health and social care professionals in supporting MyCare.scot is clearly defined and reflected in this EQIA
To be completed by	This work should be incorporated into this EQIA by December 2026.
Actual Outcome [section to be completed]	How does this action (in respect of the design and delivery of MyCare.scot): <ul style="list-style-type: none"> support the elimination unlawful discrimination? advance equality of opportunity? support the fostering of good relations?
Action	Inclusion of wider groups: 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) are incorporated into this EQIA.
Intended Outcome	<ul style="list-style-type: none"> Service personnel, veterans and their families are not disadvantaged in accessing healthcare and related digital services
To be completed by	By December 2026
Actual Outcome [section to be completed]	How does this action (in respect of the design and delivery of MyCare.scot): <ul style="list-style-type: none"> support the elimination unlawful discrimination? advance equality of opportunity? support the fostering of good relations?
Action	Inclusion of wider groups: There is an action to ensure that people who are experiencing homelessness are incorporated into programme consideration and the specific impacts and risks for

	<p>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.</p>
Intended Outcome	<ul style="list-style-type: none"> • 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	<p>By December 2026</p>
Actual Outcome [section to be completed]	<p>How does this action (in respect of the design and delivery of MyCare.scot):</p> <ul style="list-style-type: none"> • support the elimination unlawful discrimination? • advance equality of opportunity? • support the fostering of good relations?
Action	<p>Inclusion of wider groups:</p> <p>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.</p> <p>In addition, published research, policies and strategies should be consulted.</p>
Intended Outcome	<ul style="list-style-type: none"> • 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	<p>By December 2026</p>
Actual Outcome [section to be completed]	<p>How does this action (in respect of the design and delivery of MyCare.scot):</p> <ul style="list-style-type: none"> • support the elimination unlawful discrimination?

	<ul style="list-style-type: none"> • advance equality of opportunity? • support the fostering of good relations?
Action	<p>Inclusion of wider groups:</p> <p>There is an action to ensure that carers, including unpaid carers, are engaged as part of the programme's actions to ensure their views are collected and incorporated into the design and delivery of MyCare.scot.</p>
Intended Outcome	<ul style="list-style-type: none"> • The programme fulfils any requirements as recorded in The Promise Scotland The Promise Scotland Transforming how Scotland cares for children, families, and care-experienced adults and is recorded within this EQIA and the Children's Rights and Wellbeing Impact Assessment
To be completed by	By December 2026
Actual Outcome [section to be completed]	<p>How does this action (in respect of the design and delivery of MyCare.scot):</p> <ul style="list-style-type: none"> • support the elimination unlawful discrimination? • advance equality of opportunity? • support the fostering of good relations?
Action	<p>Personal safety:</p> <p>Concerns relating to personal safety (in using MyCare.scot) are being addressed as part of the programme design and delivery. To what extent this is still to be determined, but key areas could include:</p> <ul style="list-style-type: none"> • The tracking of locations • Sharing of personal information/data with relevant safeguards in place, including permissions • Coercion and control of people • Quick leave and clear history options
Intended Outcome	<p>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 using MyCare.scot.</p>

To be completed by	Further information should be incorporated into this EQIA as a matter of priority.
Actual Outcome [section to be completed]	How does this action (in respect of the design and delivery of MyCare.scot): <ul style="list-style-type: none"> • support the elimination unlawful discrimination? • advance equality of opportunity? • support the fostering of good relations?
Action	<p>Development of MyCare.scot – design and delivery of additional services:</p> <p>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.</p> <p>An equality impact assessment template to support this will be created and shared with relevant DFD project teams.</p>
Intended Outcome	<ul style="list-style-type: none"> • Each new service that forms part of the DFD programme has incorporated equality considerations and has its own EQIA in place • 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 [section to be completed]	How does this action (in respect of the design and delivery of MyCare.scot): <ul style="list-style-type: none"> • support the elimination unlawful discrimination? • advance equality of opportunity? • support the fostering of good relations?
Action	<p>Health Inequalities:</p> <p>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.</p>

	<p>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.</p> <p>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</p>
Intended Outcome	<ul style="list-style-type: none"> • 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	<p>An initial plan should be created for December 2026. The outcomes of which will be ongoing.</p>
Actual Outcome [section to be completed]	<p>How does this action (in respect of the design and delivery of MyCare.scot):</p> <ul style="list-style-type: none"> • support the elimination unlawful discrimination? • advance equality of opportunity? • support the fostering of good relations?
Action	<p>Rights based approach:</p> <p>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.</p>

	<p>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.</p> <p>This approach should be defined in a clear plan.</p>
Intended Outcome	<ul style="list-style-type: none"> • MyCare.scot has a defined rights-based approach in place which covers multiple areas of the programme.
To be completed by	<p>An initial plan should be created for December 2026. The outcomes of which will be ongoing.</p>
Actual Outcome [section to be completed]	<p>How does this action (in respect of the design and delivery of MyCare.scot):</p> <ul style="list-style-type: none"> • support the elimination unlawful discrimination? • advance equality of opportunity? • support the fostering of good relations?
Action	<p>Access and Inclusion:</p> <p>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.</p>
Intended Outcome	<ul style="list-style-type: none"> • 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	<p>Continual action – no defined timescales; however, the work should be continually reflected within the programme and associated service level EQIAs.</p>
Actual Outcome [section to be completed]	<p>How does this action (in respect of the design and delivery of MyCare.scot):</p> <ul style="list-style-type: none"> • support the elimination unlawful discrimination? • advance equality of opportunity?

	<ul style="list-style-type: none"> • support the fostering of good relations?
Action	<p>User research and co-design:</p> <p>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.</p>
Intended Outcome	<ul style="list-style-type: none"> • 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	<p>Included in the engagement policy developments this should be in place for December 2026.</p>
Actual Outcome	<p>How does this action (in respect of the design and delivery of MyCare.scot):</p> <ul style="list-style-type: none"> • support the elimination unlawful discrimination? • advance equality of opportunity? • support the fostering of good relations?
Action	<p>Digital Scotland Service Standard:</p> <p>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:</p> <ul style="list-style-type: none"> ○ Meeting users' needs ○ Providing a service ○ Using the right technology
Intended Outcome	<ul style="list-style-type: none"> • 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	<p>To be reflected within the next version of this EQIA and before December 2026.</p>
Actual Outcome	<p>How does this action (in respect of the design and delivery of MyCare.scot):</p> <ul style="list-style-type: none"> • support the elimination unlawful discrimination?

[section to be completed]

- advance equality of opportunity?
- support the fostering of good relations?



