



AGENDA ITEM NO 13

REPORT NO IJB 28/25

ANGUS INTEGRATION JOINT BOARD

30 APRIL 2025

ANGUS PRIMARY CARE

REPORT BY JILLIAN GALLOWAY, CHIEF OFFICER

1. ABSTRACT

- 1.1 The purpose of this report is to provide Angus Integration Joint Board (AIJB) with an update on Primary Care within Angus, including the progress made with the implementation of the Angus Primary Care Improvement Plan during 2024/25 and progress made to date supporting the Angus General Practice Premises Strategy 2023/26.

2. ALIGNMENT TO THE STRATEGIC PLAN

- 2.1 The report aligns to the following strategic objectives within the AIJB Strategic Commissioning Plan:

- Priority 1 - Prevention and Proactive Care
- Priority 2 - Care Closer to Home

3. RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board:

- (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 position in relation to practice premises and progress made to date with the Angus GP Practice Premises Strategy 2023/26;
- (iv) Approve that, from existing reserves, the IJB work towards creating earmarks to support the progression of the Kirriemuir and Academy proposals, noting any finalised plan to deploy reserves in this way would be subject to further IJB approval;
- (v) Request Chief Officer to provide an update regarding direction [D03/23](#); and
- (vi) Acknowledge that progress will be monitored through the Angus Primary Care Strategic Oversight Group.

4. BACKGROUND

- 4.1 Primary care serves as the first point of contact for individuals seeking almost all health and social care services, making it one of the most frequently accessed parts of the healthcare system. Statistics from Public Health Scotland in January 2025, reveal that General Practice in Scotland sees an average of 655,000 contacts per week - far surpassing any other area.

- 4.2 Primary care services are available 24/7 and serve not only as an initial point of contact but also as a gateway to a wide array of other health and social care services. As a result, general practice plays not only a crucial role in managing the health of the population, with research showing that a robust primary care system is strongly linked to better health outcomes it also plays a key role in supporting the entire system. The importance of having a strong and robust primary care service operating to the benefit of the wider system cannot be overstated.
- 4.3 At the same time Primary Care over recent years has been facing unprecedented challenges particularly in relation to GP workforce both in terms of attracting new GPs into the profession as well as retaining those already working within it. In addition, the model of General Practice is changing from a predominantly Partnership model to one whereby GPs are increasingly employed and salaried. In Scotland, over the past decade the number of GP partners has reduced by 597 to 3105 as at September 2024. This decline in partner numbers is of particular significance due to its impact on GP property and premises matters. GPs typically own or directly lease their premises with property risks shared amongst the Partners. With more salaried and directly employed GPs, this risk is not so evenly spread and may act as a deterrent for many when considering General Practice as a future career.
- 4.4 The combined impacts of workforce pressures and premises issues on GP sustainability are well known and documented. The number of GP practices providing services to patients in Scotland has reduced from 997 in 2012 to 889 in 2024, a fall of nearly 11%. Locally in Angus there have been a number of GP practices hand back their General Medical Services contracts. Friockheim Health Centre closed permanently in May 2022 following an inability to recruit replacement GPs and patients were dispersed to other local Practices. There have been two practices Brechin and Abbey Health Centre who have become 2c (practices that are operated and managed by the Health Board) following their GP partners terminating their contracts. In November 2024 Annat Bank practice closed with premises issues playing a contributory factor in the GP Partners decision to hand back their contract; uncertainty about the lease and its consequential impact on the ability to recruit replacement GPs for those retiring and leaving cited as the main reason for the decision. (Following a successful tender, a new provider was found and the Practice reopened in December 2024 as Annat Health Centre). Nevertheless, GP sustainability remains an ongoing concern both nationally and locally and a priority for most Health Board's across Scotland.
- 4.5 Scottish Government recognised these issues and responded with two new important policy drivers both in 2018; the introduction of the new General Medical Contract (nGMS) which introduced the Primary Care Improvement Plan (PCIP) and by the publication of a new National Code of Practice for GP Premises.
- 4.6 The aim of PCIP was to create capacity within General Practice by extending the role of the multidisciplinary team allowing GPs to concentrate on more complex cases. A range of health care professionals managed by Angus HSCP now work directly with and within Angus general practices providing services to patients. Previous reports to the IJB detail the progress made with the implementation of PCIP at six monthly intervals with the latest report prior to this one being October 2024 (IJB 66/24).
- 4.7 This report will summarise the current position with PCIP noting key developments that have occurred during 2024/25.
- 4.8 As described above Scottish Government published a new National Code of Practice for GP Premises in 2018. This policy document describes a future whereby GPs would increasingly not be expected to own or lease their own practice premises, and these would instead transfer to be owned and leased by the NHS. In this way responsibility for General Practice premises would gradually transfer to that of the resident Health Board area. This was envisaged as a generational change depending on the nature and scale of the property portfolio to be transferred. Health Boards are tasked with managing changes as the opportunity arises and presents itself.

Whilst there has been no documented change to this direction of policy from Scottish Government, several factors (such as COVID-19, cost of living crisis and resultant financial pressures) have impacted on this area since 2018, which has resulted in slower than anticipated progress. All Health Board areas face an increasingly uncertain financial landscape which may mean that by necessity priorities will require to be reassessed.

- 4.9 As previously reported (IJB 35/23) the Angus GP Practice Premises Strategy describes the present state of GP practice premises in Angus and outlines a number of key strategic objectives. Fundamental to the Angus GP Practice Premises strategy is a vision that describes a future state for General Practice in Angus (for reasons of sustainability) as being built around co-located and multi-disciplinary teams operating in single site facilities in each of the seven main towns within Angus. This strategic vision will be the guiding principle upon which all future premises issues will be measured. The strategy also details the actions to be taken on a cluster-by-cluster basis, again as opportunities present and identifies several key premises issues for the HSCP to address as priorities. This report will describe the actions taken throughout 2024/25 to progress these and crucially put forward a proposal for how these may continue to be supported during 2025/26 and beyond given the financial constraints that Health Boards now find themselves operating under.

5. CURRENT POSITION

5.1 Primary Care Improvement Fund (PCIF)

- 5.1.1 The Primary Care Improvement Fund (PCIF) continues to shape the evolution of primary care services in Angus, fostering the development of sustainable, multi-disciplinary models of care in line with the 2018 General Medical Services (GMS) contract. Progress has been made in enhancing patient access, workforce capacity and service integration, with ongoing efforts to adapt services to local needs and pressures. However, challenges remain, particularly in relation to workforce sustainability and resource allocation, requiring continued collaborative and innovative approaches. Ensuring that primary care services remain accessible, responsive, and fit for the future is a key priority, and work is ongoing to strengthen integration, efficiency, and resilience across all service areas.

- 5.1.2 As at March 2025, there are 72.78 whole time equivalent (wte) staff provided by PCIF working to support the delivery of primary care transformation. We continue to progressively recruit and train staff to deliver services across the six Memorandum of Understanding (MOU) areas. Over the course of implementation we have reflected on lessons learned and adjusted our plan accordingly. This has included the implementation of a skill mixed workforce, which has provided opportunities for efficiencies and built greater resilience into some services.

- 5.1.3 The following provides some key highlights over the past year 2024/25:

5.2 The Vaccination Transformation Programme (VTP)

As outlined in IJB 66/24, changes in the organisation and delivery of vaccination services have led to a shift in responsibility from General Practice to NHS Boards. Now fully overseen by the central team within the Directorate of Public Health, the programme continues to be managed within this framework to ensure consistency and efficiency. While there are no further updates to report currently, efforts are underway in Angus to explore opportunities for closer collaboration with other PCIP funded services, such as Community Treatment and Care (CTAC). These discussions focus on enhancing integration, improving efficiency, and optimising patient access, supporting a more coordinated and sustainable approach to community-based care. Further updates will be provided as this work develops.

5.3 Pharmacotherapy

- 5.3.1 As detailed in IJB 66/24, the nationwide shortage of pharmacists continues to pose a challenge for Scotland and remains a significant issue for Tayside. In response, efforts remain focused on adapting service models to maximise efficiency, enhance sustainability, and support GP practices more effectively.

- 5.3.2 Two pilot studies in Angus are currently underway, assessing the impact of secondary care pharmacy requests on general practice and exploring ways to streamline processes, reduce administrative pressures, and improve overall service coordination. The outcomes of these pilots will provide valuable insights to inform the future direction of pharmacy support within primary care, contributing to a more integrated, responsive, and efficient system across Tayside.
- 5.3.3 While workforce shortages persist, ongoing service adaptation aims to enhance sustainability. Future updates will follow as strategies evolve.

5.4 Community Care and Treatment Service (CTAC)

- 5.4.1 As previously reported (IJB17/24) the model for CTAC as originally envisaged for Angus changed on 1st April 2023. Since that time there has been a significant amount of service redesign work and Angus HSCP has been working with practices and clusters to design the service, that they feel is most appropriate to support their needs. During 2024/25 work has continued to provide more “in reach” clinics within general practice settings. As at March 2025, there are 27.05wte working in CTAC and year on year the service has continued to expand, adapt and change in relation to lessons learnt.
- 5.4.2 Significant progress has been achieved in the implementation of the diabetes pathway, which is now fully operational in Monifieth, Arbroath, Montrose, Brechin, Forfar and Edzell. This development enhances patient access to care while alleviating pressure on GP practices, supporting a more sustainable and efficient healthcare system.
- 5.4.3 Similarly, enhancements to the mental health pathway have enabled CTAC to take on the delivery of routine phlebotomy for patients prescribed clozapine, reducing the need for travel and ensuring more consistent, community-based care. This transition, funded by Mental Health Services, enhances patient access while improving integration between primary and secondary care.
- 5.4.4 A review of the anticoagulation service is also underway, with initial plans to likely transition this to CTAC, supporting a more sustainable and integrated model of care.
- 5.4.5 Work continues to expand CTAC provision for paediatric patients, incorporating services for children aged two and above, while discussions on aligning CTAC with the vaccination service remain ongoing, with the potential for peer vaccination delivery under consideration.
- 5.4.6 All these changes place patients at the centre of care, enhance accessibility, and streamline service delivery, contributing to a more sustainable healthcare model. While the PCIF provides funding for activities previously undertaken by General Practice, it remains insufficient to fully address the increasing demand and complexity within Primary Care since the pandemic. Additionally, shifts in workload from secondary to primary care are not without challenges, particularly in ensuring that appropriate funding follows these changes to safeguard service sustainability.
- 5.4.7 As part of this ongoing improvement work, the HSCP continues to drive efficiencies in the management of CTAC, with a particular focus on supplies and financial governance. This approach ensures that resources are utilised effectively, helping to sustain and enhance service responsiveness within existing financial constraints.
- 5.4.8 However, demand continues to exceed capacity, and CTAC has yet to fully meet 100% of its contractual commitments across all areas. Balancing demand with available resources remains a key priority, and further updates will be provided as service developments progress.

5.5 Urgent Care

- 5.5.1 By strategically aligning PCIP funding, Angus HSCP has strengthened urgent care services, directly reducing GP workload and improving patient outcomes. The expansion of Advanced Nurse Practitioners (ANPs) within urgent care has been instrumental in alleviating GP workloads by taking on responsibilities traditionally managed by GPs. This targeted approach not only eases pressure on general practice but also plays a critical role in safeguarding practice sustainability. By reducing strain on existing services, it helps mitigate the risk of practice closures and contract hand backs, ensuring continuity of care for patients and stability within the primary care system.
- 5.5.2 Over the past 12 months, Advanced Nurse Practitioners (ANPs) in Angus have met their target of delivering 10,000 patient consultations annually, demonstrating the impact of this investment. However, the challenge remains in maintaining and expanding this service within finite resources, particularly in the context of increasing financial pressures.
- 5.5.3 The current number of Urgent Care ANPs in Angus is 13, though recruitment challenges persist, as fully qualified ANPs remain in short supply. To address this, Angus HSCP, in collaboration with local practices, has proactively recruited trainee ANPs, who are being supported through their training and development within primary care settings. The commitment and support from local practices in facilitating this training pathway are highly valued and have been formally recognised by Angus HSCP.
- 5.5.4 Despite the ongoing financial and workforce challenges, the continued development of urgent care services through ANPs remains a key priority, ensuring sustainable, high-quality patient care across Angus. Further updates will be provided as workforce planning and service developments progress.

5.6 Occupational Therapy in Primary Care

- 5.6.1 We are currently testing in Angus, the first Primary Care Occupational Therapist (PCOT) service in Tayside. An OT has started a one-year secondment at Academy Medical Centre at the beginning of April. This test will offer learning from the successes, evidence of impact and positive GP feedback from the Lanarkshire and Ayrshire models and from professional body evidence. The aim is to understand if this would offer transferrable benefits for the workforce capacity and population needs in Angus.
- 5.6.2 The focus of this project will be on supporting people at risk of experiencing frailty, taking a proactive and preventative approach, supporting people to remain in and return to work and supporting people experiencing early stress and wellbeing issues.
- 5.6.3 As this work is no longer a proof of concept but a specific implementation in a local context, a halfway update will be produced along with a final report with recommendations for scale up and spread in Angus and across Tayside.
- 5.6.4 During 2024/25 we have mapped HSCP resources including PCIP funded resources across Practices, this has demonstrated that there is some variation. The reason for this is complex, multifactorial and is often due to the specific and differing needs of the Practices themselves. In addition, and as reported previously (IJB 66/24) the GP sustainability survey provides valuable data which has enabled tailor driven targeted solutions to be put in place to support practice sustainability. Regardless of this, this mapping of resources to gain a fuller understanding of what is available is an important first step in recognising differences, why these occur and to help ensure that even if some of the individual offerings differ there is equity overall.
- 5.6.5 Further updates on progress and evaluation findings on PCIP will continue to be provided at regular intervals at future IJB meetings.

5.7 Premises

- 5.7.1 AHSCP continues to work towards the achievement of the key priorities identified within the GP Practice Premises Strategy approved by the AIJB in June 2023 (IJB35/23).

- 5.7.2 The guiding principles of the strategy continue to shape and inform decisions and actions in relation to GP premises in Angus. Since April 2024 progress has been made with some practices (regardless of ownership) to map existing premises assessing conditions and maintenance status to ensure fitness for purpose.
- 5.7.3 Utilisation surveys have been carried out in some practice premises with the aim of providing a comprehensive detail on room availability and usage and to ensure maximum space utilisation to deliver services.
- 5.7.4 As previously reported (IJB35/23) Kirriemuir, Forfar and Montrose have been identified as key priorities for the AHSCP.
- 5.7.5 During 2024/25 in collaboration with NHS Tayside work has been on going in relation to the extension and upgrade of Kirriemuir Health Centre with plans finalised and agreed with the Practice. The total estimated cost of this project is c£1.0m.
- 5.7.6 During 2024/25 an extension for Academy Medical Centre has been explored which would see Ravenswood moving onto the Academy site in keeping with the Angus GP Practice Premises strategy and strategic vision of co-located multidisciplinary team working on single sites within the seven towns of Angus. As previously reported due to technical staffing workforce constraints out with the control of AHSCP the project has not progressed further during 2024/25. Considering this, some immediate and necessary reconfiguration work was agreed and funded locally by the HSCP in order to address risks presented to the Practice; this work is underway.
- 5.7.7 In previous years an annual allocation of £400k for capital projects has been made available by NHS Tayside regionally for Primary Care premises projects. However, this funding is not available for 2025/26 as the Scottish Government has introduced a new system of capital funding prioritisation for Health Boards. No primary care projects have been prioritised for funding as part of this revised system during 2025/26 and as yet there is no indicative timescale for when these may feature.

6. PROPOSALS

Premises

6.1 Kirriemuir

- 6.1.1 Considering the challenging financial landscape now facing Health Boards and given that Kirriemuir has progressed to the stage where all the plans have been finalised, agreed and are current, it is proposed that Angus IJB utilise £1.0m of the existing Property Reserves to progress this project and bring it to its conclusion. Kirriemuir is of strategic importance to AHSCP, it is the only General Practice in the town of Kirriemuir and it is a training practice supporting both GP and wider MDT training to the benefit of the wider Angus system. The condition of the fabric of the building and the need for additional clinical space is well documented. The expansion and upgrade of Kirriemuir is in keeping with the Angus GP Practice Premises Strategy 2023/26.

6.2 Forfar

- 6.2.1 Work has been on going during 2024/25 to explore facilitating the move of Ravenswood onto the Academy site. Due to the restrictive nature of the building and site that Ravenswood currently occupies there is limited scope for expansion in its current location. The need for additional clinical space has been well documented as have the risks this presents to future practice sustainability. Should any one of the three general practices in Forfar have sustainability issues, it would be extremely difficult to find a solution for their registered practice populations as none of the others would be in a position to easily absorb these patient numbers. Therefore, every effort is required to try to find proactive solutions that prevent this from occurring hence why this is of such strategic significance to AHSCP. Angus GP Practice Premises Strategy as approved by AIJB in June 2023 (IJB 35/23) endorses a future whereby co-located multi-disciplinary teams will work in single site practices in each of the seven Angus towns precisely for this reason. Work to progress plans for an extension at Academy have halted with no definitive timescale for when these may resume.

- 6.2.2 Given this, it is proposed that from existing reserves, Angus IJB works towards creating an earmark, with the value of that earmark still to be confirmed, to support the progression of this work to secure a permanent move for Ravenswood onto the Academy site for the reasons outlined.
- 6.2.3 As highlighted earlier in this report property which is directly owned by GPs carries more risk in terms of practice sustainability. As Partners leave and retire there is an increased risk that they will not be replaced due to the resultant recruitment challenges. GPs now have more choice in terms of employment options and are understandably less keen to want to buy into practices which may expose them to individual personal financial risk particularly at a time when the Scottish Government is encouraging a move towards Health Board premise ownership. The Premises Strategy already notes “as part of our strategy we need to find a mechanism which supports our GP Partners who own their premises. This may be by the creation of a fund which can be used for buying premises from GPs to reduce the risk associated with ownership and mitigate the risk for the Health & Social Care Partnership of practices collapsing and potential domino effects on surrounding practices. Removing this barrier to recruitment may also be seen as a positive step for attracting GPs from working in the area”. The IJB is now starting to develop a response to this issue.
- 6.2.4 Links Health Centre’s lease was due for renewal in September 2024 but given the changes occurring in Annat Bank at the time with the practice terminating their contract in November the lease assignment was not able to be concluded at that time. This will now continue to be progressed by NHS Tayside. In addition to Links a further Practice in Angus has during 2024/25 approached NHS Tayside and asked them to prioritise their lease (although not yet due for renewal) for assignment due to sustainability concerns.
- 6.2.5 Edzell’s lease is due for renewal in 2028, however the Practice has also written to NHS Tayside to ask that this timeline be brought forward for reasons of retirement of the single GP Partner. Whilst there is no current indication of a timeline for this, AHSCP would like to start to start exploring potential options for future service delivery and the impacts this may have for premises ahead of the renewal date, noting that Edzell is not currently included in the seven towns of Angus around which the IJB intends to configure Primary Care services.
- 6.2.6 All the property issues are a concern to AHSCP due to their potential impact on future practice viability and sustainability. At the same time, we recognise that in terms of NHS Tayside there may be other equally or increasingly pressing property concerns which will be ranked higher, meaning that these Angus Primary Care projects will not be progressed as quickly as we would like. AHSCP therefore ask the IJB to approve the use of its strategic property reserves to enable work to continue as described and for property matters within the HSCP to continue to be proactively addressed for the reasons outlined.

7. FINANCIAL IMPLICATIONS

7.1 Primary Care Improvement Fund (PCIF)

- 7.1.1 The PCIF financial plans for 2024/25 were approved in report 66/24. A summary of the projected spend programme costs compared to the approved planned spend is detailed in Table 1 below.
- 7.1.2 It should be noted that during the year, the Scottish Government allocation was increased to support the 2024/25 pay uplift costs, along with a corresponding increase in all projected spend. Additionally, the 'wider use of funds' category in Table 1 has been utilised to support one-off costs (e.g., digital initiatives, fixed-term contracts), with all expenditures being approved by the Angus GMS Contract Implementation Advisory Group (CIAG) and the GP Sub Committee.

7.2 Premises

- 7.2.1 The above notes work that is already underway (e.g. at Links Health Centre) and work that has been outlined in the existing Premises Strategy (e.g. re GP owned premises).

7.2.2 The above also describes proposals to utilise existing reserves, to work towards creating earmarks to support the progression of the Kirriemuir and Academy proposals. Any finalised plan to deploy reserves in this way would be subject to further IJB approval.

Table 1 Financial Position	Approved Planned Spend 2024/25	Projected Spend 2024/25
	£'000	£'000
SG Allocation	3,948	4,175
Utilisation of b/f Reserves	65	65
Forecast Expenditure:		
VTP	350	381
Pharmacotherapy	501	680
Community Treatment and Care Services	1,296	1,422
Urgent Care	631	590
FCP/MSK	511	545
Mental Health	127	134
Link Workers	277	277
Other	109	137
Wider Use of Funds (premises, training, digital, redesign and change management)	254	74
Projected Total Annual Spend	4,056	4,240
In Year (Over)/Underspend	(43)	0

8. RISK MANAGEMENT

Risk Description	GP Sustainability in Angus As a result of inability to reliably recruit, train and retain GP workforce (due to national workforce shortage) Difficulties in recruiting and training sufficient numbers of MDT Lack of appropriate premises to deliver general practice services effectively Inadequate and unreliable digital systems to support clinical care
Risk Category	Quality (of care) clinical
Inherent Risk Level	Consequence (5) x Likely (5) = 25 (Extreme)
Mitigating Actions	Local Primary Care Improvement Plan Governance structure to monitor and support primary care sustainability Workstream Strategic Alignment Premises Management Digital Infrastructure & transformation Financial Management and sustainability Quality Improvement programs Community and patient engagement Collaboration with secondary care Emergency preparedness and response Research and innovation
Residual Risk Level	Consequence (4) x Likelihood (5) = 20

Planned Risk Level	Consequence (4) x Likelihood (3) = 12
Approval recommendation	The risk should be accepted

9. PUBLIC HEALTH IMPLICATIONS

- 9.1 A sustainable primary care system plays a vital role in public health, ensuring equitable access to healthcare and driving better health outcomes. By promoting preventative care and early intervention, it helps to reduce health inequalities and improve overall population health. In turn, this approach alleviates pressure on wider healthcare services, supports long-term health system sustainability, and strengthens efforts to achieve health equity across Angus.

10. CLIMATE SUSTAINABILITY IMPLICATIONS

- 10.1 As the healthcare sector strives to reduce its environmental impact, a sustainable primary care model plays a vital role in both mitigating climate change and addressing its associated health consequences. This includes efforts to reduce the carbon footprint, improve waste management, develop climate-resilient systems, and minimise the environmental impact of pharmaceuticals. Additionally, sustainable primary care supports adaptation to extreme weather events, helps to address health inequalities exacerbated by climate change, and fosters the development of healthier, climate-friendly communities.

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

- 11.1 A combined Equality Impact Assessment, Children's Rights and Fairer Scotland Duty has been carried out and is attached (Appendix 1).

12. COMMUNICATION AND ENGAGEMENT (IF APPLICABLE)

- 12.1 Not applicable

13. DIRECTIONS

- 13.1 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 Angus 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, Head of Community Health and Care Services

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

Provide a brief description of the policy, practice or project being assessed. (Include rationale, aims, objectives, actions, and processes)	<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 have been held with various stakeholders, including healthcare staff and third-sector organisations. An Equality</p>
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	<p>Impact 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 Oversight Group, reflecting a continued 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 optimise 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 specialised positions, including pharmacists, advanced practitioners and AHP professions 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)	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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>

	<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	Efforts persist to ensure that all relevant information is thoroughly utilized to inform the development of the Programme.

this judgement and what was this based on?)	
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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, 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 of 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		<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>
Sex		X		The Primary Care Improvement Plan endeavours to foster the development of Multidisciplinary Teams and service redesign initiatives aimed at enhancing accessibility

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.
				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.
Disability		X		<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 entire 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>
Race	X		X	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

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.
				<p>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		X		<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	X			<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> <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</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.
				those with low levels of literacy or people who do not speak English.
Gender Reassignment	x	x		<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	X			<p>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.</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.
Any other relevant groups i.e. unpaid carers (please specify)				<p>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.</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>

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				
Gender Reassignment				

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.
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.

Option 1 - No major change required (where no impact or potential for improvement is found, and no actions have been identified)	
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)	
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)	X
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)	

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.	Date for Completion	Who is responsible (initials)
Action 1 – Continue communication and engagement activities with all stakeholders ensuring inclusion of seldom heard groups	On going	

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

Is your policy, practice, or project strategically important? Yes or No? (FSD assessments are only required for strategic, high-level decisions)	YES - Proceed to section 12. Full Fairer Scotland Duty Assessment (FSDA) below	NO – Provide reasoning below and proceed to sections 13 onwards to conclude.
	X	

12. FULL FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

Evidence	
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>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</p>

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 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

	<p>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.</p> <p>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.</p> <p>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.</p>
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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

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.

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

15. SIGN OFF and CONTACT INFORMATION

Head of Service Responsible		Lead Officer Responsible	
Name:		Name:	
Designation:		Designation	

Signature of Lead Officer:

Date:

Signature of Head of Service:

Date:

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

A review of the EQIA should be undertaken 6 months later to determine any changes.
(Please state planned review date and Lead Reviewer Name)

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. -		