ITEM No …11……..

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

REPORT ON: **OUT OF HOURS MODEL OF CARE OPTION APPRAISAL**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB33-2026**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide Dundee Integration Joint Board with the outcome of the structured options appraisal process, lead by Angus Integration Joint Board as lead partner as part of the NHS Tayside GP Out of Hours Reform Programme and note the progress to implement the preferred future service model.

2.0 RECOMMENDATIONS

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

2.1 Supports the preferred GP Out of Hours service model identified through the options appraisal process

2.2 Notes the robustness of the appraisal methodology, workforce modelling, engagement activity;

2.3 Supports progression to detailed implementation planning, workforce transition arrangements, and associated governance processes;

2.4 Notes that the proposed model can be delivered within the current financial envelope and will support the development of a more sustainable and resilient model for Out of Hours provision across Tayside;

2.5 Notes the wider strategic alignment with the Urgent and Unscheduled Care Optimising Access Workstream, Care Closer to Home agenda, and Sub-National Planning programme;

3.0 FINANCIAL IMPLICATIONS

3.1 The preferred model recognises the increasing demand for services and proposes to retain all Out of Hours services in-house, thereby removing the requirement to continue payments to NHS Fife for external service provision. The model is designed to deliver a more sustainable and efficient approach through improved workforce utilisation, multidisciplinary working and integration with the urgent and unscheduled care system.

3.2 The cost profile of the proposed model is c£13.5 million. Comparison with the current expenditure profile indicates that the proposed model can be delivered within existing financial resources and is expected to deliver a small cash-releasing saving.

3.3 The proposed model is also expected to help prevent further financial pressures through the implementation of a more effective workforce model, supporting timely and appropriate patient care and reducing avoidable escalation across the wider health and care system.

3.4 The financial model has been developed collaboratively with partner organisations and reflects a shared commitment to delivering sustainable, high-quality Out of Hours services across Tayside.

3.5 It is recognised that a transitional period will be required to support implementation of the proposed model. Appropriate financial bridging arrangements will therefore be identified to support any non-recurring costs associated with implementation and workforce transition arrangements.

4.0 BACKGROUND INFORMATION

4.1 Angus Integration Joint Board acts as Lead Partner for the NHS Tayside GP Out of Hours (OOH) Service on behalf of NHS Tayside and the three Tayside Health and Social Care Partnerships. The service provides urgent primary care across Angus, Dundee and Perth & Kinross when GP practices are closed.

4.2 In December 2025, all three Tayside Integration Joint Boards approved the Tayside GP Out of Hours Strategic Framework 2026–2036. The Strategic Framework established the overarching vision and strategic direction for reform of the service in response to increasing demand, workforce sustainability challenges, demographic change, and the need to strengthen integration across urgent and unscheduled care pathways.

4.3 Following approval of the Strategic Framework, significant work has been undertaken to progress the next phase of reform, including:

- A structured options appraisal process;
- Workforce and financial modelling;
- Tests of Change examining alternative workforce models;
- Application of DCAQ-informed analysis and Six Steps workforce planning methodology;
- Stakeholder and public participation activity;
- Independent analytical review and professional judgement validation.

4.4 The options appraisal process involved approximately 30 participants including clinical, operational, managerial, partner organisation and public representatives.

4.5 An initial long list of seven options was considered, with four options discounted following initial appraisal due to consistently lower performance against agreed criteria. Three shortlisted options were subsequently subject to detailed evaluation:

1. Status Quo
2. Three Fully Operational Bases
3. Current Model with Extended Weekend Opening in Angus

4.6 This work should be considered within the wider context of ongoing Urgent and Unscheduled Care transformation and the need to continually evolve services in response to changing population need, workforce pressures, and patterns of demand.

4.7 The work forms part of the wider Urgent and Unscheduled Care Optimising Access workstream and reflects a broader whole-system approach to strengthening integration between primary care, Out of Hours services, and wider urgent care pathways.

4.8 The proposals have also been informed by the Whole-System Urgent and Unscheduled Care Demand Analysis previously presented to the Executive Team, which identified that current pressures represent a sustained structural change rather than a short-term or seasonal challenge. The analysis reinforced the importance of the Out of Hours service as a critical component of the wider system of care.

4.9 The preferred option therefore represents an important iterative step within a longer-term programme of service optimisation and integration across primary care and urgent care services, rather than a fixed end-state.

4.10 The appraisal criteria were weighted to reflect system priorities, with Quality and Safety carrying the highest weighting at 25%, followed by care closer to home, equity of access and sustainability.

4.11 The appraisal identified that the “Current Model with Extended Weekend Opening in Angus” represented the strongest overall balance across:
• Quality and safety;
• Equity of access;
• Workforce sustainability;
• Deliverability;
• Affordability;
• Operational resilience.

4.12 The preferred option is a revised hybrid service model designed to balance local access, workforce sustainability and operational resilience across Tayside.

4.13 The proposed operating arrangements are:
Dundee Base
• Monday–Thursday: 6.00 pm – 8.00 am
• Friday–Monday: 6.00 pm Friday – 8.00 am Monday
Perth Base
• Monday–Thursday: 6.00 pm – 8.00 am
• Friday–Monday: 6.00 pm Friday – 8.00 am Monday
Angus Base
• Weekend operating hours extended from the current 1.00 pm – 6.00 pm model to 8.00 am – 11.30 pm

4.14 Home visiting arrangements would continue pan-Tayside.

4.15 The appraisal concluded that whilst a fully operational three-base model would provide enhanced local access, it would also introduce significantly greater workforce, recruitment and operational resilience risks, alongside increased fixed staffing requirements.

5.0 PROPOSALS

5.1 It is proposed that Dundee Integration Joint Board support the preferred GP Out of Hours service model identified through the options appraisal process.

5.2 The preferred option supports:
Improved access to urgent primary care in Angus at weekends;
• Reduced unnecessary Emergency Department attendance;
• Greater consistency across the Tayside system;
• Maintenance of safe overnight clinical staffing models;
• Improved multidisciplinary utilisation and resilience;
• Enhanced Advanced Nurse Practitioner (ANP) utilisation and workforce modernisation.

5.3 The proposed model recognises the increasing demand for urgent and unscheduled care services and supports a more sustainable and resilient service model through improved workforce utilisation, multidisciplinary working, and greater integration across urgent and unscheduled care pathways.

5.4 The model also supports wider strategic priorities relating to:
• Care Closer to Home;
• Urgent and Unscheduled Care Optimising Access workstream;
• Workforce modernisation;
• Digital enablement;
• Sustainability and value;
• NHS Tayside Corporate Objective on Shifting the Balance of Care.

5.5 The proposed model delivers a financially sustainable solution that can be accommodated within the existing spend envelope. Furthermore, this creates a credible pathway to recurring cash-releasing savings through ongoing service optimisation and continuous improvement.

5.6 Restricting the service to the current Out of Hours resource allocation without reform would necessitate an immediate reduction in expenditure of approximately 20%. Given that pay costs constitute much of the cost base, this would result in a material reduction in workforce capacity and render the current service model operationally and financially unsustainable.

5.7 Failure to approve the preferred option would significantly increase the risk of reduced service provision, reduced patient access, increased patient safety risks associated with delays in assessment and treatment, increased attendance at Emergency Departments, avoidable hospital admissions, and additional pressure across the wider urgent and unscheduled care system.

5.8 Detailed implementation planning, workforce transition arrangements, engagement activity and governance oversight arrangements will be progressed following approval.

6.0 POLICY IMPLICATIONS

6.1 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.

7.0 RISK ASSESSMENT

7.1 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 preferred GP Out of Hours service model represents a significant additional control, given the shared priorities between this approach and the IJB's strategic commissioning framework and connection with wider urgent and unscheduled care transformation programme.
	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

Appendix 2: GP Out of Hours Service – Options Appraisal Report NHS Tayside | March 2026

This report reflects the outcomes of options appraisal workshops held on 29 January 2026 and 3 March 2026.

Introduction

This paper provides the background and context underpinning the options appraisal undertaken for the NHS Tayside GP Out of Hours (OOH) Service.

The NHS Tayside GP OOH Service delivers urgent medical care when GP practices are closed, including evenings, overnight, weekends, and public holidays. It operates as a Tayside-wide, GP-led service supporting people across Angus, Dundee, and Perth & Kinross who require clinical assessment and treatment for urgent health issues that cannot safely wait until their own GP practice reopens.

Services are delivered from a combination of Primary Care Emergency Centre bases across the region, supported by a home visiting service. The number and location of these sites vary by locality and reflect historical service models, workforce availability, and patterns of demand.

As part of the wider Urgent and Unscheduled Care Programme, a comprehensive programme of engagement, service reform, and operational improvement has been undertaken to review GP OOH service provision across Tayside.

While the service operates as a single Tayside-wide system, the challenges and pressures experienced vary across the region. These include higher levels of urban demand and deprivation-related need in Dundee; predominantly rural and semi-rural geography and travel challenges in Angus; and a combination of rurality, distance, and seasonal population variation across Perth & Kinross.

In recent years, GP OOH services have faced rising and increasingly complex demand, alongside ongoing workforce challenges and variation in access across communities. Demand modelling and projections indicate that these pressures are expected to continue. Maintaining the current service model without review would present a significant risk to long-term sustainability, equity of access, and service resilience.

In response, a programme of engagement, service reform, and operational improvement has been undertaken. This has included engagement with staff, professional stakeholders, partners, and service users, supported by detailed analysis of activity, demand, and workforce data, alongside ongoing operational learning.

Purpose of this Paper

This paper summarises:

- The options appraisal process undertaken
- The criteria used to assess options
- The outcome of the appraisal
- The identification of a preferred option

Current Service (Context)

OOH GP care in Tayside is currently provided from the following sites when GP surgeries are closed:

- Kings Cross Hospital, Dundee – open weekdays from 6pm to 8am, and 24 hours on weekends and public holidays (8am to 8am)
- Perth Royal Infirmary – open weekdays from 6pm to 8am, and 24 hours on weekends and public holidays (8am to 8am)
- Whitehills Hospital, Forfar (Angus) – a smaller clinic open on Saturdays and Sundays from 1pm to 6pm

At present, patients registered with the two GP practices in Kinross are cared for by NHS Fife's OOH service, including areas such as Abernethy, Aberargie, Glenfarg and Crook of Devon.

As part of the OOH Reform Programme, NHS Tayside aims to provide care for all patients who live within Tayside, including those currently served through Kinross. Any future service model would therefore need to be staffed to reflect this change.

Staffing Model and Skill Mix (Assumptions)

For the purposes of the options appraisal, it was assumed that each service model would be staffed with an appropriate, safe and clinically effective mix of staff.
Staffing levels and skill mix were assumed to reflect clinical need and vary by time of day and location. For example, daytime provision may involve GP-led clinics, while overnight care may be delivered by Advanced Nurse Practitioners or other suitably trained practitioners.
This approach enabled all options to be compared on a like-for-like basis at the initial stage of the appraisal.

Strategic Vision and Objectives

The purpose of the options appraisal was to inform the development of a safe, sustainable, and effective future delivery model for the NHS Tayside GP OOH Service.
This work followed approval of the GP OOH Strategic Framework 2026–2036, which set out a shared, Tayside-wide ambition for reform and transformation.

The agreed vision is:
"A safe, sustainable, and person-centred OOH service that brings together a skilled multidisciplinary team to provide high-quality, compassionate care close to home."

The options appraisal assessed potential service models against agreed criteria to determine alignment with this vision, including:

- Equity of access
- Quality and safety
- Workforce sustainability
- Affordability

- Integration across the system
- IT and technological enablement

Options Appraisal Process

An options appraisal is a structured and systematic process used to assess a range of potential service delivery models against agreed criteria. It enables a transparent, evidence-based comparison of options to support informed decision-making.
The options appraisal for the NHS Tayside GP Out of Hours (OOH) Service was undertaken through a structured, multi-stage approach.
An initial options appraisal workshop was held on **29 January 2026**, followed by a reconvened session on **3 March 2026**, following the completion of additional workforce and financial modelling.

The appraisal process involved:

- Identifying a long list of potential service delivery options
- Agreeing a set of evaluation criteria aligned to the Strategic Framework
- Applying weightings to reflect the relative importance of each criterion
- Assessing each option against the agreed criteria
- Calculating weighted scores to enable comparison across options

Each option was assessed using a scoring scale ranging from **-3 (significantly negative impact)** to **+3 (significantly positive impact)**.

The appraisal was undertaken by a multi-disciplinary group comprising clinical, operational, managerial, and partner representatives, alongside public participants. In total, approximately **30** participants contributed to the appraisal process.
The long list of options was informed by stakeholder engagement, operational insight, and analysis of activity and demand data.

At the initial workshop, seven options were assessed against the agreed criteria. During this process, it was identified that sufficiently robust financial and workforce modelling was not yet available to support informed scoring against the **Affordability** and **Sustainability** criteria. In order to maintain the integrity and credibility of the appraisal, scoring for these criteria was deferred pending completion of further analysis.

The initial scoring demonstrated a clear differential in performance between options, with four options scoring consistently lower across multiple criteria and three options performing more strongly overall. On this basis, four options were not taken forward for further consideration.
Following the workshop, detailed workforce and financial modelling was undertaken to strengthen the evidence base. This modelling drew on activity and demand analysis, capacity and workload review, learning from Tests of Change, and the application of DCAQ and the Professional Judgement Tool, alongside proportionate application of Six Steps workforce planning methodology. The outputs of this work were reviewed by senior clinical, operational, and financial leadership, and supported by external Out of Hours advisers, providing additional assurance of robustness.

Who Was Involved
The appraisal involved a multi-disciplinary group, including:

- Clinical, operational and managerial representatives
- Health and Social Care Partnerships
- NHS 24 and Scottish Ambulance Service
- Senior nursing and medical staff
- Finance and service management representatives
- Public participants (**3) from Angus, Dundee and Perth & Kinross**

In total, approximately **30** participants contributed to the appraisal process

Initial Workshop and Identification of Options
The long list of options was informed by engagement, operational learning, and data analysis.
At the initial workshop, seven options were assessed. During this session, it became clear that robust financial and workforce modelling was not yet available to support scoring against Affordability and Sustainability.
To maintain the integrity of the process, scoring for these criteria was deferred.
The results demonstrated a clear differential in performance, with four options scoring consistently lower and three options performing more strongly. Based on this, four options were not taken forward.
Detailed scoring from the initial workshop is available for review

Workforce and Financial Modelling
Following the workshop, detailed modelling was undertaken using:

- Activity and demand data
- Capacity and workload analysis
- Learning from Tests of Change
- Application of DCAQ and Professional Judgement Tool
- Proportionate application of Six Steps workforce planning

This work was reviewed by senior leadership and external advisers, providing assurance of robustness.

Revised Approach to Completion of the Appraisal
Following completion of workforce and financial modelling, the appraisal process was reconvened on 3 March 2026 to complete the assessment of the remaining criteria and finalise the appraisal.
During the reconvened session, clarification was sought regarding the basis on which the Affordability criterion should be assessed, specifically whether options should be evaluated against the allocated budget or current levels of expenditure.
It was recognised that the service has operated above its baseline budget for a number of years, reflecting sustained demand and workforce pressures. On this basis, the group agreed that affordability should be assessed with reference to current levels of expenditure, as this provides a more accurate and evidence-based representation of the cost of delivering a safe and sustainable service.
This approach ensured that options were assessed on a consistent and realistic basis, supporting a fair and meaningful comparison of financial viability across all options.

Following this clarification, the three higher-performing options identified in the initial workshop were assessed against the previously unscored criteria of Affordability and Sustainability, with all other scores carried forward unchanged from the initial session.
This approach ensured continuity of methodology, avoided duplication of scoring, and enabled the appraisal to be completed using strengthened evidence base while maintaining transparency and proportionality.

In line with this approach, the three higher-performing options were taken forward for final appraisal. Detailed scoring from both the initial and reconvened sessions is available for review.

Option	Summary
1.	Option 1 - Status Quo Care is provided from bases in Dundee and Perth (from 6pm to 8am, and 24 hours on weekends and public holidays from 8am to 8am), with limited weekend opening in Angus (Saturdays and Sundays from 1pm to 6pm). This option is included as a baseline for comparison with the other options. Home visiting will remain available pan Tayside. Please Note: Current opening times and locations, with staffing adjusted to meet current demand.
2.	Option 2 – Three Fully Operational Bases Out-of-hours care would be provided from three main bases in Dundee, Perth and Angus (from 6pm to 8am, and 24 hours on weekends and public holidays from 8am to 8am) All care would be delivered from these bases, with no additional local or satellite sites. Home visiting will remain available pan Tayside.
3.	Option 3 – Current Model with Extended Weekend Opening in Angus Out-of-hours care would continue to be provided from bases in Dundee and Perth. The Angus base would open at weekends, extending opening hours from the current 1pm to 6.00 pm to 8am–11.30pm. Weekday and overnight service arrangements would remain unchanged. Home visiting will remain available pan Tayside.

Criteria
The appraisal has assessed each of the options against the following agreed criteria:

	Criteria	Weighting
1	**Impact on care closer to home**	15%
	This criterion assesses how well the service model supports the delivery of GP OOH care as close to people's homes as appropriate. While improving local access to urgent care is an important aim, models must also take account of practical considerations such as workforce availability, service sustainability, and the need to deliver safe, high-quality care. **Guiding Principles:** Services should be flexible and responsive to changing health needs, supporting dignity, respect, and personal choice, while recognising that equity of access does not always mean the same service model in every location. **Key Considerations**:	

	• Does the model support timely access to GP OOH care within local communities, including through home visiting where appropriate? • Does it reduce avoidable attendances at Emergency Departments and unnecessary hospital admissions? Is it financially and operationally viable to provide services across all communities?	
2	**Impact on equity of access**	15%
	Fair access means people receive high-quality GP OOH care based on clinical need, delivered in ways that reflect local circumstances and support equitable outcomes for all communities. This criterion considers how well a service model provides fair and timely access to GP OOH care across Tayside, regardless of location or personal circumstances. It recognises that a single service model may not suit every area, and that services should be designed in proportion to local need. **Guiding Principles:** Equity of access means ensuring that people receive high-quality GP OOH care based on clinical need, delivered in a way that recognises differing local contexts and supports fair outcomes for all. **Key considerations:** • Does the model support fair access to GP OOH care in urban, rural and remote communities? • How does it respond to health inequalities, including areas of higher deprivation or unmet need? • Does it reduce barriers to access, such as travel distance, digital exclusion, or lack of awareness of how to access care?	
3	**Quality and Safety**	25%
	This criterion emphasises the importance of maintaining high standards of care and ensuring patient safety within the GP OOH service. Given the complexity and risk associated with out-of-hours care, it is essential that any proposed model supports safe clinical decision-making, robust governance, and consistently high-quality care. **Guiding Principles:** The service model should prioritise quality and safety at all times, using evidence-based practice and strong clinical governance to ensure the best possible outcomes for people accessing GP OOH care. **Key Considerations:** • Does the model maintain or improve patient safety and clinical effectiveness within the OOH setting?	

	• How does the model support compliance with clinical governance and safety standards? • Does the model minimise risk to patients and staff, including through appropriate skill mix, supervision, and escalation arrangements?	
4	**Sustainability**	15%
	Considers the long-term workforce sustainability and operational resilience of the GP OOH Service, ensuring the model can be delivered safely and effectively over time. **Guiding Principles:** Services should be resilient and adaptable, supporting a confident, capable, and multidisciplinary workforce, and enabling safe, high-quality care now and in the future. **Key Considerations:** • Does the model support a sustainable workforce, with the right mix of professional roles and skills to meet demand? • Is the model deliverable given workforce availability, recruitment, retention, and training requirements? • Does it support staff wellbeing, resilience, and safe working patterns? • Can the model adapt to future changes in demand, population need, and service expectations?	
5	**Affordability**	15%
	Assesses whether the GP OOH Service model is financially viable and affordable within available resources, without compromising safety, quality, or equity. **Guiding Principles:** Public resources should be used responsibly, ensuring services are affordable, deliver value for money, and remain financially viable in the context of wider system pressures. **Key Considerations:** • Can the model be delivered within available budgets and financial constraints? • Does it represent efficient use of financial resources and infrastructure? • Are costs proportionate to the benefits delivered for patients and the wider system? • Does the model support value for money and financial sustainability over time?	
6	**Impact on Interfaces with Other Services**	10%

	This criterion assesses how effectively the service model integrates GP OOH services with the wider health, social care, and community system. Seamless coordination between services is essential to support continuity of care, improve patient outcomes, and ensure people are directed to the right service at the right time. **Guiding Principles**: Strong integration and collaboration across services to improve efficiency, continuity, and patient outcomes, ensuring that care is coordinated and delivered seamlessly across the urgent and unscheduled care system. **Key Considerations:** • How does the model support effective communication and collaboration between GP OOH, NHS 24, the Scottish Ambulance Service, Emergency Departments, in-hours general practice, and community services? • Does the model promote smoother transitions and handovers for patients across services? Is the model well aligned with existing urgent and unscheduled care pathways and local services?	
7.	**IT and Technological enablement**	5%
	This criterion assesses how well the service model is supported by digital and technological systems that enable the safe, effective, and efficient delivery of GP OOH care. Technology is considered an enabler of high-quality care, supporting, rather than driving, clinical practice and service delivery. Robust IT infrastructure is essential to support clinical decision-making, information sharing, service coordination, and integration across the wider urgent and unscheduled care system. **Guiding Principles:** Technology should enable safe, person-centred care, support integration and efficiency, and remain accessible, reliable, and proportionate to need. **Key Considerations:** • Does the model support safe clinical practice and real-time decision-making through appropriate digital systems? • Does it enable effective information sharing and interoperability across services? • Does it support workforce efficiency, service resilience, and digital inclusion? Each objective was assessed on a scale from -3 (significantly negative impact), 0 (neutral impact), to +3 (significantly positive impact). For qualitative objectives, scoring will be based on a comparative assessment across options and graded according to the scale of impact. For quantitative objectives, impacts will be assessed primarily in relation to sustainability and affordability.	

	Total Weight	**100%**

Each option was assessed against the criteria described above, taking into account the information on OOH Service made available for the option appraisal process, including data on activity and demand.

Each criteria was assessed between -3 (significantly negative impact); 0 (neutral impact); +3 (significantly positive impact).

Significant negative impact	**Moderate negative impact**	**Low negative impact**	**Neutral impact**	**Low positive impact**	**Moderate positive impact**	**Significant positive impact**
-3	-2	-1	0	+1	+2	+3

Outcome of options appraisal

Following completion of the appraisal, Option 3 was identified as the preferred option, demonstrating the strongest overall performance across the agreed criteria.

The weighted scores were as follows:

	Description	Total weighted score
1	Option 1 - Status Quo Care is provided from bases in Dundee and Perth (from 6pm to 8am, and 24 hours on weekends and public holidays from 8am to 8am), with limited weekend opening in Angus (Saturdays and Sundays from 1pm to 6pm). This option is included as a baseline for comparison with the other options. Home visiting will remain available pan Tayside. Please Note: Current opening times and locations, with staffing adjusted to meet current demand.	110
2	Option 2 – Three Fully Operational Bases Out-of-hours care would be provided from three main bases in Dundee, Perth and Angus (from 6pm to 8am, and 24 hours on weekends and public holidays from 8am to 8am) All care would be delivered from these bases, with no additional local or satellite sites. Home visiting will remain available pan Tayside	105
3	Option 3 – Current Model with Extended Weekend Opening in Angus Out-of-hours care would continue to be provided from bases in Dundee and Perth. The	118

	Angus base would open at weekends, extending opening hours from the current 1pm to 6.00 pm to 8am–11.30pm. Weekday and overnight service arrangements would remain unchanged. Home visiting will remain available pan Tayside	

Conclusion and Next Steps

The options appraisal has been undertaken through a structured, transparent, and evidence-based process, informed by engagement, operational insight, and detailed analysis of demand, capacity, workforce, and financial considerations.

The process has demonstrated a clear and consistent differential in performance between the options assessed, enabling the identification of a preferred service model.

Option 3 has been identified as the preferred option, demonstrating the strongest overall performance against the agreed criteria, including equity of access, quality and safety, workforce sustainability, affordability, and integration across the urgent and unscheduled care system.

The appraisal process has been designed to ensure robustness and credibility, with a clear audit trail from the initial long list of options through to the final assessment. The application of agreed criteria, weighted scoring, and a multi-disciplinary approach has supported a balanced and informed evaluation.

Subject to final approval, the Programme will move into the next phase of implementation.

This phase will include continued engagement with staff, professional stakeholders, and partners, alongside the ongoing application of Quality Improvement (QI) methodology. This will ensure that the service continues to be tested, refined, and improved in response to emerging evidence, operational learning, and stakeholder feedback.

This approach reflects NHS Tayside's commitment to delivering a safe, sustainable, and person-centred Out of Hours service that is responsive to the needs of the population and capable of adapting to future demand and system pressures.

Workforce Modelling to Support Options Appraisal in Tayside Out of Hours Services: A Hybrid DCAQ-Informed and Six Steps–Guided Approach

Angus HSCP
February 2026

Abstract

The NHS Tayside Out of Hours (OOH) Reform Programme has adopted a structured and evidence-informed approach to workforce modelling to support the current options appraisal process.

The methodology combines detailed workload analysis incorporating real-time and retrospective independent review (Appendix B), structured Tests of Change examining Advanced Nurse Practitioner (ANP) deployment (Appendix C), DCAQ informed system assessment, proportionate use of the Six Steps Workforce Planning framework, and structured application of the Professional Judgement Tool.

These components have been applied in a layered and triangulated manner. Workload analysis provides the quantitative foundation. DCAQ offers a systems perspective on operational flow and pressure. Tests of Change validate workforce substitution assumptions in live settings. The Professional Judgement Tool has been used throughout to sense-check modelling assumptions and ensure alignment with safe staffing principles. Six Steps provides structure for consistent comparison across shortlisted options.

The recognised frameworks referenced have been applied proportionately within an options appraisal context. They have informed analysis and strengthened comparability; they have not been followed mechanistically as template-completion exercises.

This paper outlines the approach taken, how it has been adapted to the realities of OOH delivery, and how workforce modelling has been applied consistently across three potential service configurations. It provides assurance regarding methodological robustness, transparency and sustainability.

1. Introduction

Out of Hours services provide urgent primary care outside core working hours. In Tayside, they operate as continuous, safety-critical systems managing unscheduled demand across varied geography and population need.

Workforce planning in this setting must account for time-dependent demand, operational pressure, recruitment constraints and clinical risk. It cannot rely solely on numerical modelling or averaged activity data.

The Reform Programme has therefore adopted a structured but proportionate approach. Workload analysis, service testing, system modelling, workforce planning methodology and professional judgement have been brought together to strengthen the evidence base underpinning options appraisal.

This is not the implementation of a predefined model. It is a disciplined and transparent evaluation of alternatives.

2. DCAQ Adapted to the OOH Environment

DCAQ considers the interaction between demand, capacity, activity and queue. In elective pathways it is often used to address backlog. In OOH, backlog in the traditional sense does not exist.

Instead, “queue” manifests as delay in response times, extended triage intervals or pressure on face-to-face capacity. Within Tayside OOH, DCAQ has therefore been used as an interpretive framework to understand system behaviour under pressure.

It has helped structure understanding of:

- peak demand patterns,
- interaction between parallel care streams,
- time-of-day workforce deployment,
- limits of safe capacity flex.

DCAQ has informed analysis but has not been applied as a standalone improvement methodology. Its use has been proportionate to the needs of options appraisal.

3. Evidence Base Underpinning Workforce Modelling

3.1 Workload Analysis (Appendix B)

A detailed workload analysis was undertaken and is attached as:

Appendix B - Workload Analysis: Real-Time and Retrospective Analytical Report.

The analysis was conducted in two phases.

An initial period of structured real-time data capture allowed observation of service activity as it occurred, including consultation duration, escalation patterns and diurnal demand distribution.

This was followed by retrospective analysis of a defined historical dataset. The retrospective element was analysed by staff independent of the core modelling team, enabling comparison between live findings and historical trends and strengthening objectivity.

The combined prospective and retrospective approach provides a balanced and defensible basis for workforce translation within this options appraisal.

3.2 Tests of Change (Appendix C)

In parallel with quantitative analysis, structured Tests of Change were undertaken using PDSA methodology to examine alternative skill mix utilisation.

These included:

- ANP-led management of all 1- and 2-hour face-to-face appointments,
- ANPs delivering overnight home visits,
- ANP-led triage of Nursing Home calls.

Results are provided in:

Appendix C – Tests of Change: ANP Deployment Outcomes and Data

These tests examined patient flow, response standards, escalation patterns and clinical safety. The findings have informed workforce modelling assumptions, particularly regarding substitution capability and workload redistribution.

This ensures that modelling assumptions reflect observed operational performance rather than theoretical redistribution.

3.3 Workforce Model and Costing (Appendices D and E)

Capacity has been modelled in WTE terms and disaggregated by time of day and service configuration. This is available on request.

Current modelling indicates a requirement in the region of 94.83 WTE.

Detailed outputs are provided in:

- **Appendix D** – Workforce Modelling Outputs (Including Financial Impact Analysis)

The modelling integrates workload translation (Appendix B), validated substitution learning (Appendix C), time-based variation and workforce productivity assumptions.

3.4 Application of the Professional Judgement Tool

Alongside quantitative modelling, the Professional Judgement Tool has been applied throughout the process.

It has been used to:

- sense-check consultation duration assumptions
- review substitution capability between medical staff and ANPs
- assess escalation patterns observed during Tests of Change
- consider safe staffing tolerances under sustained operational pressure
- validate assumptions relating to overnight cover and surge resilience

This has provided an essential counterbalance to numerical modelling. Workforce planning in OOH cannot rely solely on activity translation; it must also reflect clinical risk, practitioner capability and operational reality.

The Professional Judgement Tool has therefore informed interpretation of modelling outputs rather than being used as a standalone scoring exercise.

4. Application of the Six Steps Framework

The Six Steps Workforce Planning methodology has been used to structure comparative analysis across three shortlisted options:

- Status Quo
- Three Fully Operational Bases
- Extended Weekend Model

Steps 1–5 have been undertaken for each option to ensure consistency in:

- service definition,
- baseline workforce mapping,
- demand translation,
- workforce supply assessment,
- gap identification.

Step 6 (implementation planning) will follow once a preferred configuration is agreed.

Six Steps has been applied proportionately and appropriately within the context of options appraisal. It has provided structure and comparability rather than functioning as a prescriptive checklist requiring full documentary completion at this stage.

5. Workforce Sustainability and Strategic Risk

Workforce modelling has assessed not only staffing requirement but deliverability.

Consideration has been given to:

- recruitment feasibility within current labour market conditions,
- structural staffing floors associated with multi-base models,
- resilience under winter surge conditions,
- absence sensitivity,
- wellbeing and retention risk.

Professional judgement has been particularly important in assessing fatigue risk, escalation tolerance and the practical limits of skill mix substitution beyond which safety margins narrow.

The Three Base model introduces the highest fixed staffing requirement and therefore the greatest recruitment exposure. Sustainability considerations are central to evaluating this option.

The modelling does not predetermine the decision. It provides structured evidence to support informed judgement.

6. Advanced Practitioner Workforce Development

Tests of Change and modelling outputs indicate an expanded role for Advanced Nurse Practitioners within OOH under several options.

If the advanced practitioner workforce grows, this must be accompanied by a structured OOH-specific training and competency framework.

The OOH environment requires high levels of autonomy, risk management and decision-making under uncertainty. A formalised framework would:

- strengthen patient safety,
- enhance governance assurance,
- improve consistency across sites,
- support practitioner confidence and retention.

Workforce development should progress in parallel with service redesign. Embedding governance and competency arrangements at the point of expansion reduces clinical and organisational risk.

7. Discussion

This analysis has been deliberately triangulated.

Workload analysis provides quantitative grounding.
Tests of Change validate operational feasibility.
DCAQ offers system-level interpretation.
The Professional Judgement Tool ensures clinical credibility.
Six Steps ensures structured comparison across options.

Recognised methodologies have been applied thoughtfully and proportionately within an options appraisal context. They have informed professional judgement rather than replaced it.

This strengthens assurance while acknowledging the inherent uncertainty and workforce constraints within urgent care delivery.

8. Conclusion

The Tayside OOH Reform Programme has adopted a hybrid, DCAQ-informed and Six Steps–guided approach to workforce modelling within an options appraisal context.

The approach integrates:

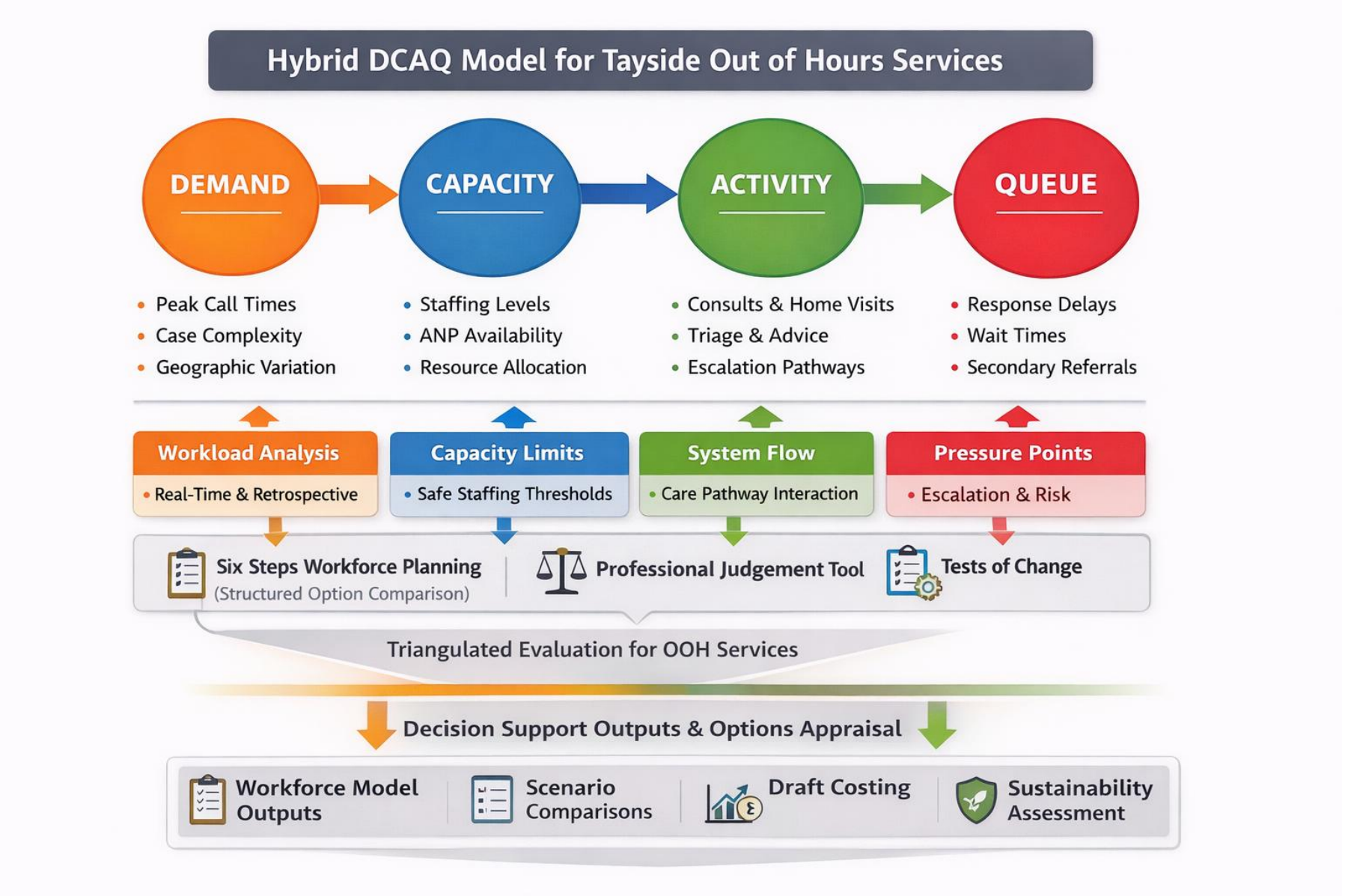
- Hybrid DCAQ Model Diagram - **Appendix A**
- Workload Analysis: Real-Time and Retrospective Analytical Report – **Appendix B**
- Tests of Change: ANP Deployment Outcomes and Data -**Appendix C**
- Workforce Modelling Outputs (Including Financial Impact Analysis) - **Appendix D**
- Governance and Oversight Arrangements – **Appendix E**

Taken together, this provides a robust and proportionate basis for decision-making within a complex and safety-critical service environment.

Appendices

Appendix A – Hybrid DCAQ Model Diagram
Appendix B – Workload Analysis: Real-Time and Retrospective Analytical Report Dec 25-Jan 26
Appendix C – Tests of Change: ANP Deployment Outcomes and Data
Appendix D- Workforce Modelling Outputs (Including Financial Impact Analysis)
Appendix E - Governance and Oversight Arrangements

Appendix A - Hybrid DCAQ Model Diagram



Appendix B – Workload Analysis: Real-Time and Retrospective Analytical Report Dec 25-Jan 26

OOH Workload Analysis.pdf

OOH Workload Analysis(1-1377).xlsx

Appendix C - Tests of Change: ANP Deployment Outcomes and Data

PDSA1 – Improve proportion of 1- and 2-hour weekend cases seen within NHS 24 target

Test of Change: 9–10 August – all 1- and 2-hour F2F appointments managed by ANPs at OOH base.

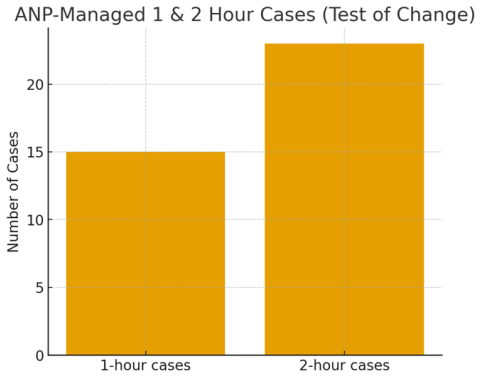
Total cases: 15 (1-hour) and 23 (2-hour).

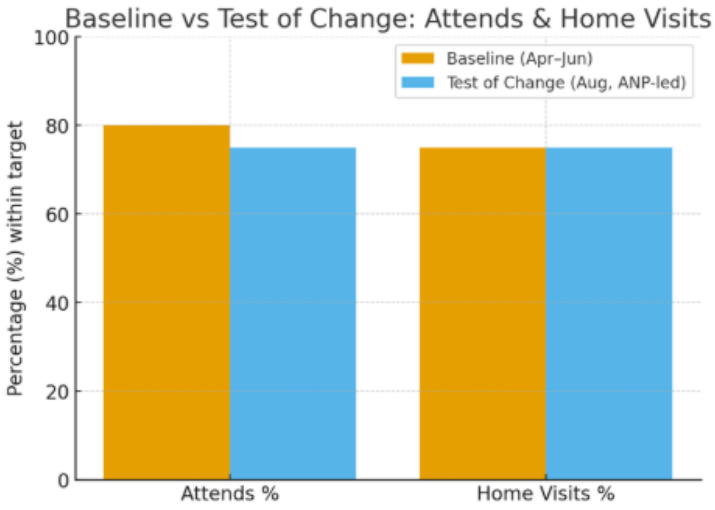
Admissions: 5 patients.

GP follow-up advised: 5 patients.

Feedback from ANPs: positive, well-organised, safe and effective workload management.

Case Distribution (1-hour vs 2-hour)





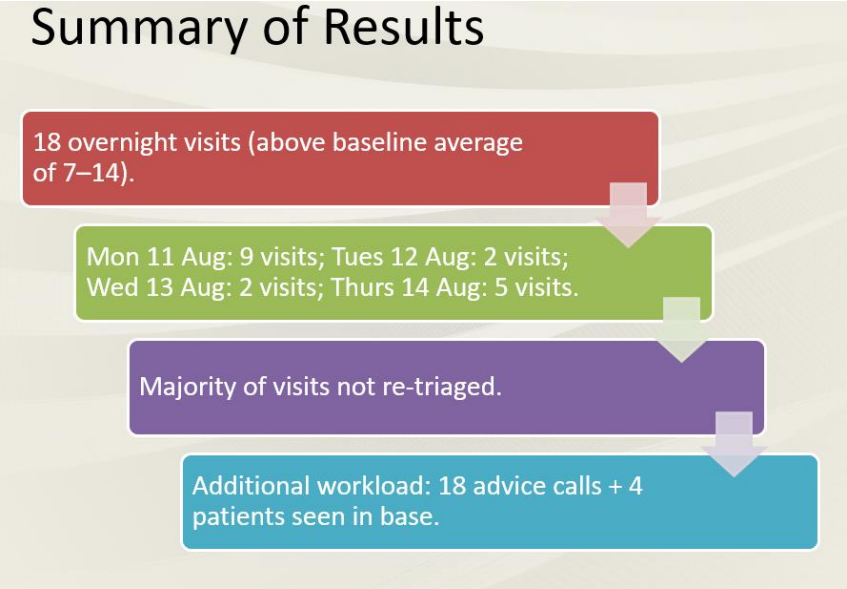
PDSA 1: Improving Tests of Change GP Out of Hours Reform

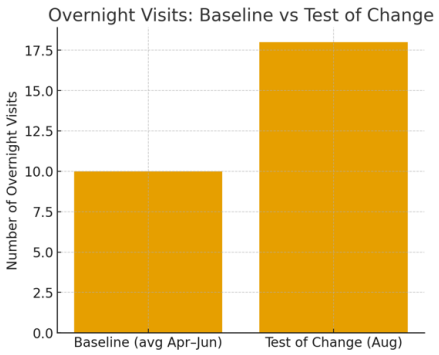
Aim: Increase the proportion of weekend cases seen within NHS 24's 1-and 2-hour targets

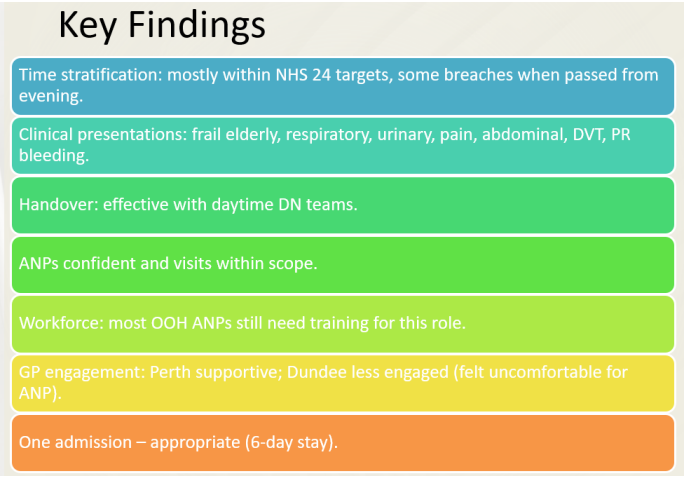
Outcome: Significant improvement in 1-hour and 2-hour compliance
More efficient allocation between attendances and home visits
Better coordination between call handlers and clinicians

Impact: Enhanced responsiveness and improved patient experience

PDSA2 – ANP delivering Overnight Home Visits







PDSA 3 – ANP Led Triage for Nursing Home Calls

Aim: Improve triage and allocation of care home calls to ensure timely, appropriate care.

23 calls managed on 3rd August (slightly above average of 18.3 per Sunday).

All calls triaged by ANPs/paramedic – none required escalation to GP.

ANP triage ensured all calls were directed appropriately to community or OOH response.

Staff feedback: confident, supported, safe, and appropriate workload.

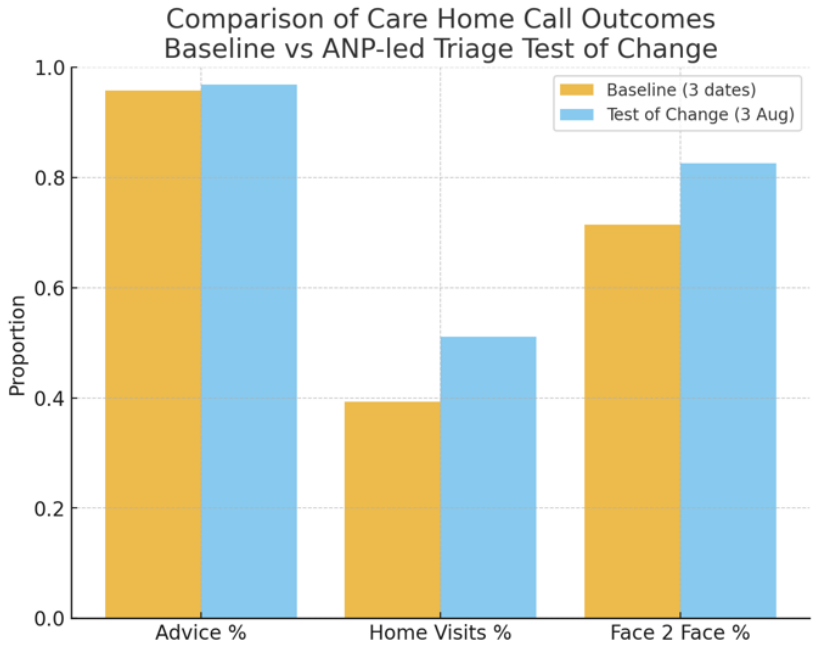
Opportunity: strengthen care home pathways (Pharmacy First, Community Nursing).

PDSA 3: ANP-Led Triage for Nursing Home Calls

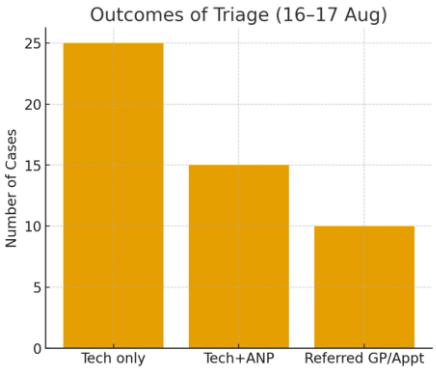
Aim: Improve management of nursing home calls through ANP-led triage

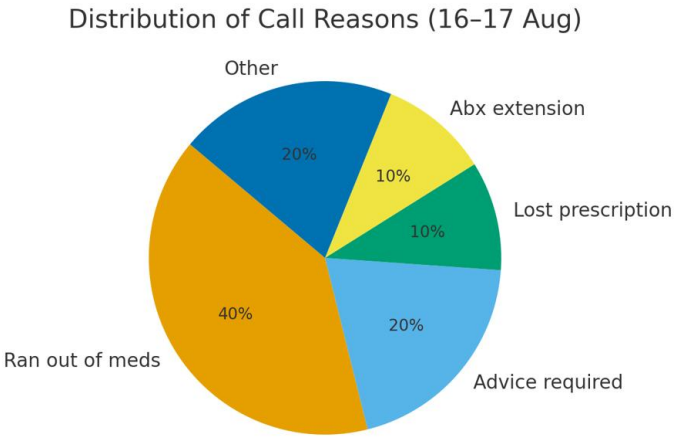
Outcome: ANPs managed most calls without requiring GP escalation

Impact: Enhanced efficiency, better use of workforce skills, and improved continuity of care for residents



PDSA 4 – Pharmacy Technician Triage and Activity





Summary of Findings

50 triaged calls across 2 days; 30 recorded pharmacy activities.

Most medication queries resolved by pharmacy team; reduced escalation to ANPs/GPs.

Average resolution time 10–40 mins.

Themes: repeat prescriptions, lost/left meds, abx extensions, stock management.

Appendix D - Workforce Modelling Outputs (Including Financial Impact Analysis)

OOH Reform Option Appriasal - Final Options - Staffing Groups Breakdown Summary

	2025/26 Outturn		Option 3		Outturn vs Option 3	
Pay/Non-Pay	**wte**	**£'s**	**wte**	**£'s**	**wte**	**£'s**
Medical	28.19	7,999,627	26.45	6,867,267	1.74	1,132,360
Nursing	23.44	1,729,063	41.67	3,148,243	(18.23)	(1,419,180)
Operational	39.32	2,224,961	35.76	2,000,105	3.56	224,856
Management	3.88	503,452	6.00	705,547	(2.12)	(202,095)
Non-Pay		707,269		432,285		274,984
Total	**94.83**	**13,164,372**	**109.88**	**13,153,447**	**(15.05)**	**10,925**

Appendix E – Governance and Oversight Arrangements

1. Governance Context

The workforce modelling and associated analytical work have been developed within the governance structure of the Tayside Out of Hours Reform Programme.

Oversight has been provided through:

- Reform Co-Chairs
- Clinical and Professional leadership representation
- Operational management review
- Finance engagement
- Reporting through the Collaborative Group
- Escalation route to the Chief Officer where required

This ensures alignment with organisational governance, financial planning and service redesign processes.

2. Clinical and Operational Validation

The modelling has been informed and reviewed through:

- Application of the Professional Judgement Tool with senior clinicians
- Operational review of workload assumptions
- Review of rota templates and staffing patterns
- Review of Tests of Change outcomes (PDSA cycles)

The methodologies referenced (DCAQ-informed analysis and Six Steps workforce planning) have been applied proportionately and as guiding frameworks within an options appraisal context, rather than as a template-driven compliance exercise.

3. Data Integrity and Analytical Assurance

Data inputs have been:

- Drawn from routinely collected operational datasets
- Subject to real-time workload analysis
- Subject to retrospective comparative analysis
- Reviewed by independent staff to support objectivity
- Cross-checked against HR establishment and rota records
- Reviewed with Finance Business Partner colleagues

This layered review process provides reasonable assurance regarding the robustness of assumptions and outputs.

4. Tests of Change Governance

The PDSA cycles undertaken (ANP 1- and 2-hour face-to-face activity, ANP overnight home visits, and ANP-led triage for nursing home calls) were:

- Time-limited and clearly defined
- Operationally supervised
- Subject to safety monitoring
- Documented with outcome reporting

Findings from these Tests of Change have informed workforce modelling assumptions and skill-mix considerations.

5. Audit Trail

The following documentation is retained and available for review:

- Workload Analysis Report (Appendix B)
- Tests of Change Outcome Reports (Appendix C)

- Workforce Modelling Outputs and Financial Impact Analysis (Appendix D)
- Version-controlled modelling spreadsheets
- Meeting records evidencing review and discussion

6. Proportionality Statement

The analytical approaches referenced within this paper, including DCAQ principles, Six Steps workforce planning and the Professional Judgement Tool, have been applied proportionately within an options appraisal context.

They have been used as structured guidance frameworks to support comparison across options and to strengthen assurance. Full implementation-level documentation will follow should a preferred service configuration be formally agreed.

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	NHS Tayside GP Out-of-Hours (OOH) Service: Extension of Weekend Opening Hours, Angus

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

2. GOVERNANCE

Lead Officer Responsible for assessment (Name, designation)	Vittoria Faraldi, Programme Manager
Date Assessment Started	July 25

3. BACKGROUND INFORMATION

Provide a brief description of the policy, practice or project being assessed. (Include rationale, aims, objectives, actions, and processes)	**Description of the Policy, Practice or Project Being Assessed** This Equality Impact Assessment relates to the preferred option identified through the NHS Tayside GP Out-of-Hours (OOH) Service Reform Programme options appraisal. The programme seeks to support the continued delivery of safe, sustainable and person-centred urgent primary care when GP practices are closed. The work has

	considered demographic change, increasing complexity of care, and the need to ensure services remain accessible and resilient across both urban and rural communities. The preferred option (Option 3 – Current Model with Extended Weekend Opening in Angus) proposes retaining the current service model while extending weekend opening hours at the Angus base. Under this option, out-of-hours care would continue to be delivered from the existing bases in Dundee and Perth. The Angus base would open at weekends from 8.00am–11.30pm, extending the current opening hours of 1.00pm–6.00pm. Weekday and overnight service arrangements would remain unchanged, and home visiting would continue to be provided across Tayside. The aim of this approach is to better align weekend service availability with patterns of demand while maintaining service stability and supporting workforce sustainability. The proposal builds on existing service arrangements and has been informed by service activity data, workforce modelling, engagement with staff and system partners, and the options appraisal process.
What are the intended outcomes and who does this impact? (E.g. service users, unpaid carers or family, public, staff, partner agencies)	The OOH Service Reform Programme aims to support the continued delivery of safe, accessible and sustainable urgent primary care across NHS Tayside. As part of this work, the proposed extension of weekend opening hours at the Angus OOH base is intended to better align service availability with patterns of demand and improve local access to face-to-face care during weekend daytime and evening periods. The intended outcomes are to: • improve timely access to urgent primary care • make effective use of available clinical and multi-disciplinary skills • ensure services continue to respond to the needs of local communities across both urban and rural areas The proposal builds on existing service arrangements and does not change the overall service model, service locations or access pathways.

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 NHS Tayside GP OOH service supports a population of approximately 418,000 people across a geographically large and diverse area of around 7,500 km² (National Records of Scotland, Mid-2023 Population Estimates). The region includes a mix of urban and rural communities, which presents differing challenges in relation to access, workforce deployment and service delivery. Demographic trends indicate that the population is ageing, with the proportion of people aged 65 and over projected to increase (National Records of Scotland, 2022-based projections). Older populations are more likely to experience frailty and long-term conditions, which are associated with increased demand for urgent and unscheduled care. National data indicate that around half of adults in Scotland live with at least one long-term condition (Scottish Health Survey 2023). Across Tayside, patterns of demand vary. Dundee includes areas of significant deprivation, with around 37% of residents living in areas within the 20% most deprived nationally (Scottish Government, SIMD 2020). Perth & Kinross includes large rural areas where travel time, workforce recruitment and seasonal access challenges affect service delivery. Angus is largely rural and dispersed, where distance to service bases and transport availability can influence access to care. Service activity data demonstrate sustained demand for urgent primary care. Between 2021–2022 and 2023–2024 the OOH service managed between 64,000 and 71,000 contacts annually (NHS Tayside OOH internal service data). While COVID-related consultations have reduced significantly since 2021–2022, face-to-face consultations and home visits have remained consistently high. Partial data for 2024–2025 show 12,378 attendances and 2,620 home visits in the first seven months, indicating continued reliance on in-person care. This evidence informed the options appraisal process and the identification of the preferred option to retain the existing service model while extending weekend opening hours at the Angus base.

	Extending weekend availability aims to better align service provision with patterns of demand while maintaining stability across the wider Tayside OOH service. The proposal does not change service locations or access pathways, and home visiting will continue to be available across the region. Relevant national legislation and policy frameworks also inform the assessment, including the Equality Act 2010, the Fairer Scotland Duty, the Patient Rights (Scotland) Act 2011 and the Consumer Scotland Act 2020. These frameworks require public bodies to consider the impact of decisions on different population groups and ensure equitable access to health and care services.
Qualitative evidence (narrative/exploratory)	Engagement with staff, system partners and members of the public across NHS Tayside indicates that the OOH service is highly valued, particularly for the quality of care provided once patients are seen. Feedback consistently emphasised the importance of maintaining safe and timely access to urgent care while ensuring the service remains sustainable in the context of an ageing population and increasing complexity of need. From a service user perspective, key priorities include being seen promptly and, where possible, as close to home as possible, particularly for those who may experience challenges with transport, distance, or caring responsibilities. Staff and partners highlighted the importance of maintaining service stability while ensuring that service availability reflects local patterns of demand. These themes informed the options appraisal process and support the preferred option of retaining the current service model while extending weekend opening hours at the Angus base. The qualitative evidence therefore indicates support for an approach that maintains existing service arrangements while improving local availability of care during periods of higher demand. No feedback received through engagement suggested that the proposed extension of weekend hours would negatively affect access to services for patients across Tayside.
Other evidence (please detail)	The assessment has also been informed by a range of wider evidence, including relevant national policy frameworks, service reviews, and ongoing performance and governance monitoring within NHS Tayside. National guidance, such as the National Workforce Strategy for Health and Social Care in Scotland (2022), the Primary Care Improvement Plan (2018), and the wider Urgent and Unscheduled Care Collaborative Programme, emphasises the importance of sustainable services, person-centred access, and effective use of the available workforce.

	Locally, insights from operational activity data, clinical governance processes, and collaboration with NHS 24, the Scottish Ambulance Service and community partners have supported understanding of current service pressures and patterns of demand across the OOH system. This evidence has informed the options appraisal process and supported the preferred option of retaining the current service model while extending weekend opening hours at the Angus base. Together, this evidence supports the aim of ensuring the OOH service continues to operate safely and sustainably while responding to patterns of demand and maintaining equitable access to urgent care across NHS Tayside.
What gaps in evidence/research were identified?	The options appraisal process was informed by a range of evidence, including service activity data, workforce modelling, operational insights and engagement with staff, system partners and public representatives. This evidence has supported the identification of a preferred option that retains the current OOH service model while extending weekend opening hours at the Angus base. No significant gaps in evidence have been identified that would affect the assessment of the proposal at this stage. As with all service developments, ongoing monitoring of service activity, access patterns and patient experience will continue as the extended weekend hours are implemented. This will ensure that any unintended barriers to access for particular groups are identified and addressed through routine service governance and engagement with staff, communities and partner organisations.
Is any further evidence required? Yes or No (please provide reasoning)	**No** The options appraisal process has been informed by a range of evidence, including service activity data, workforce modelling, operational insights and engagement with staff, system partners and public representatives. This evidence has supported the identification of a preferred option that retains the current OOH service model while extending weekend opening hours at the Angus base. As the proposal represents an extension of existing service availability rather than a change to service location, pathways or access arrangements, no additional evidence is required at this stage. Ongoing monitoring of service activity, access patterns and patient experience will continue through routine service governance to ensure that the extended weekend hours operate effectively and equitably.

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, in part.** Where direct research or published evidence is limited, professional judgement has been applied alongside available service activity data, workforce modelling, and stakeholder engagement to inform the options appraisal and identification of the preferred option. This judgement was provided collectively by the OOH Reform Programme team, including clinical leads, operational managers, workforce planning colleagues and representatives from partner organisations. It was informed by analysis of current service demand, workforce sustainability considerations, patient access patterns and learning from local tests of change within the OOH service. Professional judgement was therefore used to complement the available evidence in assessing how the proposed extension of weekend opening hours at the Angus base would support alignment of service availability with patterns of demand while maintaining the existing service model.

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?	
If Yes, please answer the following questions:	
Who was the engagement with?	The development of the OOH proposals and the appraisal of potential service options were informed by engagement with a range of stakeholders across Tayside. This included clinical and operational staff working within the OOH service, representatives from NHS 24 and Emergency Departments, and colleagues from the three Health and Social Care Partnerships. These discussions explored current service pressures, workforce challenges and opportunities to improve access while maintaining service sustainability. Engagement also included Tayside public partners, senior leadership across the three Partnerships, and members of the public through a Tayside-wide survey gathering views from service users and carers. Feedback from this engagement informed the development and assessment of service options and supported the identification of the preferred option: **Option 3 – retaining the current service model while extending weekend opening hours at the Angus base. Key themes highlighted through engagement included the importance of timely access to care, maintaining local availability of services where possible, and ensuring that the service remains sustainable for the workforce while continuing to provide high-quality, person-centred care.** The engagement approach has been undertaken with regard to the requirements of the Equality Act 2010, the Fairer Scotland Duty and the Consumer Scotland Act 2020.
Have other relevant groups i.e. unpaid carers been included in the engagement? If No, why not?	**Yes.** Engagement activity included a Tayside-wide public survey which was promoted through established NHS Tayside communication channels to support open and inclusive participation. Information about the survey was shared via the NHS Tayside website and social media, and posters with QR codes were distributed to GP practices and community pharmacies across Tayside to encourage broad public engagement. The survey was open to all members of the public, including patients, families, unpaid carers and community members, providing an opportunity for a wide range of perspectives to be shared. Contact

	details were also provided for individuals requiring the survey in an alternative format or additional support to participate, helping to ensure accessibility for those with additional needs. This approach enabled unpaid carers and other relevant groups to contribute their views alongside other members of the public during the development of the proposals.
How was it carried out? (Survey, focus group, public event, Interviews, other (please specify) etc.)	Engagement was undertaken using a combination of methods to reach both professional stakeholders and members of the public. A Tayside-wide public survey was promoted through NHS Tayside communication channels, including the website and social media, and through posters with QR codes distributed to GP practices and community pharmacies across Tayside to encourage broad participation. Contact details were also provided for individuals requiring the survey in alternative formats or additional support to participate. In addition, a series of engagement sessions were held with professional stakeholders, including clinical and operational staff within the OOH service, representatives from NHS 24 and Emergency Departments, colleagues from the three Health and Social Care Partnerships, and Tayside Public Partners. This mixed-method approach ensured that both professional and public perspectives informed the development and assessment of service options.
What were the results from the engagement?	Engagement activities provided a range of perspectives from staff, partners and members of the public that informed the development and assessment of service options. Across a series of engagement meetings with internal stakeholder groups and professional forums within NHS Tayside, staff and partners highlighted the importance of maintaining a stable and sustainable Out-of-Hours OOH service while ensuring that service availability reflects patterns of demand across different areas. Feedback from the public survey and engagement with Tayside public partners indicated that the OOH service is generally highly valued, particularly for the quality of care provided once patients are seen. Key themes included the importance of timely access to care, maintaining local availability where possible, and ensuring services remain accessible for people who may face challenges with transport or distance.

	These insights informed the options appraisal process and supported the preferred option of retaining the current service model while extending weekend opening hours at the Angus base to improve local access during periods of higher demand. No feedback from engagement suggested that extending weekend opening hours would negatively affect access to services for patients across Tayside
How did the engagement consider the protected characteristics of its intended cohort?	Engagement was designed to be inclusive and accessible to people across NHS Tayside. The public survey was promoted through a range of communication channels, including the NHS Tayside website and social media, to encourage participation from a broad cross-section of the population. Posters with QR codes were distributed to GP practices and community pharmacies across Tayside, and contact details were provided for individuals who required the survey in an alternative format or additional support to participate. This approach aimed to reduce barriers to participation and ensure that people with different needs were able to contribute their views. Making the survey widely available and providing accessible formats supported participation from a range of groups, including older people, people with disabilities, unpaid carers and others who may experience barriers to accessing services. This engagement approach was undertaken with regard to the requirements of the Equality Act 2010 and the Fairer Scotland Duty, ensuring that the perspectives of different population groups could be considered as part of the options appraisal process.
Has the policy, practice or project been reviewed/changed as a result of the engagement? If YES, please explain.	**Yes.** Feedback from engagement with staff, system partners and members of the public informed the development and appraisal of service options for the OOH service. Engagement highlighted the importance of maintaining timely access to care, ensuring services remain locally accessible where possible, and supporting a sustainable workforce. These insights informed the design principles used in the options appraisal and supported the identification of the preferred option to retain the current service model while extending weekend opening hours at the Angus base. This approach responds to feedback on the importance of improving access during periods of higher demand while maintaining service stability across the wider Tayside OOH service.

Is further engagement required? Yes or No (please provide reasoning)	No Engagement undertaken as part of the OOH service reform and options appraisal included staff, system partners and members of the public through stakeholder engagement sessions and a Tayside-wide public survey. This engagement informed the development and assessment of service options and supported the identification of the preferred option to retain the current service model while extending weekend opening hours at the Angus base. As the proposal represents an extension of existing service availability rather than a change to service locations, service pathways or the overall model of care, no additional engagement is considered necessary at this stage. Ongoing monitoring of service activity, patient experience and operational feedback will continue through routine governance processes to ensure that the extended weekend hours operate effectively and equitably. .

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	x		**Evidence:** Older people are more likely to require urgent and unscheduled care due to higher

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.**
				levels of frailty and long-term conditions. National data indicate that around half of adults in Scotland live with at least one long-term condition (Scottish Health Survey 2023), and demographic projections show that the proportion of people aged 65 and over in Scotland is increasing (National Records of Scotland population projections). Locally, the NHS Tayside population includes a significant proportion of older adults, particularly in rural areas such as Angus. Extending weekend opening hours at the Angus OOH base from 1:00pm–6:00pm to 8:00am–11:30pm may improve local access to face-to-face care for older people who may require timely assessment or who may find travelling longer distances later in the evening more challenging. Younger age groups may also benefit from improved access to urgent care during weekend daytime periods. As the proposal does not change service locations, access pathways, or home visiting arrangements across Tayside, no negative impacts related to age have been identified. **Mitigation / Actions:** • Home visiting will continue to be available across Tayside for patients who cannot for clinical reason travel to a base. • Existing referral pathways through NHS 24 and the OOH triage system will remain unchanged. • Service activity and patient experience will continue to be monitored through routine governance processes to ensure equitable access across age groups.
Sex	x			The proposed change extends weekend opening hours at the Angus OOH base from 1:00 pm–6:00 pm to 8:00 am–11:30 pm. The change does not alter the overall service model, service locations, referral pathways, or eligibility for care. OOH services continue to be accessed through the same triage process (primarily via NHS 24), and home visiting remains available across Tayside.

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.**
				Service activity data for OOH services indicate that urgent primary care is accessed by people of all sexes, with no evidence that the proposed extension of weekend hours would disadvantage one group over another. As the proposal increases the availability of face-to-face consultations during weekend daytime and evening periods, it may offer greater flexibility for individuals balancing work, caring responsibilities, or family commitments. **Mitigation / Actions:** • Access to the OOH service will continue to be based on clinical need through existing triage arrangements. • Home visiting will remain available across Tayside for patients unable to attend a base. • Routine monitoring of service activity and patient feedback will continue to ensure equitable access for all service users.
Disability	x	x		People with disabilities are more likely to require urgent and unscheduled care due to higher rates of long-term conditions and complex health needs. The proposed change extends weekend opening hours at the Angus OOH base from 1:00 pm–6:00 pm to 8:00 am–11:30 pm while maintaining the current service model, service locations, and access pathways. This extension may improve access to face-to-face care for people with disabilities who require urgent clinical assessment during weekend daytime or evening periods. For individuals who experience mobility challenges, transport barriers, or other accessibility needs, the continued availability of home visiting across Tayside ensures that care can still be delivered where patients are unable to attend a base. Access to the OOH service will continue to be managed through existing triage arrangements, primarily via NHS 24, ensuring patients are directed to the most appropriate care. **Mitigation / Actions:**

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.**
				• Home visiting will continue to be available across Tayside for patients who are unable to travel for medical reason to an OOH base. • Existing triage and referral pathways will remain unchanged, ensuring patients with additional needs are assessed and directed appropriately. • Patient experience and service activity will continue to be monitored through routine governance processes to ensure that the extended weekend opening hours do not create unintended barriers for people with disabilities.
Race	x			The proposed change involves extending weekend opening hours at the OOH base from 1:00 pm–6:00 pm to 8:00 am–11:30 pm while retaining the current service model, service locations, and access pathways. The change does not alter eligibility for care or the way in which patients access the service. Access to OOH services will continue to be primarily through NHS 24 triage, ensuring that all patients are assessed based on clinical need. There is no evidence to suggest that the proposed extension of opening hours would disproportionately affect people from different racial or ethnic backgrounds. The change may provide greater flexibility in accessing urgent care during weekend daytime and evening periods for all communities across Tayside. **Mitigation / Actions:** • NHS Tayside will continue to provide access to interpretation and translation services where required to support patients whose first language is not English. • Information about accessing the OOH service will continue to be communicated through existing channels, including NHS 24 and NHS Tayside resources. • Routine monitoring of service activity and patient feedback will continue to ensure equitable access to urgent care services for people from all racial and ethnic backgrounds.

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.**
Sexual Orientation	x			The proposed change extends weekend opening hours at the Angus Out-of-Hours (OOH) base from 1:00 pm–6:00 pm to 8:00 am–11:30 pm while retaining the current service model, service locations and access pathways. The proposal does not alter eligibility for care or how patients access the service. Access to OOH services will continue to be through the existing triage process, primarily via NHS 24, with patients assessed on the basis of clinical need. There is no evidence to suggest that the extension of weekend opening hours would disproportionately affect people based on sexual orientation. As the change increases the availability of face-to-face consultations during weekend daytime and evening periods, it may offer greater flexibility in accessing urgent care for all service users. **Mitigation / Actions:** • NHS Tayside will continue to provide services in line with equality and inclusion policies that ensure respectful, person-centred care for all patients regardless of sexual orientation. • Existing access pathways and patient rights protections remain unchanged. • Routine monitoring of service use and patient feedback will continue to support equitable access to urgent care services for all individuals.
Religion or Belief	x	x		The proposed change extends weekend opening hours at the Angus OOH base from 1:00 pm–6:00 pm to 8:00 am–11:30 pm while maintaining the current service model, service locations and access pathways. The extension increases the availability of face-to-face urgent care during weekend daytime and evening periods without altering how patients access the service. There is no evidence to suggest that the proposed change would disproportionately affect people based on religion or belief. Increased availability of services at weekends may provide greater flexibility for individuals whose religious practices or observances influence when they are able to seek care. As the service continues to be accessed

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.**
				primarily through NHS 24 triage and based on clinical need, equitable access will be maintained. **Mitigation / Actions:** • NHS Tayside will continue to provide care in line with equality and diversity policies that respect religious and cultural needs. • Staff will continue to provide culturally sensitive care where possible and appropriate. • Routine monitoring of patient experience and feedback will continue to ensure services remain accessible and respectful of different religious and cultural needs.
Gender Reassignment	x			The proposed change extends weekend opening hours at the Angus OOH base from 1:00 pm–6:00 pm to 8:00 am–11:30 pm while maintaining the current service model, service locations and access pathways. The proposal does not change eligibility for care, referral routes, or the way patients access the service. Access to the OOH service will continue to be through existing triage arrangements, primarily via NHS 24, with patients assessed based on clinical need. There is no evidence to suggest that the proposed extension of weekend opening hours would disproportionately affect people who are undergoing or have undergone gender reassignment. The increased availability of face-to-face urgent care during weekend daytime and evening periods may provide greater flexibility for all service users accessing urgent care. **Mitigation / Actions:** • NHS Tayside will continue to deliver care in line with equality and inclusion policies, ensuring respectful and person-centred care for individuals of all gender identities.

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.**
				• Staff will continue to follow existing guidance on inclusive communication and confidentiality when supporting transgender and non-binary patients. • Routine monitoring of service use and patient feedback will continue to ensure equitable access to urgent care services.
Pregnancy and Maternity	x	x		The proposed change extends weekend opening hours at the Angus OOH base from 1:00 pm–6:00 pm to 8:00 am–11:30 pm while maintaining the current service model, service locations and access pathways. Pregnant individuals or those in the postnatal period may require urgent clinical advice or assessment outside normal GP practice hours. Extending weekend opening hours may improve the availability of face-to-face urgent primary care during daytime and evening periods, supporting more timely access to care where required. Access to the OOH service will continue to be managed through existing triage arrangements, primarily via NHS 24, ensuring that patients are directed to the most appropriate service, including maternity services where clinically indicated. There is no evidence that the proposed change would negatively impact individuals who are pregnant or in the maternity period. **Mitigation / Actions:** • Existing triage pathways through NHS 24 will remain in place to ensure patients are directed to the most appropriate urgent or maternity care services. • Home visiting will continue to be available across Tayside for patients who for medical reasons are unable to travel to an OOH base. • Routine monitoring of service activity and patient experience will continue through established governance processes to ensure equitable access to care.
Marriage and Civil Partnership	x			The proposed change extends weekend opening hours at the Angus Out-of-Hours (OOH) base from 1:00 pm–6:00 pm to 8:00 am–11:30 pm while maintaining the current service model, service locations and access pathways. The proposal does not change

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.**
				eligibility for care, referral routes, or how patients access the service. Access to the OOH service will continue to be through existing triage arrangements, primarily via NHS 24, with patients assessed based on clinical need. There is no evidence to suggest that the proposed extension of weekend opening hours would have a differential impact on individuals based on marital or civil partnership status. **Mitigation / Actions:** • Services will continue to be provided based on clinical need and in line with NHS Tayside equality and inclusion policies. • Routine monitoring of service use and patient feedback will continue through established governance processes to ensure equitable access for all service users.
Additional Groups/Areas for Consideration				
Any other relevant groups i.e. unpaid carers, current & former Armed Forces personnel (please specify)	x	x		The proposed change extends weekend opening hours at the Angus OOH base from 1:00 pm–6:00 pm to 8:00 am–11:30 pm while maintaining the current service model, service locations and access pathways. Unpaid carers often balance caring responsibilities alongside employment and other commitments and may benefit from greater flexibility in accessing urgent care services during weekend daytime and evening periods. Extending the availability of face-to-face consultations may therefore improve access for carers who may otherwise find it difficult to attend during limited hours. For current and former Armed Forces personnel and their families, access to urgent primary care will continue through existing pathways, primarily via NHS 24 triage. The proposal does not change eligibility for care or the way services are accessed, and therefore no negative impacts have been identified.

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.**
				Mitigation / Actions: • Home visiting will continue to be available across Tayside for patients who, for medical reasons, cannot travel to an OOH base. • Access to urgent care will continue to be based on clinical need through existing triage arrangements. • NHS Tayside will continue to recognise its commitments under the Armed Forces Covenant and support equitable access to healthcare services. • Routine monitoring of service activity and patient feedback will continue through established governance processes to ensure equitable access for carers, veterans and other groups.
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	x	x		The proposed change extends weekend opening hours at the Angus OOH base from 1:00 pm–6:00 pm to 8:00 am–11:30 pm while maintaining the current service model, service locations and access pathways. The proposal does not reduce or restrict access to services and therefore does not negatively impact individuals' human rights. Instead, extending the availability of urgent primary care during weekend daytime and evening periods may support improved access to healthcare, which aligns with the right to respect for private and family life and the right to access appropriate healthcare services. Care will continue to be delivered in accordance with NHS Tayside policies that promote dignity, respect, confidentiality and person-centred care. Access to the OOH service will remain based on clinical need through existing triage arrangements, primarily via NHS 24. **Mitigation / Actions:**

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 right to free elections).				• Services will continue to be delivered in line with NHS Scotland values and human rights principles, ensuring that patients are treated with dignity and respect. • Existing governance arrangements will continue to monitor patient experience and service delivery to ensure that care remains equitable, accessible and respectful of individuals' rights.

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
Age	x			The proposed change involves extending weekend opening hours at the Angus OOH base while maintaining the existing service model and locations. The proposal does not change the overall workforce structure, roles, or employment conditions for staff or volunteers. Service delivery will continue to be supported through existing workforce arrangements and rota systems. Staff of different age groups are represented within the OOH workforce. Extending weekend opening hours may require adjustments to rotas; however, this will be managed through established workforce planning and rostering processes that take into account staff availability, wellbeing, and contractual arrangements. There is no evidence to suggest that the proposed change would disproportionately impact employees or volunteers based on age. **Mitigation / Actions:**

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.**
				• Workforce planning and rota management will continue to consider staff wellbeing and fairness across all age groups. • Existing HR policies and flexible working arrangements will remain in place to support staff with different needs or circumstances. • Ongoing engagement with staff and workforce representatives will continue through routine operational and governance processes.
Sex	x			The proposed change involves extending weekend opening hours at the Angus OOH base while maintaining the existing service model, workforce roles, and employment arrangements. The proposal does not introduce changes to job roles, recruitment practices, or terms and conditions of employment for staff or volunteers. The OOH workforce includes staff of different sexes working across a range of clinical and operational roles. Extending weekend opening hours may require adjustments to existing rotas; however, these will continue to be managed through established workforce planning processes and in line with existing HR policies. There is no evidence to suggest that the proposed change would have a differential impact on employees or volunteers based on sex. **Mitigation / Actions:** • Workforce planning and rota management will continue to be undertaken in line with NHS Tayside HR policies, ensuring fairness and consistency for all staff. • Existing policies supporting equality, flexible working, and staff wellbeing will remain in place. • Ongoing engagement with staff and workforce representatives will continue through established operational and governance arrangements.
Disability	x			The proposed change extends weekend opening hours at the Angus Out-of-Hours (OOH) base while maintaining the existing service model, workforce roles, and

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.**
				employment arrangements. The proposal does not introduce changes to job roles, recruitment practices, or terms and conditions for employees or volunteers. Staff and volunteers with disabilities are supported through existing NHS Tayside equality, diversity and inclusion policies and reasonable adjustment processes. While extending weekend opening hours may require adjustments to existing rotas, these will continue to be managed through established workforce planning processes that consider individual circumstances and support needs. There is no evidence to suggest that the proposed change would disproportionately impact employees or volunteers with disabilities. **Mitigation / Actions:** • Reasonable adjustments will continue to be made where required to support staff or volunteers with disabilities. • Workforce planning and rota management will take into account individual needs and wellbeing. • Existing HR policies, occupational health support, and staff engagement mechanisms will remain in place to ensure an inclusive working environment.
Race	x			The proposed change extends weekend opening hours at the Angus OOH base while maintaining the current service model, workforce roles, and employment arrangements. The proposal does not introduce changes to recruitment, job roles, or employment conditions for staff or volunteers. The OOH workforce includes staff from a range of racial and ethnic backgrounds. Workforce planning and rota management will continue to be undertaken through established processes and in line with NHS Tayside equality, diversity and inclusion policies. There is no evidence to suggest that the proposed extension of weekend opening hours would have a differential impact on employees or volunteers based on race.

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.**
				Mitigation / Actions: • NHS Tayside equality, diversity and inclusion policies will continue to support fair treatment of all staff and volunteers. • Workforce planning processes will ensure equitable rota arrangements and working conditions. • Ongoing staff engagement and governance arrangements will continue to monitor staff experience and ensure an inclusive working environment.
Sexual Orientation	x			The proposed change extends weekend opening hours at the Angus OOH base while maintaining the current service model, workforce roles, and employment arrangements. The proposal does not introduce changes to recruitment, job roles, or terms and conditions of employment for staff or volunteers. There is no evidence to suggest that extending weekend opening hours would have a differential impact on employees or volunteers based on sexual orientation. Workforce arrangements, including rota management and working practices, will continue to operate through established processes that apply equally to all staff. **Mitigation / Actions:** • NHS Tayside equality, diversity and inclusion policies will continue to support an inclusive working environment for staff of all sexual orientations. • Existing HR policies and staff support mechanisms will remain in place to ensure fair treatment and wellbeing. • Ongoing staff engagement and governance processes will continue to monitor staff experience and ensure equitable working conditions.
Religion or Belief	x			The proposed change extends weekend opening hours at the Angus Out-of-Hours (OOH) base while maintaining the current service model, workforce roles, and

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.**
				employment arrangements. The proposal does not introduce changes to recruitment practices, job roles, or employment conditions for staff or volunteers. There is no evidence to suggest that extending weekend opening hours would disproportionately affect employees or volunteers based on religion or belief. Workforce planning and rota management will continue to be managed through established processes that consider staff availability and operational requirements. **Mitigation / Actions:** • Existing NHS Tayside policies that support equality, diversity and inclusion will continue to be applied. • Where possible, workforce planning processes will continue to consider individual needs, including religious observance. • Ongoing staff engagement and governance processes will continue to monitor staff experience and support an inclusive working environment.
Gender Reassignment	x			The proposed change extends weekend opening hours at the Angus OOH base while maintaining the current service model, workforce roles, and employment arrangements. The proposal does not introduce changes to recruitment practices, job roles, or employment conditions for staff or volunteers. There is no evidence to suggest that extending weekend opening hours would have a differential impact on employees or volunteers who are undergoing or have undergone gender reassignment. Workforce planning and rota management will continue to be undertaken through established processes that apply equally to all staff. **Mitigation / Actions:** • NHS Tayside equality, diversity and inclusion policies will continue to support a respectful and inclusive working environment for all staff, including transgender and non-binary employees.

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.**
				• Existing HR policies and staff support mechanisms will remain in place to ensure fair treatment and confidentiality. • Ongoing staff engagement and governance processes will continue to monitor staff experience and promote equality in the workplace.
Pregnancy and Maternity	x			The proposed change extends weekend opening hours at the Angus OOH base while maintaining the current service model, workforce roles, and employment arrangements. The proposal does not introduce changes to recruitment practices, job roles, or employment conditions for staff or volunteers. Staff who are pregnant or returning from maternity leave are supported through existing NHS Tayside HR policies, including maternity leave provisions, risk assessments, and flexible working arrangements where appropriate. While extending weekend opening hours may require adjustments to existing rotas, these will continue to be managed through established workforce planning processes that consider individual circumstances and wellbeing. There is no evidence to suggest that the proposed change would disproportionately impact employees or volunteers in relation to pregnancy or maternity. **Mitigation / Actions:** • Existing maternity policies and risk assessment procedures will continue to support staff during pregnancy and maternity. • Workforce planning and rota management will consider individual needs and wellbeing in line with NHS Tayside HR policies. • Staff engagement and governance processes will continue to monitor staff experience and ensure fair and supportive working arrangements.

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.**
Marriage and Civil Partnership	x			The proposed change extends weekend opening hours at the Angus OOH base while maintaining the current service model, workforce roles, and employment arrangements. The proposal does not introduce changes to recruitment practices, job roles, or employment conditions for staff or volunteers. There is no evidence to suggest that extending weekend opening hours would have a differential impact on employees or volunteers based on marital or civil partnership status. Workforce planning and rota management will continue to be managed through established processes that apply consistently to all staff. **Mitigation / Actions:** • NHS Tayside equality, diversity and inclusion policies will continue to support fair and consistent treatment of all employees and volunteers. • Workforce planning and rota management will be undertaken in line with existing HR policies and employment practices. • Ongoing staff engagement and governance arrangements will continue to monitor staff experience and support an inclusive working environment.
Additional Groups/Areas for Consideration				
Any other relevant groups i.e. unpaid carers, current & former Armed Forces personnel (please specify)	x			The proposed change extends weekend opening hours at the Angus OOH base while maintaining the current service model, workforce roles, and employment arrangements. The proposal does not introduce changes to recruitment practices, job roles, or employment conditions for staff or volunteers. Some employees or volunteers may have additional responsibilities outside work, including caring responsibilities or commitments related to military service or veteran status. Extending weekend opening hours may require adjustments to existing rotas; however, these will continue to be managed through established workforce planning

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.**
				processes that consider staff availability and operational requirements. There is no evidence to suggest that the proposed change would have a differential impact on employees or volunteers who are unpaid carers or who are current or former Armed Forces personnel. **Mitigation / Actions:** • Existing HR policies, including flexible working arrangements and carers' support policies, will continue to support staff with caring responsibilities. • NHS Tayside will continue to recognise its commitments under the Armed Forces Covenant, supporting current and former Armed Forces personnel within the workforce. • Workforce planning and rota management will continue to be undertaken in line with existing HR policies to ensure fair and equitable working arrangements.
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	x			The proposed change extends weekend opening hours at the Angus OOH base while maintaining the current service model, workforce roles, and employment arrangements. The proposal does not introduce changes to employment terms, job roles, or organisational policies that would affect employees' or volunteers' human rights. NHS Tayside is committed to ensuring that staff and volunteers are treated with dignity and respect and that their rights are protected in line with relevant legislation and organisational policies. Extending weekend opening hours will be managed through established workforce planning and rota processes that respect staff wellbeing, confidentiality, and fair treatment. There is no evidence to suggest that the proposal would negatively impact the human rights of employees or volunteers. **Mitigation / Actions:**

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.**
the right to free elections).				• NHS Tayside policies and governance arrangements will continue to promote dignity, respect, equality and fairness for all staff and volunteers. • Workforce planning and rota management will be undertaken in line with HR policies that support staff wellbeing and work–life balance where possible. • Existing mechanisms for staff engagement, feedback, and support will continue to ensure that any concerns relating to working conditions or rights are addressed appropriately.

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)	The Equality Impact Assessment has identified that the proposed change is unlikely to have a negative impact on individuals or groups with protected characteristics. The proposal retains the current OOH service model and access pathways while extending weekend opening hours at the Angus base. As the change represents an extension of existing service availability rather than a reduction or relocation of services, the potential impacts on service users, staff

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.	
	and other stakeholders are considered neutral or positive. Existing mitigation measures, including home visiting provision, NHS 24 triage pathways and NHS Tayside equality and workforce policies, remain in place. No additional actions have been identified through the EQIA process.
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)	
Option 4 - Stop and review (where a serious risk of negative impact is found, the policy, practice or project being assessed should be paused until these issues have been resolved)	

Actions – from the actions to mitigate against negative impact (section 8) and the findings option selected above in section 9 (options 2 or 4 only), please summarise the actions that will be taken forward.	**Date for Completion**	**Who is responsible (initials)**
Action 1 - Action 2 - Action 3 - etc.		

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.	
Advance equality of opportunity	
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.
		X This is **not a strategic policy or programme**. It is an **operational adjustment to opening hours** within the existing OOH service model.
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.
		X The proposal relates to an operational adjustment to existing OOH service opening hours at the Angus base. The current service model, locations and access pathways remain unchanged, and no services are being reduced or withdrawn. As the proposal does not represent a strategic policy decision and is not expected to create differential socio-economic impacts, a full Fairer Scotland Duty Assessment is not required.

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?				
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.)				
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.)				
Material Deprivation (those unable to access basic goods and services e.g. repair/replace broken electrical goods, warm home, life insurance, leisure and hobbies.)				
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.)				
Socio-economic Background (social class including parents' education, people's employment and income)				

Unpaid Carers				
Homelessness, Addictions and Substance Use				
Children, Family and Justice				
Other e.g. current & former Armed Forces personnel (please specify)				

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 The preferred option retains the current OOH service model while extending weekend opening hours at the Angus base to better align service availability with patterns of demand. This approach aims to improve timely access to urgent primary care for patients while maintaining service stability and equitable access across Tayside.

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)		**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?	The proposal extends weekend opening hours at the Angus OOH base while maintaining the current service model and access pathways. Increasing the availability of urgent primary care during weekend daytime and evening periods may support improved access to timely healthcare for children and young people when GP practices are closed. As the proposal does not reduce services, relocate facilities or change access pathways, no negative impacts on children's rights have been identified.
How will the proposal give better effect to the UNCRC in Scotland?	The proposal supports the principles of the UNCRC by improving access to urgent primary care for children and young people during weekend daytime and evening periods when GP practices are closed. Extending opening hours at the Angus OOH base may help ensure that children who require urgent clinical assessment are able to access appropriate care in a timely manner. The proposal maintains existing service locations, access pathways and home visiting arrangements across Tayside, ensuring that children and families continue to receive care based on clinical need. By improving availability of care while maintaining equitable access to services, the proposal supports the best interests, health and wellbeing of children and young people.
How will the impact be monitored?	The impact of the proposal will be monitored through existing service governance and performance monitoring arrangements within NHS Tayside. This will include ongoing review of OOH service activity data, patient access patterns, and patient experience feedback. Workforce feedback and operational performance will also be considered through routine service management and governance processes. Monitoring will help ensure that the extended weekend opening hours at the Angus base continue to support timely access to care for patients, including children and families, and that no unintended barriers to access arise.
How will you communicate to children and young people the impact of the proposal on their rights?	Information about the OOH service, including opening hours and how to access care, will continue to be communicated through existing NHS Tayside communication channels, including the NHS Tayside website and information provided through NHS 24. These channels are widely used by patients, families and carers seeking urgent healthcare advice. As the proposal maintains the current service model while extending weekend opening hours, communication will focus on ensuring that families and carers are

	aware of the availability of services and how to access appropriate care when required.

18. PUBLICATION

Is the corresponding IJB/Committee paper exempt from publication?	

19. SIGN OFF and CONTACT INFORMATION

Lead Officer Responsible	
Name:	
Designation:	
Date:	

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:		Name:	
Designation:		Designation	
Date:		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)	

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. -	

NHS Tayside GP Out of Hours Service Reform

Preliminary Statement of Engagement

November 2025

(This document is iterative in nature and will continue to be refined and updated as the next phase of engagement progresses).

PRELIMINARY STATEMENT OF ENGAGEMENT

This statement outlines the engagement activity undertaken to inform the development of the Strategic Vision for the NHS Tayside GP Out of Hours (OOH) Service and the identification of a preferred service model.

It summarises the collaborative work to date, the Quality Improvement (QI) approach adopted, and the engagement undertaken with staff, professional stakeholders, and the public. Alongside emerging data and insights from test-of-change activity, this feedback has been central to shaping the future direction of the service.

The OOH service provides essential clinical support when GP practices are closed. However, the current model is under increasing pressure due to rising demand, greater complexity of patient need, and increasing costs. These challenges highlight the need for a more coordinated, efficient, and sustainable model that is better integrated with community and urgent care pathways.

Engagement and data analysis have reinforced the importance of improving access, ensuring consistency, and supporting a resilient and skilled workforce. Through the application of QI methodologies, the Programme continues to test and refine improvements that enhance safety, patient flow, and overall service effectiveness.

This context provides a clear opportunity to further develop GP Out of Hours care in Tayside. The ambition is to deliver a service that is person-centred, sustainable, and adaptable—capable of meeting current and future demand while maintaining high standards of safety, quality, and equity across all communities.

Methodology

1. Developing the Strategic Vision

The Strategic Vision for the NHS Tayside GP OOH Service was developed through a dedicated multi-disciplinary Working Group. This group brought together clinical, professional, managerial, and operational representatives to ensure a broad range of expertise informed the process.

The Programme is guided by a Quality Improvement (QI) approach, emphasising continuous improvement, evidence-based practice, and learning through testing. This includes understanding what works, adapting based on evidence, and embedding successful changes into routine practice. This iterative approach reflects NHS Tayside’s ambition to develop a culture that is data-informed, collaborative, and focused on patient outcomes.

The Working Group has shaped a vision that:

- Integrates pathway improvements, strengthening coordination between urgent, primary, and community care
- Implements and evaluates tests of change to explore new models of access, triage, and workforce deployment
- Draws on detailed data analysis to understand demand, capacity, and equity of access, including geographic and demographic variation such as rurality

- Optimises resources through improved efficiency, workforce alignment, and system-wide collaboration
- Enhances whole-system working, ensuring the service operates as part of a cohesive and sustainable urgent care network

Feedback from staff, professional stakeholders, and the public has been central to shaping the Strategic Vision. Their experience and insight have provided valuable perspectives on local needs and opportunities for improvement and have directly influenced the refinement of service model options, particularly in relation to access, workforce configuration, and the balance between local and centralised provision.

Through this combined QI, data-driven, and co-productive approach, the Programme is developing a Strategic Vision and Framework to guide a future service model that is person-centred, sustainable, and capable of meeting both current and future demand while ensuring equity of access and high standards of care.

2. Project Team Composition and Evolution

The GP OOH Project Team is co-led by the Head of Service and the Angus Health and Social Care Partnership (HSCP) Associate Medical Director (AMD). The team includes a wide range of stakeholders to ensure the Strategic Vision is informed by clinical, operational, and improvement expertise.

Membership includes Improvement Advisers from Acute Services, the Lead Nurse, Senior Nurse, Lead Advanced Nurse Practitioner (ANP), OOH Clinical Leads, a Pharmacy Technician, the Operational Manager, Service Manager, Primary Care Team Manager, and Finance representatives. This breadth of expertise supports a balanced focus on clinical quality, operational effectiveness, and financial sustainability.

Oversight is provided by the OOH Collaborative Group, chaired by the Head of Service. This group ensures strategic alignment, assurance, and system-level coordination. It includes representation from Perth & Kinross and Dundee HSCPs, as well as partner organisations such as NHS 24 and the Scottish Ambulance Service.

The reform programme was initiated in response to a commissioning directive from the Chief Officer, mandating a comprehensive redesign of the GP OOH service. Foundational project documentation, including a project plan, driver diagram, stakeholder mapping, and engagement and communication plans, was developed to build on earlier discovery work that identified longstanding challenges and opportunities for improvement.

3. Tests of Change

A series of tests of change were undertaken to explore how to optimise resources, improve ways of working, and strengthen service resilience. Using the Plan–Do–Study–Act (PDSA) methodology, the Programme applied a structured QI approach to ensure changes were evidence-based, measurable, and adaptable.

The initial phase of testing produced encouraging results, providing valuable learning on access, patient flow, and workforce deployment. Across the four tests of change, measurable improvements were observed. Some approaches demonstrated readiness for wider adoption, while others identified areas for further refinement.

The Programme continues to apply a PDSA approach, ensuring ongoing evaluation and adaptation. Detailed analysis of outcomes, including demand, capacity, and equity of access, will inform the next phase of service design and implementation.

This structured and iterative approach supports NHS Tayside's commitment to continuous improvement, ensuring that future service developments are sustainable, person-centred, and responsive to geographic and population needs.

4. Staff and Stakeholder Engagement

Engagement has been central to the development of the Strategic Vision, ensuring that the direction of travel is informed by those who deliver and use the service. A structured engagement plan has been implemented, aligned with NHS Tayside's Communication and Engagement Strategy and Healthcare Improvement Scotland (HIS) guidance.

Staff Engagement

Seven engagement sessions were held with OOH staff, offering both in-person and virtual participation. These sessions included clinical, administrative, and managerial staff and were supported by Trade Union and HR representatives.

Sessions took place on:

- Wednesday 30 July – 10:30–11:30
- Thursday 31 July – 14:00–15:00
- Thursday 31 July – 17:00–18:00
- Thursday 31 July – 18:30–19:30
- Wednesday 6 August – 12:30–13:30
- Wednesday 6 August – 17:00–18:00
- Wednesday 6 August – 18:30–19:30

These sessions were attended by approximately 20 staff across a range of roles.

Discussions focused on workforce sustainability, service pressures, and opportunities to develop a more coordinated and flexible model.

Ongoing engagement is supported through an open feedback form and regular staff bulletins, ensuring continued input and transparency throughout the reform process.

Professional Stakeholder Engagement

Three structured engagement sessions were held with stakeholders from services interfacing with OOH, including NHS 24, the Scottish Ambulance Service, Emergency Departments, care homes, palliative care, and Allied Health Professionals.

Sessions took place on:

- Tuesday 26 August – 6:00–7:00 PM
- Tuesday 2 September – 6:00–7:00 PM
- Thursday 4 September – 6:00–7:00 PM

These sessions included approximately 30 participants, with multi-disciplinary representation from partner organisations across the system. This included colleagues from acute services, medicine for the elderly, care homes, pharmacy, Emergency Departments, NHS 24, the Scottish Ambulance Service, and clinical, operational, and finance teams from both Perth and Dundee.

In addition to these dedicated sessions, the reform programme has been shared and discussed across a wide range of established strategic and clinical forums (approximately 20 forums), providing further opportunities for engagement, reflection, and feedback.

These include:

- Partnership Groups
- Operational Leadership Meetings
- Senior Management Groups (Dundee and Perth & Kinross)
- Clinical Networks
- Urgent and Unscheduled Care Programme Board
- Angus Urgent and Unscheduled Care Steering Group
- GP Sub Committee
- Angus Strategic Planning Group (SPG)
- Out of Hours (OOH) Collaborative
- Area Medical Committee

Feedback gathered through these forums has informed both the emerging service model and the wider integration of urgent care pathways across Tayside.

Public and Community Engagement

Engagement with Tayside Public Partners provided insight from individuals with lived experience. A public survey was also undertaken **3 October 2025** to understand views on access, safety, and service priorities.

A total of **966 responses** were received, with a broad geographic spread across Tayside.

The survey was promoted widely through NHS Tayside communication channels, GP practices, and community pharmacies. Posters with QR codes were distributed, and alternative formats were made available to ensure accessibility.

Consideration was given to inclusion and accessibility, including rural communities, digital exclusion, and the provision of alternative formats and support to enable participation.

5. Approach and Governance

A comprehensive Engagement and Communication Plan was developed, informed by HIS guidance. This ensures that engagement remains structured, inclusive, and proportionate.

The project reports through the OOH Collaborative Group to the Urgent and Unscheduled Care Programme Board and Angus Strategic Planning Group. Oversight is provided by the Overarching OOH Review Group, ensuring alignment with governance, quality, and performance frameworks.

Overall, NHS Tayside is satisfied that engagement undertaken to date has been proportionate, inclusive, and aligned with national guidance.

6. Key Insights from Engagement to Date

Staff Feedback

- Strong support for a multidisciplinary model
- Importance of workforce sustainability and flexibility
- Positive feedback on inclusive engagement approach
- Recognition of the central role of GPs
- Emphasis on teamwork across the service

Professional Stakeholders

- Support for a flexible and responsive service model
- Need for improved communication and clearer pathways
- Support for greater use of data and digital tools

Public and Community Feedback

Feedback highlighted:

- Positive experiences once care was accessed
- Frustration with initial access, waiting times, and travel
- Preference for local, GP-led, face-to-face care

Key themes included:

- Waiting times and delays
- NHS 24 access challenges
- Travel and transport barriers
- Importance of local access
- Views on workforce roles
- Communication and compassion
- Need for better system coordination

7. Application of Feedback and Next Steps

Feedback has directly informed the Strategic Vision and the development of a preferred service model. A structured options appraisal process assessed models against safety, sustainability, equity, and workforce feasibility criteria.

8. Public and Staff Engagement – Next Phase

Following IJB approval and completion of the options appraisal, further staff engagement sessions were held:

- Monday 23 March – 5:30–6:30pm
- Wednesday 25 March – 5:30–6:30pm

Engagement has continued through key governance groups.

Healthcare Improvement Scotland confirmed that engagement to date has been appropriate and proportionate, and that no further formal public consultation is required at this stage.

The preferred service model has been identified through a structured options appraisal process. Subject to final approval, the Programme will move into the next phase of implementation.

This phase will include continued engagement with staff and professional stakeholders, alongside the ongoing application of Quality Improvement (QI) methodology. This will ensure that the service continues to be tested, refined, and improved in response to learning, emerging data, and stakeholder feedback, supporting a culture of continuous improvement.