COMBINED IMPACT ASSESSMENT

EQUALITY IMPACT ASSESSMENT (EQIA)
FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)
CONSUMER DUTY ASSESSMENT (CDA)
CHILD RIGHTS & WELLBEING IMPACT ASSESSMENT (CRWIA)

ANGUS
Health & Social Care
Partnership

1. INTRODUCTION

Title of policy, practice or project being assessed	Tayside Primary Care Foundational Strategy 2026-28

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

2. GOVERNANCE

Lead Officer Responsible for assessment (Name, designation)	Stephanie Stewart, Primary Care Team Manager
Date Assessment Started	09 February 2026

3. BACKGROUND INFORMATION

Provide a brief description of the policy, practice or project being assessed. (Include rationale, aims, objectives, actions, and processes)	Primary Care is the foundation of Scotland's health and social care system, delivering around 90% of NHS contacts, making it the part of the system where most need is met and where the greatest opportunities for prevention, continuity and system sustainability lie. It is where trust and relationships are built, early intervention occurs, and people seek support at their most vulnerable. However, Primary Care faces significant pressures from rising demand, increasing clinical complexity, workforce constraints, widening inequalities, and evolving national expectations. Despite these challenges, it remains uniquely placed to respond in ways shaped by continuity, trust and long-term relationships; offering continuity of care, enabling early intervention,

	preventing deterioration, and supporting people to stay well in their own communities. To support the changing landscape within Primary Care and as part of the NHS Tayside corporate objective for Primary Care, there is a requirement to coproduce a comprehensive and sustainable Tayside Primary Care Strategy by March 2026 that achieves: • Improved outcomes for patients; • Stronger alignment and integration across services; • A culture of shared responsibility and accountability; • Lasting improvements in access, quality, and performance. However at this time, there are a number of national strategies and directions that are in development that will impact on a long-term Tayside Primary Care strategy, therefore a decision was made to develop a two year foundational Tayside Primary Care Foundational Strategy (TPCFS) that will act as a bridging approach until the Scottish Government National Primary Care Route Map and other emergent national directions are launched. The TPCFS vision is for Tayside to: "Have a sustainable, clinically led, person centred, digitally enabled, prevention-focussed primary care system that remains at the heart of healthcare and reduces inequalities, where integrated care is delivered by multidisciplinary teams working in every community". To achieve this vision, the strategy is underpinned by a set of guiding principles that shape decision-making, service design and operational practice across Tayside: • Person-centred – ensuring services are built around what matters most to people and they contribute to the design of these services which will support informed choices, dignity, independence and personalised care. • Prevention – care is preventative, delivered by professionals working together, enables individuals and communities to maintain their own

	health and wellbeing, and shifts the focus toward early identification of risk, proactive management and anticipatory care. • Partnership – strengthening integrated, whole-system working across Primary Care, Acute Services, HSCPs, third sector partners and communities to deliver seamless, coordinated and holistic care. • Quality and Safety – delivering consistently safe, high-quality care that meets recognised standards and supports equitable outcomes across Tayside. • Evidence-based and Sustainable Care – designing and delivering care that is grounded in evidence and best practice, continually improving, efficient, and sustainable, while responsibly stewarding public resources and meeting future demand. • Equity – ensuring fair and equitable access to services, recognising that different communities require different levels of support, and delivering proportionate, needs-led provision to reduce inequalities. • Values based – fostering a culture of compassion, respect, honesty and person-centred practice, rooted in the values that underpin Scotland's health and social care system, ensuring the delivery of outcomes that are high quality and achieve the priorities that individuals identify as important. • Visionary and Learning-Led – learning from experience and evidence, continuously improving and innovating, and proactively shaping future models of care. This includes exploring new approaches, pushing boundaries where it adds value, and leading the development of integrated care pathways that respond to emerging need and future demand. Together, this vision and these principles form the foundation of a modern Primary Care system, one that develops and sustains its workforce, improves outcomes, supports resilience across the wider health and social care system and enables people to live well in the place they call home. A short-life working group has been established with key stakeholders from across NHS Tayside, the three

	Health and Social Care Partnerships (HSCP) and representatives of all four independent contractor groups (Medical, Dental, Ophthalmic and Pharmaceutical) to ensure the development of the TPCFS is informed by strategic, operational and clinical expertise. As part of the wider engagement to ensure the TPCFS is fit for purpose as a two-year bridge to lay the foundations for a longer-term strategy to be developed in line with the incoming national Primary Care Route map and other emergent national directions, the group engaged with NHS Tayside's public partners and other professional stakeholder groups for their review/endorsement of the foundational strategy, ensuring it reflects operational realities and local priorities. This combined impact assessment was undertaken to record information relating to the TPCFS 2026-28 for different protected characteristic groups and will be used to inform ongoing strategy development and the development of the longer term Tayside Primary Care Strategy to ensure compliance with Angus HSCP's legal obligation in respect of their Public Sector Duty.
What are the intended outcomes and who does this impact? (E.g. service users, unpaid carers or family, public, staff, partner agencies)	The TPCFS sets out the vision and direction of travel for Primary Care across Tayside; stabilising services in the short term, strengthening the conditions for effective multidisciplinary working and preparing the system for the transformational change that will follow. The strategy also sets out the strategic commitments and priorities that will guide all subsequent planning and delivery. These commitments will enable the conditions within which the underpinning delivery plans will operate, ensuring focus, realism and sustainability. Strategic commitments: • Stabilising general practice – focus will be on consolidation and sustainability, with strong system governance to prevent incremental workload growth and to ensure that any new expectations are balanced by clear decisions on capacity, prioritisation and support. This is critical

	to restoring stability and enabling safe, high-quality, relationship-based care. • Workforce principles – will be adopted based on; stabilisation before expansion of roles or services, sequencing workforce changes based on capacity, safety and readiness, ensuring supervision time, capability and safety requirements are in place before introducing new roles, acknowledging and planning for the supervision burden associated with advanced and independent practice. • Governance and accountability – delivery responsibilities will be clearly defined across NHS Tayside, HSCP/Integration Joint Boards (IJB), contractor groups and professional advisory structures. • Financial framework – co-design with contractor groups when considering new service models or shifts in activity, ensuring any new expectations are recurrently funded, protecting core primary care capacity and providing transparency around investment decisions, protecting the stability of core General Medical Services provision as a strategic priority. Strategic priorities: • Prevention and proactive care, • Integrated multidisciplinary teams in every community, • General Practice, • Community Pharmacy, • Community Optometry, • Community Dentistry, • NHS/GP premises and community infrastructure, • Data and digital, • Workforce, leadership and culture, • Finance and sustainability. The strategy aims to benefit all those who are accessing any of the Primary Care Services encompassed by the strategy; General Practice, Community Pharmacy, Community Optometry, Community Dentistry, including all staff working within these services and the wider Tayside health and social care system.

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 (x) 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 (x) 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 section 11.
	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. For strategic decisions which may impact 'consumers' e.g. service users and patients, there are example scrutiny questions to consider during the evidence process to ensure the Consumer Duty is met. These can be located on the AHSCP Equalities SharePoint page.	
Quantitative evidence (numerical/statistical)	The population of Tayside is approximately 420, 000 (2024), with 51.3% female and 48.7% male. 22.9% of the population are aged 65 and over, higher than the Scottish average of 20.5%, indicating an ageing population which requires more tailored services, focussed on prevention, early identification of risk, proactive management and anticipatory care, to support complex health needs that develop as people age. Considering the future state, the number of individuals aged over 75 in Tayside is projected to increase by 24% between 2018 and 2028. The current life expectancy in Tayside for males is 77 years and 81 years for females, this is similar to the Scottish average of 76.5 and 80.7 years respectively, however this varies across localities with males and females who live in Dundee City having the lowest life expectancy. Males born in the most deprived areas of Dundee are likely to live 12.8 years fewer than those in the least deprived areas. This gap is less in Angus and Perth and Kinross, 8.2 and 9.2 years respectively. Healthy life expectancy (HLE) also shows similar trends, with the HLE for males (61.8 years) and females (60.7) in Tayside similar to Scotland. This again varies by locality, with those living in Dundee City having the lowest HLE across the three localities, males 55.9 years and females 59.5 years (Tayside HLE for males is 61.8 years and 60.7 years for females). Premature mortality (< 75 years of age) in Tayside also provides an indicator in terms of health outcomes, with premature mortality in Tayside three times higher in the most deprived areas compared to the least deprived area. The top five main causes of death in the most deprived areas in Tayside is lung cancer, substance use (drugs), chronic obstructive pulmonary disease (COPD) related, coronary heart disease (CHD) and heart attack. Premature mortality rate in the 15 – 44 years age group has also been increasing in Tayside compared to the national average since 2014. A

	substantial proportion of these premature mortalities could be perceived as avoidable deaths as were due to suicide, alcohol and drug-related mortality. In terms of wider determinants of health for Tayside, this again varies across Tayside localities with 73 (28) % of Angus, 70 (36) % of Dundee City and 76 (18) % of Perth and Kinross working-age populations in employment. The numbers in brackets represent those who are in lower paid occupations in each of the localities. Homelessness continues to be a national challenge which is relatively unchanged over the last 10 years, both within Tayside and across Scotland. Approximately 2% of all households in Dundee City submit a homelessness application per year, compared to 1% in Angus and Perth and Kinross. Almost one in every three households in Dundee City is in fuel poverty, with one in every four households evident in Angus and Perth and Kinross. Children (under 16 years) in poverty in Tayside see a similar increasing trend over the last 10 years that has been seen across Scotland. Dundee City has the highest percentage (26%) of children living in poverty in Tayside, compared to 22% in Angus and 18% in Perth and Kinross. At any given time in Scotland, approximately one in four adults (over 16 years of age) will be experiencing a long-term condition (LTC), health problem or disability. By the age of 65 it is estimated that approximately two thirds of adults will have developed an LTC. The prevalence of LTC is increasing and the greatest increase is being experienced by people living in greatest deprivation. The evidence demonstrates that Tayside faces challenges linked to an ageing population, high levels of long-term conditions, mental health needs, and inequalities between localities. This has informed the assessment of potential impacts across protected characteristics. National Records of Scotland, Mid-year population estimates for Scotland: Time series data (2024) NHS Tayside Director of Public Health Annual Report 2024/25
Qualitative evidence (narrative/exploratory)	Under the Patient Rights Act (Scotland), independent contractors are responsible for monitoring, managing and responding to feedback about their services directly with individual practice arrangements to consider feedback received, action any improvements required and share themes and/or learning from these. This limits the availability of Tayside wide qualitative evidence in relation to the vast scope of Primary Care services.

	Anecdotal feedback indicates some negative experiences reported by patients in relation to accessing timely GP appointments, fluid navigation through the health and care system and securing NHS dental provision, with variances across localities and communities.
Other evidence (please detail)	The below publications and national directions/initiatives have been key drivers to the development of the TPCFS: • Health and Social Care Service Renewal Framework 2025 – 2035 – a strategic, long-term plan to transform Scotland's health and social care services, focussing on sustainability, efficiency, quality and accessibility. • Population Health Framework 2025 – 2035 – a 10 year strategy to improve health outcomes and reduce health inequalities through prevention, early intervention and cross-sector collaboration. • First Port of Call responsibility for Optometrists – statutory duty placed on all listed optometrists and ophthalmic medical practitioners under General Ophthalmic Services (GOS) regulations. • Implementation of Community Glaucoma Service – designed to facilitate the discharge of lower risk glaucoma patients from the hospital eye service to receive care from accredited clinicians in the community. • Accessible Pharmaceutical Care - Planning for pharmaceutical care services across Tayside aligning with the Scottish Government's Place Principle and the ambition for Local Living and 20-Minute Neighbourhoods, which promote equitable access to essential services within communities. • Oral Health Improvement Plan – aims to enhance oral health through preventative care, addressing inequalities and supporting an ageing population.
What gaps in evidence/research were identified?	Input from diverse individuals, particularly those from underrepresented demographics, is essential for informing the ongoing and future development of the strategy.
Is any further evidence required? Yes or No (please provide reasoning)	Engagement with a broad spectrum of internal and external stakeholders will continue during the ongoing and future development of the longer-term strategy. Publication of incoming national strategies and directions will also inform the longer-term future strategy.

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?)	Yes. The decision regarding the development of a foundational strategy in place of a longer term strategy was made by the Director of Adult Health and Social Care, Angus HSCP, who has responsibility for the delivery of Primary Care services across Tayside, in collaboration with the short life working group (SLWG) that was established to support the development of strategy. The SLWG included key stakeholders from across NHS Tayside, the three Health and Social Care Partnerships (HSCP) and representatives of all four independent contractor groups (Medical, Dental, Ophthalmic and Pharmaceutical). The Director of Adult Health and Social Care and other members of the SLWG also engaged via strategic leadership meetings across Tayside to ensure the decision was supported strategically as the preferred way forward while awaiting the incoming national Primary Care Route map and other emergent national directions. The decision was informed by the SLWG memberships' extensive experience in managing primary care services and comprehensive understanding of the local population's healthcare needs. The process prioritised the development of a two-year bridge to stabilise the current landscape and lay the foundations for a longer-term strategy.

7. ENGAGEMENT

Engagement: Please provide details on any engagement that has been conducted during the policy/practice or project. For strategic decisions which may impact 'consumers' e.g. service users and patients, there are example scrutiny questions to consider during the engagement process to ensure the Consumer Duty is met. These can be located on the AHSCP Equalities SharePoint page.	
Has engagement taken place? Yes or No	Yes
If No, why not?	N/A
If Yes, please answer the following questions:	
Who was the engagement with?	Public partners
Have other relevant groups i.e. unpaid carers been included in the engagement? If No, why not?	No, due to the short-term, foundational nature of the strategy. Wider engagement will be undertaken when development of the longer-term strategy commences.

How was it carried out? (Survey, focus group, public event, Interviews, other (please specify) etc.)	Focus group undertaken on 02 March 2026.
What were the results from the engagement?	Feedback was received to understand what worked well with the strategy and identified any gaps or areas for enhancement within the strategy.
How did the engagement consider the protected characteristics of its intended cohort?	Due to the short-term, foundational nature of the strategy and the potential positive impact it will have on all groups, specific engagement was not undertaken to consider each protected characteristic in isolation. A longer-term primary care strategy will be developed to succeed the foundational strategy. During its development, further engagement will be undertaken to ensure full consideration of all protected characteristic groups.
Has the policy, practice or project been reviewed/changed as a result of the engagement? If YES, please explain.	Yes. All comments were considered, and amendments were made where appropriate. Comments not resulting in changes were deemed more applicable to implementation and delivery planning and will be incorporated into those plans during their development.
Is further engagement required? Yes or No (please provide reasoning)	No, due to the short-term, foundational nature of the strategy.

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, 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		The Tayside Primary Care Foundational Strategy (TPCFS) 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 while also aiming to reduce inequalities. The high-level priorities of the strategy are focussed on prevention and proactive care, reducing inequalities and unequal health outcomes, delivering care closer to home and dynamic models of care. These priorities have the potential to ensure services are delivered around the needs of the person and care is delivered as close to home as possible. This will result in: • Improved access for older adults, who may require care closer to home and who often face mobility issues. • Streamlined service delivery for all ages, ensuring the right care is delivered at the right time, in the right place and by the right people. • Clearer communication and service pathways for all ages, to support easier navigation of Primary Care services and ensure multidisciplinary teams work together effectively.
Sex		X		The population of Tayside is approximately 420, 000 (2024), with 51.3% female and 48.7% male. The Tayside Primary Care Foundational Strategy (TPCFS) should have a positive impact on all people across Tayside, regardless of sex as 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 while also aiming to reduce inequalities.

<table>
<tr><th colspan="5">Service Users, Public or Unpaid Carers with Protected Characteristics</th></tr>
<tr><th>Protected Characteristic</th><th>Potential Neutral Impact (X)</th><th>Potential Positive Impact (X)</th><th>Potential Negative Impact (X)</th><th>Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.</th></tr>
<tr><td></td><td></td><td></td><td></td><td>This strategy, the priorities and commitments contained within and detailed above, intends to ensure improved and collaborative services to both men and women, evidencing equality in opportunity and access.</td></tr>
<tr><td>Disability</td><td></td><td>X</td><td></td><td>The Scottish Census 2022 shows that 24% of residents in Tayside reported as being limited by a long-term health problem or disability in their day to day life activities either a little or a lot.

The TPCFS strategy, the priorities and commitments contained within and detailed above, intends to ensure improved and collaborative services to all Tayside residents regardless of disability, evidencing equality in opportunity and access.</td></tr>
<tr><td>Race</td><td></td><td>X</td><td></td><td>The Scottish Census 2022 shows that the Tayside population identifies themselves as below in terms of race:
<table>
<tr><td>White – Scottish</td><td>79.2%</td></tr>
<tr><td>White – Other British</td><td>9.5%</td></tr>
<tr><td>White – Other</td><td>3.0%</td></tr>
<tr><td>Asian, Asian Scottish, Asian British</td><td>3.0%</td></tr>
<tr><td>White – Polish</td><td>1.9%</td></tr>
<tr><td>Mixed or multiple ethnic group</td><td>1.0%</td></tr>
<tr><td>White – Irish</td><td>0.8%</td></tr>
<tr><td>Other Ethnic groups</td><td>0.8%</td></tr>
<tr><td>African</td><td>0.6%</td></tr>
<tr><td>White – Gypsy Traveller</td><td>0.1%</td></tr>
<tr><td>Caribbean or Black</td><td>0.1%</td></tr>
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<table>
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<tr><td></td><td></td><td></td><td></td><td>The TPCFS strategy, the priorities and commitments contained within and detailed above, intends to ensure improved and collaborative services to all Tayside residents regardless of race, evidencing equality in opportunity and access.</td></tr>
<tr><td>Sexual Orientation</td><td></td><td>X</td><td></td><td>The Scottish Census 2022 shows that the Tayside population aged over 16 years identifies their sexual orientation as below:
<table><tr><td>Heterosexual/Straight</td><td>87.7%</td></tr><tr><td>Bisexual</td><td>1.8%</td></tr><tr><td>Gay or Lesbian</td><td>1.6%</td></tr><tr><td>Other sexual orientation</td><td>0.6%</td></tr><tr><td>Not disclosed</td><td>8.3%</td></tr></table>
The TPCFS strategy, the priorities and commitments contained within and detailed above, intends to ensure improved and collaborative services to all Tayside residents regardless of sexual orientation, evidencing equality in opportunity and access.</td></tr>
<tr><td>Religion or Belief</td><td></td><td>X</td><td></td><td>The Scottish Census 2022 shows that the Tayside population identifies themselves as the following faiths:
<table><tr><td>No Religion</td><td>54.5%</td></tr><tr><td>Church of Scotland</td><td>21.4%</td></tr><tr><td>Roman Catholic</td><td>9.4%</td></tr><tr><td>Other Christian</td><td>5.4%</td></tr><tr><td>Muslim</td><td>1.9%</td></tr><tr><td>Other Religions</td><td>1.3%</td></tr><tr><td>Not disclosed</td><td>6.1%</td></tr></table></td></tr>
</table>

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.**
				The TPCFS strategy, the priorities and commitments contained within and detailed above, intends to ensure improved and collaborative services to all Tayside residents regardless of their religion or belief, evidencing equality in opportunity and access.
Gender Reassignment		X		Of the protected characteristics, transgender people are one of the most marginalised in society. Scottish Government has committed to improving access to, and delivery of, gender identity services in Scotland, set out in the NHS gender identity services: strategic action framework 2022-2024. From this, Healthcare Improvement Scotland was commissioned to develop national standards for adult and young people's gender identity healthcare. These standards are in line with many of the priorities and commitments contained within the TPCFS; person-centred care and shared decision making, reducing inequalities, collaborative leadership and governance, staff training, education and support, assessment and care planning, intended to ensure improved and collaborative services to all Tayside residents regardless of their gender identity, evidencing equality in opportunity and access.
Pregnancy and Maternity		X		The TPCFS strategy, the priorities and commitments contained within and detailed above, intends to ensure improved and collaborative services to all Tayside residents regardless of pregnancy status, evidencing equality in opportunity and access.
Marriage and Civil Partnership	X			The TPCFS should not directly impact on marriage and civil partnership alone. The priorities and commitments contained within and detailed above, intends to ensure improved, collaborative services that are inclusive to all Tayside residents regardless of marital status, evidencing equality in opportunity and access.
Additional Groups/Areas for Consideration				

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. care experienced, unpaid carers, current & former Armed Forces personnel (please specify)	X			All groups are covered in the detail above.
Human Rights (Issues and impacts affecting people's human rights such as being treated with dignity and respect, the right to education, the right to respect for private and family life, and the right to free elections).		X		All services encompassed by the foundational strategy are built on the premise that ensures their human rights and people are treated with dignity and respect.

<table>
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<tr><th>Protected Characteristic</th><th>Potential Neutral Impact (X)</th><th>Potential Positive Impact (X)</th><th>Potential Negative Impact (X)</th><th>Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.</th></tr>
<tr><td>Age</td><td></td><td>X</td><td></td><td>The NHS Tayside Workforce Monitoring Report 2025 shows workforce composition by age as:
<table>
<tr><th>Age (years)</th><th>Headcount (2024)</th><th>Percentage (%)</th></tr>
<tr><td>16 – 19</td><td>36</td><td>0.25</td></tr>
<tr><td>20 – 24</td><td>622</td><td>4.32</td></tr>
<tr><td>25 – 29</td><td>1394</td><td>9.69</td></tr>
<tr><td>30 – 34</td><td>1578</td><td>10.97</td></tr>
<tr><td>35 – 39</td><td>1736</td><td>12.07</td></tr>
<tr><td>40 – 44</td><td>1803</td><td>12.53</td></tr>
<tr><td>45 – 49</td><td>1587</td><td>11.03</td></tr>
<tr><td>50 – 54</td><td>1872</td><td>13.01</td></tr>
<tr><td>55 – 59</td><td>1985</td><td>13.80</td></tr>
<tr><td>60 +</td><td>1771</td><td>12.31</td></tr>
<tr><td>TOTAL</td><td>14384</td><td>100</td></tr>
</table>
The Tayside Primary Care Foundational Strategy (TPCFS) should have a positive impact on all age groups across Tayside as one of the strategic commitments of the strategy is to adopt a clear workforce approach based on:
• Stabilisation before expansion of roles or services.
• Sequencing workforce changes based on capacity, safety and readiness.</td></tr>
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<tr><td></td><td></td><td></td><td></td><td>• Ensuring supervision time, capability and safety requirements are in place before introducing new roles.
• Acknowledging and planning for the supervision burden associated with advanced and independent practice.

These principles will ensure any changes are deliverable, safe and sustainable for all, regardless of age.</td></tr>
<tr><td>Sex</td><td></td><td>X</td><td></td><td>The NHS Tayside Workforce Monitoring Report 2025 shows workforce composition by sex as:
<table>
<tr><th>Sex</th><th>Headcount (2024)</th><th>Percentage (%)</th></tr>
<tr><td>Female</td><td>11483</td><td>79.83</td></tr>
<tr><td>Male</td><td>2901</td><td>20.17</td></tr>
<tr><td>TOTAL</td><td>14384</td><td>100</td></tr>
</table>
The TPCFS strategy, the priorities and commitments contained within and specifically detailed above regarding workforce, intends to ensure the workforce is supported during this foundational period and onward, to stabilise the workforce and provide them with the time for training, personal development and ensuring confidence and competencies are developed and maintained regardless of sex.</td></tr>
<tr><td>Disability</td><td></td><td>X</td><td></td><td>The NHS Tayside Workforce Monitoring Report 2025 shows workforce composition by disability as:
<table>
<tr><th>Disability</th><th>Headcount (2024)</th><th>Percentage (%)</th></tr>
<tr><td>Yes</td><td>278</td><td>1.93</td></tr>
</table></td></tr>
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<tr><td></td><td></td><td></td><td></td><td>
<table>
<tr><td>No</td><td>10175</td><td>70.74</td></tr>
<tr><td>Don’t know</td><td>3112</td><td>21.64</td></tr>
<tr><td>Prefer not to say</td><td>819</td><td>5.69</td></tr>
<tr><td>TOTAL</td><td>14384</td><td>100</td></tr>
</table>

There are a relatively low number of people within NHS Tayside who identify themselves as having a disability. However, it remains important to consider the needs of all and ensure any changes to service models or tasks are monitored to ensure they do not inadvertently disadvantage this group. To support inclusion and minimise any potential disruption, clear communication, flexible working arrangements, and reasonable adjustments will continue to be made available and work in tandem with the commitments made within the TPCFS.</td></tr>
<tr><td>Race</td><td>X</td><td></td><td></td><td>It is unlikely the foundational strategy will have any impact on staff or volunteers holding this protected characteristic.</td></tr>
<tr><td>Sexual Orientation</td><td>X</td><td></td><td></td><td>It is unlikely the foundational strategy will have any impact on staff or volunteers holding this protected characteristic.</td></tr>
<tr><td>Religion or Belief</td><td>X</td><td></td><td></td><td>It is unlikely the foundational strategy will have any impact on staff or volunteers holding this protected characteristic.</td></tr>
<tr><td>Gender Reassignment</td><td>X</td><td></td><td></td><td>It is unlikely the foundational strategy will have any impact on staff or volunteers holding this protected characteristic.</td></tr>
<tr><td>Pregnancy and Maternity</td><td></td><td>X</td><td></td><td>Given the majority of staff within NHS Tayside are female, it remains important to consider the needs of those who are pregnant or on maternity leave. Any changes to service models or tasks will be monitored to ensure they do not inadvertently</td></tr>
</table>

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.**
				disadvantage this group. To support inclusion and minimise any potential disruption, clear communication, flexible working arrangements, and reasonable adjustments will continue to be made available and work in tandem with the commitments made within the TPCFS.
Marriage and Civil Partnership	X			It is unlikely the foundational strategy will have any impact on staff or volunteers holding this protected characteristic.
Additional Groups/Areas for Consideration				
Any other relevant groups i.e. care experienced, unpaid carers, current & former Armed Forces personnel (please specify)	X			All groups are covered in the detail above.
Human Rights (Issues and impacts affecting people's human rights such as being treated with dignity and respect, the		X		All services encompassed by the foundational strategy are built on the premise that ensures their human rights and people are treated with dignity and respect.

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.**
right to education, the right to respect for private and family life, and the right to free elections).				

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)	This EQIA has established that any impact the TPCFS 2026-29 may have on protected characteristic groups is either positive or neutral. Communication and engagement activities with key stakeholders will continue during the final refinement and approval of the foundational strategy to the longer-term strategy that will follow to ensure the inclusion of all stakeholders, including the voice of seldom heard groups.
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)	

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 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)
N/A		

10. EVIDENCE OF DUE REGARD - EQUALITY ACT

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.	
	Please mark with an (X) in the relevant boxes.
Eliminate unlawful discrimination, victimisation and harassment.	X
Advance equality of opportunity	X
Foster good relations between any of the Protected Characteristic groups	

11. FAIRER SCOTLAND DUTY ASSESSMENT (FSDA) – STRATEGIC DECISIONS ONLY

The Fairer Scotland Duty (FSD) places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions. FSD assessments are only required for strategic, high-level decisions where there is likely to be socio-economic impact.

There are clear links between socio-economic disadvantage and Equality considerations and the protected characteristics so you may find it beneficial to complete the FSD assessment regardless of whether your policy, practice or project is strategically important or not. 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. Socio-economic disadvantage 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

12. FSDA - SCREENING DECISION

12 a) Is your policy, practice or project strategically important? Yes or No?	**YES** - Proceed to question 12 b)	**NO** – FSDA not required, please provide reasoning below and proceed to sections 14 onwards to conclude.
	Yes	
12 b) Is it likely that your strategic policy, practice or project will have socio-economic impact? Yes or No?	**YES** - Proceed to section 13. Full Fairer Scotland Duty Assessment (FSDA) below	**NO** – FSDA not required, please provide reasoning below and proceed to sections 14 onwards to conclude.
	Yes	

13. 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?	Deprivation varies across Tayside. 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. Almost one in every three households in Dundee City are in fuel poverty with around one in every four households in Angus and Perth & Kinross. 22% of Angus, 26% of Dundee City and 18% of Perth & Kinross children live in poverty. Males born in the most deprived areas in Dundee City are anticipated to live on average 12.8 years fewer than males in the least

	deprived areas. The equivalent gap in Angus and Perth & Kinross is 8.2 and 9.2 years respectively. While the inequality gap in females is less prominent, it has widened slightly. The current difference in life expectancy for females is 10.4 years, 6.0 years and 6.5 years in Dundee City, Angus and Perth & Kinross respectively. Fewer than one third of the Tayside population are of a healthy weight, with this proportion being lower in males and in people living in more deprived areas. 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. Comparing the premature mortality rate in Tayside over the last nine years, the gap between people dying prematurely in the most and least deprived quintiles has been widening in general. Lung cancer and heart attack were the most common cause of death for people living in the least deprived areas, lung cancer followed by substance use (drugs) were the most common drivers of premature mortality for people living in the most deprived areas. When deaths from suicide across Scotland are considered by SIMD quintile, rates in the most deprived areas are three times higher than for people living in the least deprived areas. Mental health and wellbeing 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. Hospitalisations for psychiatric illness have decreased but are higher in Tayside, and Dundee in particular, than Scotland. Psychiatric patient hospitalisations show a clear inequality gradient with people living in the most deprived areas of Tayside three times more likely than people living in the least deprived areas to be admitted to hospital with a psychiatric illness. Children from socio-economically deprived backgrounds are two – three 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. Poverty is a significant driver for ill health and 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. This pattern is also seen in other screening programmes. The bowel screening uptake rate varies with deprivation, with 78% of people in the least deprived areas being screened compared to 53% in the most deprived areas of Tayside. This gap has continued to widen slightly when compared to the previous period. The TPCFS is underpinned by principles of person-centredness, partnership working and equity to achieve its vision of a sustainable, clinically led, person-centred, digitally enabled, prevention focused primary care system that remains at the heart of healthcare and reduces inequalities, where integrated care is delivered by multidisciplinary teams working in every community. Measuring success is also detailed within the strategy, this includes monitoring improvements in access and ensuring people receive timely support from the right professional in the right setting along with reducing inequalities, with a focus on variation in access, outcomes and experience across localities, socioeconomic groups and rural and urban communities. By weaving these throughout the strategy, the strategy has the potential to positively impact those who are in greatest need, face the largest inequalities and require support from integrated, multidisciplinary teams which the strategy aims to deliver. The learning from the implementation of this foundational strategy and wider engagement that will occur to develop the longer term strategy will continue to ensure that equality is considered, how this differs in different socio-economic groups and what is required to close the gap in inequalities. NHS Tayside Director of Public Health Annual Report 2024/25

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 income (those living in relative poverty.)		X		The high-level priorities of the strategy are focussed on prevention and proactive care, reducing inequalities and unequal health outcomes, delivering care closer to home and dynamic models of care.

				These priorities have the potential to ensure services are delivered around the needs of the person and care is delivered as close to home as possible. The priorities and commitments contained within the strategy, intends to ensure improved and collaborative services to all Tayside residents regardless of socio-economic status or level of deprivation, evidencing equality in opportunity and access.
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**		As above.
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. Living in a deprived area can exacerbate negative outcomes for individuals and households already affected by issues of low income.)		**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, Family and Justice		**X**		As above.

Other e.g. current & former Armed Forces personnel (please specify)	**N/A**	All groups are covered in the detail above.

14. CONSUMER DUTY ASSESSMENT (CDA) – STRATEGIC DECISIONS ONLY

The **Consumer Scotland Act 2020 Duty** came into force on 1 April 2024. The Act requires that a relevant public authority must, when making decisions of a strategic nature about how to exercise its functions, consider the impact of those decisions on consumers in Scotland, and the desirability of reducing harm to them. Angus Health and Social Care Partnership must comply with the obligations and duties set out in the 2020 Act:

Duty to have regard to consumer interests

(1) A relevant public authority must, when making decisions of a strategic nature about how to exercise its functions, have regard to:

(a) the impact of those decisions on consumers in Scotland, and

(b) the desirability of reducing harm to consumers in Scotland.

The definition of 'consumer' for the purposes of the 2020 Act is an individual or small business who buy, use or receive goods or services in Scotland, or could potentially do so, supplied by a public authority or other public body. For example, a service user or patient accessing services through the IJB would meet the definition as a consumer.

There are also the seven consumer principles which must be taken into consideration: Access, Choice, Safety, Information, Fairness, Representation and Redress.

15. CONSUMER DUTY– SCREENING DECISION

Is your policy, practice or project strategically important? Yes or No?	**YES (X)** - Proceed to question 16 below	**NO (X)** – Provide reasoning below and proceed to sections 17 onwards to conclude.
	X	

16. EVIDENCE OF DUE REGARD – CONSUMER DUTY

If this strategic decision impacts consumers e.g. service users and patients, you have a duty to give regard to consumer interests. Please confirm that throughout this combined impact assessment you considered and evidenced the following two requirements:	
	Please mark with an (X) in the relevant boxes.
The impact of the strategic decision on consumers and the desirability of reducing harm to consumers have been considered throughout the process.	X
An outcomes-based approach has been taken to achieve the best outcomes for consumers.	X

17. CHILD RIGHTS & WELLBEING IMPACT ASSESSMENT (CRWIA) - ASSESSING CHILDREN'S RIGHTS

We should encourage children and young people's participation in decision-making; champion their interests, and think about what we can do to place children and young people at the centre of our policies/proposals. You need to:

- identify, research, analyse and record the anticipated impact of any proposed policy, service or other measure on children's human rights and wellbeing.
- think about the means of involving children and young people in the development of your policy/measure.
- ensure decisions are necessary and proportionate when balanced against any impact on children's rights.

*Please Note: There is a new requirement in 2024 to carry out a children's rights assessment under the United Nations Convention on the Rights of the Child for young people aged up to 18. There are four articles in the United Nations Convention on the Rights of the Child (UNCRC) that are seen as special. They're known as the "General Principles". They help to interpret all the other articles and play a fundamental role in realising all the rights in the Convention for all children. Please answer the following questions below:

Which of the general principles apply to your proposal? Select all that apply: (please mark with an (x) as appropriate)

1. Non-discrimination (Article 2)	X	**2. Best interest of the child (Article 3)**	X
3. Right to life, survival and development (Article 6)	X	**4. Right to be heard (Article 12)**	
None			

What impact will your proposal have on children's rights, i.e. positive, negative or neutral?	Positive
How will the proposal give better effect to the UNCRC in Scotland?	The TPCFS aligns with and has the potential to enhance children's rights under the UNCRC by improving access to healthcare, protecting children from harm and ensuring equitable access to Primary Care services across Tayside.
How will the impact be monitored?	Impact will be monitored over the next two-years during this foundational period, looking at service outputs and performance through a combination of system-wide performance metrics, qualitative insights and evidence of progress against key priorities. Measurement will look at activity and also outcomes for patients and patient and population experience of care and equity. These measures and feedback will include the whole population, ensuring the impact on children's rights can be understood and monitored.
How will you communicate to children and young people the impact of the proposal on their rights?	Children and young people will be included within the communication plan that will be used during the implementation of the strategy.

	Communication will be adapted to ensure age-appropriate information is provided in different mediums.

18. PUBLICATION

Is the corresponding IJB/Committee paper exempt from publication?	**No**

19. SIGN OFF and CONTACT INFORMATION

Lead Officer Responsible	
Name:	Stephanie Stewart
Designation:	Primary Care Team Manager
Date:	17 March 2026

Lead Equalities Officer Responsible		**Service Leader Responsible**	
I confirm that the EQIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties.		I confirm that the EQIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties.	
Name:	Morgan Low	Name:	John Cooper (on behalf of Lisa Prudom)
Designation:	Service Leader Improvement and Development Service	Designation	Head of Community Health and Care Services
Date:	25 March 2026	Date:	17 April 2026

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

20. 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)	September 2026

21. 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) • Complete • Outstanding • New • Discontinued etc.
Action 1 -	
Action 2 -	
Action 3 etc. -	