ITEM No …10……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 24 JUNE 2026**

REPORT ON: **TAYSIDE PRIMARY CARE FOUNDATIONAL STRATEGY 2026-28**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB29-2026**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to present the Tayside Primary Care Foundational Strategy 2026-28, developed by Angus Integration Joint Board as Lead Partner, to Dundee Integration Joint Board for approval.

2.0 RECOMMENDATIONS

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

2.1 Approve the Tayside Primary Care Foundational Strategy 2026–2028

2.2 Note the NHS Tayside Board endorsement and system-wide engagement

2.3 Acknowledge the requirement for ongoing system-wide governance through the Primary Care Board and Integrated Care Board

3.0 FINANCIAL IMPLICATIONS

3.1 The strategy does not commit any additional resources but aligns existing resources towards prevention and community capacity and protects core General Medical Services as a strategic priority.

4.0 BACKGROUND INFORMATION

4.1 Primary Care delivers approximately 90% of NHS patient contacts and is fundamental to prevention, continuity of care, equity and system flow. However, services across Tayside face sustained demand, increasing complexity and workforce fragility.

4.2 The Foundational Strategy has been developed as a bridging strategy (2026–2028) in advance of national policy (Primary and Community Care Route Map). It establishes:

Stabilisation of General Practice and contractor services

Strengthened multidisciplinary team (MDT) models

Clearer urgent and Out of Hours interfaces

Defined governance across NHS Tayside and HSCPs

Financial principles based on recurrent funding and sustainability

4.3 This represents a deliberate shift from Primary Care as a “pressure valve” to a strategic anchor of system sustainability, enabling prevention, improving flow and reducing avoidable hospital demand.

4.4 The Strategy has:

Been developed through extensive system engagement (Executive Team, Area Clinical Forum, contractor groups, HSCP leadership)

Been endorsed by NHS Tayside Board (April 2026)

Alignment of the strategy has been confirmed with:

GP Out of Hours Strategic Framework

NHS Tayside’s Operational Improvement Plan

NHS Tayside’s Acute Services Reform

Service Renewal Framework 2025-2035

4.5 All three IJBs are required to consider and approve the Strategy to enable implementation under Lead Partner arrangements.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality and Diversity, Fairness and 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

6.1 6.1 The content of this report relates to the following risk from the IJB Strategic Risk Register:

Risk	11IJB – Whole System Collaboration – There is a risk of the co-ordination of whole system planning and commissioning being insufficient to enable integration of health and social care services and improve outcomes for people.
Risk Level	12 – High
Risk Appetite	Within appetite
The report demonstrates:	
	An increase in risk level
	A reduction in risk level
	The effectiveness of current controls
X	**The identification and implementation of additional controls** The agreement of the Tayside Primary Care Foundational Strategy 2026-28 represents a significant additional control, given the shared priorities between this approach and the IJB’s strategic commissioning framework
	The presence of a new / emerging risk

7.0 CONSULTATIONS

7.1 The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

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. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Chief Officer

DATE: 11 June 2026

Tayside Primary Care Foundational Strategy 2026 - 2028

Contents Page

Tayside Primary Care Foundational Strategy 2026 – 2028 – Plan on a Page

Our Vision

We have a sustainable, clinically led, person centred, digitally enabled, prevention-focused primary care system that remains at the heart of healthcare and reduces inequalities, where integrated care is delivered by multidisciplinary teams working in every community.

Reasons for change

- Demand for appointments is increasing, particularly for people with multiple complex problems; we need to make sure access to Primary Care is equitable and meets the needs of everyone in Tayside, now and in the future.
- There are lots of different teams and professionals who work in Primary Care and we need to make sure they work in a more integrated way to improve care for the whole population.
- Primary Care has a key role to play as, often, the first point of contact for people and as part of an ambitious and joined-up approach to prevention so that people can stay well for longer.

Our priorities

Prevention and proactive care
We need to support the population of Tayside to avoid health problems and illnesses before they develop so people have improved life expectancy and quality of life.

Reduce inequalities and unequal health outcomes
We need to focus on 'getting it right for everyone', with mental health given equal priority to physical health.

Deliver care closer to home
We will focus on providing care in the right place, by the right person at the right time.

Dynamic models
We need to create a primary care system that meets the needs of local community, taken into account rurality, socio-economic status and population demographics.

Tayside Primary Care Foundational Strategy 2026 - 2028

Delivering the best Primary Care Services across Tayside

What do we mean by Primary Care?

General Practice Services | Primary Care Out of Hours Services | Pharmacy | Dentistry | Optometry

This image is also available in other formats and large print

Guiding Principles

This strategy has been developed with the following principles at its heart:
Person-centred - people who use our services are at the centre of everything we do and are involved in the design of services.
Prevention - care is preventative, delivered by professionals working together and supporting individuals to take greater responsibility for their own health and wellbeing.
Partnership – working collaboratively with the population of Tayside and the whole Primary Care workforce to ensure an integrated team-based approach.
Excellence - promoting excellence in service delivery and building on evidence-based practice.
Quality - ensuring that the care that we provide is safe and of the highest possible standards.
Deliver best practice - ensuring that all services are evidence based, efficient and cost effective.
Equity - consistency in service delivery ensuring equity of access and treatment for those in need of care and support.
Values based - delivery of outcomes that are high quality and achieve the priorities that individuals identify as important.

Values underpinning everything we do: Caring, compassionate, person-centred, honest and respectful.

How we'll know we have made a difference

- People will know how and when to access routine, planned, urgent and emergency care and we will see an increase in the appropriate use of these services.
- Increase in the number of people who have a positive experience of using Primary Care services.
- Care and support will be provided by integrated teams which are designed to support the needs of their local population.
- Improved capacity and capability to accelerate prevention activities resulting in an increase in the number of people who are able to look after and improve their own health and wellbeing and live in good health, in the place they call home, for longer.
- Earlier identification of factors that put people at risk of developing a long-term condition or complex needs.
- People have access to a range of approaches, that care for and support mental health and wellbeing issues.
- We will have recruited and retained an empowered workforce with the resources, confidence and skills to continuously improve the services they provide.

Executive Summary - Chief Officer, Angus Health & Social Care Partnership

As Chief Officer for Angus Health & Social Care Partnership, and on behalf of the three Tayside Integration Joint Boards (in Angus, Dundee, Perth and Kinross) and NHS Tayside, I am pleased to introduce the *Tayside Primary Care Foundational Strategy 2026–2028*.

Primary Care sits at the heart of Scotland's health and social care system. It delivers around 90% of NHS contacts, meeting most need and offering the greatest opportunities for prevention, continuity and long-term sustainability. The remaining care is delivered across the wider health and social care system including hospital, specialist, urgent and emergency services, highlighting the critical role Primary Care plays in supporting appropriate access, flow and demand across all parts of the system. It is within Primary Care that relationships are built, trust is established, early intervention takes place, and people seek support at their most vulnerable. It is the part of the system that most consistently embodies the values of compassionate, kind and careful care, care that recognises the whole person, their lived experience, and the reality of their day-to-day life. It is also where the ethical principles of Primary Care, care ethics, relational practice, fairness and responsibility, are lived out in real time, every single day.

Primary Care, similar to other areas of the healthcare system, continues to experience significant pressures. This is driven by increasing complexity, rising demand, widening inequalities, constrained workforce capacity, a shift to more care in the community and rapidly evolving national expectations. Within this context, Primary Care is uniquely positioned to respond in ways shaped by continuity, trust and long-term relationships. It offers a form of care that no other part of the system can replicate at scale, providing the earliest opportunity to intervene, prevent deterioration, and support people to stay well in the place they call home, within their own community.

This strategy is therefore an essential first step in a wider transformation to address the strategic imperative to promote health and wellbeing for all. It establishes a clear and credible foundation for repositioning Primary Care as a *strategic anchor* within the Tayside health and social care system, supporting alignment, coordination and effective flow across services rather than the transfer of workload. It describes the shared vision, priorities and enabling conditions we must strengthen over the next two years, while preparing for a longer-term transformation aligned to the forthcoming Scottish Government Primary and Community Care Route Map and emerging strategies and directions for Community Pharmacy, General Dental Services and Community Optometry.

The strategy draws its core vision from the Tayside Primary Care Plan on a Page, of a sustainable, clinically led, person-centred, digitally enabled and prevention-focused Primary Care system delivering integrated support in every community. It also aligns structurally and stylistically with the Tayside GP Out of Hours Strategic Framework 2026–2036, ensuring clear coherence across all system-wide urgent and primary care planning.

Our ambition is clear: to strengthen the role, visibility, capability and leadership of Primary Care across Tayside, ensuring it is treated with parity of esteem alongside acute and specialist care. Primary Care is not an adjunct to the healthcare system; it is its stabilising force and its greatest opportunity to improve population health, reduce inequalities and build a sustainable service for the future.

This strategy has been developed collaboratively and reflects the collective commitment of NHS Tayside, the three Integration Joint Boards, independent contractors, salaried services, professional leaders, third sector partners and our communities. It is intentionally foundational, a practical, real-world map for stabilising, strengthening and preparing Primary Care for the decade ahead. A fuller, long-term Primary Care Strategy will follow in 2028, informed by national policy, lived experience, refreshed modelling and the learning gained from delivering this first phase of transformation.

Jillian Galloway
Chief Officer, Angus Integration Joint Board

1. Introduction and Purpose

NHS Tayside has identified the need to develop a cohesive, Tayside wide Primary Care Strategy that will stabilise the system, articulate a clear and shared vision for Primary Care, and support the organisation's wider corporate objectives.

During the initial scoping phase, it became evident this is not the optimal time to produce a long-term, highly ambitious strategy. The current operational pressures, combined with pace of national policy development, mean that a phased and pragmatic approach is required. In the short term, Primary Care in Tayside must prioritise targeted, incremental improvements that strengthen stability, enable sustainable service delivery, and build the foundations necessary for future transformational change.

This phased approach will:

- Enable early, practical actions that begin to address immediate pressures within Primary Care.
- Provide meaningful support to staff, recognising the ongoing impact of workload intensity on recruitment, retention, and wellbeing.
- Allow time for emerging national policy and frameworks to be published, ensuring Tayside's longer term vision is aligned with and strengthened by national direction.

This foundational strategy sets out a collective and forward-looking ambition for strengthening Primary Care across Tayside between 2026 and 2028. It provides a clear and coordinated foundation for stabilising the system during a period of significant pressure, while preparing for the wider transformation required to meet the needs of our population over the next decade.

The purpose of the strategy is to:

- Stabilise Primary Care by addressing immediate operational, workforce and demand pressures and ensuring core services remain safe, accessible and resilient.
- Strengthen multidisciplinary and community-based care, enabling teams across Tayside to work more effectively together to provide person-centred, holistic support closer to home.
- Support prevention, early intervention and proactive care, reflecting the central role of Primary Care in improving population health and reducing inequalities.
- Prepare the system for a comprehensive 10-year transformation strategy (2028–2038) that will align with emerging national policies and set a long-term direction for Primary and Community Care. Given that approximately 90% of all healthcare contacts occur in Primary Care, ensuring its stability and sustainability is fundamental to the resilience of the whole system.
- Deliver against the Health and Social Care Service Reform Principles; Prevention, People, Community, Population and Digital, ensuring that Primary Care is integral to the wider reform agenda and supports a shift towards a more proactive, equitable and community-anchored model of care.

This strategy applies to the full breadth of Primary Care across Tayside, recognising the essential contribution of all contractors and multidisciplinary groups. It includes General

Medical Services (GMS and 2C practices), Community Pharmacy, Community Optometry and General Dental Services, across the independent contractor

Importantly, the strategy reinforces the alignment of Primary Care with acute services, urgent and unscheduled care pathways, and the wider health and social care system. Strengthened connections with the GP Out-of-Hours (OOH) service, NHS 24, the Scottish Ambulance Service and hospital-based teams will be essential for ensuring safe, seamless transitions between daytime, urgent and emergency care. The strategy emphasises the need for strong alignment with the PDS, which delivers routine and urgent care for priority patient groups across Tayside, including people with physical, cognitive or medical special needs. PDS also helps reduce health inequalities by supporting socially disadvantaged groups, such as people experiencing homelessness or substance related issues.

Equally, the strategy recognises the need for cohesive multidisciplinary teams across the Health and Social Care Partnerships (HSCPs), including community nursing, mental health practitioners, pharmacists, optometrists, dentists, dental care professionals (independent contractors and PDS), Allied Health Professionals (AHPs) and social care colleagues, to operate as a single, coordinated workforce focused on prevention, early intervention and supporting people to remain well in the place they call home. Together, these alignments ensure Primary Care is positioned as a foundational component of whole-system resilience and transformation across Tayside.

2. What Do We Mean by Primary Care?

Primary Care is the first point of contact for most people accessing healthcare. It is provided through a wide range of professionals, services and settings, offering continuous, coordinated and person-centred care across the lifespan. As the part of the system where most of the care is delivered, Primary Care plays an essential role in:

- Prevention and early intervention, identifying risks early and supporting people to maintain their health and wellbeing.
- Long-term condition management, helping people to live well with ongoing health needs through regular review, monitoring and coordinated care.
- Continuous, relationship-based care, supporting continuity, trust and personalised choices and decision-making.
- Coordinating referrals and pathways, ensuring smooth transitions between community, specialist and hospital services.
- Managing clinical and social complexity, providing holistic support for people whose needs span physical, mental and social health.
- Linking with urgent and out-of-hours care, ensuring people receive the right care at the right time, day or night.

Improving population health and reducing inequalities, using every contact to promote wellbeing and support equitable access to care.

There are already several areas of work across the breadth of Primary Care within Tayside that are functioning well. This is recognised, and the strategy seeks to build on this established good practice; strengthening and stabilising what is working well, enabling

sustained collaborative working across the whole system, and ensuring people remain at the centre of their own health and wellbeing.

Across Tayside, Primary Care encompasses a broad range of services and contractor groups, each contributing a distinct and invaluable role within the wider system.

2.1 General Practice

General Practice (GMS and 2C practices) provides first-contact medical assessment, chronic disease management, anticipatory care, unplanned care, prescribing, lifestyle advice and public health interventions. It acts as the clinical anchor for many communities, coordinating care across multiple services and supporting early identification of risk and deterioration.

2.2 Community Pharmacy

Community Pharmacy offers highly accessible pharmaceutical care, including medication optimisation, independent prescribing, treatment for minor illness, long-term condition support, polypharmacy management and public health interventions. Pharmacies provide walk-in access without appointment and are a key resource for prevention, early advice and urgent care support.

2.3 Community Optometry

Optometry delivers sight and vision assessment, urgent eye care, ocular first-port-of-call (FPOC) services, independent prescribing for eye conditions and direct case-finding for glaucoma, cataract and other causes of sight loss. Optometrists play a crucial role in early detection and prevention of sight threatening eye disease. Community optometry plays a key role in the ongoing management of low-risk glaucoma, keeping care closer to home and reducing pressure on secondary care. Optometrists can now refer between practices, enabling patients to access specialist community-based care provided by independent prescriber optometrists. This allows conditions that previously required referral to the hospital eye service, or co-management with a GP, to be managed within community optometry, further reducing demand on secondary care and general practice.

2.4 Dental Services

Dental Services, delivered through both independent dental contractors (General Dental Service) and the Public Dental Service (PDS), provides routine dental care, oral health promotion, urgent dental support and targeted services for populations with additional needs or barriers to access. Dental Services contributes significantly to reducing health inequalities through prevention and early intervention.

2.5 Integrated Pathways across Urgent, Emergency and Planned Care

Primary Care sits at the centre of all major pathways of care across the health and social care system. It is the primary point of access for most people, providing advice, assessment, treatment, referral and ongoing support. For most care episodes, this care is delivered wholly within Primary Care, without the need for onward referral or interface with other services.

Where additional or specialist input is required, Primary Care plays a pivotal role in enabling safe, efficient and effective flow across urgent, emergency, acute and planned care services. Strengthening these interfaces is therefore critical to system performance and sustainability, while recognising that Primary Care itself delivers the largest volume of care across the system.

Primary Care's role in urgent and emergency care is longstanding and significant. GP Out-of-Hours (OOH) services, NHS 24 and the Scottish Ambulance Service form essential components of the wider urgent care system, working alongside daytime General Practice, community nursing and multidisciplinary teams. A well-functioning interface between these services ensures timely access, appropriate triage, safe escalation and reduced pressure on Emergency Departments, Acute Medicine and hospital-based pathways.

However, Primary Care extends far beyond urgent and emergency care. It is also deeply connected to the design, prioritisation and delivery of acute pathways, playing a critical role in:

- early identification of symptoms that require specialist input,
- referral into diagnostics, outpatient clinics and secondary care specialists,
- ongoing management after a hospital admission,
- discharge coordination, medication reconciliation and community support,
- prevention of readmission through proactive follow-up and anticipatory care,
- shared decision-making and facilitating informed choice around treatment options and planned interventions.

A strong and integrated Primary Care system therefore directly supports acute hospital performance, helps maintain safe flow, and reduces avoidable pressure on beds and emergency pathways.

Primary Care is equally central to the success of outpatient and planned care. Most pathways begin in General Practice, Community Pharmacy, Optometry or Dental Services, with Primary Care professionals identifying the need for further investigation or intervention. Consistent, high-quality referral practices; shared protocols; timely diagnostics; and clear thresholds for specialist input all contribute to efficient planned care delivery. Primary Care teams also support people to prepare for surgery or procedures, optimise their health before admission, and manage their recovery and rehabilitation afterwards.

As national and local strategies increasingly emphasise community-based care, multidisciplinary working and reducing unwarranted variation in pathways, Primary Care will be a central partner in redesigning outpatient models, expanding virtual care, supporting community-based diagnostics and enabling stratified, risk-based approaches to planned care.

Across all these domains, urgent, emergency, acute, outpatient and planned care, Primary Care acts as a coordinating anchor, providing continuity, navigating complexity, and ensuring care remains person-centred and integrated. Strengthening these interfaces will be fundamental to improving outcomes, reducing inequalities, and ensuring the sustainability of the whole health and social care system across Tayside.

3. Case for Change

The case for change in Primary Care across Tayside is clear, urgent and compelling. The Health and Social Care Service Renewal Framework 2025–2035 provides the overarching direction for this work, setting out the national expectation that health and social care services must become more proactive, more integrated and more responsive to the needs of individuals and communities. It challenges all parts of the system to deliver services that are:

- Person-centred, shaped around what matters most to people and grounded in dignity, compassion and choice.
- Equitable, ensuring fair access and consistent outcomes across Tayside's varied geography and population groups.
- Sustainable, using the workforce, digital tools and resources available in the most effective way.
- Integrated, bringing together health, social care, third sector and community partners to deliver seamless, coordinated support.
- Data-driven and continually improving, using evidence, insights and lived experience to refine practice and adapt to changing needs.

These principles are essential for Primary Care because rapid changes in population need and expectation are the primary drivers of increasing demand, complexity and pressure across the system. The traditional models of care are no longer sufficient to meet demand, and without decisive action, the system will struggle to deliver safe, accessible and high-quality care in the years ahead.

3.1 Rising Demand and Complexity

The volume and complexity of Primary Care activity continue to grow, driven not only by demographic change but by a necessary and intentional shift in where care is delivered. Advances in treatment, changes in clinical pathways and service redesign have moved the ongoing management of many conditions from secondary care into community and Primary Care settings.

When combined with rising complexity, widening inequalities and socioeconomic pressures, this has resulted in a sustained increase in responsibility and workload within Primary Care, even where overall levels of demand remain stable.

Demand for appointments, advice, urgent care and future care planning has risen across all contractor groups. The system must ensure access is equitable, timely and sustainable for all communities in Tayside; urban, rural and remote. Without

strengthening Primary Care capacity and capability, this rising complexity will continue to drive avoidable pressure into acute, urgent and emergency services.

3.2 A necessary shift in the system's "centre of gravity"

For many years, Scotland's health system has operated with a predominantly hospital-centred model of resource allocation, influence and prioritisation. While acute services remain essential, this balance is increasingly unsustainable. Around 90% of all NHS patient contacts occur in Primary Care, meaning most of the healthcare is already delivered in community settings. Strengthening Primary Care therefore has the greatest potential to improve outcomes, reduce inequalities and relieve pressure on acute services. To deliver better outcomes and a financially viable system, the "centre of gravity" must shift decisively toward prevention, early intervention and community-based care.

This shift cannot be delivered by Primary Care alone; it depends on whole-system alignment that recognises and supports Primary Care as the central point around which care is organised. It acts as the engine-room of population health improvement, enabling early identification of risk, timely intervention, and holistic support. Strengthening Primary Care and giving it parity of esteem within the wider system, is therefore essential to reducing avoidable hospital demand, improving outcomes and supporting more people to live well at home for longer.

3.3 Workforce Pressures and Retention Challenges

The resilience of Primary Care is heavily dependent on a skilled, stable and motivated workforce. Across all independent contractor groups and salaried services, workforce challenges are significant and growing. These challenges include:

- Difficulty recruiting and retaining staff
- Increasing workload intensity and complexity
- Rising administrative, regulatory and compliance demands
- Pressure on delivery of enhanced or extended roles
- Reduced capacity for supervision, training and professional development

These pressures are contributing to burnout, reducing workforce sustainability and affecting service resilience. This strategy therefore places immediate focus on stabilising the workforce, strengthening support structures and creating the conditions for safer, more sustainable models of care before roles and responsibilities are expanded further.

3.4 Inequalities and Population Health

Tayside continues to experience significant health inequalities, with some communities facing poorer access to services, higher rates of preventable disease and substantially reduced healthy life expectancy. For example, males born in the most deprived areas of Dundee are likely to live 12.8 years fewer than in the least deprived areas. People experiencing socioeconomic disadvantage are more likely to

require complex, coordinated care, yet often face greater barriers in accessing support.

Primary Care has a core role in tackling these inequalities through prevention, early intervention, case-finding, lifestyle support and coordination with wider community services. Strengthening equity of access, geographically, digitally and culturally, is essential to achieving improved outcomes for all.

3.5 Unaligned and evolving national policy context

Primary Care is undergoing major national reform, but much of the policy landscape is still emerging. Several significant national programmes are expected over the coming months and years, including:

- The Scottish Government *Primary and Community Care Route Map* (draft expected December 2025; final expected summer 2026),
- Community Pharmacy Scotland has recently published their *Community Pharmacy Strategy*, which includes a Prevent, Detect and Treat manifesto. Discussions are underway in relation to a national strategy for Community Pharmacy,
- Potential further outputs/direction from the *Dental Services Review Group* and ongoing *Oral Health Improvement Plan,*
- The anticipated update to *Public Dental Service (PDS)* contracts (for non Agenda for Change staff),
- The *Scottish Government Eyecare Strategy*, including fully optimising the recently established Community Glaucoma Service, First Port of Call (FPOC) responsibilities for optometry and specialist supplementary launched in January 2026,
- Expansion of independent prescribing across multiple professions.

This evolving policy environment presents both challenges and opportunities. In the absence of finalised national direction, a short-term, foundation-building strategy is both prudent and necessary. It enables Tayside to stabilise its system now, prepare for the emerging national frameworks and build the capacity, capability and cultural readiness required for long-term transformation.

4. Our Vision and Principles

The vision for Primary Care across Tayside reflects our shared ambition for a system that is both resilient and future-focused. We aspire to deliver a sustainable, clinically led, person-centred, digitally enabled and prevention-focused Primary Care system that remains at the heart of healthcare and reduces inequalities, where integrated care is delivered by multidisciplinary teams working in every community.

The vision "***We have a sustainable, clinically led, person centred, digitally enabled, prevention-focussed primary care system that remains at the heart of healthcare and reduces inequalities, where integrated care is delivered by multidisciplinary teams working in every***

community" recognises the essential role that Primary Care plays in population health, early intervention, continuity and the coordination of care. It sets a clear expectation that Primary Care services must be designed around the needs, strengths and preferences of individuals and communities, and they must be equipped to adapt to rising complexity, demographic change and increasing demand.

To achieve this vision, the strategy is underpinned by a set of guiding principles that shape decision-making, service design and operational practice across Tayside:

- **Person-centred** – ensuring services are built around what matters most to people and they contribute to the design of these services which will support informed choices, dignity, independence and personalised care.
- **Prevention** – care is preventative, delivered by professionals working together, enables individuals and communities to maintain their own health and wellbeing, and shifts the focus toward early identification of risk, proactive management and anticipatory care.
- **Partnership** – strengthening integrated, whole-system working across Primary Care, Acute Services, HSCPs, third sector and voluntary partners and communities to deliver seamless, coordinated and holistic care.
- **Quality and Safety** – delivering consistently safe, high-quality care that meets recognised standards and supports equitable outcomes across Tayside.
- **Evidence-based and Sustainable Care** – designing and delivering care that is grounded in evidence and best practice, continually improving, efficient, and sustainable, while responsibly stewarding public resources and meeting future demand.
- **Equity** – ensuring fair and equitable access to services, recognising that different communities require different levels of support, and delivering proportionate, needs-led provision to reduce inequalities.
- **Values based** – fostering a culture of compassion, respect, honesty and person-centred practice, rooted in the values that underpin Scotland's health and social care system, ensuring the delivery of outcomes that are high quality and achieve the priorities that individuals identify as important.
- **Visionary and Learning-Led** – learning from experience and evidence, continuously improving and innovating, and proactively shaping future models of care. This includes exploring new approaches, pushing boundaries where it adds value, and leading the development of integrated care pathways that respond to emerging need and future demand.

Together, this vision and these principles form the foundation of a modern Primary Care system, one that develops and sustains its workforce, improves outcomes, supports resilience across the wider health and social care system and enables people to live well in the place they call home.

5. Our Strategic Commitments and System-Level Strategic Boundaries

In shaping this foundational strategy, we recognise describing the challenges is not enough; we must also set out the core system-level choices that will guide all subsequent planning and delivery. These choices enable the conditions within which the delivery plan will operate, ensuring focus, realism and sustainability.

5.1 Stabilising General Practice

A central commitment of this strategy is the stabilisation of general practice across Tayside. During the foundational period, the focus will be on consolidation and sustainability, with strong system governance to prevent incremental workload growth and to ensure any new expectations are balanced by clear decisions on capacity, prioritisation and support.

This is critical to restoring stability and enabling safe, high-quality, relationship-based care.

5.2. Workforce Principles

We will adopt a clear workforce approach based on:

- Stabilisation before expansion of roles or services.
- Sequencing workforce changes based on capacity, safety and readiness.
- Ensuring supervision time, capability and safety requirements are in place before introducing new roles.
- Acknowledging and planning for the supervision burden associated with advanced and independent practice.

These principles ensure workforce growth is deliverable, safe and sustainable.

5.3 Governance and Accountability

Delivery responsibilities will be clearly defined across:

- NHS Tayside (clinical governance, system oversight, contractual and professional leadership),
- HSCPs/IJBs (local service planning, operational delivery, community-based integration), and,
- Contractor groups and professional advisory structures (clinical input, co-design and assurance).

This clarity enables shared ownership while recognising the limits of influence over independent contractors within the statutory framework and opportunities inherent in each part of the system.

5.4 Financial Framework

While detailed budgets sit within implementation planning, this strategy commits to:

- Co-design with contractor groups when considering new service models or shifts in activity.
- Ensuring any new expectations are recurrently funded, not absorbed by overstretched services.

- Protecting core primary care capacity and providing transparency around investment decisions.
- Protecting the stability of core GMS provision as a strategic priority.

These commitments are intentionally high-level: they do not prescribe operational actions, but they provide the strategic architecture within which the delivery plan can make coherent, prioritised and realistic choices. This approach aligns with successful primary care strategies internationally, where strategic commitments guide delivery without prescribing operational detail and reflects the expectations highlighted by GP subcommittee and contractor representatives.

6. Strategic Priorities

6.1 Prevention & Proactive Care

Prevention and proactive care lie at the heart of a sustainable Primary Care system, supporting people to remain well for longer and reducing avoidable pressures on hospital services. Over the next two years, our focus will be on embedding a proactive, population-health approach across all parts of Primary Care. This means strengthening case-finding, improving early detection of risk, and ensuring every professional, regardless of discipline, has both the capability and the expectation to contribute to better health outcomes.

Optometry will continue to lead in detecting early signs of sight loss, this helps reduce falls risk and cognitive decline, among other factors that significantly affect long-term health and wellbeing. Dental Services will continue to be the first point of identifying early indicators of oral disease. They are also well placed to identify risk factors for general health conditions and promote interventions that reduce long-term risks to overall health and wellbeing, including diabetes and cardiovascular disease. Community Pharmacy will expand its role in prevention through medication reviews, blood pressure monitoring, polypharmacy interventions and adherence support. General Practice will continue to provide leadership on anticipatory care, chronic disease management and early identification of deterioration.

A shared Tayside-wide commitment to *Making Every Contact Count (MECC)* will underpin all prevention activity, ensuring every interaction is an opportunity to promote wellbeing, support healthy behaviours and connect people to the right community support at the right time; this includes services provided by social care, third sector or voluntary organisations.

6.2 Integrated Multidisciplinary Teams in Every Community

High-quality, sustainable Primary Care relies on strong, well-connected multidisciplinary teams (MDTs) who work seamlessly across organisational and professional boundaries. MDTs bring together the breadth of skills required to meet

the increasingly complex needs of our population, ensuring timely intervention, continuity of care and effective prevention.

Over the next two years, we will strengthen formal and informal MDT working across GP practices, community nursing, mental health practitioners, community pharmacy, optometry, dentistry and a range of allied health professionals. We will support the development of more consistent shared-care arrangements, improve communication channels and expand opportunities for joint decision-making.

Where possible, we will promote shared records and digital interoperability to reduce duplication and support smoother transitions between professionals. Community MDT “huddles” will be supported to enable rapid problem-solving around at-risk individuals, with a clear focus on early intervention and preventing escalation to hospital or crisis services.

We will further expand community-based alternatives to hospital care, drawing on the skills and capacity of the wider Primary Care workforce, and ensuring people receive the right care in the right place, as close to home as possible.

6.3 General Practice

General Practice, through both independent contractor and 2C models, provides the majority of healthcare for the population in Tayside, delivering urgent unscheduled care alongside routine, ongoing support for physical and mental health needs. Its strength in continuity of care enables earlier recognition of change, safer decision-making and more personalised support for individuals and families.

General Practice has a pivotal role in proactive, person-centred and population-based care that helps people live well with long-term conditions and remain as independent as possible. With national priorities focusing on prevention, anticipatory care and population health, general practice teams are central to early intervention and ensuring people receive the right care at the right time within their own communities.

Over this foundational period, General Practice will deepen its role by strengthening continuity, anticipatory care and the systematic identification of those at risk, particularly individuals living with frailty, multimorbidity or unstable long-term conditions. Enhanced monitoring, safer prescribing practices, follow-up after acute episodes and improved shared communication will help prevent avoidable deterioration and reduce crisis events. Chronic disease management will move towards a continuous, year-round approach that draws on the full multidisciplinary team, including GPs, advanced nurse practitioners, nurses, pharmacists, mental health practitioners, care coordinators and primary care and community link workers. By embedding structured pathways, improving use of clinical data and expanding supported self-management, practices will help people understand and manage their conditions more confidently, improving quality of life and outcomes.

Access to urgent care within primary care remains essential. Strengthened urgent assessment capacity will support patients to receive the right care in the right place, reducing unnecessary escalation to services such as Emergency Departments and supporting safe, timely intervention closer to home.

Closer relationships across the wider primary care system, including community services, mental health teams, social care and third-sector partners, will enable seamless pathways, timely referrals and coordinated support. A culture of collaboration and shared learning will ensure individuals are effectively signposted and cared for across the system.

This approach aligns with national strategies for anticipatory care, long-term condition management and population health, ensuring General Practice across Tayside is well placed to adapt to future needs and deliver high-quality, sustainable care for its communities.

6.4 Community Pharmacy

Community Pharmacy plays an increasingly vital role in delivering accessible, person-centred care within local communities. The Scottish Government's Place Principle and Local Living/20-Minute Neighbourhood ambitions position pharmacy as a core anchor institution, ensuring people can access essential healthcare within walking distance in urban areas or through proportionate provision in rural settings.

Over the next two years, we will strengthen the contribution of community pharmacy to prevention, medicines optimisation, long-term condition management and urgent care. Independent Prescribing (IP) pharmacists will be supported to work at the top of their competence, improving safety, reducing unmet need and enhancing the resilience of the wider multidisciplinary team. Direct referral pathways will be developed and embedded wherever clinically appropriate.

Relationships between community pharmacies and GP practices will be strengthened through structured collaboration, shared learning and better communication. We will also foster stronger networks across pharmacy, optometry, dental services and general practice, enabling professionals to know each other, support each other and signpost people accurately across services.

This work will align with emerging national Community Pharmacy directions, ensuring Tayside is well positioned for future national changes and opportunities.

6.5 Community Optometry

Optometry is an essential component of modern Primary Care, contributing not only to the treatment of eye conditions but also to wider population health. Building on national direction, Tayside will embed Optometry as the First Port of Call (FPOC) for eye and vision concerns, reducing inappropriate demand on GP practices and ensuring people receive expert assessment from the most appropriate professional.

During this foundational period, the enhanced independent prescribing fee structure will be fully implemented, supporting optometrists to manage more complex eye conditions safely in the community. Clear and effective communication pathways will be strengthened, enabling timely referrals between optometry, general practice, pharmacy, dental services and secondary care, helping to reduce delays and duplication.

The national Community Glaucoma Service will be fully embedded locally, supporting earlier detection and management of glaucoma and reducing pressure on hospital ophthalmology services. Optometry's role in case-finding will continue to expand, identifying early signs of cataract, macular disease, visual impairment, and modifiable risk factors such as smoking.

Optometry also has an important role within the wider Making Every Contact Count agenda, supporting health improvement through conversations about lifestyle and wellbeing. To strengthen professional relationships and shared understanding, each HSCP will develop an annual cross-contractor CPD and networking event, bringing optometry, pharmacy, dental and GP colleagues together to build trust, improve pathways and enhance collaboration.

6.6 Dental Services

Dental Services, encompassing both independent dental contractors (General Dental Service (GDS)) and the Public Dental Service (PDS), has a critical role in improving population health, addressing inequalities and ensuring equitable access to oral health care. The 2018 Oral Health Improvement Plan provides clear direction for strengthening prevention, improving early identification of dental problems and widening access for those most at risk of poor oral health outcomes.

Over 2026–2028, Tayside will improve access to both routine and urgent dental services using GDS. Targeted interventions will be supported to reduce oral health inequalities, particularly in communities with higher levels of deprivation or where NHS dental provision is limited.

We will also support the sustainability of the dental contractor workforce by strengthening relationships, improving communication and ensuring clear referral and escalation pathways to PDS, secondary and specialist dental provision (including hospital dental services) and wider Primary Care teams.

Dental Services will be more fully integrated within MDT approaches where appropriate, ensuring oral health is recognised as a key part of overall health and wellbeing and supporting early intervention where oral health issues are contributing to wider clinical risk.

6.7 Primary Care Out of Hours (OOH) Service

NB: A dedicated OOH Strategic Framework for 2026–2036 is currently being finalised. This framework will operate alongside both this foundational strategy and the future long-term Primary Care Strategy for 2028–2038. Together, these strategic plans will provide a coherent, phased approach to strengthening the whole primary care system. The following summarises the strategic intent, priorities, and commitments within the OOH Framework, and how these contribute to the wider ambitions of this foundational strategy.

The OOH service plays a critical role in the wider urgent care system by providing safe, effective, and timely general practice when GP practices are closed. Its contribution extends beyond direct service delivery as a key partner in the whole-system care coordination.

The OOH service works closely with day time general practice, NHS 24, ambulance services, community teams, and acute care interfaces. Strengthening these connections will improve communication, streamline triage and referral pathways, and enable a more consistent experience for patients accessing care at different times of day.

This integrated approach will help:

- Promote continuity and reduce fragmentation by ensuring patient information, care plans, and clinical decision-making are aligned across the 24-hour cycle.
- Avoid unnecessary hospital admissions through early intervention, effective remote management, and clear alternatives to Emergency Departments for conditions suitable for primary care.
- Improve access to the right care, in the right place, at the right time, supporting national ambitions for care closer to home.
- Enhance resilience across the system; ensuring demand is managed collectively rather than in isolated silos.
- Enable a more proactive and preventative approach, ensuring vulnerable patients and those with complex needs receive coordinated support across both in hours and OOH services.

By embedding the OOH service firmly within the broader urgent care ecosystem, a more efficient and safer system supporting both patients and staff can be delivered. This will ensure urgent primary care is accessible, sustainable, and responsive to the needs of the population.

6.8 NHS/GP Premises and Community Infrastructure

A modern, accessible Primary Care estate is essential to delivering high-quality care. Over the next two years, we will undertake a strategic review of where and how Primary Care services are delivered across Tayside. This will ensure that we are clear on need and can look to align premises to population need, are fit for purpose and support the delivery of integrated, multidisciplinary care.

We will prioritise the co-location of teams wherever feasible, improving collaboration between GPs, community pharmacy, optometry, dental services, community nursing, mental health practitioners and allied health professionals. Opportunities to develop community health and wellbeing hubs will be explored, building on existing assets and supporting the delivery of care closer to home.

All premises must meet clinical, accessibility, digital and safety standards, supporting inclusive and person-centred care across all communities.

6.9 Data & Digital

Data and digital innovation are key enablers of modern, effective Primary Care. During this foundational period, we will strengthen the digital capabilities of the workforce, improve connectivity and support the use of accurate, timely data to drive decision-making, quality improvement and equity.

We will explore a wider range of digital solutions and other hybrid models of care, ensuring people have flexible access to services while maintaining options for in-person care. Interoperability between contractor groups will be improved wherever possible to reduce duplication, streamline care and improve safety.

Local data dashboards will be developed to support real-time performance monitoring, population assessment and targeted interventions. Improved data sharing between HSCPs, NHS Tayside and independent contractors will enable more effective population-based planning and resource allocation.

Digital literacy for staff and communities will be strengthened through training and accessible information, ensuring equity of access and supporting confidence in digital tools.

6.10 Workforce, Leadership & Culture

The Primary Care workforce is our most valuable asset. A strong, supported and skilled workforce is essential to sustaining services, improving outcomes and delivering high-quality care. Over the next two years, we will focus on strengthening leadership, enhancing capability and building a culture where staff feel valued, supported and able to thrive.

We will implement leadership development opportunities across all contractor and salaried professions, supporting clinical and professional leaders to shape the future of Primary Care. Recruitment and retention efforts will be strengthened through targeted programmes, promotion of the benefits of working in Tayside and more consistent career pathways.

Training and competency frameworks will be developed to support safe, confident and consistent practice across disciplines. Workforce wellbeing will be prioritised to

reduce burnout, improve satisfaction and support retention, with targeted support where pressures are greatest.

Cross-professional learning, mentorship and networking will be encouraged to enhance collaboration, strengthen shared identity and build a positive culture across all parts of the Primary Care system.

6.11 Finance & Sustainability

Financial sustainability is a central principle of this strategy. Over 2026–2028, we will take a clearer, more transparent approach to allocating resources across Primary Care, ensuring that investment supports prevention, early intervention and the delivery of care close to home.

While national payment arrangements for independent contractors are set through the Scottish Government's Statements of Remuneration, we will strengthen financial planning across Primary Care contractor groups as part of a wider whole-system approach to financial stewardship. This will improve understanding of resource flows across the health and social care system and support decisions to shift resources to where they deliver the greatest value, including across traditional organisational and service boundaries. This includes assessing the affordability and long-term financial sustainability of service models arising from national strategies within the context of the overall health budget.

We will ensure that investment aligns with the priorities set out in this strategy, supporting multidisciplinary teams, digital innovation, community-based alternatives and the development of sustainable premises.

Transparent financial planning across HSCPs will enable shared accountability, informed decision-making and a system-wide focus on value, not volume.

7. Enablers of Change

Delivering this vision will require the right conditions and partnerships to be in place:

- Leadership and Governance: Clinically informed leadership and transparent governance will ensure accountability, national alignment, and effective collaboration.
- Workforce and Teamwork: Investment in training, support, and development to build a resilient, adaptable workforce delivering safe and coordinated care.
- Data, Technology and Innovation: Harnessing digital tools and analytics to improve performance, connectivity, and innovation.
- Engagement and Communication: Structured engagement and clear communication with staff, partners, and communities to inform decisions and strengthen trust.
- Finance and Sustainability: Responsible use of public resources, ensuring long-term affordability and value while maintaining quality and safety.

8. Clinical Governance

Robust clinical governance is central to delivering high-quality, safe and person-centred Primary Care across Tayside. As the system evolves, and as multidisciplinary teams work more closely across organisational, professional and contractual boundaries, the need for a coherent, consistent and transparent approach to clinical governance becomes even more critical. Over the next two years, this strategy will strengthen the clinical governance foundations required for a sustainable Primary Care system by embedding shared standards, shared learning and shared accountability.

Primary Care will be fully aligned with the Tayside Clinical Governance Framework, ensuring all contractor groups, General Practice, Community Pharmacy, Community Optometry and Dental Services benefit from consistent expectations around quality, safety and continuous improvement. This includes clear oversight arrangements, clear escalation points and a shared understanding of risk thresholds and tolerances across the system.

To support this alignment, the strategy will strengthen learning systems across contractor groups, promoting a culture in which safety events, near misses, complaints, compliments and patient feedback are used proactively to drive improvement rather than simply being recorded. A more structured and accessible approach to incident reporting will be promoted, enabling independent contractors to contribute meaningfully to learning systems and to access shared learning from other services.

Safe prescribing and safe referral practices will be reinforced across all Primary Care professions, particularly as independent prescribing expands in community pharmacy and optometry. Standardised guidance, shared protocols and cross-system communication tools will ensure prescribing is clinically appropriate, evidence-based and aligned to national and local policies. Referral standards will be strengthened to support consistency, efficiency and patient safety across all pathways, particularly where Primary Care interfaces with acute services, OOH, mental health and community alternatives.

Clear escalation pathways will be developed for risks, quality concerns and emerging safety issues. These pathways will ensure issues raised within any Primary Care setting, contractor or salaried, can be escalated, triaged and addressed promptly, with shared oversight and clear lines of accountability. This will include agreed thresholds for when issues are escalated from local practices or contractor organisations into HSCP governance structures, the NHS Tayside Clinical Governance structure or national bodies, depending on severity.

Continuous professional development (CPD) will be strengthened across all contractor groups, with clearer access to clinical updates, shared learning events, joint CPD opportunities, multidisciplinary case discussions and governance-focused education. This will support professionals to maintain competence, develop confidence, respond to emerging risks and adapt to changing service demands. A particular focus will be placed on

supporting newer prescribers and professionals working in expanded or enhanced roles. This is also an opportunity to build collaboration and teams through learning together.

Together, these actions will help embed a Primary Care system where safety is prioritised, quality is consistently monitored, learning is shared openly, and teams are supported to deliver high-quality care. A strengthened clinical governance approach will ensure as Primary Care continues to evolve, and as new services, pathways and workforce models are introduced, patient safety, professional standards and continuous improvement remain at the centre of decision-making and operational practice.

9. Measuring Change

A robust, transparent and consistent approach to measuring change is essential to understanding whether this foundational strategy is delivering meaningful improvement for the people of Tayside. This will include establishing a baseline during the initial planning stages of implementation. Over the next two years, service outputs and performance will be assessed through a combination of system-wide performance metrics, qualitative insights, and evidence of progress against key priorities. Measurement will focus not only on activity, but on outcomes, patient and population experience of care, equity, workforce experience, and the long-term sustainability of the wider health and social care system.

We will monitor improvements in access to Primary Care, as we work towards ensuring people receive timely support from the right professional in the right setting. This will include tracking demand, waiting times, mode of access and the impact of expanded roles within multidisciplinary teams. Patient experience and satisfaction will be a critical indicator of success, with high-quality, person-centred care remaining central to our vision. Listening to people's experiences, particularly those from communities most affected by inequalities, will shape ongoing refinement and improvement.

Reducing inequalities will be a core measure, with a focus on variation in access, outcomes and experience across localities, socioeconomic groups and rural and urban communities. As prevention becomes more embedded across Primary Care, we expect to see increases in proactive care activity, case-finding and early intervention across general practice, pharmacy, optometry and dentistry. However, reducing health inequalities cannot be delivered by health services alone. Meaningful and sustained progress depends on close partnership with local authorities, social care, education, housing, the third sector and communities themselves, recognising health services play an important but proportionate role within the wider determinants of health.

We will also assess the strength and maturity of multidisciplinary teams (MDT), including the degree of collaboration between contractor groups, the quality of shared decision-making and the effectiveness of community MDT huddles. Workforce sustainability will be measured through recruitment, retention, wellbeing and confidence to work at the top of professional competence.

Finally, we will track system-level indicators relating to sustainability and pressure. This includes monitoring avoidable hospital admissions, urgent care activity, OOH utilisation and the wider impact of a strengthened Primary Care system on flow, demand and resilience. Collectively, these measures will provide a balanced, whole-system understanding of progress, informing the development of the longer-term 10-year strategy.

10. Next Steps

The period from 2026 to 2028 represents the foundational phase of Primary Care transformation in Tayside. The work delivered in this timeframe will stabilise the system, strengthen multidisciplinary working, prepare for significant national changes and create the conditions for a comprehensive 10-year strategic plan.

Engagement will be strengthened at every stage. Staff, independent contractors, communities, third sector partners, professional bodies and people with lived experience will play a central role in co-designing future models of care. Communication and engagement activities will ensure the strategy remains grounded in real-world experience and maintains credibility with those who deliver and receive care.

As national strategies are developed and published across all contractor work streams, including the Primary and Community Care Route Map, we will align local and regional sub planning with emerging direction. This agile approach will ensure Tayside is prepared to adopt and operationalise national policy developments in a cohesive and timely manner.

Finally, work undertaken during this foundational period will directly inform the development of a comprehensive *Primary Care Strategy for 2028–2038*. The next two years will provide the evidence base, learning, workforce foundations and system relationships required to design a long-term, ambitious vision for Primary Care across Tayside that is sustainable, equitable and person-centred for the decade ahead.

11. Conclusion

This foundational strategy marks an important milestone for Primary Care in Tayside. It reflects a shared recognition that, while pressures across the system continue to intensify, Primary Care remains the cornerstone of sustainable, equitable and person-centred healthcare. The strategy sets out a clear vision and direction of travel for stabilising services in the short term, strengthening the conditions for effective multidisciplinary working and preparing the system for transformational change over the decade ahead.

By establishing a unified vision, strengthening prevention, supporting workforce resilience and aligning services more closely with community needs, this strategy reinforces the central role of Primary Care in improving population health and reducing inequalities. It highlights the vital contribution of all contractor groups and salaried services, general practice, community pharmacy, optometry, dental services and wider MDT partners, and recognises

that a more integrated, proactive and community-based model of care is essential to meeting the needs of a changing population.

Above all, this strategy represents a collective commitment across NHS Tayside, the three Health and Social Care Partnerships, independent contractors, staff, communities and partners to build a Primary Care system that is not only safe and clinically led, but compassionate, responsive and rooted in what matters to people. It sets the foundations for a system that listens, learns and adapts; one that values its workforce, uses data intelligently, and delivers care in a way that is accessible, equitable and sustainable.

As we move toward the development of a comprehensive shifting the balance of care approach, the actions set out in this strategy build on the strong foundations of Primary Care across Tayside, strengthening its parity of esteem, strategic leadership and operational capability within the wider system. In doing so, we will support Primary Care to continue to deliver most of the care, enable effective coordination across pathways, and contribute to whole-system transformation.

Together, we will build on what already works well to evolve a Primary Care system that meets the needs of the people of Tayside today, supports them to live well in their communities, and continues to adapt to meet the challenges and opportunities of the future.

Tayside Primary Care Foundational Strategy 2026 – 2028

Preliminary Statement of Engagement April 2026

Preliminary Statement of Engagement

Purpose

This statement outlines the engagement activity undertaken to inform the development of the **Tayside Primary Care Foundational Strategy 2026-28 (TPCFS).** It summarises the collaborative approach to date, the methodology applied and the feedback received to inform the foundational strategy. This feedback has been central to shaping the content of the TPCFS, laying the foundations for the development of a longer-term Tayside Primary Care Strategy from 2028 which will be informed by national policy, lived experience and learning gained from the delivery of the TPCFS.

Primary Care is the foundation of Scotland's health and social care system, delivering around 90% of NHS contacts, making it the part of the system where most need is met and where the greatest opportunities for prevention, continuity and system sustainability lie. It is where trust and relationships are built, early intervention occurs, and people seek support at their most vulnerable. However, Primary Care faces significant pressures from rising demand, increasing clinical complexity, workforce constraints, widening inequalities, and evolving national expectations. Despite these challenges, it remains uniquely placed to respond with realism and humanity; offering continuity of care, enabling early intervention, and supporting people to stay well in their own communities.

As part of the NHS Tayside corporate objective for Primary Care, there is a requirement to coproduce a comprehensive and sustainable Tayside Primary Care Strategy by March 2026 that achieves:

- Improved outcomes for patients;
- Stronger alignment and integration across services;
- A culture of shared responsibility and accountability;
- Lasting improvements in access, quality, and performance.

This evolving context provides a clear opportunity to develop the TPCFS 2026-28. The ambition is to strengthen the role, visibility, capability and leadership of Primary Care across Tayside, ensuring it is treated with parity of esteem alongside acute and specialist care.

Methodology

1. Developing the Foundational Strategy

The development of the TPCFS commenced with revisiting the version of the Tayside Primary Care Strategy Plan on a Page (POAP), which was created in 2024 with key stakeholders from across NHS Tayside, the three Health and Social Care Partnerships (HSCP) in Tayside and representatives of all four independent contractor groups (Medical, Dental, Ophthalmic and Pharmaceutical).

The group were tasked with considering the POAP and providing feedback on:

- Relevancy of content and focus,
- Any areas that required amendment, to be added or removed,
- Alignment of the plan to wider national frameworks.

Following this, a meeting was held with key stakeholders to agree next steps and to develop a fit for purpose strategy covering the full scope of Primary Care, with the roles and ambitions of all contractor groups clearly reflected.

Feedback from this meeting, and other strategic leadership meetings made it clear that developing a full Tayside Primary Care Strategy at this time would not be the best way forward given the programmes of work already underway or under development, both locally and nationally.

As a result a decision was made to use the feedback gained to date to develop a foundational strategy which would act as a bridging approach until the Scottish Government National Primary Care Route Map and other emergent national directions were launched.

2. Strategy Group Composition and Evolution

The strategy group is led by the Angus Integrated Joint Board (IJB) Chief Officer/Director of Adult Health and Social Care and includes a range of stakeholders, ensuring the development of the TPCFS is informed by strategic, operational and clinical expertise.

Membership includes:

- Service Managers and Associate Medical Directors from all three HSCPs.
- Service Manager, Operational Medical Director, Dental Practice Advisor, Optometric Advisor and Primary Care Team Manager, NHS Tayside's Primary Care Services.
- Lead Pharmacist for Community Pharmacy Services, NHS Tayside.
- Head of Health and Community Care Services, Angus HSCP.
- Associate Medical Director, Medicine – Planned Care, NHS Tayside.

3. Staff and Stakeholder Engagement

Engagement has been central to the development of the TPCFS, ensuring the direction of travel is informed by the experience, expertise and perspectives of those who deliver and use the services encompassed by the strategy.

In addition to the feedback from the strategy group on the POAP, the Chief Officer and Head of Health and Community Care Services, Angus HSCP, sought feedback via NHS Tayside's Extended Leadership Team, Integrated Leadership Team and Executive Strategy Meeting prior to the development of the TPCFS.
These discussions generated valuable insights into the current primary care landscape, the opportunities and challenges across the four contractor groups, and the appetite for improvement and a more collaborative approach in the development of the foundational strategy. They also provided insights on the best way forward, taking into account the development of local and national policies that could strengthen and support Tayside's vision and direction for Primary Care.

Approach and Governance

As part of the documentation developed, a Communication and Engagement Plan has been drafted, informed by Healthcare Improvement Scotland's (HIS) Planning with People: Community

Engagement and Participation Guidance. This plan ensures that engagement remains structured, inclusive, and proportionate throughout the development of the strategy.

The development of the TPCFS reports to the Tayside Primary Care Board and following the engagement activities, endorsement will be sought from the three IJBs which will direct Board approval.

Key Insights from Engagement to Date

Key insights from the engagement with stakeholders to date include:

- Strong support for enhanced collaboration and development of the wider multidisciplinary model across the full scope of Primary Care and how this interfaces with secondary care.
- Ongoing commitment to prevention and proactive care that can be delivered within the community.
- Acknowledgement of recruitment and retention challenges, recognising the importance of workforce sustainability, access to professional development and consistent application of clinical and professional governance.
- Increased understanding for all stakeholders of the interface between the services, HSCPs, secondary care and third sector.
- Visibility of all contractor groups and the collaborative opportunities available to support service delivery and patient experience.
- Clearer articulation of how improvements can be made and how it will be measured.

Application of Feedback

Based on feedback received:

- The POAP was revised,
- The TPCFS 2026-28 was drafted.

Wider Engagement

The group are now moving into the next phase of engagement and onward approval to ensure the TPCFS is fit for purpose as a two-year bridge to lay the foundations for a longer-term strategy to be developed in line with the incoming national Primary Care Route map and other emergent national directions. Planned activities include:

Engaging with public partners and professional stakeholders for their review/endorsement of the foundational strategy, ensuring it reflects operational realities and local priorities. This will include its review via the following groups:

- Public Partners
- Area Clinical Forum
- GP Sub-Committee,
- Area Dental Advisory Committee,
- Area Optical Committee,
- Area Pharmaceutical Committee,

Approval

- **Endorsement and onward approval through NHS Tayside and the three Integrated Joint Boards (by end of June 2026)**, this will be progressed via the following groups:
    - Tayside Primary Care Strategy SLWG
    - Integrated Leadership Team,
    - NHS Tayside Executive Team for endorsement,
    - NHS Tayside Board for endorsement
    - Three IJBs for approval,
    - Angus IJB will issue a Direction to NHS Tayside regarding implementation of the TPCFS.

COMBINED IMPACT ASSESSMENT

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

ANGUS Health & Social Care Partnership

1. INTRODUCTION

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

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

2. GOVERNANCE

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

3. BACKGROUND INFORMATION

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

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

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

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

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

4. EQIA PROTECTED CHARACTERISTICS SCREENING

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

Impact on Staff or Volunteers								
Does the policy, practice or project have a potential to impact in **ANY** way on employees or volunteers holding any of the protected characteristics? This includes employees and volunteers of NHS Tayside, Angus Council, 3rd Sector organisations or any other organisation contracted to carry out health or social care functions on behalf of the Angus Health and Social Care Partnership. (Please mark (x) as appropriate)								
	Yes	**No**		**Yes**	**No**		**Yes**	**No**
Age	X		**Race**		X	**Gender Reassignment**		X
Disability	X		**Pregnancy and Maternity**	X		**Marriage and Civil Partnership**		X
Sex	X		**Religion or Belief**		X	**Sexual Orientation**		X

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

5. EQIA - SCREENING DECISION

Is a full EQIA required? (Please mark as appropriate)	**YES** - Proceed to full EQIA in section 6 below	**NO** – State the reason below and proceed to section 11.
	X	

FULL EQUALITY IMPACT ASSESSMENT (EQIA)

6. EVIDENCE

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

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

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

Has best judgement been used in place of evidence/research? Yes or No (If yes, please state who made this judgement and what was this based on?)	Yes. The decision regarding the development of a foundational strategy in place of a longer term strategy was made by the Director of Adult Health and Social Care, Angus HSCP, who has responsibility for the delivery of Primary Care services across Tayside, in collaboration with the short life working group (SLWG) that was established to support the development of strategy. The SLWG included key stakeholders from across NHS Tayside, the three Health and Social Care Partnerships (HSCP) and representatives of all four independent contractor groups (Medical, Dental, Ophthalmic and Pharmaceutical). The Director of Adult Health and Social Care and other members of the SLWG also engaged via strategic leadership meetings across Tayside to ensure the decision was supported strategically as the preferred way forward while awaiting the incoming national Primary Care Route map and other emergent national directions. The decision was informed by the SLWG memberships' extensive experience in managing primary care services and comprehensive understanding of the local population's healthcare needs. The process prioritised the development of a two-year bridge to stabilise the current landscape and lay the foundations for a longer-term strategy.

7. ENGAGEMENT

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

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

8. PROTECTED CHARACTERISTICS

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

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
Age		X		The Tayside Primary Care Foundational Strategy (TPCFS) should have a positive impact on all age groups across Tayside because it is focused on delivering excellent, high quality, accessible primary care in a sustainable and integrated way, improving the health and wellbeing of the population while also aiming to reduce inequalities. The high-level priorities of the strategy are focussed on prevention and proactive care, reducing inequalities and unequal health outcomes, delivering care closer to home and dynamic models of care. These priorities have the potential to ensure services are delivered around the needs of the person and care is delivered as close to home as possible. This will result in: • Improved access for older adults, who may require care closer to home and who often face mobility issues. • Streamlined service delivery for all ages, ensuring the right care is delivered at the right time, in the right place and by the right people. • Clearer communication and service pathways for all ages, to support easier navigation of Primary Care services and ensure multidisciplinary teams work together effectively.
Sex		X		The population of Tayside is approximately 420, 000 (2024), with 51.3% female and 48.7% male. The Tayside Primary Care Foundational Strategy (TPCFS) should have a positive impact on all people across Tayside, regardless of sex as it is focused on delivering excellent, high quality, accessible primary care in a sustainable and integrated way, improving the health and wellbeing of the population while also aiming to reduce inequalities.

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

The TPCFS strategy, the priorities and commitments contained within and detailed above, intends to ensure improved and collaborative services to all Tayside residents regardless of disability, evidencing equality in opportunity and access.</td></tr>
<tr><td>Race</td><td></td><td>X</td><td></td><td>The Scottish Census 2022 shows that the Tayside population identifies themselves as below in terms of race:
<table>
<tr><td>White – Scottish</td><td>79.2%</td></tr>
<tr><td>White – Other British</td><td>9.5%</td></tr>
<tr><td>White – Other</td><td>3.0%</td></tr>
<tr><td>Asian, Asian Scottish, Asian British</td><td>3.0%</td></tr>
<tr><td>White – Polish</td><td>1.9%</td></tr>
<tr><td>Mixed or multiple ethnic group</td><td>1.0%</td></tr>
<tr><td>White – Irish</td><td>0.8%</td></tr>
<tr><td>Other Ethnic groups</td><td>0.8%</td></tr>
<tr><td>African</td><td>0.6%</td></tr>
<tr><td>White – Gypsy Traveller</td><td>0.1%</td></tr>
<tr><td>Caribbean or Black</td><td>0.1%</td></tr>
</table></td></tr>
</table>

<table>
<tr><th colspan="5">Service Users, Public or Unpaid Carers with Protected Characteristics</th></tr>
<tr><th>Protected Characteristic</th><th>Potential Neutral Impact (X)</th><th>Potential Positive Impact (X)</th><th>Potential Negative Impact (X)</th><th>Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.</th></tr>
<tr><td></td><td></td><td></td><td></td><td>The TPCFS strategy, the priorities and commitments contained within and detailed above, intends to ensure improved and collaborative services to all Tayside residents regardless of race, evidencing equality in opportunity and access.</td></tr>
<tr><td>Sexual Orientation</td><td></td><td>X</td><td></td><td>The Scottish Census 2022 shows that the Tayside population aged over 16 years identifies their sexual orientation as below:
<table><tr><td>Heterosexual/Straight</td><td>87.7%</td></tr><tr><td>Bisexual</td><td>1.8%</td></tr><tr><td>Gay or Lesbian</td><td>1.6%</td></tr><tr><td>Other sexual orientation</td><td>0.6%</td></tr><tr><td>Not disclosed</td><td>8.3%</td></tr></table>
The TPCFS strategy, the priorities and commitments contained within and detailed above, intends to ensure improved and collaborative services to all Tayside residents regardless of sexual orientation, evidencing equality in opportunity and access.</td></tr>
<tr><td>Religion or Belief</td><td></td><td>X</td><td></td><td>The Scottish Census 2022 shows that the Tayside population identifies themselves as the following faiths:
<table><tr><td>No Religion</td><td>54.5%</td></tr><tr><td>Church of Scotland</td><td>21.4%</td></tr><tr><td>Roman Catholic</td><td>9.4%</td></tr><tr><td>Other Christian</td><td>5.4%</td></tr><tr><td>Muslim</td><td>1.9%</td></tr><tr><td>Other Religions</td><td>1.3%</td></tr><tr><td>Not disclosed</td><td>6.1%</td></tr></table></td></tr>
</table>

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

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
Any other relevant groups i.e. care experienced, unpaid carers, current & former Armed Forces personnel (please specify)	X			All groups are covered in the detail above.
Human Rights (Issues and impacts affecting people's human rights such as being treated with dignity and respect, the right to education, the right to respect for private and family life, and the right to free elections).		X		All services encompassed by the foundational strategy are built on the premise that ensures their human rights and people are treated with dignity and respect.

<table>
<tr><th colspan="5">Employees or Volunteers with Protected Characteristics</th></tr>
<tr><th>Protected Characteristic</th><th>Potential Neutral Impact (X)</th><th>Potential Positive Impact (X)</th><th>Potential Negative Impact (X)</th><th>Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.</th></tr>
<tr><td>Age</td><td></td><td>X</td><td></td><td>The NHS Tayside Workforce Monitoring Report 2025 shows workforce composition by age as:
<table>
<tr><th>Age (years)</th><th>Headcount (2024)</th><th>Percentage (%)</th></tr>
<tr><td>16 – 19</td><td>36</td><td>0.25</td></tr>
<tr><td>20 – 24</td><td>622</td><td>4.32</td></tr>
<tr><td>25 – 29</td><td>1394</td><td>9.69</td></tr>
<tr><td>30 – 34</td><td>1578</td><td>10.97</td></tr>
<tr><td>35 – 39</td><td>1736</td><td>12.07</td></tr>
<tr><td>40 – 44</td><td>1803</td><td>12.53</td></tr>
<tr><td>45 – 49</td><td>1587</td><td>11.03</td></tr>
<tr><td>50 – 54</td><td>1872</td><td>13.01</td></tr>
<tr><td>55 – 59</td><td>1985</td><td>13.80</td></tr>
<tr><td>60 +</td><td>1771</td><td>12.31</td></tr>
<tr><td>TOTAL</td><td>14384</td><td>100</td></tr>
</table>
The Tayside Primary Care Foundational Strategy (TPCFS) should have a positive impact on all age groups across Tayside as one of the strategic commitments of the strategy is to adopt a clear workforce approach based on:
• Stabilisation before expansion of roles or services.
• Sequencing workforce changes based on capacity, safety and readiness.</td></tr>
</table>

<table>
<tr><th colspan="5">Employees or Volunteers with Protected Characteristics</th></tr>
<tr><th>Protected Characteristic</th><th>Potential Neutral Impact (X)</th><th>Potential Positive Impact (X)</th><th>Potential Negative Impact (X)</th><th>Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.</th></tr>
<tr><td></td><td></td><td></td><td></td><td>• Ensuring supervision time, capability and safety requirements are in place before introducing new roles.
• Acknowledging and planning for the supervision burden associated with advanced and independent practice.

These principles will ensure any changes are deliverable, safe and sustainable for all, regardless of age.</td></tr>
<tr><td>Sex</td><td></td><td>X</td><td></td><td>The NHS Tayside Workforce Monitoring Report 2025 shows workforce composition by sex as:
<table>
<tr><th>Sex</th><th>Headcount (2024)</th><th>Percentage (%)</th></tr>
<tr><td>Female</td><td>11483</td><td>79.83</td></tr>
<tr><td>Male</td><td>2901</td><td>20.17</td></tr>
<tr><td>TOTAL</td><td>14384</td><td>100</td></tr>
</table>
The TPCFS strategy, the priorities and commitments contained within and specifically detailed above regarding workforce, intends to ensure the workforce is supported during this foundational period and onward, to stabilise the workforce and provide them with the time for training, personal development and ensuring confidence and competencies are developed and maintained regardless of sex.</td></tr>
<tr><td>Disability</td><td></td><td>X</td><td></td><td>The NHS Tayside Workforce Monitoring Report 2025 shows workforce composition by disability as:
<table>
<tr><th>Disability</th><th>Headcount (2024)</th><th>Percentage (%)</th></tr>
<tr><td>Yes</td><td>278</td><td>1.93</td></tr>
</table></td></tr>
</table>

<table>
<tr><th colspan="5">Employees or Volunteers with Protected Characteristics</th></tr>
<tr><th>Protected Characteristic</th><th>Potential Neutral Impact (X)</th><th>Potential Positive Impact (X)</th><th>Potential Negative Impact (X)</th><th>Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.</th></tr>
<tr><td></td><td></td><td></td><td></td><td>
<table>
<tr><td>No</td><td>10175</td><td>70.74</td></tr>
<tr><td>Don’t know</td><td>3112</td><td>21.64</td></tr>
<tr><td>Prefer not to say</td><td>819</td><td>5.69</td></tr>
<tr><td>TOTAL</td><td>14384</td><td>100</td></tr>
</table>

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

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

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
right to education, the right to respect for private and family life, and the right to free elections).				

9. EQIA FINDINGS AND ACTIONS

Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.	
Option 1 - No major change required (where no impact or potential for improvement is found and no actions have been identified)	This EQIA has established that any impact the TPCFS 2026-29 may have on protected characteristic groups is either positive or neutral. Communication and engagement activities with key stakeholders will continue during the final refinement and approval of the foundational strategy to the longer-term strategy that will follow to ensure the inclusion of all stakeholders, including the voice of seldom heard groups.
Option 2 - Adjust (where a potential negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)	
Option 3 - Continue (where it is not possible to remove all potential negative impact, but the policy, practice or project can continue without making changes)	

Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.	
Option 4 - Stop and review (where a serious risk of negative impact is found, the policy, practice or project being assessed should be paused until these issues have been resolved)	

Actions – from the actions to mitigate against negative impact (section 8) and the findings option selected above in section 9 (options 2 or 4 only), please summarise the actions that will be taken forward.	Date for Completion	Who is responsible (initials)
N/A		

10. EVIDENCE OF DUE REGARD - EQUALITY ACT

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

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

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

There are clear links between socio-economic disadvantage and Equality considerations and the protected characteristics so you may find it beneficial to complete the FSD assessment regardless of whether your policy, practice or project is strategically important or not. In broad terms, 'socio-economic disadvantage' means living on a low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services. Socio-economic disadvantage can be experienced in both places and communities of interest, leading to further negative outcomes such as social exclusion.

To read more information please visit: Fairer Scotland Duty Guidance - Scottish Government

12. FSDA - SCREENING DECISION

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

13. FULL FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

Evidence	
What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to this strategic decision? Is it possible to gather new evidence, involving communities of interest?	Deprivation varies across Tayside. More than one in three people (37%) who live in Dundee City are living in areas of greatest deprivation in Scotland, compared to only one in 14 people (7%) in Angus and one in 17 people (6%) in Perth & Kinross. Almost one in every three households in Dundee City are in fuel poverty with around one in every four households in Angus and Perth & Kinross. 22% of Angus, 26% of Dundee City and 18% of Perth & Kinross children live in poverty. Males born in the most deprived areas in Dundee City are anticipated to live on average 12.8 years fewer than males in the least

	deprived areas. The equivalent gap in Angus and Perth & Kinross is 8.2 and 9.2 years respectively. While the inequality gap in females is less prominent, it has widened slightly. The current difference in life expectancy for females is 10.4 years, 6.0 years and 6.5 years in Dundee City, Angus and Perth & Kinross respectively. Fewer than one third of the Tayside population are of a healthy weight, with this proportion being lower in males and in people living in more deprived areas. People in the most deprived areas in Tayside are 1.8 times more likely to have repeat hospital admissions within 365 days, be hospitalised with asthma (2.3 times), coronary heart disease (1.7 times) or mental illness (4.1 times) and be diagnosed with cancer (1.2 times) than people in the least deprived areas. Comparing the premature mortality rate in Tayside over the last nine years, the gap between people dying prematurely in the most and least deprived quintiles has been widening in general. Lung cancer and heart attack were the most common cause of death for people living in the least deprived areas, lung cancer followed by substance use (drugs) were the most common drivers of premature mortality for people living in the most deprived areas. When deaths from suicide across Scotland are considered by SIMD quintile, rates in the most deprived areas are three times higher than for people living in the least deprived areas. Mental health and wellbeing is strongly influenced by social, environmental and economic conditions. Poverty and deprivation are key determinants of children's development and subsequent adult mental health. Symptoms of anxiety and depression are over twice as common and self-harm and suicide over four times as common in the most deprived quintile compared to the least. Hospitalisations for psychiatric illness have decreased but are higher in Tayside, and Dundee in particular, than Scotland. Psychiatric patient hospitalisations show a clear inequality gradient with people living in the most deprived areas of Tayside three times more likely than people living in the least deprived areas to be admitted to hospital with a psychiatric illness. Children from socio-economically deprived backgrounds are two – three times more likely to develop mental health issues. These children are also more likely to encounter adverse life circumstances which, in turn, will affect their mental health. Poverty is a significant driver for ill health and a key factor in health inequalities. The negative impacts of rising costs are being felt across Scotland including in Tayside. Poverty is set to worsen as high inflation makes the cost of living unaffordable for many, both increasing the level of poverty for people already living in deprived areas but also bringing more people living in Tayside into poverty. Alongside this, health inequalities

	have also increased with the gap between the least deprived and the most deprived widening across Scotland. There is a strong association between screening uptake and deprivation, with women from more deprived areas less likely to attend for breast screening. The target uptake rate of 80% has been surpassed in least deprived areas but the minimum standard of 70% has not been met in the most deprived areas. This pattern is also seen in other screening programmes. The bowel screening uptake rate varies with deprivation, with 78% of people in the least deprived areas being screened compared to 53% in the most deprived areas of Tayside. This gap has continued to widen slightly when compared to the previous period. The TPCFS is underpinned by principles of person-centredness, partnership working and equity to achieve its vision of a sustainable, clinically led, person-centred, digitally enabled, prevention focused primary care system that remains at the heart of healthcare and reduces inequalities, where integrated care is delivered by multidisciplinary teams working in every community. Measuring success is also detailed within the strategy, this includes monitoring improvements in access and ensuring people receive timely support from the right professional in the right setting along with reducing inequalities, with a focus on variation in access, outcomes and experience across localities, socioeconomic groups and rural and urban communities. By weaving these throughout the strategy, the strategy has the potential to positively impact those who are in greatest need, face the largest inequalities and require support from integrated, multidisciplinary teams which the strategy aims to deliver. The learning from the implementation of this foundational strategy and wider engagement that will occur to develop the longer term strategy will continue to ensure that equality is considered, how this differs in different socio-economic groups and what is required to close the gap in inequalities. NHS Tayside Director of Public Health Annual Report 2024/25

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

	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence on your selection
Low and/or no income (those living in relative poverty.)		X		The high-level priorities of the strategy are focussed on prevention and proactive care, reducing inequalities and unequal health outcomes, delivering care closer to home and dynamic models of care.

				These priorities have the potential to ensure services are delivered around the needs of the person and care is delivered as close to home as possible. The priorities and commitments contained within the strategy, intends to ensure improved and collaborative services to all Tayside residents regardless of socio-economic status or level of deprivation, evidencing equality in opportunity and access.
Low and/or no wealth (those with enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future.)		**X**		As above.
Material Deprivation (those unable to access basic goods and services e.g. repair/replace broken electrical goods, warm home, life insurance, leisure and hobbies.)		**X**		As above.
Area Deprivation (where people live e.g. rural areas, or where they work e.g. accessibility of transport. Living in a deprived area can exacerbate negative outcomes for individuals and households already affected by issues of low income.)		**X**		As above.
Socio-economic Background (social class including parents' education, people's employment and income)		**X**		As above.
Unpaid Carers		**X**		As above.
Homelessness, Addictions and Substance Use		**X**		As above.
Children, Family and Justice		**X**		As above.

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

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

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

Duty to have regard to consumer interests

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

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

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

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

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

15. CONSUMER DUTY– SCREENING DECISION

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

16. EVIDENCE OF DUE REGARD – CONSUMER DUTY

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

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

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

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

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

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

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

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

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

18. PUBLICATION

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

19. SIGN OFF and CONTACT INFORMATION

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

Lead Equalities Officer Responsible		**Service Leader Responsible**	
I confirm that the EQIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties.		I confirm that the EQIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties.	
Name:	Morgan Low	Name:	
Designation:	Service Leader Improvement and Development Service	Designation	
Date:	25 March 2026	Date:	

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

20. EQIA REVIEW DATE

A review of the EQIA should be undertaken 6 months later to determine any changes. (Please state planned review date and Lead Reviewer Name)	September 2026

21. EQIA 6 MONTHLY REVIEW SHEET

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

Please detail activity undertaken and progress on actions highlighted in the original EQIA under section 9.	Status of action (with reasoning) • Complete • Outstanding • New • Discontinued etc.
Action 1 -	
Action 2 -	
Action 3 etc. -	