



AGENDA ITEM NO 9

REPORT NO IJB 17/24

ANGUS INTEGRATION JOINT BOARD

24 APRIL 2024

PRIMARY CARE UPDATE

REPORT BY JILLIAN GALLOWAY, CHIEF OFFICER

1. ABSTRACT

The purpose of this report is to provide an update on Primary Care including the progress made with the implementation of the Angus Primary Care Improvement Plan during 2023/24, progress made to date supporting the Angus General Practice Premises Strategy 2023-2026 and the work taking place to support Angus GP sustainability.

2. ALIGNMENT TO THE STRATEGIC PLAN

This report contributes to the following strategic priorities within the Angus IJB Strategic Commissioning Plan;

- Prevention and Proactive Care
- Care Closer to Home
- Mental Health and Substance Use Recovery
- Equity of access to high quality health and social care

3. RECOMMENDATIONS

- (i) Acknowledge the progress made to date on the Primary Care Improvement Plan;
- (ii) Acknowledge the position in relation to the Primary Care Improvement Fund;
- (iii) Acknowledge the progress made to date with the Angus GP Practice Premises Strategy; and
- (iv) Acknowledge that progress will be monitored through the Angus Primary Care Strategic Oversight Group.

4. BACKGROUND

The challenges for Primary Care particularly those concerning workforce are well evidenced and documented. The introduction of the new GMS contract in 2018 was in large part the Scottish Government's attempt to address these issues and create additional capacity in General Practice by expanding the role of the Multidisciplinary team and refocuses the role of GPs to that of expert medical generalist. The aim of the contract was to free up GP time so that tasks that did not require to be undertaken by GPs or within practice were removed and undertaken by others.

At the same time as introducing the new GMS contract, Scottish Government also introduced a new set of GP Practice Premises directions with the aim that ownership of practice premises would shift over a generation (the next 25 years) from a model whereby GPs owned or leased their properties to one which saw properties transfer to the NHS.

Combined these measures were to address two important perceived barriers to the profession that of owning property with its implied financial risks and that of being an employer.

GMS Contract 2018

The current changes to the GMS contract were introduced in 2018, when a Tayside Primary Care Improvement Plan and local delivery plan for Angus were both introduced. The IJB has previously considered papers for the local Primary Care Improvement Plans (IJB 36/23)

The following are the nationally agreed priority areas for Primary care Improvement Plans:

The Vaccination Transformation Programme (VTP)

Pharmacotherapy Services

Community Care and Treatment Services (CTAC)

Urgent Care

Additional professional roles – such as for musculoskeletal focussed physiotherapy services and mental health

Community Link Workers (previously known as Social Prescribers)

For several reasons including workforce challenges and the impact of COVID-19 pandemic Scottish Government has extended the timescales for implementation. A second Memorandum of Understanding was published in July 2021 confirming this as well as setting out three core areas VTP, Pharmacotherapy and CTAC which were to be prioritised to achieve full implementation by the end of March 2023 with financial implications for Health Boards if they were not.

For many Board areas full implementation of the contract in the way set out in 2018 remains challenging. Scottish Government is acutely aware of this and has recently launched a new Primary Care Improvement Phased Investment programme in which 4 Board areas (Lothian, Ayrshire, Shetland and Borders) will be supported to become demonstrator sites for achieving full implementation with lessons to be shared nationally. For remaining Boards, Scottish Government have launched a new Primary Care Collaborative which with support from Health Improvement Scotland (HIS) will assist Boards/HSCPs with quality improvement focussed work with particular emphasis on CTAC. Angus HSCP are participating along with Dundee HSCP.

Scottish Government continues every six months to ask Boards/HSCPs to report detailed progress summaries on both implementation and finance.

Angus GP Practice Premises Strategy

A premises strategy for Angus GP Practice estates was approved by the IJB in June 2023 (IJB35/23). The aim of the strategy is to deliver a sustainable Primary Care service to the population of Angus, supported by an infrastructure that aligns with the vision of Angus Health and Social Care Partnership of “**a healthier Angus served by integrated, multidisciplinary and co-located teams.**”

The Angus GP Practice Premises Strategy sets out the current state of GP Practice premises and identifies key priorities necessary to support sustainable and resilient General Practice while considering the specific needs of the local population.

It also articulates four guiding principles that will shape and inform future decisions and actions:

- Sustainability
- Focused investment
- Accessibility
- Quality

The strategy recognises that some changes may take many years to develop and may arise because of changes that will emerge organically such as retirements, business mergers. Others may arise due to changes (yet unknown that occur in areas such as service delivery models, government policy and advancements in digital technologies etc. However, the guiding principles described remain the key requirement by which the strategy will be delivered.

Whilst the HSCP have articulated the strategic direction for GP practice premises in Angus it is imperative to recognise the key role that NHS Tayside plays as the organisation with overall contractual responsibility. Establishing a shared understanding of the priorities, responsibilities, risks as well as where there are co-dependencies is crucial.

Angus GP Practice Sustainability

The swift identification of practices who are struggling enables timely support and intervention to be put in place. Recognising this NHS Tayside has initiated a programme of work to support GP Sustainability. A sustainability survey has been sent to all Practices in Tayside and the results provided to individual practices and HSCPs.

5. CURRENT POSITION

Angus Primary Care Improvement Plan

The Vaccination Transformation Programme is fully implemented and managed on a regional basis. Vaccinations have fully moved from general practice to central teams including for adults and children's vaccinations. Travel vaccinations which were the last component to transfer has now also moved from General Practice.

Pharmacotherapy, Tayside in common with other areas across Scotland has not been able to fully implement Pharmacotherapy services in the way in which it was set out in the 2018 GMS contract. The main challenge preventing this has been due to a national shortage of pharmacists. There have been many innovations over the past 5 years of the contract in terms of skill mix and with the pharmacy technician roles.

The Pharmacotherapy Service which is a regional service recently has been working with key stakeholders to explore a different approach that whilst not as prescribed as that of the contract will deliver direct support to GP practices. A regional development day was held in February 2024 and the report from this will be published shortly. It should be noted that this position is not unique to Tayside and that Scottish Government is acutely aware that this area remains challenging for several Boards to attain particularly for those out with the central belt area.

Community Care and Treatment Services, the model which was originally designed to integrate with Outpatient Department (OPD) and was managed on behalf of the HSCP by the Access Directorate this changed on 1st April 2023 after OPD notified the HSCP that they could no longer support this following the remobilisation of services after the pandemic.

Of immediate concern was to stabilise the workforce by the introduction of fixed term contracts (pending further review) for staff that transferred across from Outpatients and to put in place Senior Clinical Leadership support.

Whilst initially challenging this situation has enabled us to revisit what is required for Angus and has provided flexibility on how the service can be developed and progressed. Extensive consultation and engagement activities have taken place throughout the summer of 2023 to facilitate a quality improvement focussed redesign of the service. Initial changes are centred on increasing efficiencies by reviewing the length of appointment times and accommodation. A barrier to fully utilising the service outlined by some GPs was the disconnect from the practice to counteract this we are working with practices to deliver some CTAC services by "in reach" allowing for more coordination. This will increase utilisation of CTAC in areas where the Hub has not been utilised to full capacity. The important principle is to design a model that works best for practices and communities across Angus taking into consideration the unique features of our areas.

As previously highlighted accommodation particularly within practices can be challenging; we are working with practice and clusters to progress models so that CTAC can be delivered in a specific practice location but offers flexibility to see patients from within a cluster area. As the CTAC Hubs share accommodation with Outpatients who are also seeking to increase their own capacity, we are progressing moving to dedicated accommodation wherever possible. We have recently completed the successful move of the Arbroath CTAC into its own dedicated area which will move in its own dedicated area which will also provide greater capacity, flexibility and scope for expansion.

Whilst we are not yet able to fully deliver 100% of all the tasks associated with CTAC this will be the priority for 2024/2025. A CTAC planning group meet fortnightly to progress our this includes Clinical Leadership from the Clinical Director and LMC as well as finance and HR representatives.

Along with CTAC tasks associated with General Practice, CTAC receives requests from a few secondary care services to undertake work locally on their behalf. Whilst this is to be welcomed in principle as being beneficial for patients and our communities, it requires careful consideration given the capacity and accommodation issues highlighted. Most importantly these developments require to be fully financially resourced. Work on this takes place at a regional level as agreement is sought across Tayside to ensure consistency and equity as well as the need for shared procedures and pathways. The Local Medical Committee as an equal partner for the delivery and implementation of PCIP is heavily involved.

Urgent Care has grown from strength to strength during 2023/2024 with the development of the Urgent Care Advanced Nurse Practitioner Team. Based upon positive feedback from Practices about how affective this area was in providing direct support funds were reprioritised to expand this team further. There are 12wte ANP/trainee ANPs in post. These staff provide direct support to practices as they undertake tasks previously undertaken by GPs including home visiting. Growing the ANP workforce is vital for future sustainability, however it will take time and investment as numbers of these highly skilled practitioners is low. To ensure the continued successful development of this workforce we will be investing in a dedicated Urgent Care Lead ANP during 2024/2025.

Community Links Workers (formerly Social Prescribing) – following a tendering process a new Contract was awarded with Voluntary Action Angus commencing the new Community Link Workers contract on 1ST February 2024. This contract will run for 3 years with an option to extend for a further year. Regular contract monitoring meetings are in place and focus will be on working collaboratively to further develop the service.

Additional Professional Roles such as First Contact Physiotherapy, (FCP) who see patients as the initial point of contact is well embedded within practices. A further development for 2024/2025 is a test of change to include Occupational Therapist support. Mental Health support also falls within this category with PCIP funding f peer support worker posts. Mental Health are currently renewing the contract.

Angus GP Premises Strategy

The Angus GP Practice Premises Strategy was approved by the IJB in June 2023 (IJB335/23). This report notes the progress made during 2023/24:

- An operational delivery plan has been developed to complement the Angus GP Practice Premises Strategy. This plan articulates risks and records updated actions against agreed targets.
- The Governance arrangements for premises are reported into Primary Care Premises and Infrastructure Group and NHS Tayside Asset Management Group. Premises issues within Angus HSCP are overseen by the Angus Primary Care Oversight Group.
- Work has commenced on the development of an accelerated/systematic/proactive process on GP Lease assignation and potential sale of properties no longer required.
- Within North East cluster 2 properties have been identified as priorities for lease assignation. The HSCP has provided NHS Tayside with a Statement of Need as per the agreed process and colleagues from NHS Tayside will utilise this to progress the assignation process.
- The Angus GP Practice Premises Strategy articulates a vision whereby GP services within the seven towns of Angus are situated in a shared single site. Within NW cluster plans are being progressed with NHS Tayside Property colleagues, GP partners and the HSCP to explore and progress this.
- To ensure the delivery of primary care from high quality premises work has commenced in another North West practice which has previously been identified as a priority for the HSCP due to inadequacy of space within the practice and physical condition of the building. Surveys exploring the possibility of extending on site plus options for the upgrade and refurbishment of the premises are expected imminently and these will inform the next steps undertaken.

Angus GP Practice Sustainability Survey

A survey was circulated to all Tayside Practices in January/February 2023 and the results shared with individual practices and HSCPs. A cumulative report for Tayside was also produced. The survey has been repeated in January 2024 with the analysis report awaited.

Actions following the first survey have been to set up an Angus GP Sustainability Group. This group is tasked with taking forward a variety of actions to support GP practices including training and education initiatives, promoting Angus as a great place to work and live, working with local schools to promote health careers in Angus and *promote opportunities for medical students to be trained locally.

6. PROPOSALS

There are no specific proposals for the IJB to consider from this report.

7. FINANCIAL IMPLICATIONS

The PCIF financial plans for 2023/24 were approved in report 36/23. A summary of the projected programme of costs compared to the approved planned spend is detailed in table 1 below.

In August 2023 the Scottish Government confirmed the allocation for 2023/24 being “*up to £189.5million will be available for Integration Authorities in 2023/24 under the auspices of the Primary Care Improvement Fund (PCIF). This comprises up to £170 million funding available through PCIF and £19.5million funding for AFC uplifts costs*”. Our projected spend plans are based on this revised allocation.

In 2023/24 strategic earmarks/contingency spends have been consistent with previous one-off costs incurred in 2022/23 (i.e. such as digital, training, fixed term contracts etc) with all spend being approved by the Angus GMS Contract Implementation Advisory Group (CIAG) and GP Sub Committee.

As previously noted under the 2018 Contract, Transitional Services arrangements were established between BMA and Scottish Government confirming that practices would receive payments from 2022/23 for providing Pharmacotherapy and CTAC services until such a time as the full service is provided by the Board. However, in March 2023 the Scottish Government advised they would not be establishing or funding transitional services to cover the ongoing gaps in health Board provisions or Pharmacotherapy and CTAC from 1 April 2023. During 2023/24 Angus GPs have not been paid for any gaps but longer term this position is not confirmed and may have an impact on the funding available for Primary Care Improvement Plans.

Table 1 Financial Position	Approved Planned Spend 2023/24	Projected Spend 2023/24
	£'000	£'000
Assumed SG Allocation	3,884	3,928
Utilisation of b/f Reserves	137	137
Forecast Expenditure:		
VTP	347	350
Pharmacotherapy	779	669
Community Treatment and Care Services	913	1,418*
Urgent Care	230	282
FCP/MSK	478	509

Mental Health	134	132
Link Workers	321	257
Other	79	84
Wider Use of Funds (premises, training, digital, redesign and change management)	42	364
Strategic Earmarks/Contingency	699	0
Projected Total Annual Spend	4,021	4,065
In Year (Over)/Underspend	0	0

* CTAC model changed on 1st April 2023

8. RISK MANAGEMENT

Risk 1 Description	GP Sustainability in Angus As a result of inability to reliably recruit, train and retain GP workforce (due to national workforce shortage) Reliably recruit and train enough multidisciplinary team members Have appropriate premises to deliver General Practice effectively.
Risk Category	Resource - workforce
Inherent Risk Level	Consequence (4) x Likely (4) = 16 (Major)
Mitigating Actions (Including timescales and resources)	Continuation implementation of Primary Care Improvement Plan Local PCIP plans in place providing direct support to General Practice via expanded Multi-disciplinary Teams e.g. development of new Urgent Care ANP across Angus Participate in regional GP sustainability work to identify GP practices most at risk locally. Angus GP Sustainability Group established. Angus GP Practice Premises Strategy
Residual Risk Level	Consequence (4) x Likelihood (4) = 16 (Major)
Planned Risk Level	Consequence (3) x Likelihood (4) = 12 (Moderate)
Approval recommendation	This risk should be accepted.

9. PUBLIC HEALTH IMPLICATIONS

There are no direct public health implications arising from the recommendations of this report.

10. CLIMATE SUSTAINABILITY IMPLICATIONS

There are no direct environmental implications arising from the recommendations of this report.

11. EQUALITY IMPACT ASSESSMENT, CHILDREN'S RIGHTS AND FAIRER SCOTLAND DUTY

A combined Equality Impact Assessment has been carried out and is attached.

12. COMMUNICATION AND ENGAGEMENT (IF APPLICABLE)

Not applicable.

13. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans, and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	X
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

REPORT AUTHOR: Lisa Prudom, Service Manager Primary Care

EMAIL DETAILS: tay.angushscp@nhs.scot

List of Appendices:

Appendix 1 - EQIA

EQUALITY IMPACT ASSESSMENT (EQIA) and FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

1. INTRODUCTION

Title of policy, practice or project being assessed	Primary Care Update
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Type of policy, practice or project being assessed: (please mark with a (x) as appropriate)					
	New	Existing		New	Existing
Strategy			Policy		
Guidance			Procedure		
Operational Instruction			Budget Saving Proposal		
Service Development Proposal			Other (Please specify)		Primary Care Improvement Plan

2. GOVERNANCE

Lead Officer Responsible for assessment (Name, designation)	Vittoria Faraldi, Programme Manager for Primary Care
Date Assessment Started	

3. BACKGROUND INFORMATION

<p>Provide a brief description of the policy, practice or project being assessed. (Include rationale, aims, objectives, actions, and processes)</p>	<p>The Angus Health and Social Care Partnership (AHSCP) has been actively developing primary care services in response to the new GP contract, aiming to ensure long-term sustainability and improve patient care. The contract emphasises the role of primary care as the cornerstone of the National Health Service system and highlights the need for integrated care. While the contract primarily benefits patients by reducing GP workload and improving access to care, it also presents challenges in terms of implementation and funding.</p> <p>AHSCP welcomes the additional funding allocated by the Scottish Government but recognises the need to make strategic decisions to maximise its impact, especially considering the significant health inequalities in Angus. The Memorandum of Understanding (MoU) outlines priorities for reducing GP workload, including vaccination services, pharmacotherapy services, and community treatment and care services.</p> <p>To inform the Primary Care Improvement Plan (PCIP), extensive engagement sessions were held with various stakeholders, including healthcare staff and third-sector organisations. An Equality Impact</p>
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	<p>Assessment was conducted to address potential impacts on vulnerable patient groups, ensuring compliance with legal duties.</p> <p>While the initial PCIP represented a starting point, ongoing monitoring and assessment are essential to address both positive and negative impacts on patient care. This assessment will serve as a baseline for future equality impact assessments as service changes progress.</p> <p>The PCIP has been endorsed by the Primary Care Strategy Group, reflecting a commitment to improving primary care services in Angus.</p>
<p>What are the intended outcomes and who does this impact? (E.g. service users, unpaid carers or family, public, staff, partner agencies)</p>	<p>The overarching aim of the new contract and supplementary funding provided through the PCIP is to optimize patient outcomes by streamlining and refocusing the workload of General Practitioners (GPs) and their practices. This initiative seeks to strengthen the role of GPs as proficient medical generalists and empower them to assume leadership positions within diverse multi-disciplinary teams. Ultimately, this strategic approach is poised to notably benefit patients grappling with complex health conditions. Furthermore, the introduction of additional specialized positions, including pharmacists, is envisioned to facilitate more effective interventions and guidance for patients, particularly those navigating intricate health challenges.</p> <p>The implementation of the contract affects Angus residents, personnel operating within the six key areas delineated by the contract, and partner agencies, including General Practices.</p>

4. EQIA PROTECTED CHARACTERISTICS SCREENING

Impact on Service Users, Unpaid Carers or the Public								
Does the policy, practice or project have a potential to impact in ANY way on the service users and/or public holding any of the protected characteristics ? (Please mark as appropriate)								
	Yes	No		Yes	No		Yes	No
Age	X		Race	x		Gender Reassignment	X	
Disability	X		Pregnancy and Maternity	x		Marriage and Civil Partnership	X	
Sex	x		Religion or Belief	x		Sexual Orientation	x	

Impact on Staff or Volunteers

Does the policy, practice or project have a potential to impact in **ANY** way on employees or volunteers holding any of the [protected characteristics](#)? This includes employees and volunteers of NHS Tayside, Angus Council, 3rd Sector organisations, or any other organisation contracted to carry out health or social care functions on behalf of the Angus Health and Social Care Partnership. (Please mark as appropriate)

	Yes	No		Yes	No		Yes	No
Age	X		Race	X		Gender Reassignment	X	
Disability	X		Pregnancy and Maternity	X		Marriage and Civil Partnership	X	
Sex	x		Religion or Belief	x		Sexual Orientation	x	

PLEASE NOTE: If you have answered yes to any of the above protected characteristics in section 4 then please mark yes in the screening decision and proceed to a full EQIA below.

5. EQIA - SCREENING DECISION

Is a full EQIA required? (Please mark as appropriate)	YES - Proceed to full EQIA in section 6 below	NO – State the reason below and proceed to FSDA screening in section 10 and 11 then complete sections 14 and 15 to conclude.
	x	

FULL EQUALITY IMPACT ASSESSMENT (EQIA)

6. EVIDENCE

Evidence: Please provide detailed evidence (e.g. statistics, research, literature, consultation results, legislative requirements etc.) or any other relevant information that has influenced the policy, practice or project that this EQIA relates to.

Quantitative evidence
(numerical/statistical)

As of mid-2021, the current population of Tayside stands at 417,650, according to estimates from the National Records of Scotland. Of this population, 37% reside in Perth and Kinross, amounting to 153,810 individuals, while 35% reside in Dundee City, totalling 147,720, and 28% reside in Angus, totalling 116,120. Notably, the median age of individuals in Dundee City, at 38 years, is nearly ten years lower than those in the other two local authority areas.

Looking ahead, the number of individuals aged over 75 in Tayside is projected to increase by 24% between 2018 and 2028. Despite life expectancy in Tayside being higher than the Scottish average, there are significant variations across the region. For instance, males born in the most deprived areas of Dundee City are expected to live 14.1 years less on average than their counterparts in the least deprived areas of the city.

Furthermore, while life expectancy overall in Tayside exceeds the Scottish average, there is a disparity in healthy life expectancy. Males in Dundee City are experiencing a decline in healthy life expectancy, with current projections indicating an average of only 55.9 years lived in good health.

In terms of health outcomes, premature mortality in Tayside is three times higher in the most deprived areas compared to the least deprived areas, with drug and alcohol-related deaths as well as suicides disproportionately affecting individuals in these deprived areas.

Moreover, Tayside has witnessed a steady increase in the number of individuals diagnosed with type 1 and type 2 diabetes over the past decade. In 2022 alone, there were 1,596 new cases diagnosed, with approximately 90% of these being new cases of type 2 diabetes.

Additionally, while trends in new cancer diagnoses have remained relatively stable over the past decade, there was a notable decrease in new diagnoses in 2020 during the COVID-19 pandemic, followed by an increase in 2021. Liver cancer mortality has shown a significant increase over the last decade, with obesity, alcohol consumption, and hepatitis B and C infections identified as major risk factors.

The region also grapples with high rates of suicide, particularly in Dundee City, where rates are substantially higher compared to the national average. Furthermore, alcohol-related health harm is

	<p>on the rise, with Dundee City experiencing elevated rates of alcohol-related hospital admissions and deaths.</p> <p>Substance abuse is another significant concern, with drug-related hospital admissions in Dundee City soaring by almost 800% over the past 18 years, with rates more than double the national average.</p> <p>Moreover, post-pandemic data indicates increasing rates of sexually transmitted infections (STIs), with Tayside reporting higher infection rates than Scotland as a whole. Gonorrhoea infection rates more than doubled in the region between 2019 and 2022.</p> <p>Despite some positive health indicators, challenges persist. While breast screening uptake in Tayside surpasses the Scottish average and meets the minimum standard, it falls short of the target uptake rate. Additionally, the proportion of individuals meeting physical activity guidelines varies significantly by sex, area, and deprivation level. Furthermore, fewer than one-third of the Tayside population are of a healthy weight, with rates lower among males and individuals in deprived areas. The proportion of children of healthy weight in Tayside has also declined over the years and consistently falls below the national average. However, there has been improvement in dental health, with an increasing proportion of primary school children showing no signs of dental decay over the years.</p> <p>In summary, while Tayside faces various health challenges, including disparities in health outcomes and lifestyle-related issues, there are also areas of progress and positive developments that warrant acknowledgment and continued efforts towards improvement. Bowel screening uptake in Tayside overall is above the Scottish average and above the target rate of</p>
Qualitative evidence (narrative/exploratory)	Data gathered from the Health and Care Experience Survey for the year 2021-2022, which includes feedback from individuals registered with GP Practices, will be complemented by ongoing survey initiatives and engagement sessions involving GP practices and key stakeholders. This collective information will serve as crucial inputs for shaping the development of the program.
Other evidence (please detail)	none
What gaps in evidence/research were identified?	Input from diverse individuals, particularly those from underrepresented demographics, is essential for informing the development of this program.
Is any further evidence required? Yes or No (please provide reasoning)	We will continue to engage consistently with a broad spectrum of internal and external stakeholders as we advance the development of the program.

Has best judgement been used in place of evidence/research? Yes or No (If yes, please state who made this judgement and what was this based on?)	Efforts persist to ensure that all relevant information is thoroughly utilized to inform the development of the Programme.
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7. ENGAGEMENT

Engagement: Please provide details on any engagement that has been conducted during the policy/practice or project.	
Has engagement taken place? Yes or No	yes
If No, why not?	
If Yes, please answer the following questions:	
Who was the engagement with?	Multiple engagement sessions were conducted during the summer of 2023, totalling six to seven sessions, aimed at fostering dialogue and collaboration with stakeholders regarding the implementation progress of the contract. Additionally, ongoing monitoring and evaluation of services have been established through platforms such as "Care Opinion," as well as through regular surveys targeting both patients and staff. These efforts underscore our commitment to actively involve stakeholders and ensure continuous improvement in service delivery.
Have other relevant groups i.e. unpaid carers been included in the engagement? If No, why not?	The communication engagement plan is subject to continuous review based on the progress and needs of individual work streams.
How was it carried out? (Survey, focus group, public event, Interviews, other (please specify) etc.)	Engagement with service users, staff, GPs, and GP staff occurred through various channels. Focus groups, along with regular surveys, have been utilised to gather diverse viewpoints on the implementation and evolution of the contract. This multifaceted approach underscores our commitment to robust engagement and inclusivity in decision-making processes.
What were the results from the engagement?	Proposals have been put forward to refine specific service delivery models, aiming to optimise efficiency and accessibility. (e.g. changing CTAC model, IT systems, length of appointments, rebranding if social prescribing etc.)
How did the engagement consider the protected characteristics of its intended cohort?	Further engagement will be required

Has the policy, practice or project been reviewed/changed as a result of the engagement? If YES, please explain.	We have conducted a comprehensive review of our operational processes and have adjusted certain aspects of care delivery, such as standardising and shortening appointment lengths were deemed appropriate. These modifications, coupled with other operational enhancements, have significantly bolstered our activity capacity and operational efficiency. Additionally, we have actively facilitated the relocation of services, whether within the practice premises or in closer proximity to it, with the aim of enhancing accessibility and effectiveness.
Is further engagement required? Yes or No (please provide reasoning)	

8. PROTECTED CHARACTERISTICS

This section looks at whether the policy, practice or project could disproportionately impact people who share characteristics protected by the Equality Act (2010). Please use the following link to find out more about the: [protected characteristics](#). Please specify whether impact is likely to be neutral, positive or negative and what actions will be taken to mitigate against any negative impacts or discrimination. When considering impact, please consider impact on health-related behaviour; social environment; physical environment; and access to & quality of services of NHS Tayside, Angus Council, AHSCP or 3rd sector social justice.

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Age		x	x	<p>A review of the population of Tayside has informed the development of the TPCS. Consideration has been given to demographic projections, particularly the expected 24% increase in the number of people aged over 75. A consequence of more people living longer is the likelihood to more people experiencing a decline in physical and mental capacity who may require support from primary care services.</p> <p>The TPCS should have a positive impact on all age groups across Tayside because it is focused on delivering excellent, high quality, accessible primary care in a sustainable and integrated way, improving the health and wellbeing of the population.</p> <p>With reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.</p>

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Sex				<p>The Primary Care Improvement Plan endeavours to foster the development of Multidisciplinary Teams and service redesign initiatives aimed at enhancing accessibility to care for all individuals. The overarching ambition is to eliminate barriers to accessing services, with a keen emphasis on embracing a "getting it right for everyone" approach to service redesign. Within the context of GP services, it is imperative to ensure that individuals comprehend new operational procedures and are receptive to receiving care from healthcare professionals other than GPs. Of particular significance is the provision of support to help individuals navigate the healthcare system, especially those with limited literacy skills or individuals who do not speak English.</p>
Disability				<p>Services should strive to be accessible to all individuals, with a commitment to removing barriers to access and adopting an inclusive "getting it right for everyone" approach to service redesign.</p> <p>Ensuring that individuals with disabilities have equitable access to primary care services, including health promotion and prevention activities, is essential. The Communication and Engagement Plan will detail strategies to involve individuals with disabilities in shaping and informing improvements to healthcare services. One of the enablers of the PCIP is premises and the actions required to ensure appropriate accessibility for the whole population of Tayside. With a focus on integrated working there is recognition of the need to consider delivering services within shared facilities. All developments relating to premises will have an EQIA completed.</p> <p>Another enabler of the PCIP is technology and to maximise the potential of digital solutions to support services being more widely accessible. Any digital developments will be undertaken being mindful of the impact of digital exclusion to ensure that this does not become a barrier for people. An EQIA will be undertaken for all new digital developments to ensure inclusivity for all people.</p> <p>With reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.</p>

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Race				<p>One of PCIP objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign. The PCIP should not directly impact based on race alone and considers the need to be inclusive of all communities and how they will access services.</p> <p>With reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.</p>
Sexual Orientation				<p>One of PCIP objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign.</p> <p>The focus on reducing health inequalities will provide the opportunity to engage with people of Tayside and provide an opportunity to respond to the requirements of a wide range of people.</p> <p>The PCIP should not directly impact based on sexual orientation alone and considers the need to be inclusive of all communities and how they will access services.</p> <p>With reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.</p>
Religion or Belief				<p>One of the PCIP objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign.</p> <p>The PCIP should not directly impact based on religion or belief alone and considers the need to be inclusive of all communities and how they will access services.</p>

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				With reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Gender Reassignment				<p>One of the PCIP objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign. A review of premises provides an opportunity to consider the needs of this population as we know that this population may find it hard to engage with services.</p> <p>The TPCS should not directly impact based on gender alone and considers the need to be inclusive of all communities and how they will access services.</p> <p>With reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.</p>
Pregnancy and Maternity				<p>One of the PCIP objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign.</p> <p>A review of premises provides the opportunity to consider the needs of this population ensuring access to suitable baby feeding spaces.</p> <p>With reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.</p>
Marriage and Civil Partnership				The PCIP should not directly impact on marriage and civil partnership alone. It considers the need to be inclusive of all communities and how they will access services.

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				With reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Any other relevant groups i.e. unpaid carers (please specify)				The PCIP will recognise the needs of carers when accessing primary care services including that this may be difficult due to their individual caring circumstances. With reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Age				
Sex				
Disability				
Race				
Sexual Orientation				
Religion or Belief				

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Gender Reassignment				
Pregnancy and Maternity				
Marriage and Civil Partnership				
Any other relevant groups i.e. unpaid carers (please specify)				

9. EQIA FINDINGS AND ACTIONS

Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.

<p>Option 1 - No major change required (where no impact or potential for improvement is found and no actions have been identified)</p>	
<p>Option 2 - Adjust (where a potential negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)</p>	
<p>Option 3 - Continue (where it is not possible to remove all potential negative impact, but the policy, practice or project can continue without making changes)</p>	<p>X</p>
<p>Option 4 - Stop and review (where a serious risk of negative impact is found, the policy, practice or project being assessed should be paused until these issues have been resolved)</p>	

<p>Actions – from the actions to mitigate against negative impact (section 8) and the findings option selected above in section 9 (options 2 or 4 only), please summarise the actions that will be taken forward.</p>	<p>Date for Completion</p>	<p>Who is responsible (initials)</p>
<p>Action 1 - Action 1 – Continue communication and engagement activities with all stakeholders ensuring inclusion of seldom heard groups.</p>	<p>On going</p>	

10. FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

The Fairer Scotland Duty (FSD) places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions. FSD assessments are only required for strategic, high-level decisions. In broad terms, 'socio-economic disadvantage' means living on a low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services. Socioeconomic disadvantages can be experienced in both places and communities of interest, leading to further negative outcomes such as social exclusion. To read more information please visit: [Fairer Scotland Duty Guidance - Scottish Government](#)

11. FSDA- SCREENING DECISION

<p>Is your policy, practice or project strategically important? Yes or No? (FSD assessments are only required for strategic, high-level decisions)</p>	<p>YES - Proceed to section 12. Full Fairer Scotland Duty Assessment (FSDA) below</p>	<p>NO – Provide reasoning below and proceed to sections 13 onwards to conclude.</p>
	<p style="text-align: center;">x</p>	

12. FULL FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

Evidence	
<p>What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to this strategic decision? Is it possible to gather new evidence, involving communities of interest?</p>	<p>Information taken from the NHS Tayside Director of Public Health Annual Report 2023.</p> <p>Deprivation across Tayside varies. More than one in three people (37%) who live in Dundee City are living in areas of greatest deprivation in Scotland compared to only one-in-14 people (7%) in Angus and one-in-17 people (6%) in Perth & Kinross.</p> <p>Premature mortality in Tayside is three times greater in the most deprived areas than in the least deprived areas. Drug and alcohol-related deaths and suicide disproportionately impact people in the most deprived areas of Tayside.</p> <p>Fewer than one third of the Tayside population are of health weight, with this proportion being lower in males and in people living in more deprived areas.</p> <p>Alcohol-related hospital admissions are five times higher for people in the most deprived areas compared to the least deprived, while drug-related admissions are 16 times higher.</p> <p>People in the most deprived areas in Tayside are 1.8 times more likely to have repeat hospital admissions within 365 days, be hospitalised with asthma (2.3 times), coronary heart disease (1.7 times) or mental illness (4.1 times) and be diagnosed with cancer (1.2 times) than people in the least deprived areas.</p> <p>Lung cancer is three times more common in the most socio-economically deprived areas compared with the least deprived areas in Scotland. The incidence rate for lung cancer is considerably higher in Dundee City than Scotland overall.</p> <p>Deprivation is strongly linked to life expectancy. Currently males born in the most deprived areas in Dundee City and anticipated to live on average 14.1 years fewer than people in the least deprived areas. The</p>

equivalent gap in Angus and Perth & Kinross is 8.0 and 7.9 years respectively. While the inequality gap in females is less prominent, it has widened slightly. The current difference in life expectancy for females is 11.2.

The number of years that males and females are expected to live healthy lives in Tayside is like the national average, however there is variation across Tayside.

Comparing the premature mortality rate over time, there has been a widening of the gap between people living in the most and least deprived areas. In Tayside the gap closed slightly in 2020 and data for 2021 show that despite overall premature mortality rates increasing, the difference in rates between the most and least deprived areas (820 v 448) has closed very slightly.

There are differences in the main causes of death when the most and least deprived areas in Tayside are examined. While lung cancer and myocardial infarction (heart attack) were the most common cause of death in the least deprived areas, substance use (drugs) followed by lung cancer were the most common drivers of premature mortality in the most deprived areas.

Mental health is strongly influenced by social, environmental and economic conditions. Poverty and deprivation are key determinants of children's development and subsequent adult mental health. Symptoms of anxiety and depression are over twice as common and self-harm and suicide over four times as common in the most deprived quintile compared to the least deprived quintiles.

Psychiatric hospitalisations show a clear inequality gradient with people living in the most deprived areas of Tayside four times more likely than people living in the least deprived areas to be admitted to hospital with a psychiatric illness.

Many factors influence mental health and wellbeing, e.g. diet, physical activity, sleep, substance use, social relationships, the school experience, as well as deprivation. Children from socio-economically deprived backgrounds are 2-3 times more likely to develop mental health issues. These children are also more likely to encounter adverse life circumstances which, in turn, will affect their mental health.

Participation in physical activity and sport also varies with deprivation with people in the most deprived areas of Scotland less likely to be physically active than people in the least deprived areas (57% compared to 77% in 2021).

Healthy weight also varies by deprivation. Data for Scotland by SIMD shows that in the most recent year (2021), 40% of adults in the least deprived quintile were estimated to be of healthy weight compared to 31% of people living in the most deprived areas in Scotland. While the inequality gap has closed in the most recent year, it remains wider than it had been prior to 2015.

Children's healthy weight also varies by deprivation and data show that while the inequality gap had closed in the proportions of healthy weight children in 2016/17 in Tayside, they widened again in the subsequent two years. Data in the most recent year show a slight closing of that gap once again with 79% of children being of healthy weight in the least deprived areas and 68% in the most deprived areas.

While 62% of P1 children in Tayside had no obvious tooth decay experience in the most deprived areas, this proportion increased to 86% in the least deprived areas.

Poverty is a significant driver for ill health and is a key factor in health inequalities. The negative impacts of rising costs are being felt across Scotland including in Tayside. Poverty is set to worsen as high inflation makes the cost of living unaffordable for many, both increasing the level of poverty for people already living in deprived areas but also bringing more people living in Tayside into poverty. Alongside this, health

inequalities have also increased with the gap between the least deprived and the most deprived widening across Scotland.

There is a strong association between screening uptake and deprivation, with women from more deprived areas less likely to attend for breast screening. The target uptake rate of 80% has been surpassed in least deprived areas but the minimum standard of 70% has not been met in the most deprived areas.

The bowel screening uptake rate varies with deprivation, with 78% of people in the least deprived areas being screened compared to 54% in the most deprived areas of Tayside.

Please state if there is a potentially positive, negative, neutral impact for each of the below groupings:

	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence on your selection
Low and/or No Wealth (those with enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future)		x		The PCIP objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign.
Material Deprivation (those unable to access basic goods and services e.g. repair/replace broken electrical goods, warm home, life insurance leisure and hobbies)		x		As above
Area Deprivation (where people live (e.g. rural areas), or where they work (e.g. accessibility of transport))		x		As above
Socio-economic Background (social class including parents' education, people's employment and income)		x		As above
Unpaid Carers		x		As above
Homelessness, Addictions and Substance Use		x		As above
Children's, Family and Justice		x		As above
Other (please specify)				

13. EVIDENCE OF DUE REGARD

<p>Public Sector Equality Duty: The responsible officer should be satisfied that the group, service or organisation behind the policy, practice or project has given 'due regard' to the below duties. Please evidence which parts of the General Equality Duty have been considered. To 'have due regard' means that AHSCP have a duty to consciously consider the needs of the general equality duty: eliminate discrimination; advance equality of opportunity and foster good relations. How much regard is 'due' will depend on the circumstances and in particular on the relevance of the needs in the general equality duty to the decision or function in question in relation to any particular group. The greater the relevance and potential impact for any group, the greater the regard required by the duty.</p>	
Eliminate unlawful discrimination, victimisation and harassment.	
Advance equality of opportunity	
Foster good relations between any of the Protected Characteristic groups	

14. PUBLICATION

Is the corresponding IJB/Committee paper exempt from publication?	No
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15. SIGN OFF and CONTACT INFORMATION

Head of Service Responsible		Lead Officer Responsible	
Name:	Jillian Galloway	Name:	Vittoria Faraldi
Designation:	Chief Officer	Designation	Programme Manager for Primary Care

Signature of Lead Officer: Vittoria Faraldi	Date: 15/04/2024
Signature of Head of Service: Jillian Galloway	Date: 15/04/2024

For further information on this EQIA and FSDA, or if you require this assessment is an alternative format, please email: tay.angushscp@nhs.scot

16. EQIA REVIEW DATE

<p>A review of the EQIA should be undertaken 6 months later to determine any changes. (Please state planned review date and Lead Reviewer Name)</p>	
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17. EQIA 6 MONTHLY REVIEW SHEET

Title of policy, practice or project being reviewed	
Lead Officer responsible for review	
Date of this review	

Please detail activity undertaken and progress on actions highlighted in the original EQIA under section 9.	Status of action (with reasoning) <ul style="list-style-type: none">• Complete• Outstanding• New• Discontinued etc.
Action 1 -	
Action 2 -	
Action 3 etc. -	