



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
13TH DECEMBER 2023**

REPORT ON: DUNDEE GENERAL PRACTICE STRATEGY 2024 - 2029

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB68-2023

1.0 PURPOSE OF REPORT

This report provides an overview of the Dundee General Practice Strategy for 2024 to 2029.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Approves Dundee General Practice Strategy to enable general practice to progress with the activities set out under the 5-year Strategic Work Programme.
- 2.2 Agrees that half-yearly updates on progress are brought to the IJB following implementation of the Dundee General Practice Strategy.

3.0 FINANCIAL IMPLICATIONS

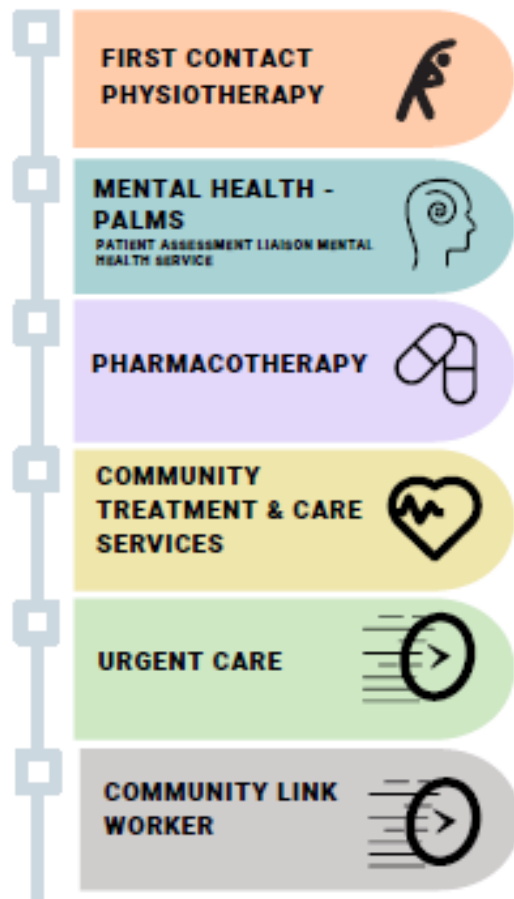
There are no financial implications arising directly from this report however financial implications will continue to be considered as the Dundee General Practice Strategy develops.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Dundee General Practices are keen to set out their direction for the forthcoming 5 years. An agreed General Practice Strategy will support the delivery of GP services (as outlined in the GP Contract 2018 and accompanying Memorandum of Understanding) and recognise and actively focus on ensuring the sustainability of general practice services across the city.
- 4.1.2 It is noted a Tayside Primary Care Strategy is being progressed in parallel with a one-page plan brought to IJB in October (DIJB58-2023) (Article IV of the minute of meeting of 25th October 2023) and the full Tayside document planned to be presented to IJB in February 2024. This Dundee General Practice Strategy is a supporting pillar of the wider NHS Tayside Primary Care Strategy
- 4.1.3 Dundee IJB has responsibility for the provision of general practice services across the city, working with NHS Tayside Board and Primary Care Contractors, to deliver the full range of primary care services. It is noted, as set out in the Integration Scheme, Angus IJB has responsibility for the strategic planning coordination in relation to Primary Care Services in Tayside (excluding the NHS Board administrative, contracting, and professional advisory functions).

- 4.1.4 The scope of the Dundee General Practice Strategy is general medical services and services covered by the GP 2018 Contract and Memorandum of Understanding and funded by the Primary Care Improvement Fund. Those services are General Practitioners and Practice Nurses and other Practice Colleagues supported by a multi-disciplinary team providing the following services:



Other primary care services, including Optometry and Dental, will fall under the NHS Tayside Primary Care Strategy as NHS Tayside has responsibility for those services.

- 4.1.5 Safe and effective general practice services are vital to the people of Dundee and are highly valued by the community for their role in preventing ill health, encouraging good health, and treating illness. The role of general medical services is integral to the functioning of the wider health and care system.
- 4.1.6 There is a national challenge to the sustainability of general practice. Factors include:
- Increasing practice list sizes as practices close and patients are allocated to other practices.
 - There are workforce recruitment and retention challenges across general practitioners, practice nurses and those with the skills needed to provide the services set out at 4.1.4.
 - In Dundee 37% of the population are living in 20% of the most deprived areas of Scotland; there are high levels of non-prescribed drug use and, relative to Scotland, an increased prevalence of common conditions such as diabetes and heart disease.

4.2 Current position

- 4.2.1 Across Dundee there are currently 22 practices serving a population of circa 175,000 citizens

which includes those living within Angus and Perth & Kinross but closer to Dundee.

4.2.2 Funding for Primary Care Services, including General Medical Services and the services falling under the Primary Care Improvement Plan (listed at 4.1.4), are delegated to Dundee IJB. Additional funding has been provided by the Scottish Government in recent years to support contractual obligations and investment in national policy and strategic direction. Significant progress has been seen during that period however the fiscal outlook is now very challenging for a variety of reasons including the impact of the Covid pandemic, international conflict and the 'cost of living' crisis. The Dundee 5 Year Financial Outlook Report 2023/24-2027/28' (DIJB36-2023) (Article XVII) was presented on 21 June 2023 and highlighted a potential funding gap of £36m during the next 5 years because of anticipated budgetary pressures to support the integrated health and social care needs of the Dundee population.

4.2.3 The Dundee General Practice Strategy has been developed with GP colleagues, cluster leads, other practice staff and service leads. It is set out in 3 parts, the Areas of Focus, the Guiding Principles, and the Activities over the next 5 years that will provide the structure to achieve the ambitions.

The Areas of Focus are set out below:



These 6 areas of focus are interlinking and we believe that in focusing on them we can support the changes envisaged using the Primary Care Improvement Funded services (See 4.1.4) as a vehicle:

- **Access** to appropriate health and care resources. It includes availability, approachability and affordability and appropriateness of services.
- **Sustainability** of general practice as it faces challenges of workforce, premises, funding and increasing demand.
- **Population Health** looks at not just why people are ill but what keeps people healthy, so moving towards value based care. This shift reflecting that 'only 20% of a person's health outcomes are directly attributable to their access to good quality health care' ([HEE/population-health](#)) and other factors such as good housing and nutrition and education are key.
- **Multi-Disciplinary Team Working** is already underway in practices. Sharing the clinical workload across teams mitigates the burden placed on individual clinicians. It also facilitates interaction between professionals involved in the patient's care.
- **Collaboration** covers how two or more teams, or practices or organisations can work together to deliver a service that supports patient needs.
- **Transformation** is already underway as part of delivering the 2018 GMS contract and remains a vital step in achieving a financially sustainable system. We do it by listening to our patients and our workforce, by looking at how others are transforming and by setting ourselves goals.

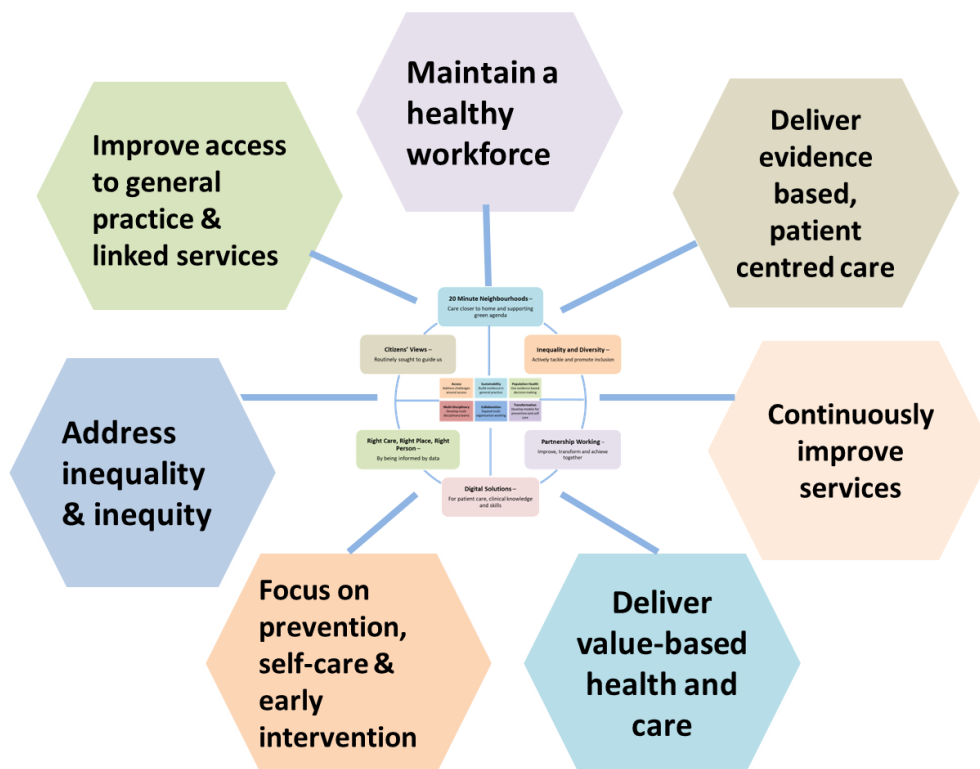
A key transformation goal for this Dundee General Practice Strategy is greater focus on supporting citizens with prevention and self care. The World Health Organisation says that quality, evidence based self care reduces morbidity and mortality and promotes positive health outcomes.

4.2.4 This Dundee General Practice strategy has been developed with the following guiding principles at its heart:



- 20 Minute Neighbourhoods which is looking to provide care closer to home and align with the green agenda in reducing the need to travel.
- Inequality and diversity to recognise and, where possible, tackle and promote inclusion.
- Partnership Working to improve, transform and achieve what is needed by looking at other organisations that can support health and psycho-social care.
- Digital Solutions to support patient care, provide clinical knowledge, and improve workflow, together with ensuring a focus on systems which are compatible with those already being used.
- Right Care, Right Place, Right Person which takes account of the patient's story and ensures service changes are informed by data and evidence.
- Citizens' Views which are part of our collaborative working and are important in guiding the development of services and as a mechanism for quality assurance.

4.2.5 General practice is at the heart of our communities and is uniquely placed to deliver the care and support needed by patients who experience health inequalities. GP colleagues were keen to include activities that can deliver the ambitions set out in this Dundee General Practice Strategy. The activities are shown in the diagram below. Each of those has specific actions set out in the Dundee General Practice Strategy. These actions forming the base for the 5 year work programme.



4.2.6 Approval of the Dundee General Practice Strategy will enable the implementation of a 5-year work programme where the high-level goals and objectives set out in the Dundee General Practice Strategy (Appendix DIJB68-2023) can become a reality. This plan will include measuring outcomes so that we know where we are now and can measure our progress to achieving our ambitions.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality & Diversity, Fairness & Poverty, Environment and Corporate Risk. An impact, positive or negative, on one or more of these issues was identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact Assessment showing the impacts and accompanying benefits and mitigating factors for them is included as an Appendix.

6.0 RISK ASSESSMENT

Risk 1 Description	Failure to approve a Dundee General Practice Strategy which improves the health and wellbeing outcomes of the population of Tayside.
Risk Category	Reputational, Strategic, Operational, Financial, Quality of Care
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (medium risk level)
Mitigating Actions	<ul style="list-style-type: none"> • Clear understanding of DHSCP role in supporting practices. • A Dundee General Practice Strategy built on the collective views of general practice and service providers and Dundee citizens.

	<ul style="list-style-type: none"> Aligning with the wider NHS Tayside Primary Care Strategy.
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (medium risk level).
Planned Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (low risk level).
Approval recommendation	Given our developed understanding of the situation and in line with the IJBs risk appetite, the risk is deemed to be low risk and manageable at this current time.

7.0 CONSULTATIONS

7.1.1 A stakeholder group comprising of general practice colleagues, including Cluster Leads, was consulted, and contributed to this Dundee General Practice Strategy. The document has been circulated to all Service Leads within scope with a request for their input. The citizens of Dundee have also had an opportunity to give their views on this Strategy by taking part in Group Discussions and/or completing a survey. The Chief Finance Officer and the Clerk were also consulted.

The survey results (61 respondents) found Access was the top priority Activity. This included providing patients with information about services, improvements to the appointment booking system and training reception teams to guide patients. The survey also found 20-minute neighbourhoods were highly valued, and the pressure on general practice was recognised.

8.0 DIRECTIONS

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

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3.	
	4. NHS Tayside	
	5. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None

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DATE: 29 November 2023

DUNDEE HSCP GENERAL PRACTICE STRATEGY 2024 to 2029

Date of document	29 November 2023
Version	1.0
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With contributions from Service Leads, Colleagues in General Practice and Dundee HSCP and Citizens of Dundee	

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Document Purpose

Introduction

This document sets the Strategy to deliver health and psycho-social services over the next 5 years (2024-2029), across the 22 general practices and linked services in Dundee. This Strategy aims to deliver safe, effective, and robust services, using up to date analytics to inform delivery and re-design of services for the circa 175,000 patients registered to a Dundee GP (includes those living in Angus and Perth & Kinross but near the boundaries of Dundee). This document includes the key activities to ensure this Strategy becomes a reality that improves the health and wellbeing of the citizens of Dundee and supports general practice services.

This Strategy is part of the wider NHS Tayside Primary Care Strategic Plan (not yet available) and dovetails with other strategies and initiatives, both national and local, for health and social care. It is recommended this document is read in conjunction with the Dundee Integration Joint Board's Strategic Commissioning Framework 2023-2033 and the Dundee General Practice Premises Strategy as both these documents are closely linked to, and have informed, this Strategy.

The Vision

This Strategy builds on the Scottish Government's vision for general practice and primary care to sit *"at the heart of the healthcare system. People who need care will be more informed and empowered, able to access the right professional at the right time and remain at or near home wherever possible"* ([Vision](#) May 2019).

It also aligns with NHS Tayside's vision to *'Deliver excellent, high quality, accessible primary care in a sustainable and integrated way, improving the health and well-being of the population of Tayside'*. See *Appendix for more details on NHS Tayside Primary Care Plan*.

In supporting those visions, Dundee General Practices' complementary vision is to *"provide high-quality, patient-centred, sustainable general practice services delivered by highly skilled and motivated staff that improves health outcomes and reduces health inequalities for the people of Dundee"*.

Our Mission

Dundee General Practices' mission is to deliver the requirements of the General Medical Services Contract and in parallel look at the evolving needs of our patients and their communities and, within the resources available, deliver services for Dundee citizens that prolong healthy lives.

Our Partners

The scope of this Strategy includes general practice and services detailed in the Memorandum of Understanding attached to the 2018 GMS Contract and which are being delivered under the Primary Care Improvement Plan. The infographic below shows those services which are included within this Strategy.

Scope of document:



Figure 1

Vaccinations are excluded from this Strategy as this is already a centralised service under Public Health Scotland.

Our Ambitions

This Strategy aligns closely with the ambitions of the National Clinical Strategy for Scotland (2016 to 2031):

- To ensure effective integrated working and co-production with health and well-being partners, individuals, families, and communities.
- To ensure decisions follow the evidence.
- To promote well-being and supporting self-management.
- To move from a strictly medical model to a model that recognises the assets within our community that can support and optimise well-being.
- To use technology, where appropriate, to the full.

Our Areas of Focus

The Dundee practices have agreed 6 areas of focus to help to create the structure to achieve our goals:



Figure 2

These 6 areas of focus are interlinking and we believe that in focusing on them we can support the changes envisaged using the Primary Care Improvement funded services (See Figure 1) as a vehicle:

- **Access** to appropriate health and care resources. It includes availability, approachability, affordability, and appropriateness of services.
- **Sustainability** of general practice is vital as it faces challenges of workforce, premises, funding and increasing demand. Across Scotland, despite an overall decline in the projected population in 20 years' time, the annual disease burden is forecast to increase 21% over a similar period. ([SPHS Scottish-burden-of-disease-study Nov 2022](#))
- **Population Health** looks at not just why people are ill but what keeps people healthy, so moving towards value based care. This shift reflecting that 'only 20% of a person's health outcomes are directly attributable to their access to good quality health care' ([HEE/population-health](#)) and other factors such as good housing and nutrition and education are key.
- **Multi-Disciplinary Team Working** is already underway in practices. Sharing the clinical workload across teams mitigates the burden placed on individual clinicians. It also facilitates interaction between professionals involved in the patient's care.
- **Collaboration** covers how two or more teams, or practices or organisations can work together to deliver a service.
- **Transformation** is already underway as part of delivering the 2018 GMS contract and remains a vital area of focus in achieving a financially sustainable system. We undertake transformation by listening to our patients and our workforce, by looking at how others are transforming and by setting ourselves goals. A key transformation goal for this Strategy is greater focus on supporting citizens with prevention and self care. The World Health Organisation says that quality, evidence based self care reduces morbidities and mortality and promotes positive health outcomes.

How We Ensure Quality

A key part of this Strategy is to ensure the quality-of-service provision remains central to general practice and this is supported by grouping the 22 Dundee practices into 4 GP Clusters across the city as shown below:

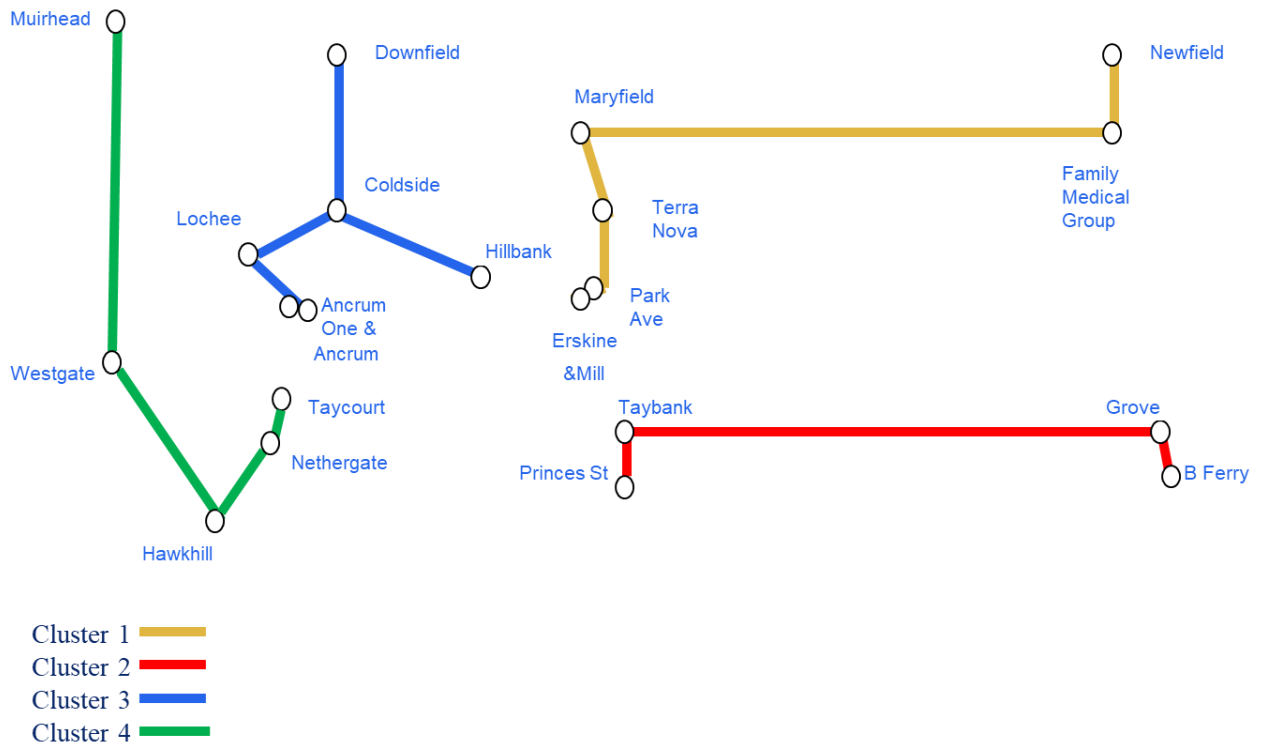


Figure 3

The purpose of the Cluster is to:

- Encourage GPs to take part in quality improvement activity with their peers.
- Contribute to the oversight and development of their local healthcare system.
- To benefit from working together e.g. at scale savings.

Each Cluster has a GP Cluster Quality Lead. They engage with the Practice Quality Leads in peer-led quality improvement activities.

Our Guiding Principles

In Dundee, general practice has identified six guiding principles on how we will work to deliver this Strategy. These principles help to support the direction of travel over the coming years. They are set out in the infographic below.



Figure 4

20 Minute Neighbourhoods mean looking to provide care closer to home and aligning with the green agenda by reducing the need to travel and thereby reducing travel costs for patients.

Inequality and diversity: recognise and where possible tackle and promote inclusion for all citizens.

Partnership Working to improve, transform and achieve what is needed by looking at other organisations that can support self-care, health care and psycho-social care.

Digital Solutions to support patient care, clinical knowledge, and support workflow with a focus on systems which are compatible with those already being used.

Right Care, Right Place, Right Person which takes account of the patient's story and service changes that are informed by data and evidence.

Citizens' Views form part of collaborative working and guide the development of services and are a mechanism for quality assurance.

Sphere of Influence:

This Strategy recognises general practice has a limited sphere of influence – as shown in the diagram below. A key mission for general practice is to expand the multi-organisation working within the practice which will help support elements of patient service provision and develop alternative pathways around prevention and self-care.

The concept of the sphere of influence is helpful in thinking strategically about influence and authority and where other services can provide more expertise. GPs as leaders of general practice services are the cornerstone. They support the patient’s health and wellbeing and are influential in shaping and supporting services alongside colleagues such as public health experts who understand the position from a broader stance. It is drawing on the combined expertise of all those involved in patient care, that new models of care are identified, encouraged, and enabled to emerge.

GPs and practice nurses have traditionally provided direct patient care within general practice, but as mentioned there are other services (see Figure 1) now operating out of general practice and within the community. They are working together to provide a wider range of services for patients, with a focus on improving health outcomes and mitigating health disparity and inequality.

The sphere of influence where staff or teams have the power to affect or change something is illustrated below:

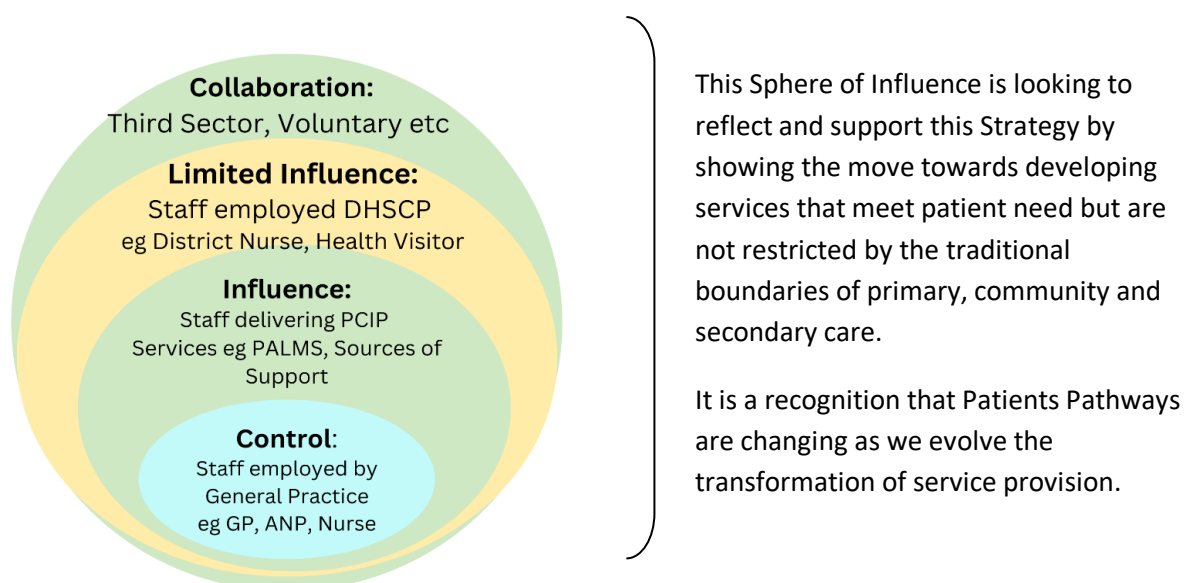


Figure 5

The influence of general practices is much wider as it includes the services shown in Figure 1. As these services develop, they are a key enabler for the Scottish Government’s vision of the role of the GP as an expert medical generalist that will focus on undifferentiated presentations, complex care and quality and leadership.

Dundee City as a Place

The ambition is to bring organisations across the city together around the population they serve, and this is known as Place Based Care. It provides a mechanism to share and combine resources and more

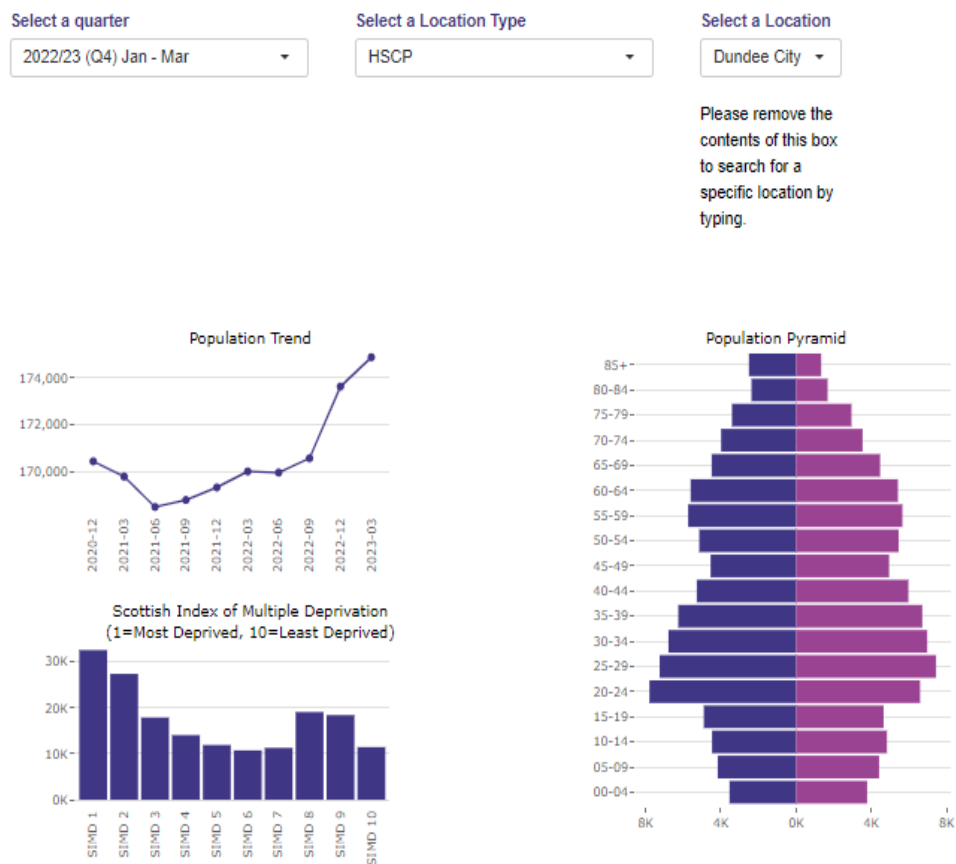
importantly to make more effective use of the resources available. As an example, having Third Sector organisations in general practice is providing dedicated, skilled support in drug use recovery.

Current Population Insights

The line chart below shows the population has increased year-on-year.

Alongside it, the bar chart on deprivation shows a significant number living within the most deprived areas of Scotland (SIMD 1 and 2). Furthermore, Dundee is the 5th most deprived Local Authority and 37% of the population live in 20% of the most deprived areas of Scotland. (*Dundee IJB Strategic Commissioning Framework 2022-2023*).

Population Breakdown



[PHS Demographics](#) (last updated 19 May 2023)

Figure 6

In terms of the age distribution of the population, the chart above shows the 20-44 age group was the largest in 2021, (c.25%) having a population of 43,497. In contrast, the 75 years and over age group was the smallest with a population of 12,212 (7%).

This chart, which is from 2021, shows more females than males live in Dundee City in 5 out of 6 age groups. The exception being the 0-15 years.

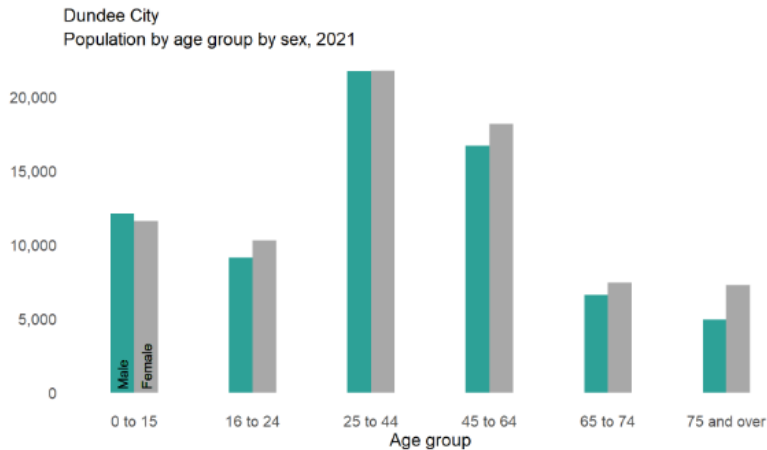


Figure 7

Future Population Insights

Over the next 10 years, the population of Dundee City is projected to decrease by 1.5% due to natural change (more deaths than births). However, total net migration (net migration within Scotland, from overseas and from the rest of the UK) is projected to result in a population increase of 1.3% over the same period so it is assumed Dundee’s population will remain largely static in number.

The changing population by age group is shown below (Source: [Dundee Profile](#))

Between 2018 and 2028, the 45 to 64 age group is projected to see the largest percentage decrease (-9.9%) and the 65 to 74 age group is projected to see the largest percentage increase (+12.4%). In terms of size, however, 25 to 44 is projected to remain the largest age group.

[View Source Table](#)

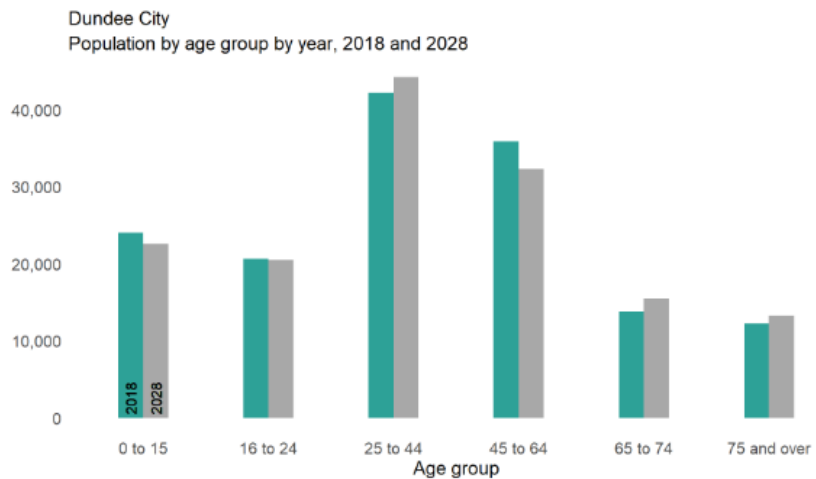


Figure 8

Health Determinants

There are several health determinants for Dundee which services should be cognisant of:

- Dundee has the 4th highest prevalence of drug use in Scotland.
- Dundee’s unemployment rate was 4.9% in 2021, higher than the Scottish average of 3.9%.
- Dundee has the 8th highest rate of homelessness applications in Scotland, much higher than the Scotland rate.

- There are fewer owner occupiers and more people living in rented accommodation than the rest of Scotland.

Addressing Inequalities

Primary Care Health Inequalities Short Life Working Group Report (Deep End practices) [SWWG On Inequalities](#) acknowledged that ‘most of the time people use their own personal and community assets to manage their health and well-being and achieve the outcomes that matter to them. Primary Care professionals enhance this by providing accessible healthcare and support to individuals and families in the community, when it is needed, at whatever stage, right person, right time’.

Addressing inequalities needs a whole system response – individual, communities and organisations – and the 2018 Fairer Scotland Duty places a legal responsibility on public bodies to actively consider how to reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. This Strategy includes consideration of the barriers and inequalities, with a focus on what can we do over the next 5 years. Our steer will be determined by several factors including the voices of the citizens of Dundee.

Local Inequalities

Due to inequalities, particularly deprivation:

- Many people in Dundee enter older age with pre-existing health conditions.
- Some people in Dundee have a need for higher levels of health and social care support at an earlier stage than people of the same age who live in more affluent parts of the city or in other areas in Scotland.
- Hospital admissions due to Long Term Conditions are higher for the most deprived areas of the city, especially for asthma, COPD (Chronic Obstructive Pulmonary Disease) and coronary heart disease.

Morbidity and Mortality

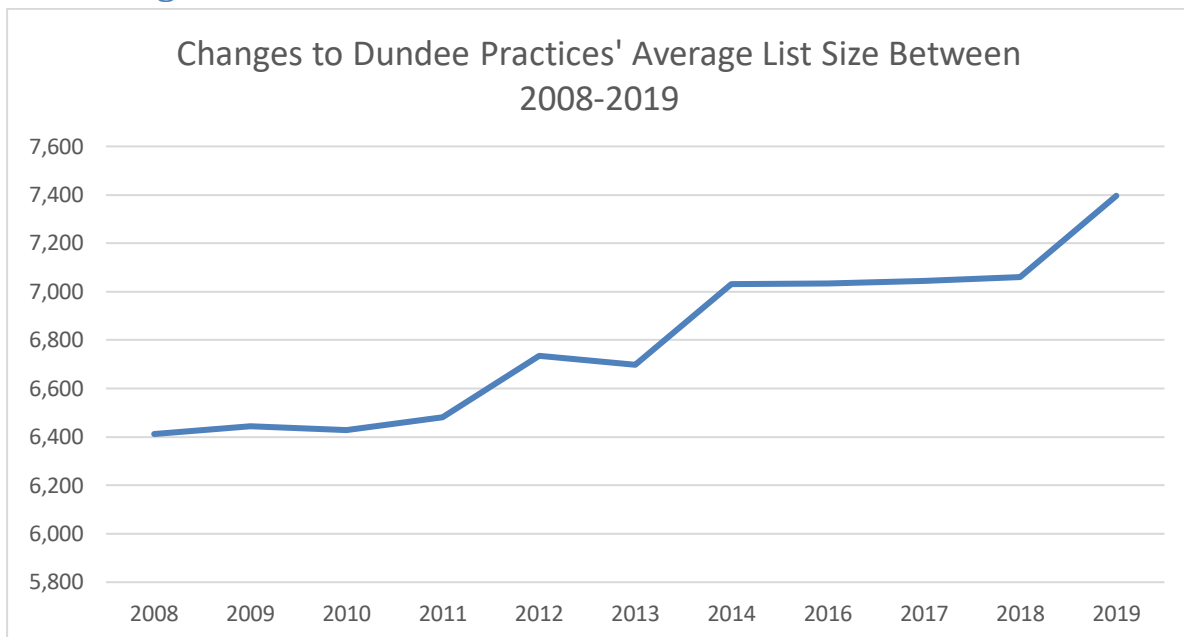
Morbidity refers to levels of illness or specific health conditions while mortality refers to the number of deaths from a specific illness or condition. Both are impacted by deprivation.

- Life expectancy at birth is decreasing for males and females in Dundee.
- Dundee has the 2nd lowest life expectancy in Scotland.
- Life expectancy in the most deprived areas of Dundee for males is anticipated to be on average 14.1 years fewer than people in the least deprived. [NHS Tayside Public Health Annual Report 2023](#)
- Drug use is a key focus with a need to reduce significant harms linked to both drugs and alcohol.

Major Challenges Faced by General Practice

Sustainability is the major challenge for general practices within Dundee City and is echoed across Scotland and beyond. The doctors’ union has warned that general practice in Scotland is in ‘a sustainability crisis,’ with almost “a quarter of a million more patients than 10 years ago and almost 90 fewer GP practices”.

Increasing Practice List Sizes



Source: PHS General Practice GP Workforce & List Sizes

Figure 9

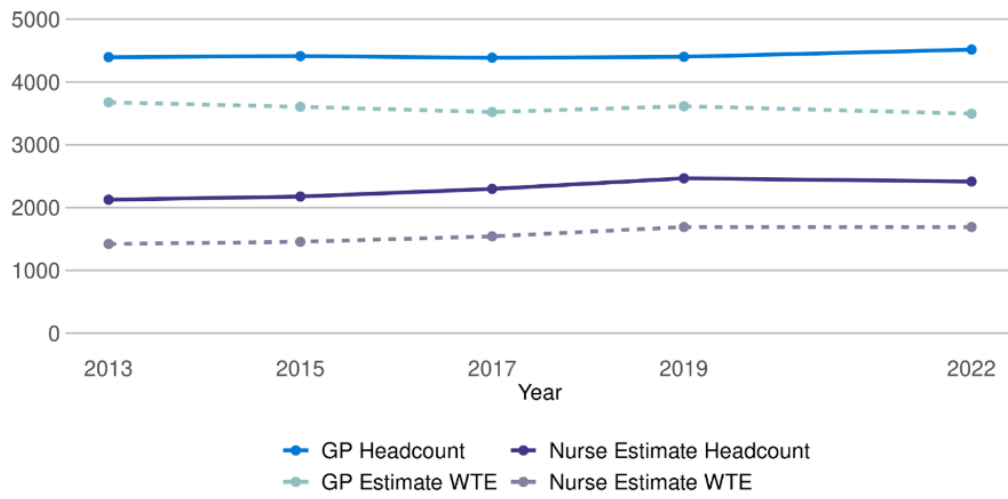
The graph above shows the year-on-year increase in Dundee Practices' Average List Size. It reflects a national picture that the number of registered patients in Scotland increased by 2% in the two years to February 2023. It also reflects patients transferring to another Dundee practice following a practice closure.

Workforce Pressures

There is increasing pressure on the workforce within general practice due to issues with workforce recruitment and retention and, as mentioned above, the larger list sizes. Some of the key findings from the 2022 Public Health Scotland Workforce Survey include:

- The estimated GP (excluding Specialist Trainees) WTE (Whole Time Equivalent or a full-time person) decreased from 3,613 in 2019 to 3,494 in 2022, a decrease of 3%.
- The reduction in WTE is likely the result of a long-term increase in female GPs, who are more likely to work part time compared to male GPs, and a long-term decrease in male GPs.
- There is a recent trend of male GPs working fewer weekly sessions (down 10% from 2019).
- The estimated WTE for all nurses in General Practice was 1,690 (based on 37 hours or more per week being full time), which is the same as the previous survey in 2019.

GP Headcount and estimated nurse headcount, and estimated GP and nurse WTE in Scotland, 2013 to 2022



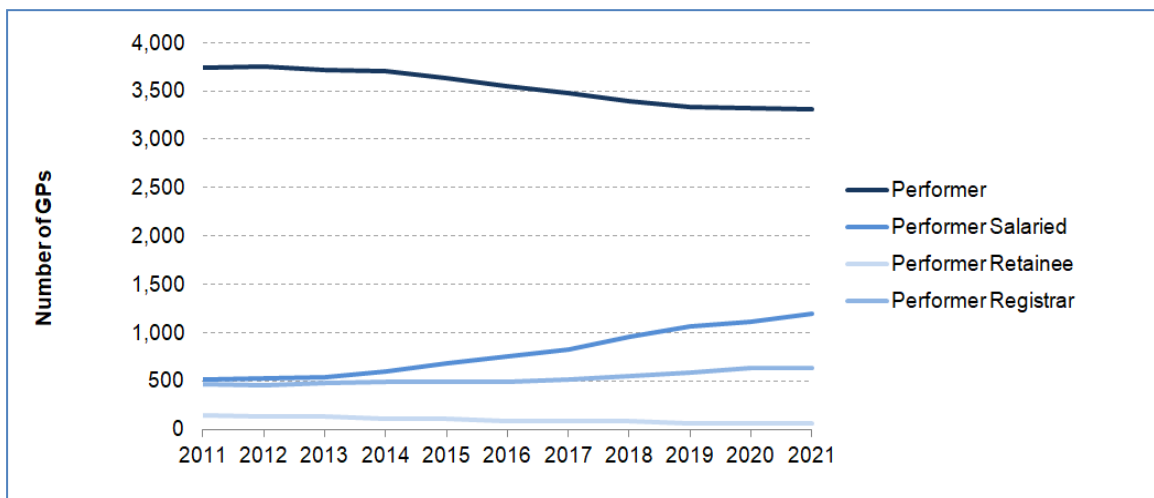
Source: [PHS Practice Workforce Survey 2022](#)

Figure 10

Changing Workforce

GP are changing how they work, and the graph below shows the change in roles since 2011.

- Performer – A registered medical practitioner who is not a Registrar or a Locum.
- Performer Salaried - GPs employed by the practice or the NHS Board on a salaried basis.
- Performer Retainer – GP with greater flexibility and educational support.,
- Performer Registrar – GP yet to complete their training.



Source: PHS General Practice GP Workforce & List Sizes

Figure 11

This Strategy must support and enable change to happen, including workforce changes and adaptations, within a rewarding cultural setting which fits with the needs of the population. It is however cognizant of the additional pressure transformation brings to general practice.

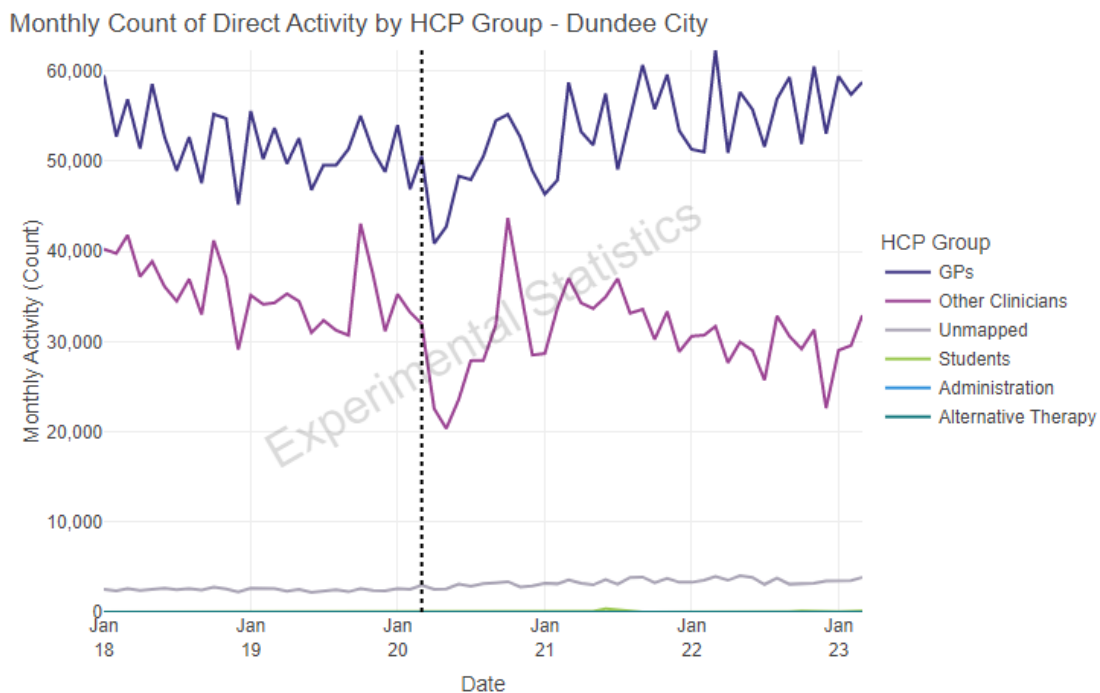
Sustainable general practice

Maintaining a sustainable general practice is about using our resources wisely, investing in the education and skills of GPs and their teams, avoiding over-medicalisation, and focusing on prevention and self-care to prevent issues such as long-term conditions and obesity. The results of the Tayside Sustainability Risk Analysis which is currently underway will inform on this risk and provide mitigating actions.

Workforce Activity

The data below is from the Public Health Scotland (PHS) Dashboard for in hours activity between April 2018 and April 2022, extracted from General Practices in Scotland through Scottish Primary Care Information Resource (SPIRE). It seems to show a fall in the activity by 'other clinicians'.

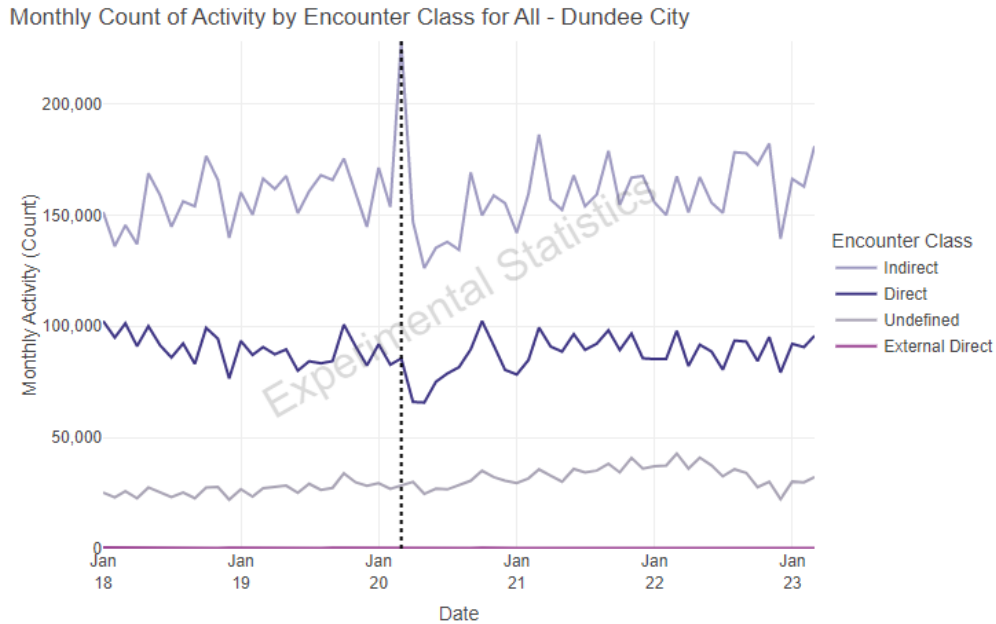
Caveats: Not all activity is included, nor does it provide complexity or duration of activity, and there may be some misreporting e.g., blood tests classed as face to face versus administrative activity.



Note: Dashed vertical line indicates March 2020 when the pandemic was declared and lockdown introduced.

Source [PHS Gen Practice In Hours Activity](#)
Figure 12

The graph below shows activity by encounter class with direct encounters seemingly showing the pre-pandemic direct activity is back to what it was with an increase in indirect activity giving an overall increase in workload.



Note: Dashed vertical line indicates March 2020 when the pandemic was declared and lockdown introduced.

Source: [PHS Encounter by Class](#)

Figure 13

Disease Prevalence

Disease prevalence (per 100 patients) in Dundee with comparison with Angus and Perth & Kinross.

Highlighted rates are those which are highest within NHS Tayside

Highlighted high levels

Highlighted above Scotland average.

Disease	Dundee HSCP	Angus HSCP	Perth & Kinross HSCP	Scotland
Cancer	2.93	3.83	3.88	3.07
COPD	2.86	2.74	2.01	2.39
Coronary Heart Disease	3.53	4.29	3.72	3.63
Dementia	0.8	0.95	0.92	0.68
Depression	5.41	4.07	5.38	8.19
Diabetes	5.46	6.05	5.4	5.29
Heart Failure	0.83	0.77	0.86	0.83
Hypertension	12.68	16.07	14.49	13.13
Mental Health Conditions	1.22	1.06	1.13	0.98
Osteoporosis >75	0.06	0.12	0.11	0.08
Osteoporosis 50-74	0.05	0.04	0.02	0.04
Palliative	0.18	0.37	0.23	0.26
Peripheral Arterial Disease	0.86	0.97	0.73	0.72
Rheumatoid Arthritis	0.53	0.76	0.74	0.61
Stroke	2.31	2.84	2.56	2.21

<https://publichealthscotland.scot/publications/general-practice-disease-prevalence-data-visualisation/general-practice-disease-prevalence-data-visualisation/dashboard/>

Figure 14

Funding and efficiency gap

Funding for Primary Care Services, including General Medical Services and the Primary Care Improvement Plan, is delegated to Dundee City IJB. Additional funding has been provided from The Scottish Government in recent years to support contractual obligations and investment in national policy and strategic direction, and significant progress has been seen during that period. However, the fiscal outlook for the public sector in Scotland is now very challenging, following the impact of the Covid pandemic, international conflict and 'cost of living' crisis etc, alongside increasing demographic demands for services. The latest '5 Year Financial Outlook Report 2023/24-2027/28' (DIJB36-2023) was presented on 21 June 2023 highlighted a potential funding gap of £36m during the next 5 years because of anticipated budgetary pressures to support the integrated health and social care needs of the Dundee population.

Premises and Leases

In the early part of 2023, Dundee published its General Practice Premises Strategy. The Strategy benefited from a good level of engagement with Dundee citizens both through focus groups and a survey. This highlighted what is important to citizens and was insightful in providing citizens' views on what general practice premises in the future should provide. The learning from this Strategy and the resulting activities around premises will dovetail and inform the work programme of this Strategy.

Performance

There are broadly four performance areas under the spotlight:

- Patient focus (satisfaction and ease of access and ability to book appointments).
- Clinical care (general health and preventative and self-care medicine, management of LTCs, clinical management)
- Practice management (effective use of IT, good physical environment, motivated and effective practice teams, and good overall practice management).
- External focus (partnership working, engagement with public).

Our Strategic Work Programme

We recognise general practice is at the heart of our communities and is uniquely placed to deliver the care and support needed by patients. In planning our work programme over the next 5 years, we will focus on 7 areas of activity. These 7 areas were identified as those that will help deliver services needed by the Dundee population together with looking at how to overcome challenges within the service.

The areas of focus and guiding principles, lead us to these activities, which will underpin the work programme over the next 5 years:

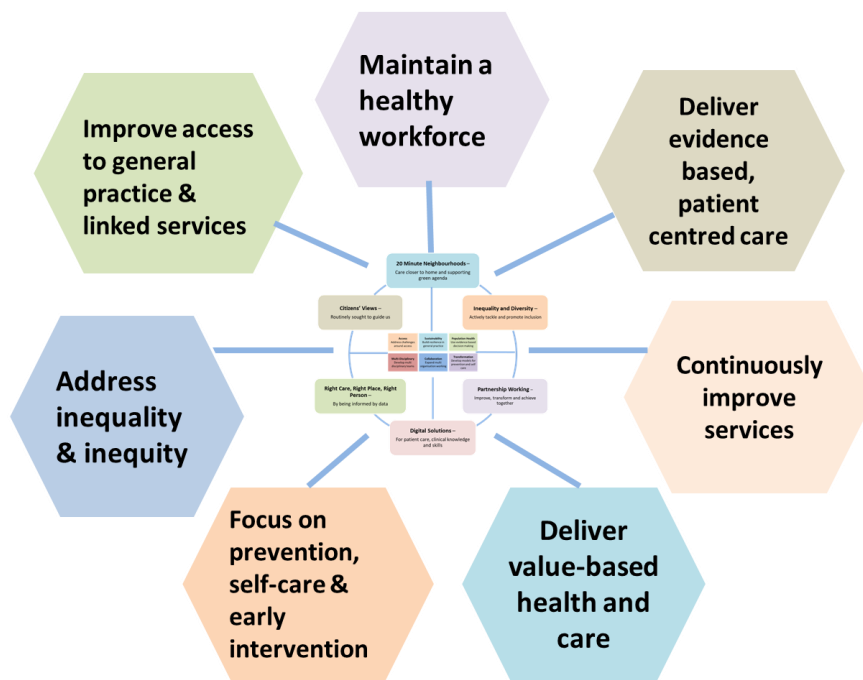


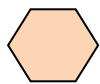
Figure 15

Improve access to services: Aligning with the strategic priority to provide support where and when it is needed; we will build on what is there already and work on:

- Developing more flexible and responsive appointment systems, including online and telephone consultations.
- Improving communication with patients about appointments, both availability and type, and provide information about the new services within general practice which move the patient pathway away from traditional GP route.
- Look to create space to enable expanding of cluster hub models and clinics e.g., mental health and well-being care provision by mental health specialists and community link workers but taking account of the need for team interactions and communications.
- Implementing a triage/navigation system to direct patients to the most appropriate healthcare professional for their needs.
- Improving pathways e.g., between general practice services, hospital based, and community-based health and well-being supports.

Maintain a Healthy Workforce Staff wellbeing is key to the service. We will provide tools and opportunities to help colleagues nurture their mental health and to take care of their physical health. We want them to thrive and feel valued in their role and to support them with improving their performance and increasing their job satisfaction.

- Looking to attract, retain and train workforce.
- Exploring and testing new ways of working with multi-organisation approach.
- Invest in digital solutions to reduce workloads.
- Providing opportunities to learn.



Deliver evidence based, person centred care: Aligning with the strategic priority to improve access and support, we will provide evidence-based, person-centred care that meets the needs of our patients by:

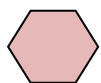
- Providing services that include both mental health and physical health care.
- Support patients with prevention and self-care.
- Providing greater continuity of care.
- Supporting all clinicians to be keep up to date with the latest clinical guidance and best practice.
- Promoting the use of digital health technologies to support diagnosis, treatment, and monitoring.
- Working collaboratively with other healthcare providers to deliver integrated care.



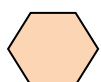
Continuously improve our services:

Aligning with the strategic priority to plan services that meet local need and that value our workforce, we will strive to continuously improve our services for patients and staff by:

- Collecting and using data to measure our performance and identify areas of waste, duplication and for improvement.
- Listening and collecting feedback from patients and staff to identify areas where we can make changes to improve the patient experience.
- Working on practical solutions that improve clinician to clinician sharing of information.
- Investing in staff feedback, together with development and training to ensure that we understand what is happening and staff have the skills and knowledge to deliver high-quality care.



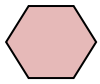
Deliver Value Based Health and Care: This requires understanding the challenges faced in general practice and responding in line with the Scottish Government Value Based Health and Care Vision [VBH&C](#) . This includes recognising Realistic Medicine is becoming increasingly important to deliver more sustainable, value-based health and care. The aims of Realistic Medicine are “reducing harm, waste and unwarranted variation while acknowledging the inherent risks associated with all health and care and championing innovation and improvement” *Value Based Health & Care Action Plan, Scottish Government, 2023*



Focus on prevention, self-care, and early intervention: By 2043 the burden of disease in Scotland is forecasted to increase by 21%. (*An NHS fit for 2043 PHS*). The Scottish Government has established a Preventative and Proactive Care (PPC) Programme which is part of their wider Care and Wellbeing portfolio and provides a policy and delivery framework. This PPC Programme looks to support citizens to access and benefit from preventative and proactive ways to improve healthy life expectancy and reduce health inequalities. It has a mission of shared responsibility with people and communities alongside health and social care services that enable early and proactive care and good disease management as core elements of the services being delivered. We will align services with this programme to support people to look after their wellbeing by:

- Identifying patients at high risk of illness and targeting them for early interventions and support.
- Raising awareness of the importance of healthy behaviours and early detection of illness.

- Offering health checks and screening programs to identify and manage conditions at an early stage.
- Recognising the role of community pharmacy to provide patients with an alternative source of advice.
- Being cognisant of the impact of transformational changes across the city including air quality, active travel, and green and blue spaces. For example, [Dighty Connect](#) community project which restored a path to encourage and enable opportunities for walking.



Address Inequality and Inequity: We will work to reduce health inequalities, particularly for those living within SIMD (Scottish Index of Multiple Deprivation) 1 and SIMD 2 by:

- Ensuring that all patients have access to high-quality care, regardless of their background or circumstances.
- Working together to support families which is a key strategic priority.
- Engaging with communities to understand their specific health needs and tailoring services to meet them.
- Engaging with children, particularly within deprived areas of the city, to influence and encourage active lifestyles and good dietary habits.
- Providing education and support to help patients manage their health and wellbeing.
- Recognising good health is a community endeavour and includes access to healthy food, and other initiatives e.g., play streets and cycle lanes as outlined in the City Plan
- Awareness that the population includes those in surrounding rural communities and consider their needs.

Implementing Our Work Programme:

To achieve our goals, we will be undertaking the following activities:

- **Seek approval for a General Practice Strategy** for Dundee with a presentation to the Dundee Integrated Joint Board in December 2023.
- **Establish a working group** to oversee the implementation of this Strategic Plan and ensure that progress is made towards our goals.
- **Develop an action plan** that outlines specific actions and timelines for achieving each goal.
- **Communicate the plan to all staff and stakeholders**, including patients and the wider community, to ensure that everyone is aware of our vision and objectives.
- **Monitor and evaluate progress regularly**, using data and feedback from patients and staff to ensure responsiveness to the specific needs of the population of Dundee, focussing on prevention, early intervention, self-care, and shared health outcomes. Undertake detailed needs assessments to support this work.
- **Review and update the plan regularly**, taking account of changes in the healthcare landscape and emerging patient needs and expectations.

In parallel, risks will be tracked and monitored.

Risks

There are 4 key risks that need to be monitored closely to enable this Strategy to deliver on its ambitions:

1. Sustainability of General Practice:

The Regional Audit of the NHS Tayside strategic risk relating to Sustainability of Primary Care Services has a current risk exposure on the Risk Log of 20. The risk reflecting the huge pressure due to increasing demand and complexity of health needs and the increase in GP vacancies due to retirement and recruitment and retention issues. While mitigations are in place, there is further work to be done to understand critical components of this risk including premises, funding, other services and staff groups (e.g. ANPs, nurses).

2. Data and information:

The risk of not having readily available high-quality analytics to inform decision making. The working group will need to work closely with Public Health Scotland and Local Intelligence teams to provide the data and analyses to inform improvements. There may also be a technological element to ensure systems are linked and accessible.

3. Premises

The ongoing risk of good quality accommodation to enable services to be delivered from general practice. The Dundee GP Premises Strategy outlined the plan going forward and this work has begun.

4. Finance:

There is a risk of an inability to deliver within the financial envelopes available. In turn we need to review services and allocate funding to reflect the areas of greatest priority and need, including reviewing efficiency and effectiveness.

5. Primary Care Improvement Plan

There is a risk the services under the Primary Care Improvement Plan (Figure 1) are not fully implemented and do not create the GP capacity that was anticipated so there are continued efforts to fully establish these services. This links to both finance and workforce risks.

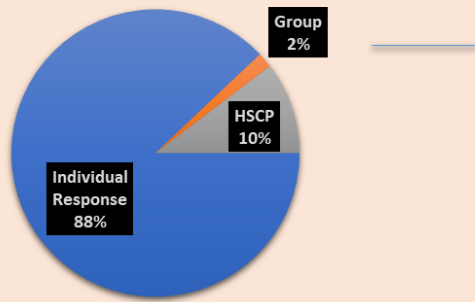
Consultation

A stakeholder group has contributed to the development of this Dundee General Practice Strategy. This group included Dundee citizens, service leads, together with general practice and Dundee HSCP colleagues.

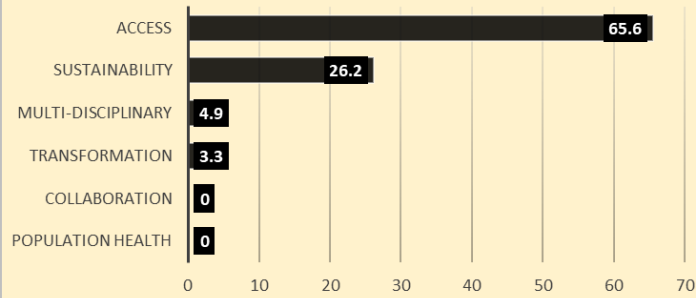
The citizens of Dundee gave their views in two ways. There were Group Discussions and an invitation to complete an online or paper version of a patient survey.

The survey asked respondents to prioritise the options detailed in the Strategy and the results are shown below:

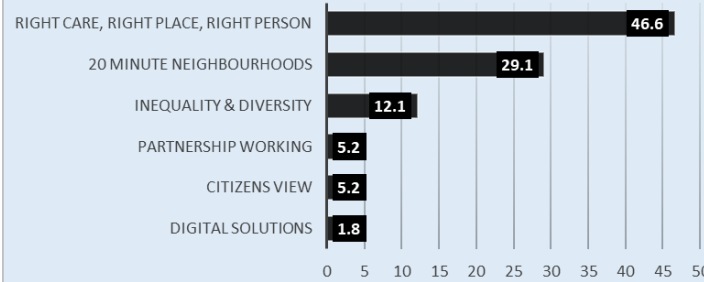
Response Rate (61 Respondents)



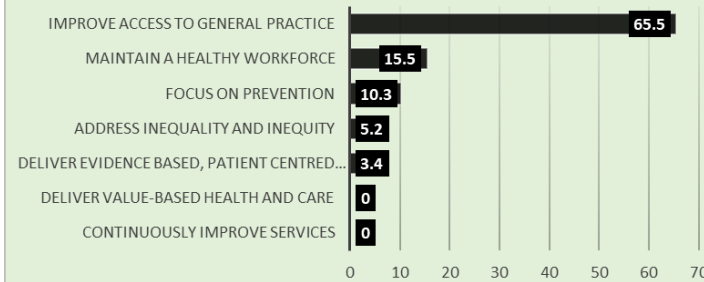
Areas of Focus - showing respondents' first choice



Guiding Principles - showing respondents' first choice



Key Activities - showing respondents' first choice



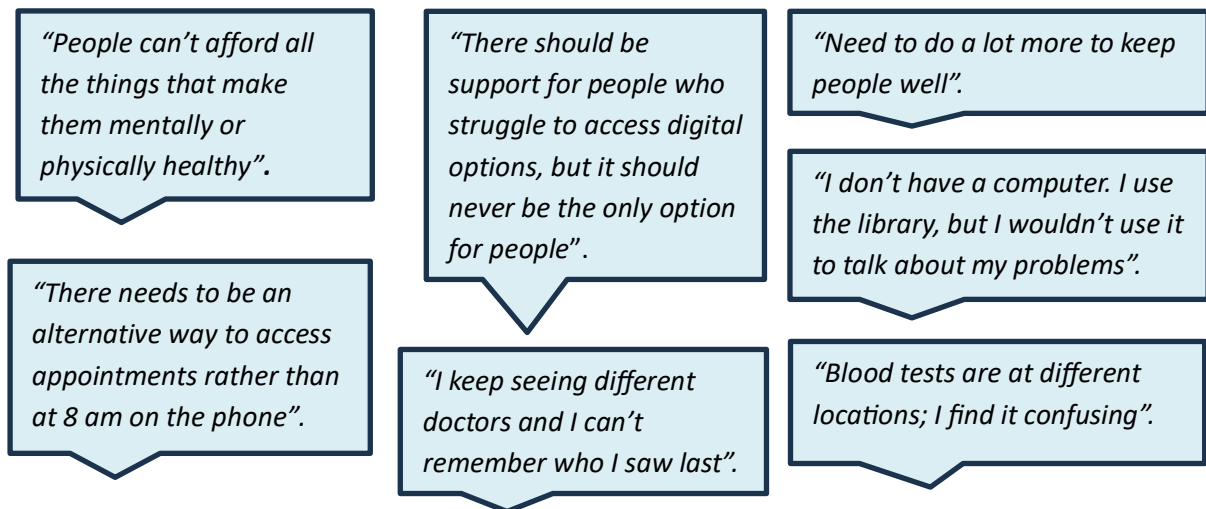
The survey results found that it is activities to improve access that respondents wish us to focus on. This was echoed in the group discussions with both staff and patients. Improvements to access to include:

- Providing information to patients on the services available and how to access those services.
- Improvements to appointment booking system.
- Training for practice reception teams to support with navigating patients to the right care, right place and right person was the top guiding principle for survey respondents.

Other notable findings were:

- 20-minute neighbourhoods were valued, and this aligns with Dundee’s City Plan.
- Pressures on general practice were recognised with sustainability the second Area of Focus
- Digital solutions were the lowest priority of the Guiding Principles for a mix of reasons including digital poverty and older age group concerns around usability.

Below some quotes from patients:



Conclusion

The approval of this General Practice Strategy will provide the starting point for the development of a 5-year work programme. A major component of the work plan will be the continuation of work to deliver the Primary Care Improvement Plan to ensure the services detailed at Figures 1 are embedded and this will include measures of outcome and impact. The tasks that are anticipated to begin within the next 5 years are set out under the Key Activities section. These will need to be prioritised which will reflect the feedback from colleagues and citizens and be supported by outcome measures to enable us to assess our progress to delivering the ambitions set out here.

Appendix 1: The Case for Change and Key Drivers

- [IJB Strategic Commissioning Framework 2023-2033 City Plan for Dundee 2022-32 | Dundee City Council](#)
- [Dundee GP Premises Strategy](#)
- [Evaluation of Public Consultation on Dundee GP Premises Strategy 2023.pdf](#)
- [Dundee Profile](#)
- [National-clinical-strategy-Scotland](#)
- [NHS Tayside Director of Public Health Annual Report 2023](#)
- [Dashboard - General practice workforce survey 2022 - General practice workforce survey - Publications - Public Health Scotland](#)
- [Delivering value based health and care Mental-health-wellbeing-strategy-2019-2024](#)
- [Mental-health-wellbeing-strategy](#)

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Appendix 2: NHS Tayside Primary Care Plan

NHS Tayside Primary Care Strategy was brought to the IJB in October 2023 (DIJB58-2023) and the full Tayside document is planned to be presented to IJB in February 2024.

The scope of Tayside Primary Care Strategy includes General Medical Services, Community Pharmacy, Optometry and Dental Services.

The strategy recognises the importance of preventing ill-health, self-care and self-management and identifies three priorities:

- Prevention and proactive care
- Reduce inequalities and unequal health outcomes
- Delivery of care closer to people's homes.

The median age of people living in Dundee City (38 years) is almost a decade lower than people living in the other two local authority areas and this is an example of why Dundee must build on the Tayside wide strategy, with a work programme to fit with the Dundee profile. For example,

- Males in Dundee City are currently experiencing decreasing healthy life expectancy, with men born currently anticipated to live only 55.9 years in good health on average.
- Alcohol-related hospital admissions are 30% higher in Dundee City than the national average while deaths are 26% higher.

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Dundee Integration Joint Board Integrated Impact Assessment

Part 1 - Pre-Integrated Impact Assessment Screening.

NB For Dundee City Council Committees the Citrix Firm Step Process must be used.

This word document can be completed, and information transferred to Firm Step if required.

Title of Report/Project/Strategy	GP Strategy 2024-29
Lead Officer for Report/Project/Strategy (Name and Job Title)	Julia Martineau, Programme Manager
Name and email of Officer Completing the Screening Tool	Theresa Gasperetti, PA/Admin
List of colleagues contributing information for Screening and IIA	Joyce Barclay & Julia Martineau
Screening Completion Date	16 November 2023
Name and Email of Senior Officer to be Notified when Screening complete	Diane McCulloch

Is there a clear indication that an IIA is needed? Mark one box only		
<input checked="" type="checkbox"/>	YES	Proceed to IIA
<input type="checkbox"/>	NO	<i>Continue with Screening Process</i>

Is the purpose of the Committee document the approval of any of the following Mark one box either Yes or No?				
<i>NB When yes to any of the following proceed to IIA document.</i>				
	Yes		No	
A major Strategy/Plan, Policy or Action Plan	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input type="checkbox"/>	<i>Continue with Screening Process</i>
An area or partnership-wide Plan	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input type="checkbox"/>	<i>Continue with Screening Process</i>
A Plan, programme or Strategy that sets the framework for future development consents	<input checked="" type="checkbox"/>	<i>Proceed directly to IIA</i>	<input type="checkbox"/>	<i>Continue with Screening Process</i>
The setting up of a body such as a Commission or Working Group	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input type="checkbox"/>	<i>Continue with Screening Process</i>
An update to a Plan	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input type="checkbox"/>	<i>Continue with Screening Process</i>

There are a number of reports which do not automatically require an IIA. If your report does not automatically require an IIA you should consider if an IIA is needed by completing the checklist on following page.

These include: An annual report or progress report on an existing plan / A service redesign. / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / A minor contract that does not impact on the wellbeing of the public. / An appointment, e.g., councillors to outside bodies, Senior officers, or independent chairs. / Ongoing Revenue expenditure monitoring. / Notification of proposed tenders. / Noting of a report or decision made by another Committee including noting of strategy, policies and plans approved elsewhere.

Dundee Integration Joint Board Integrated Impact Assessment

Only complete the checklist on the following page whenever your report does not **automatically** require an Integrated Impact Assessment otherwise delete the page prior to proceeding to IIA.

Part 1 (continued) Pre-Integrated Impact Assessment Screening.

Screening Checklist for IIA Completion. When yes to any of the following proceed to IIA document.

Mark one box only either Yes or No.

Will the recommendations in the report impact on anyone in relation to any of the Protected Characteristics? <i>Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation.</i>		
<input type="checkbox"/>	No Continue Screening Process	<input type="checkbox"/>
<input type="checkbox"/>		Yes. Proceed to IIA.
Will the recommendations in the report impact on People's Human Rights? <i>For more information on Human Rights visit: https://www.scottishhumanrights.com</i>		
<input type="checkbox"/>	No Continue Screening Process	<input type="checkbox"/>
<input type="checkbox"/>		Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone residing in a Community Regeneration Area (CRA)? <i>Within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.</i>		
<input type="checkbox"/>	No Continue Screening Process	<input type="checkbox"/>
<input type="checkbox"/>		Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone in more vulnerable types of households? <i>Lone parent families (especially single female parents); households with a greater number of children and/or young children; pensioner households (single or couple)</i>		
<input type="checkbox"/>	No Continue Screening Process	<input type="checkbox"/>
<input type="checkbox"/>		Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone experiencing the following issues? <i>Unskilled or unemployed and of working age; serious and enduring mental health; homelessness (potential homelessness); drug and/or alcohol.</i>		
<input type="checkbox"/>	No Continue Screening Process	<input type="checkbox"/>
<input type="checkbox"/>		Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone in the following more vulnerable groups? <i>Offenders and ex-offenders; looked after children and care leavers; carers.</i>		
<input type="checkbox"/>	No Continue Screening Process	<input type="checkbox"/>
<input type="checkbox"/>		Yes. Proceed to IIA.
Will the recommendations in the report impact on any of the following? <i>Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services.</i>		
<input type="checkbox"/>	No Continue Screening Process	<input type="checkbox"/>
<input type="checkbox"/>		Yes. Proceed to IIA.
Will the recommendations in the report on Climate Change or Resource Use? <i>Mitigating greenhouse gases; adapting to the effects of climate change. or Energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.</i>		
<input type="checkbox"/>	No Continue Screening Process	<input type="checkbox"/>
<input type="checkbox"/>		Yes. Proceed to IIA.
Will the recommendations in the report impact on Transport? <i>Accessible transport provision; sustainable modes of transport.</i>		
<input type="checkbox"/>	No Continue Screening Process	<input type="checkbox"/>
<input type="checkbox"/>		Yes. Proceed to IIA.
Will the recommendations in the report impact on the Natural Environment? <i>Air, land or water quality; biodiversity; open and green spaces.</i>		
<input type="checkbox"/>	No Continue Screening Process	<input type="checkbox"/>
<input type="checkbox"/>		Yes. Proceed to IIA.
Will the recommendations in the report impact on the Built Environment? <i>Built heritage; housing.</i>		
<input type="checkbox"/>	No Continue Screening Process	<input type="checkbox"/>
<input type="checkbox"/>		Yes. Proceed to IIA.
<p><i>When no to everything in the above screening process you must contact 'Senior Officer to be Notified on Completion' and present a copy of this Screening tool with IJB Report. Otherwise proceed to IIA.</i></p>		
<p>* Transfer information into the Firm Step Process when report is progressing to Council Committee.</p>		

The following document includes all questions in DCC IIA- The Dundee City Council IIA Guidance document can be found [here](#).

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment

Integrated Impact Assessment Record

Report Author	Julia Martineau
Author Title	Programme Manager
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Author Address	Room 11, Maryfield House, Mains Loan, Dundee

IJB Chief Executive	Vicky Irons
Email	Vicky.iron@dundeecity.gov.uk
Telephone	01382 434000
Address	Claverhouse East, Jack Martin Way, Dundee

Document Title	GP Strategy 2024-2029
IJB Report Number	DIJB68-2023
Document Type	Strategy
New or Existing Document?	New
Document Description	This document sets out the General Practice Strategy to deliver health and psycho-social services over the next 5 years (2024-2029), across the 22 general practices and linked services in Dundee. This General Practice Strategy aims to deliver safe, effective, and robust services, using up to date analytics to inform delivery and re-design of services for the circa 175,000 patients registered to a Dundee GP. The document includes the key activities to ensure this Strategy becomes a reality that improves the health and wellbeing of the citizens of Dundee and supports general practice services.
Intended Outcome	To provide high-quality, patient-centred, sustainable general practice services delivered by highly skilled and motivated staff that improves health outcomes and reduces health inequalities for the people of Dundee.
Planned Implementation Date	January 2024
Planned End Date	December 2029
How the proposal will be monitored and how frequently	Continuous monitoring with action plan that is reviewed every 6 months and an IIA assessment undertaken in line with service changes.
Planned IIA review dates	12 months – December 2024 as part of Terms of Reference for the General Practice Strategy Working Group.
IIA Completion Date	13 December 2023 Integrated Joint Board
Anticipated date of IJB	13 th December 2023

Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Officer	People/groups	Activity/Activities	Date
Programme Manager	Dundee Cluster	There are 22 general practices within Dundee that are divided into four clusters. Each Cluster has a Lead.	June 2023 to

Dundee Integration Joint Board Integrated Impact Assessment

	Leads/Clusters	The purpose of a Cluster is to enable practices to come together across Dundee and work together on quality improvement. Discussions initially took place at the Cluster Leads meeting in June 2023. Discussions at individual clusters took place in November and minutes are available.	November 2023
Programme Manager	Dundee Primary Care Improvement Group	The Service Managers for services within the scope of the Strategy were consulted and have ongoing responsibility for planning and reviewing progress as well as ensuring it achieves the intended outcomes	March 2023 to October 2023
Programme Manager	Engagement Programme	Public engagement with a wide range of groups (older people, learning disabilities, carers, Community Health Advisory Group and faith groups) together with feedback via a survey. Previous extensive engagement on Dundee's GP Premises Strategy in February 2023 with protected characteristic groups has also informed this document.	

Equality and Fairness Impact Assessment Conclusion

(Complete after considering impacts through completing questions on next pages)

By following the guiding principles set out in the strategy, we look to ensure quality and sustainability of general practice and all linked services. A sustainable service and greater access is anticipated. This would in turn be expected to show, in due course, improved health and wellbeing outcomes for the people of Dundee and to reduce inequalities and unequal health care outcomes. Mechanisms for delivering care including care closer to people's home (20-minute neighbourhoods), prevention and self-care which promotes the ability for people to take greater responsibility for their own health and wellbeing. By having services within local neighbourhoods, and reducing travel to venues services should mean services are more accessible together with a positive environmental outcome due to reduced travel.

By focusing on these key areas outlined in the document it is envisaged that general practice will become more sustainable and the linked services will continue to develop. With more stable practices comes the ability to be proactive rather than reactive and in turn will benefit patients as it will create capacity to identify ways to keep people healthy for longer. This would include the use of community assets. The direct benefit from all of these services should be a positive impact on health, particularly for those with the protected characteristics of age and disability due to a more equitable distribution of services across the City.

PART 2- Assessment (continued)

When assessing impacts throughout this document an explanation is required when a positive, negative or not known impact is selected. There may be positive and negative impacts for the protected group described. For not known this should indicate if further research is needed and if not, why not. When there is No Impact identified, no narrative is required.

Equality, Diversity & Human Rights Indicate Yes or No by marking Y or N in each Box.

Age	Y/N	Explanation, assessment and any potential mitigations
Positive	x	Physical Access: 20-minute neighbourhoods reduce travel time and costs and increases convenience enabling the patient to see the right person, for the right care in the right place. This is anticipated to positively impact on all age groups across Dundee. Access to appointments which includes navigation to the appropriate services for advice and care is anticipated to improve a patient's ability to
No Impact		
Negative		
Not Known		

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		see the appropriate professional. This is expected to be an advantage to older people who are experiencing barriers to accessing care services.
Disability	Y/N	Explanation, assessment and potential mitigations
Positive	x	As above for age. Additionally, some people with disabilities should find that services are easier to reach because clinics are located across the city. Regular discussions take place with the various patient groups to ensure we are aware of, and focused on, any continuing barriers they are experiencing in visiting clinic locations.
No Impact		
Negative		
Not Known		
Gender Reassignment	Y/N	Explanation, assessment and potential mitigations
Positive		No known impact.
No Impact	x	
Negative		
Not Known		
Marriage & Civil Partnership	Y/N	Explanation, assessment, and potential mitigations
Positive		No known impact.
No Impact	x	
Negative		
Not Known		
Race & Ethnicity	Y/N	Explanation, assessment, and potential mitigations
Positive		No known impact.
No Impact	x	
Negative		
Not Known		
Religion & Belief	Y/N	Explanation, assessment, and potential mitigations
Positive		No known impact.
No Impact	x	
Negative		
Not Known		
Sex	Y/N	Explanation, assessment, and potential mitigations
Positive		No known impact.
No Impact	x	
Negative		
Not Known		
Sexual Orientation	Y/N	Explanation, assessment, and potential mitigations
Positive		No known impact.
No Impact	x	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above.		
Reducing health inequalities linked to socioeconomic deprivation is a key priority for Dundee and for the planned changes across general practice: in particular recognising the high level of morbidity and mortality in areas of deprivation (SIMD 1 and 2).		

PART 2- Assessment (continued)

Fairness & Poverty Geography – Describe how individuals, families and communities are affected in each area-particular consideration is needed where there are previously identified areas of deprivation.

Mark either Yes or no (Y or N) in each box

Y or N	Area	Fairness Explain Impact / Mitigations / Unknowns
Y/N	Strathmartine (Ardler, St. Mary's & Kirkton)	(Note: this section of the record asks for a single, collective narrative for each of positive, negative, or not known given as a response in one or more areas)
x	Positive	
	No Impact	
	Negative	
		The Strategy recognises that 37% of the population of

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	Not Known	<p>Dundee live in 20% of the most deprived areas of Scotland. This impacts on the health of those individuals, both in terms of morbidity and mortality. It also impacts on their ability to access services either physically, by phone or digitally.</p> <p>GP Practices in Dundee are grouped into 4 Clusters. Each Cluster agreeing their priorities depending on their population profile and needs. In working on service redesign in this way, it provides confidence that the impact on each of the areas listed are expected to be positive.</p>
Y/N	Lochee (Lochee Beechwood, Charleston & Menzieshill)	
x	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	Coldside (Hilltown, Fairmuir & Coldside)	
x	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	Maryfield (Stobswell & City Centre)	
x	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	North East (Whitfield, Fintry & Mill O'Mains)	
x	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	East End (Mid Craigie, Linlathen & Douglas)	
x	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	The Ferry	
x	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	West End	
x	Positive	
	No Impact	
	Negative	
	Not Known	

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Household Group- *consider the impact on households and families may have the following people included.*

Y/N	Looked After Children & Care Leavers	Explanation, assessment and any potential mitigations
x	Positive	Care experienced children often have a higher level of appointments. Those who continue to live within the local area will be situated within a 20-minute neighbourhood. Improved access is likely to have a positive impact by reducing travel time and time spent outwith the classroom
	No Impact	
	Negative	
	Not Known	
Y/N	Carers	Explanation, assessment and potential mitigations
x	Positive	Carers often support the travel needs of those they provide the care to. With 20-minute neighbourhoods and some services offering weekend appointments this is anticipated to support carers in accessing appointments for others and support carers to meet their own health and well-being needs.
	No Impact	
	Negative	
	Not Known	
Y/N	Lone Parent Families	Explanation, assessment and potential mitigations
x	Positive	As above, local access and improved access should support families, particularly those with young families or needing childcare to be able to attend appointments.
	No Impact	
	Negative	
	Not Known	
Y/N	Single Female with Children	Explanation, assessment and any potential mitigations
x	Positive	As above.
	No Impact	
	Negative	
	Not Known	
Y/N	Young Children and/or Greater Number of Children	Explanation, assessment and potential mitigations
x	Positive	As above.
	No Impact	
	Negative	
	Not Known	
Y/N	Retirement Pensioner (s)	Explanation, assessment and potential mitigations
x	Positive	Monitoring of long-term conditions is more common in our older population. The ambitions of this strategy should see travel needs reduced as services are located closer to home. This includes reducing taxi or car costs. Alternative mechanisms for self-care and monitoring also present an opportunity to reduce travel and appointments.
	No Impact	
	Negative	
	Not Known	
Y/N	Unskilled Workers and Unemployed	Explanation, assessment and any potential mitigations
x	Positive	Sources of Support based within general practice are available to all patients.
	No Impact	
	Negative	
	Not Known	
Y/N	Serious & Enduring Mental Health	Explanation, assessment and potential mitigations
x	Positive	Sources of Support as above and PALMS (Patient Assessment Liaison Mental Health Service) are available in general practice to provide support for those experiencing stress, anxiety, or depression within general practice.
	No Impact	
	Negative	
	Not Known	
Y/N	Homeless	Explanation, assessment and potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Households of Single Female with Children	Explanation, assessment and any potential mitigations
x	Positive	As set out above for Single Female with Children.
	No Impact	

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	Negative	
	Not Known	
Y/N	Drug and/or Alcohol	Explanation, assessment and any potential mitigations
x	Positive	Access to Sources of Support and Mental Health practitioners who are based within general practice can provide support. These services actively work on reducing stigma associated with those attending for substance use reasons.
	No Impact	
	Negative	
	Not Known	
Y/N	Offenders and Ex-Offenders	Explanation, assessment and any potential mitigations
	Positive	No known impact.
x	No Impact	
	Negative	
	Not Known	

PART 2- Assessment (continued)

Socio-Economic Disadvantage- consider if the following circumstances may be impacted		
Y/N	Employment Status	Explanation, assessment and any potential mitigations
x	Positive	Link Workers can provide support to those seeking employment.
	No Impact	
	Negative	
	Not Known	
Y/N	Education & Skills	Explanation, assessment and any potential mitigations
x	Positive	Link Workers and Mental Health Practitioners can signpost where there is a need to support the development of literacy skills and other educational or training needs.
	No Impact	
	Negative	
	Not Known	
Y/N	Income	Explanation, assessment and any potential mitigations
x	Positive	Link Workers can provide advice around finances, debt, benefits, and other related services.
	No Impact	
	Negative	
	Not Known	
Y/N	Fuel Poverty	Explanation, assessment and any potential mitigations
x	Positive	Link Workers can provide advice on fuel poverty and are able to refer and support patients to access other agencies if required.
	No Impact	
	Negative	
	Not Known	
Y/N	Caring Responsibilities (including Childcare)	Explanation, assessment and any potential mitigations
x	Positive	Local access to services such as blood tests should see a reduction in travel with a choice of location and appointment times.
	No Impact	
	Negative	
	Not Known	
Y/N	Affordability & Accessibility of Services	Explanation, assessment and any potential mitigations
	Positive	The plan is to locate services across the city however some areas may have a gap and travel will be necessary. This is expected to affect a small part of the population and will need to be considered as part of service changes. Overall, there should be a positive impact as some services, including Care and Treatment Services, offer a choice of venues thereby allowing appointments at a location that is convenient to the patient.
	No Impact	
x	Negative	
	Not Known	

Inequalities of Outcome- consider if the following may be impacted		
Y/N	Connectivity / Internet Access	Explanation, assessment and any potential mitigations
	Positive	No impact at present. However, where digital solutions are being

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x	No Impact	proposed this will require a separate IIA to be undertaken.
	Negative	
	Not Known	
Y/N	Income / Benefit Advice / Income Maximisation	Explanation, assessment and any potential mitigations
x	Positive	Link Workers are based within general practice and can provide advice and support around financials. Welfare Rights are also available in several practices and are available to all Dundee residents.
	No Impact	
	Negative	
	Not Known	
Y/N	Employment Opportunities	Explanation, assessment and any potential mitigations
x	Positive	The work towards a sustainable service is being developed and there is potential to increase opportunities for professionals and practitioners in a positive work environment
	No Impact	
	Negative	
	Not Known	

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PART 2- Assessment (continued)

Y/N	Education	Explanation, assessment and any potential mitigations
x	Positive	Link workers will consider if an educational or skill development pathway is helpful for someone and refer and support accordingly.
	No Impact	
	Negative	
	Not Known	
Y/N	Health	Explanation, assessment and any potential mitigations
x	Positive	With early access and more local venues available for patients there are positive health benefits. The use of the multi-disciplinary workforce being developed to support practices will release GP time to focus on more complex patients.
	No Impact	
	Negative	
	Not Known	
Y/N	Life Expectancy	Explanation, assessment and any potential mitigations
x	Positive	By improving access for patients to a wide range of support, it is envisaged this will have a positive effect on health by enabling patients to be proactive and take responsibility for their own health and wellbeing.
	No Impact	
	Negative	
	Not Known	
Y/N	Mental Health	Explanation, assessment and any potential mitigations
x	Positive	The mental health practitioners provide assessment and advice as the first point of contact. They have expertise in how people are best supported and have clear links to other parts of the wider Mental Health team if required.
	No Impact	
	Negative	
	Not Known	
Y/N	Overweight / Obesity	Explanation, assessment and any potential mitigations
x	Positive	Effective and efficient care and support is expected to benefit those with long term conditions including obesity.
	No Impact	
	Negative	
	Not Known	
Y/N	Child Health	Explanation, assessment and any potential mitigations
x	Positive	Effective and efficient care is anticipated to benefit child health by providing a good multi agency multi-disciplinary service.
	No Impact	
	Negative	
	Not Known	
Y/N	Neighbourhood Satisfaction	Explanation, assessment and any potential mitigations
x	Positive	Access to services more locally are expected to have a positive impact on patients due to reduced travel along with a positive environmental impact. There will be regular ongoing engagement with the local community to ensure we have sight of their needs.
	No Impact	
	Negative	
	Not Known	
Y/N	Transport	Explanation, assessment and any potential mitigations
x	Positive	Reduction in the need for transport due to having more local services will have a positive impact on environmental factors
	No Impact	
	Negative	
	Not Known	
Environment- Climate Change		
Y/N	Mitigating Greenhouse Gases	Explanation, assessment and any potential mitigations
x	Positive	Reduced travel to venues for many people is positive. There is a small part of the population that will require to travel further for appointments than they currently do increasing travel time and costs. Overall, the reduction would outweigh the increase. Practices are taking steps to become environmentally friendly including planting 'wee forests' and gardens within local communities.
	No Impact	
	Negative	
	Not Known	
Y/N	Adapting to the Effects of Climate Change	Explanation, assessment and any potential mitigations
	Positive	No known impact.
x	No Impact	
	Negative	

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	Not Known	
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PART 2- Assessment (continued)

Resource Use		
Y/N	Energy Efficiency and Consumption	Explanation, assessment and any potential mitigations
	Positive	With access to venues closer to home there will be reduced travel reducing the consumption of petrol/diesel/electric.
x	No Impact	
	Negative	
	Not Known	
Y/N	Prevention, Reduction, Re-use, Recovery, or Recycling of Waste	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Sustainable Procurement	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	

Transport		
Y/N	Accessible Transport Provision	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Sustainable Modes of Transport	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	

Natural Environment		
Y/N	Air, Land and Water Quality	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Biodiversity	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Open and Green Spaces	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	

Built Environment		
Y/N	Built Heritage	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Housing	Explanation, assessment and any potential mitigations

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	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	

PART 2- Assessment (continued)

There is a requirement to assess plans that are likely to have significant environmental effects. SEA provides economic, social and environmental benefits to current and future generations. Use the [SEA flowchart](#) to determine whether your proposal requires SEA.

Strategic Environmental Assessment- SELECT One of the following statements		
X	No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005	<i>(No further response needed)</i>
	It has been determined that the proposal will have no or minimal environmental effects. The reason(s) for this determination are set out in the following SEA pre-screening determination section	<i>SEA Pre-Screening Determination: Explain how you made the determination that the Plan, Programme or Strategy will have no or minimal negative environmental effect:</i>
	Screening has determined that the proposal is unlikely to have any significant environmental effects. The reason(s) for this determination are set out in the Screening Report, a copy of which will be available to view at www.dundee.gov.uk/cplanning/sea	<i>Insert the 'Summary of Environmental Effects' from your SEA screening report</i>
	Screening has determined that the proposal is likely to have significant environmental effects and as a consequence an environmental assessment is necessary. A Scoping Report, which will determine the scope of the environmental assessment is being prepared for submission to the statutory Consultation Authorities for consideration	<i>Insert the 'Summary of Environmental Effects' from your SEA screening report</i>
	Screening determined that the proposal was likely to have significant environmental effects and as a consequence an environmental assessment was necessary. An Environmental Report has been prepared for submission to the statutory Consultation Authorities together with a draft Plan, Programme or Strategy for consideration. A copy of the Environmental Report will be available to view at www.dundee.gov.uk/cplanning/sea	<i>Environmental Implications: Describe the implications of the proposal on the characteristics identified:</i>
		<i>Proposed Mitigating Actions: Describe any mitigating actions which you propose to take to overcome negative impacts or implications:</i>

A copy of this document (or when no IIA is needed, the screening tool) must accompany relevant draft IJB Reports at IJB Pre-Agenda stage and at IJB. It should accompany IJB papers and should be published with relevant IJB Report.

Following IJB agreement of report contact Joyce.barclay@dundee.gov.uk to post IIA on DHSCP website.

NB Corporate Risk- is addressed in IJB reports.

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Administrative Use	<i>Provide a link to relevant IJB Agenda for IJB Report including Agenda record page numbers where report is found.</i>
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