



Clerk and Standards Officer:
Roger Mennie
Head of Democratic and Legal
Services
Dundee City Council

City Chambers
DUNDEE
DD1 3BY

24th January, 2024

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER
REPRESENTATIVES OF THE DUNDEE CITY HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD
(See Distribution List attached)

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I would like to invite you to attend a special meeting of the above Joint Board which is to be held remotely on Wednesday, 31st January, 2024 at 12.30pm.

Apologies for absence should be intimated to Arlene Hay, Committee Services Officer, on telephone 01382 434818 or by e-mail arlene.hay@dundeecity.gov.uk.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by 12 noon on Monday, 29th January, 2024.

Yours faithfully

VICKY IRONS
Chief Officer

AGENDA**1 APOLOGIES****2 DECLARATION OF INTEREST**

Members are reminded that, in terms of the Integration Joint Board's Code of Conduct, it is their responsibility to make decisions about whether to declare an interest in any item on this Agenda and whether to take part in any discussions or voting.

3 APPOINTMENT OF VOTING MEMBER AND POSITION OF CHAIRPERSON

It is reported that Pat Kilpatrick is leaving NHS Tayside Board and that at the meeting of NHS Tayside Board held on 14th December, 2023 it was agreed that Beth Hamilton be appointed as replacement Voting Member and Chair of Dundee Integration Joint Board effective from 14th December, 2023.

The Integration Joint Board is asked to note the position.

4 DELIVERY OF GENERAL MEDICAL SERVICES FOR PATIENTS REGISTERED WITH PARK AVENUE MEDICAL PRACTICE - Page 1

(Report No DIJB1-2024 by the Chief Officer, copy attached).

5 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held remotely on Wednesday, 21st February, 2024 at 10.00am.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST
(REVISED DECEMBER 2023)

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

<u>Role</u>	<u>Recipient</u>
VOTING MEMBERS	
Non Executive Member (Chair)	Beth Hamilton
Elected Member (Vice Chair)	Councillor Ken Lynn
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	Donald McPherson
Non Executive Member	Sam Riddell
NON VOTING MEMBERS	
Chief Social Work Officer	Diane McCulloch
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	Suzie Flower
Registered medical practitioner (not providing primary medical services)	Dr James Cotton
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Christina Cooper
Service User residing in the area of the local authority	Liz Goss
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Emma Fletcher
Clinical Director	Dr David Shaw
PROXY MEMBERS	
Proxy Member (NHS Appointment for Voting Member)	Jenny Alexander
Proxy Member (DCC Appointment for Voting Members)	Councillor Lynne Short
Proxy Member (DCC Appointment for Voting Members)	Councillor Roisin Smith
Proxy Member (DCC Appointment for Voting Member)	Bailie Helen Wright

(b) CONTACTS – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
NHS Tayside (Chief Executive)	Grant Archibald
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Chief Executive)	Greg Colgan
Dundee City Council (Executive Director of Corporate Services)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Maureen Moran
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Elaine Holmes
Dundee City Council (Members' Support)	Sharron Wright

Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Jordan Grant
Dundee Health and Social Care Partnership	Christine Jones
Dundee Health and Social Care Partnership	Kathryn Sharp
Dundee City Council (Communications rep)	Steven Bell
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Gillian Robertson
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Audit Manager)	Richard Smith
Regional Audit Manager – NHS	Barry Hudson



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
31 JANUARY 2024

REPORT ON: DELIVERY OF GENERAL MEDICAL SERVICES FOR PATIENTS
REGISTERED WITH PARK AVENUE MEDICAL PRACTICE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB1-2024

1.0 PURPOSE OF REPORT

This report outlines the current position with Park Avenue Medical Practice in relation to the termination of their GMS contract on 12 April 2024 and the options for ensuring continuity of care for those patients registered with the practice. The Integration Joint Board is asked to comment on the issues contained within this report prior to a decision by the Director of Primary Care.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the current position with Park Avenue Medical Practice and the termination date of their GMS contract with NHS Tayside on 12 April 2024.
- 2.2 Notes the options explored for ensuring ongoing care for those patients currently registered with Park Avenue Medical Practice.
- 2.3 Notes the preferred option is to disperse patients to other practices utilising the 2C network in Dundee and independent practices as described in paragraph 4.5.4.
- 2.4 Provide comment to the Director of Primary Care, NHS Tayside to consider in their decision making.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Primary Medical Services are largely funded from Scottish Government General Medical Services (GMS) funding, with additional funds for locally agreed services delivered by practices. As this funding is predominately based on population, the funding would move with patients regardless of the preferred option. Some of the options would be likely to have a greater affordability impact than others, particularly as there is a substantial premium cost to providing services through a 2C practice.
- 3.2 The recommendation to disperse patients across a combination of Board managed 2C practices and independent contractors is one where the recurring provision of services will have an impact on the GMS budget. The extent of the increased cost within the 2C network will depend on the number of people who are dispersed to the existing 2C practices. There will also be additional funding required in year 1 primarily to support the additional work for practices to register and support new patients in a short period of time.

- 3.3 While the financial implications can be ranked (from 2C being most expensive, through to dispersal then tender/merger), the detailed financial implications for the preferred option cannot be fully quantified at present until the dispersal option (if approved) is fully modelled. At this point, the additional recurring cost associated with the number of patients moving to the existing 2C practices along with the one-off funding distributed to independent providers and 2C practices to support patients moving to these practices can be more fully identified. The financial implications will be dependent on the split of how patient dispersal is progressed. It is acknowledged that the preferred option will result in an additional cost pressure for the three IJBs.

4.0 MAIN TEXT

4.1 Practice Context

- 4.1.1 Park Avenue Medical Practice provides general medical service care under a standard 17J GMS Contract. Patients registered with Park Avenue Medical Practice live across the city with 67% living on the east side of the city within DD4 and DD5 post code areas. The practice has experienced difficulties over the last few years with the recruitment and retention of GPs. The practice has one Career Start GP currently as part of NHS Tayside's GP recruitment and retention programme. The planned retirement of one of the two remaining GP partners means there will be only a single-handed GP contractor for the practice which has a list size of 4715 as at January 2024. From a sustainability perspective it is preferable to have GP Partnerships rather than single handed contractors as this offers significantly more resilience. Park Avenue Medical Practice remains in a position where it has been unable to secure a stable GP workforce to ensure ongoing safe and quality person-centred care.
- 4.1.2 In July 2023 the GP Partnership at Park Avenue Medical Practice formally submitted a letter to NHS Tayside Primary Care Services (PCS), intimating that they would be terminating their GMS contract due to one of the partners retiring, the remaining partner not wishing to continue as sole GP, and there had been difficulties around recruitment and retention of any new GPs. NHS Tayside responded, noting a termination date for Park Avenue's GMS contract of 12 April 2024 at 6pm. It has been agreed that to ensure the safe and efficient transfer of care for patients to new practices the Park Avenue Medical Practice will not see patients from 29 March at 6pm.
- 4.1.3 There are a number of staff who work in Park Avenue Medical Practice, the majority of whom are directly employed by the GP practice with the exception of one Career Start GP who is employed by NHS Tayside.
- 4.1.4. In considering the future of the practice, the IJB and NHS Tayside are asked to take into consideration how care to patients is best maintained, and the risks to practices, and local health and social care services, can be minimised.

4.2 Wider Context

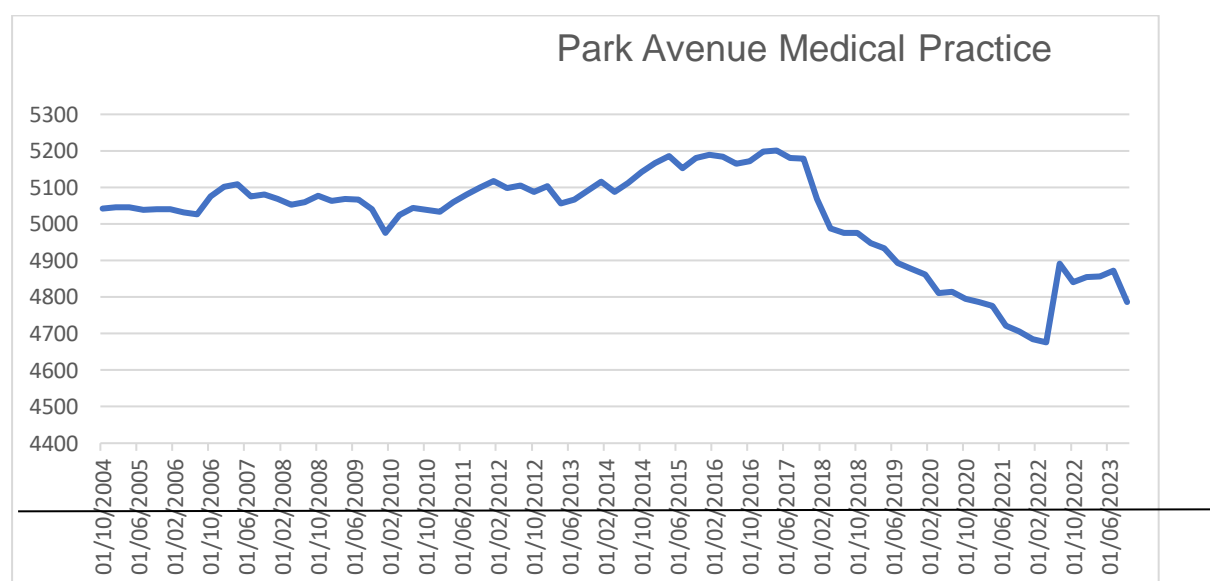
- 4.2.1 It is widely acknowledged that General Practice across the UK is experiencing a period of extreme difficulty which has been exacerbated by the pressures linked to COVID and post COVID recovery. Within Tayside, there are currently four practices operating under Section 2C arrangements with staff employed by NHS Tayside. Dundee has two 2C practices, Lochee and Maryfield. A survey was undertaken with practices early 2023. This highlighted that out of 22 Dundee practices 10 had at least 1 GP vacancy, and 17 had indicated they have had difficulty recruiting in the last two years. In addition, over the next two years a further six GP Partners plan to retire across four practices in Dundee. There are also vacancies in the 2C practices across Tayside, in some cases with a number of vacant posts which have been difficult to recruit to. The recent dispersal in 2022 of patients from Ryehill Medical Practice had an impact on practices in Dundee, and subsequently the closure of Invergowrie Medical Practice also had an impact, contained to some extent because the majority of the 1800 patients, many of whom were Perth & Kinross residents, went to one practice.

- 4.2.2 General Practices have a number of ways in which they can manage their list size. This includes requesting NHS Tayside Primary Care Services change the area they accept patients from (change to the boundary of the practice) and, also with agreement from NHS Tayside Primary Care Services, practices can temporarily stop accepting new patients (operating a closed list). In Dundee in the last 18 months 12 practices have had closed lists, some on more than one occasion, reflecting the workforce pressures on the practices at that time point. A number of these practices with closed lists cover part of the area the Park Avenue Medical Practice covers.
- 4.2.3 In 2018 the Scottish Government introduced a new GP contract aimed at encouraging more GPs to enter the profession, to reduce the exit of retiring GPs and to reduce the workload of existing GPs so that they can manage their existing practice populations. Patients when contacting their practice may now be offered an appointment with another health professional who is skilled in a particular area of care and who can assess and plan their care. These services have been described within the Primary Care Improvement Plan and include physiotherapists, mental health practitioners and pharmacists. However, there are also local and national workforce challenges for these professions resulting in care which could be delivered by other professionals often remaining with the GP.

4.3 Practice Characteristics

- 4.3.1 The variation in practice population registered with Park Avenue Medical Practice is demonstrated in Chart 1 below, noting there has been an overall decrease in this number since 2005, with a small increase following recent closures and a further small drop in the last few months since the current GP noted their intention to terminate their contract.

Chart 1



- 4.3.2 The practice is located within Dundee, with the majority of the patients living in the Maryfield and East End wards. 49% of the practice population fall under Quintile 1 the most deprived quintile. The corresponding percentage for Dundee HSCP is 38%. A chart showing the practice age distribution is below in Chart 3. 3 % of the patient population are under 5 years of age, 67% are within the age range 25 to 64 and 7% are over 75.

Chart 2

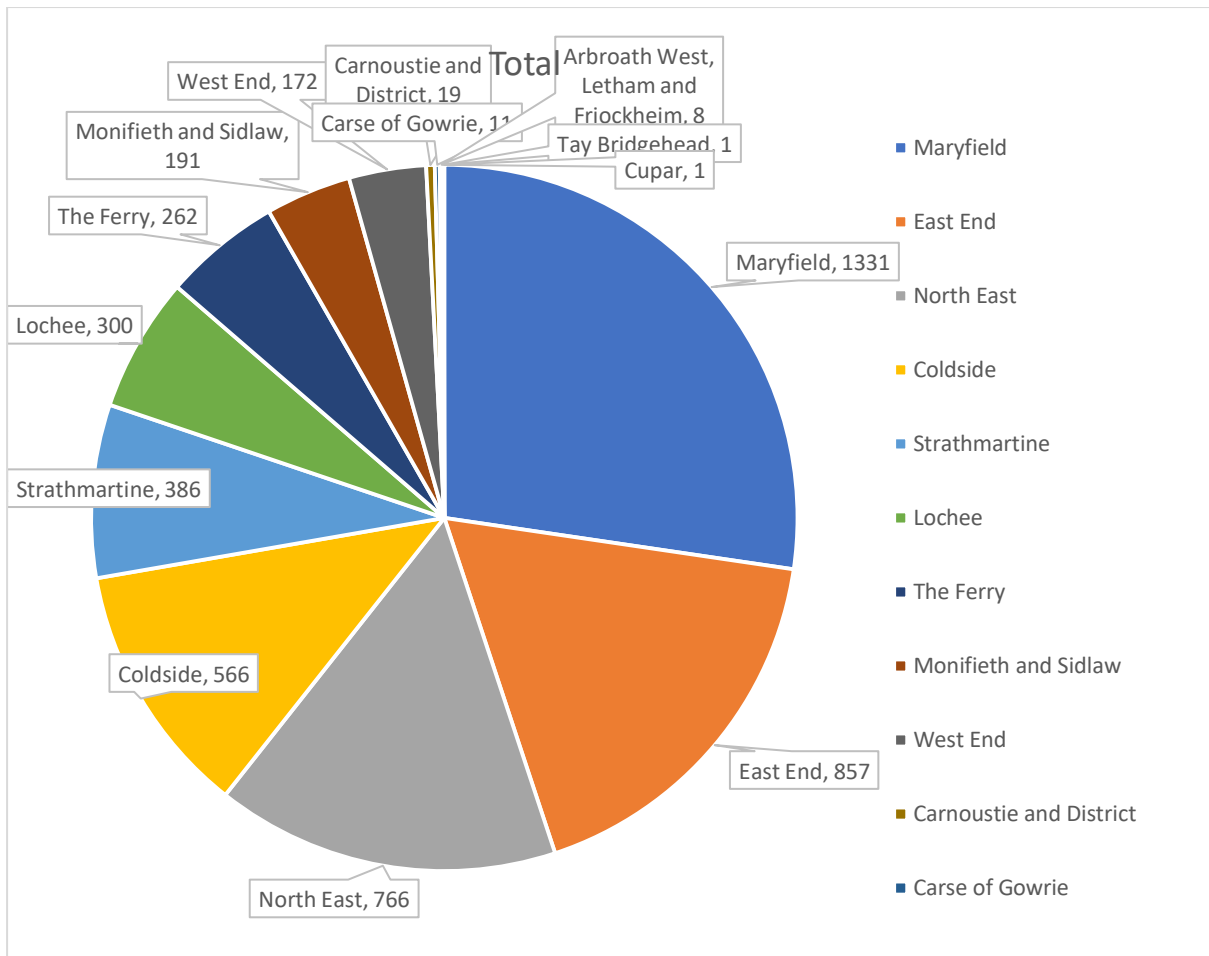
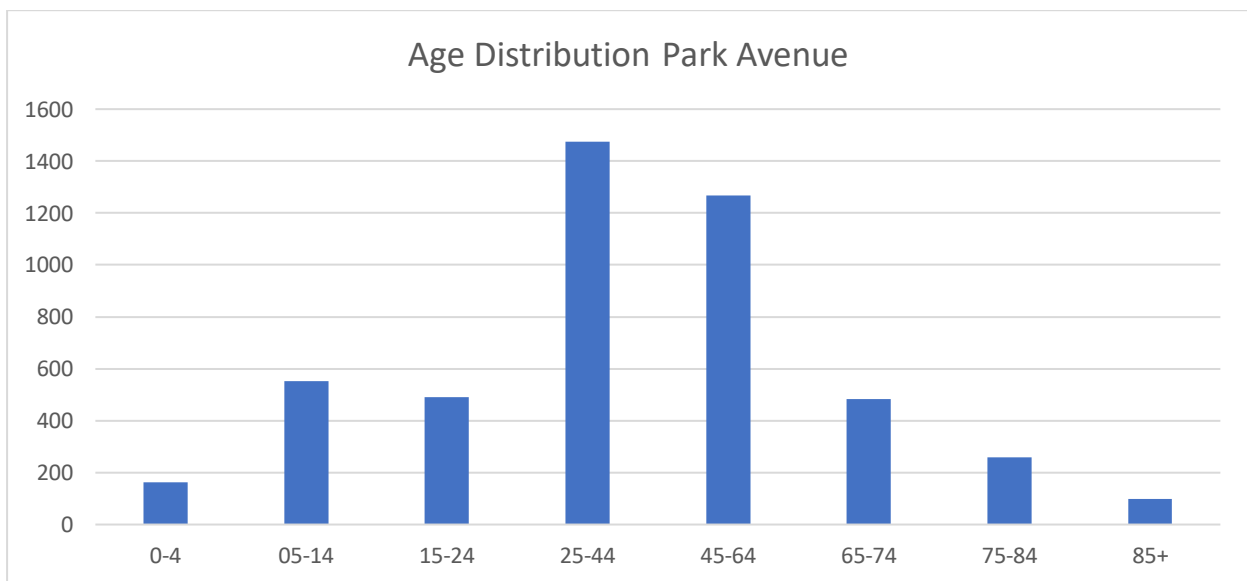


Chart 3



4.4 Assessment

- 4.4.1 The practice has been unable to recruit to GP posts for some time. One of the two remaining GP Partners is retiring, which would lead to the practice being a single-handed practice. This position has little resilience and is one which the remaining partner does not feel they would be able to safely continue to deliver the quality of care to their patients they would wish to. The practice formally notified NHS Tayside of their intention to hand back their contract. The contract will terminate on the 12 April 2024 closing to patients on 29 March 2024.
- 4.4.2 The practice is based in Park Avenue a building owned by current and former GP Partners.
- 4.4.3 In order to ensure ongoing GMS care for those patients registered with the practice it was agreed to review all possible options to deliver care. Given the current challenges for all staffing across Tayside, but in particular Dundee City, there is no immediate solution as the system is finding it challenging to deliver high quality access to GMS, which has been exacerbated by the COVID pandemic in a range of ways. In addition to ensuring care for those registered with Park Avenue Medical Practice it is also important not to destabilise other practices in a way that would significantly impact on their ability to deliver safe and effective care. It is recognised that this impact would be across practices in Dundee. The closure of Ryehill and Invergowrie impacted most on practices towards the west of the city. Demand on practices remains high with people finding it difficult to get an appointment, particularly for less urgent care.

4.5 Options Review

- 4.5.1 A number of options are considered when a practice terminates its contract, including merger with another practice, a tendering process to see if another provider would take over the contract, running the practice directly by NHS Tayside (a 2C arrangement), and dispersing patients to other practices. A working group from NHS Tayside, including NHS Tayside Primary Care Department, Property and Communications teams, Community Pharmacy and Dundee HSCP, was established to consider feasible options and agree a recommendation for consideration. These options are outlined in Appendix 1. Prior to the practice terminating their contract Dundee HSCP Primary Care Team and Primary Care Services worked closely with the practice to consider options to augment GP staffing and maintain the practice, including deploying a Career Start GP for a second period of time.
- 4.5.2 Part of the options review process was to agree a number of objectives that informed the options and were considered along with professional judgement to inform a recommendation: These objectives are consistent with those used previously for this process. The feasibility of achieving the option by March 2024, the longer-term sustainability, and maintaining safe and effective care were seen as critical factors.
- To ensure all patients currently registered with Park Avenue Medical Practice continue to have access to high quality, person centred and safe GP and primary care services
 - The solution retains GP services within the local area
 - The solution ensures that ALL patients within the Dundee practices continue to have access to high quality, person-centred and safe GP and primary care services
 - The solution is achievable within the timeframe
 - The solution is viable to enable a sustainable long term solution
 - The solution is consistent with the strategic direction for primary care services in Dundee.
 - The solution ensures best use of resources (staff and space)
 - Finance assessment (cost)
- 4.5.3 One of the options was to offer the contract for tender. This process was implemented, with a submission date of the 16 October 2023. No tenders were received despite notes of interest. A business merger with another practice can also be a desirable option however no approach has been made to the current GP partnership to propose a merger. Running the practice as a

2C practice was considered but there are significant concerns regarding the sustainability and long-term viability of this solution with respect to staffing and premises provision.

- 4.5.4 A key consideration if patients are allocated to surrounding practices is that this could create pressure on those practices and increases demand further for many practices who are already finding it difficult to provide enough appointments. All practices in the Dundee area have been contacted to ask if they have capacity to support the dispersal of patients if Park Avenue no longer operates. A small number have indicated that they can, from around 200 patients to up to around 1500. The current 2C practices can accommodate some patients and, with additional staff, can accommodate a larger cohort of patients. When considering practices who have indicated possible support there is a spread across the city. If this option is approved the transfer of patients will be in place with the receiving practices from 8am on the 2 April 2024. A number of other practices in the local area will still be accessible for people to register with if they are new to the area.
- 4.5.5 Therefore, as summarised in the table in appendix 1, the option which best meets the objectives noted in section 4.5.2 is to disperse the patients, aligning them across a small number of independent contractors and the two Dundee 2C practices
- 4.5.6 Should this option be approved, then in advance of the 29 March patients will be contacted by letter to inform them of the decision and the name of the practice they will be allocated to. NHS Tayside PCS ensure that patients are allocated to a practice as close to their homes as possible. A frequently asked questions document will also be provided. Patients who are seen as more vulnerable, particularly those with complex needs, will be supported to transition to their new practice.
- 4.5.7 The Director of Primary Care will make a decision on the final outcome on behalf of NHS Tayside. If the decision is made that the practice will close NHS Tayside will offer staff an opportunity to go onto the Board's skills register, potentially enabling the retention of the skills locally. It is anticipated that some of the staff may match to roles which will be required in 2C practices.
- 4.5.8 The building is owned by some of the current and former partners and a decision on its future will be made by the owners.

4.6 Conclusion

- 4.6.1 Given the current demands on Primary Care teams, including general practice, there is not a simple solution to how best to deliver ongoing care for those who are registered with Park Avenue Medical Practice. After reviewing a range of options, the IJB are asked to note the recommendation that Park Avenue Medical Practice patients are dispersed across independent GMS practices and the two current Dundee 2C practices.

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 of / mitigating factors for them is included as an Appendix to this report.

6.0 RISK ASSESSMENT

Risk Category	Operational
Inherent Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9
Mitigating Actions (including timescales and resources)	The review group has linked closely with practices and wider teams to assess feasibility and additional requirements to make this achievable. A significant number of the patients are likely to be registered with a 2c practice with the expectation NHS Tayside will be able to increase staffing, including the potential for staff from Park Avenue to secure jobs there
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Approval recommendation	Given the context this risk should be accepted

7.0 CONSULTATIONS

The Operational Medical Director for Primary Care, Primary Care Service Manager, Lead GP Dundee HSCP, the Chief Finance Officer, and the Clerk were consulted in the preparation of this report. Practices, including via cluster meetings, have been involved in the development and review of options. A short life working group has led the process to consider the options appraisal process.

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	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None.

Vicky Irons
Chief Officer

DATE: 23rd January 2024

David Shaw
Operational Medical Director Primary Care NHS Tayside
Clinical Director/AMD Dundee HSCP

Deborah McGill
Service Manager Primary Care Services
NHS Tayside

Shona Hyman
Senior Manager Service Development and Primary Care
Dundee HSCP

Appendix 1 List of options

Option	Descriptor	Summary
1	Seek new provider through procurement exercise. Invitation to submit a business case	This approach would have brought additional capacity into the system; however, no bids were received.
2	Close the practice and disperse patients across other practices including 2Cs	This solution scored the highest. A managed dispersal across a small number of contractors and 2C practices offered the most sustainable solution and potentially best use of available staff and premises resources. It provided a better option to align patients to practices closer to home, over dispersal to one existing practice. It does create a pressure on practices as it reduces any capacity to accommodate list or practice closures by neighbouring practices
3	Combine with existing 2C practice on one site	This was not viewed as achievable within the timeframe, in part due to constraints on clinical space in the 2C practices, nor viable for the sustainability of either individual 2C practice in the short, medium, or long term
4	Combine with an existing 2C practice (on one or more sites)	Due to the number of patients needing accommodated and the challenges faced in the 2C network regarding staffing this was not a sustainable option.
5	Operate the practice as a 2C practice in current location	This solution was not sustainable in the long term with respect to staffing and premises. There are a number of other practices very close to this practice which can provide local care.
6	Operate the practice as a 2C practice in different location	This solution was not a sustainable long-term solution with respect to staffing nor achievable in the timeframe with respect to premises.
7	Business merger with another independent practice	Potential to retain a practice on current site, assuming the merged practice chooses to do that, but may not retain staff. No other practice has shown interest. This cannot be achieved within the timescales.

Each option was considered against the following objectives.

1. To ensure all patients currently registered with Park Avenue Medical Practice continue to have access to high quality, person centred and safe GP and primary care services
2. The solution retains GP services within the local area
3. The solution ensures that ALL patients within the Dundee Practices continue to have access to high quality, person centred and safe GP and primary care services
4. The solution is achievable within the timeframe
5. The solution is viable to enable a sustainable long term solution
6. The solution is consistent with the strategic direction for primary care services in Dundee
7. The solution ensures best use of resources (staff and space)
8. Finance assessment (cost)

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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	Provision of General Medical Services for Park Avenue Patients
Lead Officer for Report/Project/Strategy (Name and Job Title)	Shona Hyman, Senior Manager Service Development and Primary Care
Name and email of Officer Completing the Screening Tool	Gail McClure Primary Care Team Manager gail.mcclure@nhs.scot
List of colleagues contributing information for Screening and IIA	Shona Hyman & Gail McClure
Screening Completion Date	22 January 2024
Name and Email of Senior Officer to be Notified when Screening complete	Vicky Irons, Chief Officer Vicky.iron@dundeecity.gov.uk

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	Continue with Screening Process

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"/>	Proceed directly to IIA	<input checked="" type="checkbox"/>	Continue with Screening Process
An area or partnership-wide Plan	<input type="checkbox"/>	Proceed directly to IIA	<input checked="" type="checkbox"/>	Continue with Screening Process
A Plan, programme or Strategy that sets the framework for future development consents	<input type="checkbox"/>	Proceed directly to IIA	<input checked="" type="checkbox"/>	Continue with Screening Process
The setting up of a body such as a Commission or Working Group	<input type="checkbox"/>	Proceed directly to IIA	<input checked="" type="checkbox"/>	Continue with Screening Process
An update to a Plan	<input type="checkbox"/>	Proceed directly to IIA	<input checked="" type="checkbox"/>	Continue with Screening Process

There 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 checked="" 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 checked="" type="checkbox"/>	No	Continue Screening Process	<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 checked="" 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 checked="" type="checkbox"/>	No	Continue Screening Process	<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 checked="" type="checkbox"/>	No	Continue Screening Process	<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 checked="" 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 checked="" type="checkbox"/>	No	Continue Screening Process	<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 checked="" type="checkbox"/>	No	Continue Screening Process	<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 checked="" type="checkbox"/>	No	Continue Screening Process	<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 checked="" type="checkbox"/>	No	Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on the Built Environment? <i>Built heritage; housing.</i>			
<input checked="" type="checkbox"/>	No	Continue Screening Process	<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	Gail McClure
Author Title	Primary Care Team Manager, Dundee DHSCP
Dundee Health and Social Care Partnership	
Author Email	gail.mcclure@nhs.scot
Author Telephone	01382 660111 ext 55574
Author Address	Kings Cross, Dundee

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

Document Title	Delivery of General Medical Services for Patients Registered with Park Avenue Medical Centre
IJB Report Number	DIJB1-2024
Document Type	IJB Report
New or Existing Document?	New document
Document Description	The document describes the proposed arrangements to provide general medical services to patients currently registered with Park Avenue
Intended Outcome	To ensure provision of General Medical Services for residents in Dundee, specifically to align current patient registered with Park Avenue Medical Practice with appropriate alternative services.
Planned Implementation Date	29 March 2024
Planned End Date	n/a
How the proposal will be monitored and how frequently	n/a
Planned IIA review dates	n/a
IIA Completion Date	22 January 2024
Anticipated date of IJB	31 January 2024

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
Chair Service Manager Primary Care Services	SLWG	Representation from NHT Primary Care Services, Dundee HSCP, Pharmacy, Human Resources, Digital to develop recommendation. Members of the SLWG have been involved in recent similar changes and have drawn on this experience and knowledge of previous similar situations to inform assessments.	2023

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Chair Clinical Director Dundee HSCP	SLWG	Regular meetings with Park Avenue to maintain collaborative working arrangements, latterly to ensure smooth transition to new arrangements for patients.	2023-2024

Equality and Fairness Impact Assessment Conclusion

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

Park Avenue Medical Centre will terminate its General Medical Services (GMS) contract due to the forthcoming GP retirement of one of the two remaining partners. The practice will stop providing services on 29 March 2024. The assessment covers the need to provide GMS services for all patients currently registered with Park Avenue Medical Centre and the proposal is to disperse patients to a small group of practices. Patients will be aligned to practices based on their home address taking cognisance of GP practice boundaries. The assessment indicates that there will be no significant impact on the registered patient population who have protected characteristics as they will be able to access general medical services through other local practices. There will of course be a short-term impact and inconvenience through changing to another practice and they will miss the relationships they have built with their current GP Practice team and the extended team.

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	All patients will continue to receive the same general medical services in close proximity to their home address where possible within a "20 minute neighbourhood". Some people may have to travel further but it is anticipated this will be a small number of people. A greater number of people may have to travel less. People will lose the relationship with their current "known" professionals, although this would have happened with the retiring GP and it is hoped the remaining staff will remain in the local healthcare system.
No Impact		
Negative	x	
Not Known		
Disability	Y/N	Explanation, assessment and potential mitigations
Positive	x	Park Avenue and the immediate area is very well served for buses and bus stops, however, patients will be aligned based on their home address to a practice within whose practice's boundary they reside. In many cases this will be geographically closer than to their current provider. Where there are significant issues for travel there will be a process where individual patients can ask to be aligned to another practice if this is geographically closer.
No Impact		
Negative	x	
Not Known		
Gender Reassignment	Y/N	Explanation, assessment and potential mitigations
Positive		All patients will continue to receive the same general medical services
No Impact	x	
Negative		
Not Known		
Marriage & Civil Partnership	Y/N	Explanation, assessment and potential mitigations
Positive		All patients will continue to receive the same general medical services
No Impact	x	
Negative		

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Not Known		
Race & Ethnicity	Y/N	Explanation, assessment and potential mitigations
Positive		All patients will continue to receive the same general medical services
No Impact	x	
Negative		
Not Known		
Religion & Belief	Y/N	Explanation, assessment and potential mitigations
Positive		All patients will continue to receive the same general medical services
No Impact	x	
Negative		
Not Known		
Sex	Y/N	Explanation, assessment and potential mitigations
Positive		All patients will continue to receive the same general medical services
No Impact	x	
Negative		
Not Known		
Sexual Orientation	Y/N	Explanation, assessment and potential mitigations
Positive		All patients will continue to receive the same general medical services
No Impact	x	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above.		
none		

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)	<i>(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)</i>
	Positive	
x	No Impact	
	Negative	
	Not Known	
Y/N	Lochee (Lochee Beechwood, Charleston & Menzieshill)	Patients will be aligned to those practices closest to their homes who are able to accept new patients and within whose boundary they reside. In many cases this will be closer than the location of the current practice's premises. No additional costs to access services are anticipated and in many instances the new alignment will move closer to a 20 Minute neighbourhood.
	Positive	
x	No Impact	
	Negative	
	Not Known	
Y/N	Coldside (Hilltown, Fairmuir & Coldside)	There are no inequalities of outcome as a result of this change as the same general medical services will be provided.
	Positive	
x	No Impact	
	Negative	
	Not Known	
Y/N	Maryfield (Stobswell & City Centre)	There are several other practices located in the Maryfield Ward so that there is still access to practices locally.
	Positive	
x	No Impact	
	Negative	
	Not Known	

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	Positive	
x	No Impact	
	Negative	
	Not Known	
Y/N	North East (Whitfield, Fintry & Mill O'Mains)	
	Positive	
x	No Impact	
	Negative	
	Not Known	
Y/N	East End (Mid Craigie, Linlathen & Douglas)	
	Positive	
x	No Impact	
	Negative	
	Not Known	
Y/N	The Ferry	
	Positive	
x	No Impact	
	Negative	
	Not Known	
Y/N	West End	
	Positive	
x	No Impact	
	Negative	
	Not Known	

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
	Positive	General medical services provision and proximity of provision will be the same.
x	No Impact	
	Negative	
	Not Known	
Y/N	Carers	Explanation, assessment and potential mitigations
x	Positive	General medical services provision and proximity of provision will be the same. For carers they may need less time to travel to appointments if the new practice is closer to them. For some there may be a slight increase in time required. There may be a loss of established relationships for carers who care for a patient and have developed a trusting relationship with that person's GP. Carers will hopefully be able to rebuild this after having had positive experiences in the past.
	No Impact	
x	Negative	
	Not Known	
Y/N	Lone Parent Families	Explanation, assessment and potential mitigations
	Positive	General medical services provision and proximity of provision will be the same
x	No Impact	
	Negative	
	Not Known	
Y/N	Single Female with Children	Explanation, assessment and any potential mitigations
	Positive	General medical services provision and proximity of provision will be the same
x	No Impact	
	Negative	
	Not Known	
Y/N	Young Children and/or Greater Number of Children	Explanation, assessment and potential mitigations
	Positive	General medical services provision and proximity of provision will be the same
x	No Impact	
	Negative	

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	Not Known	
Y/N	Retirement Pensioner (s)	Explanation, assessment and potential mitigations
	Positive	General medical services provision and proximity of provision will be the same
x	No Impact	
	Negative	
	Not Known	
Y/N	Unskilled Workers and Unemployed	Explanation, assessment and any potential mitigations
	Positive	General medical services provision and proximity of provision will be the same
x	No Impact	
	Negative	
	Not Known	
Y/N	Serious & Enduring Mental Health	Explanation, assessment and potential mitigations
	Positive	General medical services provision and proximity of provision will be the same
x	No Impact	
	Negative	
	Not Known	
Y/N	Homeless	Explanation, assessment and potential mitigations
	Positive	General medical services provision and proximity of provision will be the same
x	No Impact	
	Negative	
	Not Known	
Y/N	Households of Single Female with Children	Explanation, assessment and any potential mitigations
	Positive	General medical services provision and proximity of provision will be the same
x	No Impact	
	Negative	
	Not Known	
Y/N	Drug and/or Alcohol	Explanation, assessment and any potential mitigations
	Positive	General medical services provision and proximity of provision will be the same
x	No Impact	
	Negative	
	Not Known	
Y/N	Offenders and Ex-Offenders	Explanation, assessment and any potential mitigations
	Positive	General medical services provision and proximity of provision will be the same
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
	Positive	No known impact.
x	No Impact	
	Negative	
	Not Known	
Y/N	Education & Skills	Explanation, assessment and any potential mitigations
	Positive	No known impact.
x	No Impact	
	Negative	
	Not Known	
Y/N	Income	Explanation, assessment and any potential mitigations
	Positive	No known impact.
x	No Impact	
	Negative	
	Not Known	
Y/N	Fuel Poverty	Explanation, assessment and any potential mitigations
	Positive	No known impact.
x	No Impact	
	Negative	
	Not Known	

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Y/N	Caring Responsibilities (including Childcare)	Explanation, assessment and any potential mitigations
	Positive	No known impact.
x	No Impact	
	Negative	
	Not Known	
Y/N	Affordability & Accessibility of Services	Explanation, assessment and any potential mitigations
	Positive	No known impact. Proximity of services will be the same.
x	No Impact	
	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 known impact.
X	No Impact	
	Negative	
	Not Known	
Y/N	Income / Benefit Advice / Income Maximisation	Explanation, assessment and any potential mitigations
	Positive	No known impact
X	No Impact	
	Negative	
	Not Known	
Y/N	Employment Opportunities	Explanation, assessment and any potential mitigations
	Positive	No known impact
X	No Impact	
	Negative	
	Not Known	

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Y/N	Education	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Health	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Life Expectancy	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Mental Health	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Overweight / Obesity	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Child Health	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Neighbourhood Satisfaction	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Transport	Explanation, assessment and any potential mitigations
	Positive	No known impact
x	No Impact	
	Negative	
	Not Known	

PART 2- Assessment (continued)

Environment- Climate Change		
Y/N	Mitigating Greenhouse Gases	Explanation, assessment and any potential mitigations
	Positive	No known impact
X	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	
	Not Known	

PART 2- Assessment (continued)

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Resource Use		
Y/N	Energy Efficiency and Consumption	Explanation, assessment and any potential mitigations
x	Positive	Travel will be reduced for some people with a positive impact overall on energy consumption
	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
	Positive	No known impact
X	No Impact	
	Negative	
	Not Known	

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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>Patients will be aligned to existing practices. Therefore no environmental impact</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	
	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	
	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	
	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	

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