



Meeting:	NHS TAYSIDE BOARD (Special Meeting)
Meeting date:	1 st June 2023
Title:	Future provision of General Medical Services for Invergowrie Medical Practice
Responsible Officer	Dr David Shaw, AMD Primary Care (Interim)/ Gail Smith Chief Officer Angus HSCP
Report Author:	Deborah McGill, Service Manager, Primary Care, Shona Hyman, Primary Care Manager Dundee HSCP, Lisa Milligan, Primary Care Manager Perth & Kinross HSCP

1 Purpose

Please select applicable item(s) in each section and delete the others.

This is presented to the NHS Tayside Board for:

- **Support**

This report relates to:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report provides evidence of the following Best Value Characteristics:

- Effective Partnerships
- Governance and Accountability
- Sustainability

2 Report summary

2.1 Situation

This report outlines the current position with Invergowrie Medical Practice, and recommends an option for ensuring continuity of care for General Medical Services (GMS) for those patients registered with the practice. This follows the Practice's submission of a notice to terminate their 17C contract with NHS Tayside from 23 June 2023.

2.2 Background

In 2018 the Scottish Government introduced a new GP contract aimed at encouraging more GPs to enter the profession, to reduce the exit of retiring GPs and to reduce the workload of existing GPs so that they can manage their existing practice populations. Patients when contacting their practice may now be offered an appointment with another health professional who is skilled in a particular area of care and who can assess and plan their care. These services have been described within the Primary Care Improvement Plan and include physiotherapists, mental health practitioners and pharmacists. However, there are also local and national workforce challenges for these professions resulting in care which could be delivered by other professionals often remaining with the GP.

Wider Context

It is widely acknowledged that General Practice across the UK is experiencing a period of extreme difficulty which has been exacerbated by the pressures linked to Covid and post Covid recovery. Within Tayside, there are currently four practices operating under a Section 2c arrangements i.e. directly provided by NHS Tayside, with staff employed by NHS Tayside. A number of other practices in Tayside have gaps in GP staffing. A recent Tayside survey was undertaken with practices late 2022. This highlighted that of 61 practices, 23 currently have at least one GP vacancy, some have more than one and 17 practices had been trying to fill a GP vacancy for at least six months with no success. There are vacancies in the 2c practices across Tayside, in some cases with a number of vacant posts which have been difficult to recruit to. The recent dispersal of patients from Ryehill Medical Practice had an impact on practices in the area of Dundee closest to Invergowrie and a number of those practices have had closed lists over the past few months because of their lack of capacity to take any additional patients.

Practice Context

Invergowrie Medical Centre has a list size of 1776 patients and is located within Perth & Kinross Council area but is aligned to the locality/cluster of Dundee. Patients reside in all three H&SCP areas with the majority residing within Perth & Kinross boundary

Invergowrie Medical Practice provides general medical service care under a GMS 17c agreement. This is a contractual arrangement that offers a degree of flexibility from the standard 17J General Medical Services Contract and was introduced to enable a practice with a small patient list, less than 1000 patients at the start of the agreement, to be viable.

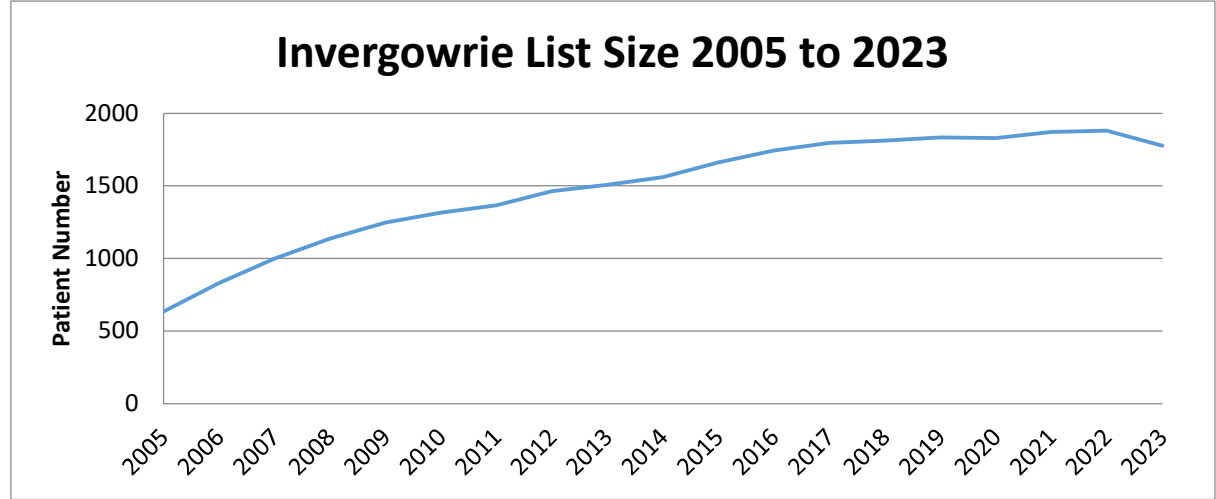
The 17C contract for Invergowrie Medical Centre is currently held by Dr Ip, a GP who also holds a GMS contract for the Ancrum Medical Practice. Patients registered with Invergowrie Practice predominantly live across the Carse of Gowrie, with around 300 also living within the Dundee city boundary. The practice has experienced difficulties over the last few years with the recruitment and retention of GPs. The practice has managed to obtain infrequent locum cover and salaried sessions. They have also benefitted from additional support of a Career Start GP placed there for a short while as part of NHS Tayside's GP recruitment and retention programme. The recent resignation of one of the two remaining GP partners means there is now only one GP partner for both Ancrum and Invergowrie practices.

Following an options appraisal, the outcome is that the Invergowrie Medical Centre will close on 16 June 2023 to support the transition of patients to new arrangements. In the interim, the practice team is working with salaried GPs and medium term locums to ensure that the practice will be able to provide a safe service to patients until the contract termination date.

Practice Characteristics

The variation in practice population registered with the Invergowrie practice is demonstrated in Chart 1 below, noting there has been a steady increase in this number since 2005, with a small drop in the last few months since the current GP noted their intention to hand back their contract.

Chart 1



The practice is located within Perth & Kinross Council area with the majority of the patients living in the Carse of Gowrie area (as show in Chart 2 below) and just over 300 living in Dundee. 95% of the practice population comprises the least deprived deciles (SIMD 7 to 10). The corresponding percentage for Dundee HSCP is 38% and Perth & Kinross is 64%. A chart showing the practice age population distribution is below in Chart 3. 5 % of the patient population are under 5 years of age, 54% are within the age range 25 to 64 and 8.2% are over 75

Chart 2

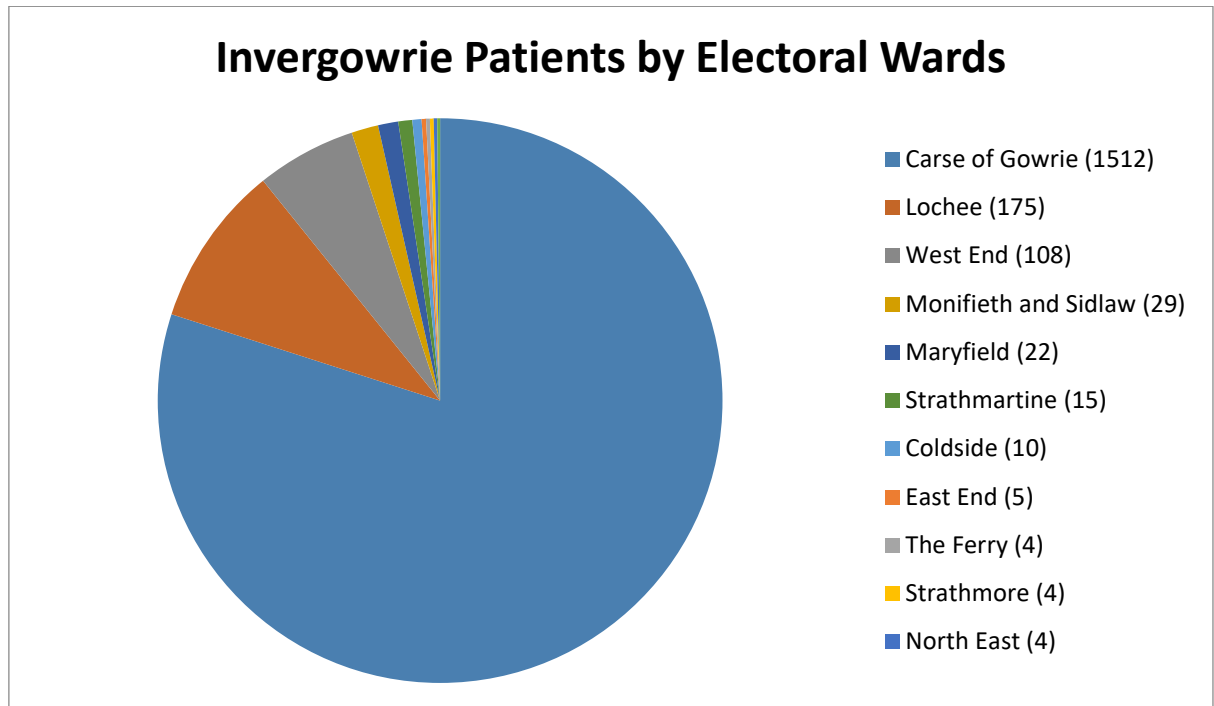
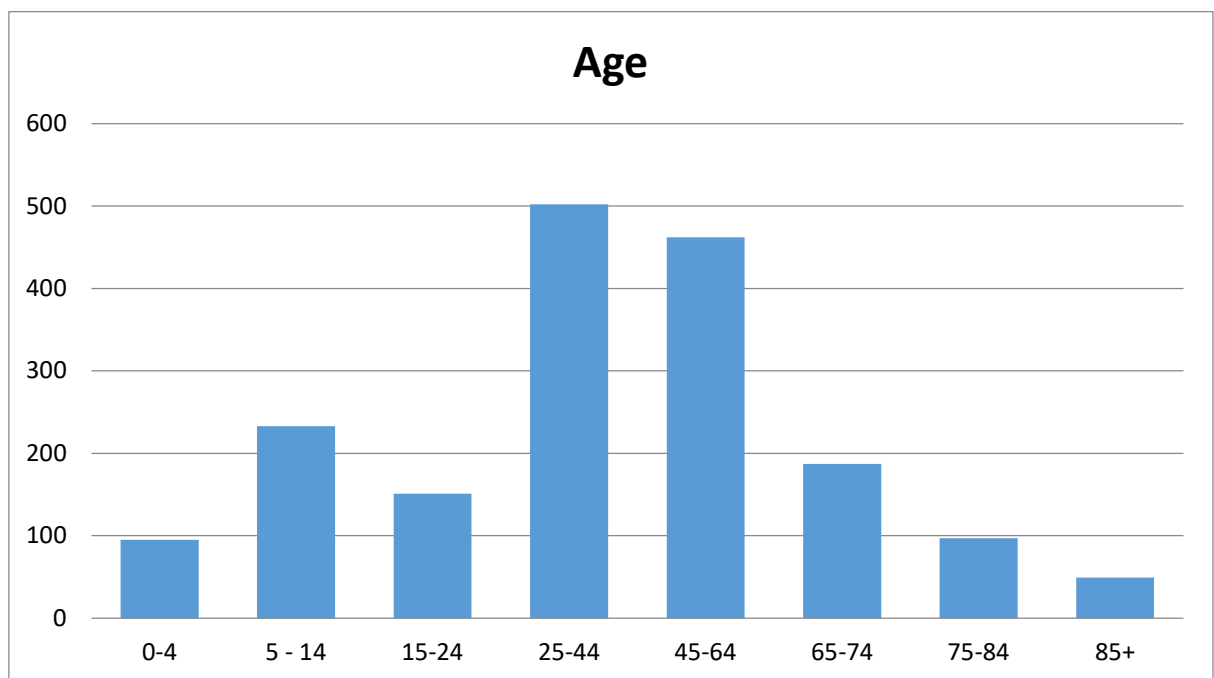


Chart 3



Dundee and Perth & Kinross HSCPs are working in conjunction with the Primary Care Services department, NHS Tayside to consider how patients currently registered with the practice will continue to receive GMS services from 19 June 2023.

2.3 Assessment

A project group comprising of representatives for Primary Care Service, Dundee HSCP, Perth & Kinross HSCP, Community Pharmacy, Digital, Finance, Communications and Human Resources was established to co-ordinate the process and, as part of this, to carry out an options appraisal as a preferred option needed to be developed to ensure ongoing care for the patients who are registered with Invergowrie. **See Equality Impact Assessment – Appendix 1.**

The practice has been unable to recruit GP partners for some time, and a further GP Partner leaving has led to there being a single partner across both Invergowrie and Ancrum Medical Practices. The current partner is unable to sustain operating across two sites and this is impacting on work/life balance and the quality of care for patients across both sites.

The practice is based in Invergowrie Medical Practice, which is an NHS Tayside owned building. A number of other teams are based there, including Warfarin management and Care and Treatment Services who provide care such as wound care and taking bloods. It is anticipated that these services will continue however this is still to be agreed by Dundee HSCP.

In order to ensure ongoing GMS care for those patients registered with the practice it was agreed to review all possible options to deliver care. There are current challenges for all staffing across Tayside, but particularly Dundee city and the Carse of Gowrie, which impede the delivery of high quality access to GMS. This has been exacerbated by the covid pandemic in a range of ways.

In addition to ensuring care for those registered with Invergowrie Practice it is also important not to destabilise other practices in a way that would significantly impact on their ability to deliver safe and effective care. It is recognised that this impact would be across practices in Dundee and Errol.

The Carse Practice in Errol covers a significant area that the Invergowrie Practice currently covers, and may be the closest practice for many of the patients. However, this practice covers a large rural area, with ongoing challenges for GP capacity and does not have secure premises to work from longer term. In Dundee, practices in the west of the city, close to Invergowrie, are still absorbing the significant impact of moving over 5000 patients who were registered with Ryehill practice, which closed in summer 2022.

Option Review

There are a number of options which can be considered when a practice hands back its contract. These include merger with another practice, a tendering process to see if another provider would take over the contract, running the practice directly by NHS Tayside (a 2c arrangement), and dispersing patients to other practices. A working group from NHS Tayside, including Primary Care Department, Pharmacy and Communications teams, P&K HSCP, Dundee HSCP and Angus HSCP, was established to consider feasible options and agree a recommendation for consideration. **These options are outlined in Appendix 2.**

Part of the process was to agree a number of objectives that informed the options and were considered along with professional judgement to inform a recommendation: These objectives are consistent with those used previously for this process. The feasibility of achieving the option by June 2023, the longer term sustainability and maintaining safe and effective care were seen as critical factors.

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

One of the options that scored most highly was to offer the contract for tender. A tender was advertised, with a submission date of the 10th April 2023. Despite three notes of interest no tenders were received. A business merger with another practice also scored highly but no practice to date has approached the current GP partner to propose a merger. Running the practice as an independent 2c practice was not seen as viable given the size of the practice population and the issues nationally with GP recruitment and sustainability. There are currently four practices which are managed directly by NHS Tayside, of which two are in Dundee and two in Angus. There are significant ongoing challenges with recruiting and retaining staffing levels across those four practices. This has an impact on access to and quality of patient care. While financial implications have been considered under the general resource factor noted above, options in appendix 2 linked to 2c provision will cost more to deliver than alternatives that continue to deliver care via non 2c options. However, finance is not the key driver as recruitment and sustainability are more critical factors. The key reason for discounting 2c as an option is that to operate the practice safely with holiday cover, at least 2 GPs would need to be recruited, and given the existing recruitment experience with 2c practices, this was deemed highly unlikely to be successful.

The Ancrum practice has proposed that they can register the majority of the current Invergowrie patients with their practice. They feel they are in a position with some recent recruitment to offer ongoing care to patients from the same clinical and administration team, from the site in Ancrum. They have also said that if they can further increase their capacity they would review if they can provide some clinical services from the Invergowrie building at a future time point, noting this will not be for at least 6 months. This proposal is a form of dispersal but given the size of the dispersal to one practice and the current relationship between the 2 practices, it is seen as a different approach within the dispersal option.

Therefore, the option which best meets the objectives is option 2a; to allow the practice to close and disperse patients to a limited number of practices, with the majority being registered with Ancrum, those living in or very near Errol going to Carse Practice, and a small number to other practices local to where they live.

There will be people who live local to the practice in Invergowrie who will find it potentially more difficult to access services out with the village, due to a range of issues impacting on mobility. This may increase requests for home visits, as well as causing inconvenience for those impacted. Not all practices who are likely to have new patients from the practice will be easily accessible by public transport, including Ancrum. However the population of the practice is relatively young and affluent so more likely to have their own transport than is seen in other practices. The Ancrum site is 3.5 miles from the current Invergowrie site. It may also be possible to consider a community approach to transport.

If this option is approved services which can be delivered by other teams in the building would be reviewed. For example for patients who have regular blood tests this could be done by the Care and Treatment Services team in the building so that it remains local for those patients living in the area. A key principle of those services being developed as part of the Primary Care Improvement Plan is to deliver locally to people where that is feasible to do so. Given the relatively small numbers of people in the area some more specialist services cannot be delivered in this way. Some of the services which are currently delivered on site are underused at a time when there is huge demand that is unmet at other sites and this will be considered in longer term plans. It is also of note that there is a community pharmacy in the village and the expansion of Pharmacy First services nationally can support those who present with a wide range of health issues. Ancrum Medical Practice have noted they will offer all staff who are contracted solely to work in Invergowrie, contracts with the Ancrum practice. This keeps these skilled staff within the practice team.

Given the current demands on Primary Care teams, including general practice, there is not a simple solution on how best to deliver ongoing care for those who are registered with Invergowrie Medical Practice. After reviewing a range of options NHS Tayside Board are asked to accept the recommendation that patients are dispersed to a limited number of practices with the majority of patients being registered with Ancrum Medical Practice to allow for ongoing care from the clinical team.

Perth & Kinross and Dundee IJB have been asked to support and comment on this recommendation. The outcome will be reported at the NHS Tayside Board (Special Meeting) on date TBC

2.3.1 Quality/ Patient Care

The aim is to ensure all patients currently registered with Invergowrie Medical Centre GP Practice continue to have access to high quality, person centred and safe GP and primary care services in their local community, close to their homes. The recommended option is considered to be most likely to achieve this without destabilising workforce, and therefore care, in other practices.

2.3.2 Workforce

There are no implications for NHS Tayside staff and negligible implications for practice staff who will remain employed, working from a different site.

2.3.3 Financial

Primary Medical Services is largely funded from Scottish Government General Medical Services funding, with additional funds for locally agreed services delivered by practices. As this funding is predominately based on population, the funding would move with patients regardless of the preferred option. Some of the options would be likely to have a greater impact on finance than others. However, finance specifically was not included in the scoring for the options appraisal as it is not seen as core to the decision-making process in this context, but was part of the resource criteria, noted, along with staffing.

The recommendation to disperse patients across a set of practices is one where the recurring provision of services can be managed within the available long term GMS funding streams. There will be some recognised short term costs of managing new patients, including an additional allocation for Ancrum practice for two years, equivalent to the allocation that Invergowrie Medical Practice receives currently. Most of this will also be managed within national GMS funding streams with a small time-limited local augmentation of national funding required. This is primarily to support the additional work for practices to register and support new patients in a short period of time. There may also be some additional funding required for premises improvements in those practices who have an increase in patient numbers.

2.3.4 Risk Assessment/Management

It should be noted that the Sustainability of Primary Care is a current strategic risk. In reviewing options this was considered and the likely impact on safe and person centred care as well as on wider sustainability. The preferred option offers the opportunity to enhance the sustainability of the existing Ancrum practice in addition to meeting the needs of patients and continuity of their care.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has been completed. There is potential to have a negative impact on those with a disability and in an older age group. However, as noted earlier in this paper the practice population is relatively young and affluent so more likely to have their own transport. It is recommended that a community approach to transport is considered. Consequently, the impact is assessed as low.

2.3.6 Other impacts

Ensuring that patients registered with other practices in the Dundee and the Carse of Gowrie are not negatively impacted by any change has been a key consideration, particularly given the relatively recent dispersal of patients from Ryehill Medical Practice. Given the demographics of the patients registered with the practice, with many patients in a younger age group, the increased use of virtual consultations is helpful in this context. The use of digital is also supportive of access more broadly.

2.3.7 Communication, involvement, engagement and consultation

. Key Communications to date:

Date	
2 February 2023	Communication log established
9 February 2023	Letter issued to patients
13 February 2023	MSP briefing issued
13 February 2023	Councillor briefing issued across Perth Kinross and Dundee
20 February 2023	Executive Leadership Team, NHS Tayside
6 th March 2023	Executive Leadership Team (Informal Meeting), NHS Tayside
22 nd May 2023	Executive Leadership Team, NHS Tayside

Following NHS Tayside Primary Care Departments communication with registered patients of Invergowrie Practice, to inform them of the pending closure, the local democratically elected member for Perth & Kinross Council, Bailie Alasdair Bailey, initiated a local petition calling for the HSCP's and NHST to work together to be ready to take over the practice under direct management protocols assuming that no existing provider comes forward to continue the service after the June closure date. In relation to this proposal the petition has gathered 560 signatures.

2.3.8 Route to the Meeting

This has been considered or is to be considered by the following groups as part of its development. The groups have either supported the content and/or their comments will be shared with NHS Tayside in advance of NHS Tayside taking a decision, recognising that due to the short time frame this may need to be verbal.

- Invergowrie Working Group
- Dundee IJB
- NHS Tayside Executive Leadership Group on 22 May 2023
- Perth & Kinross IJB on 30 May 2023

2.4 Recommendation

This report is presented for

- **Support**

It is recommended that the NHS Tayside Board:

- Supports the option to disperse the majority of patients to Ancrum medical practice and the remaining patients to a small set of practices, local to where they live and which have sufficient capacity to provide a continued good standard of access to care starting on 19 June 2023.

3 List of appendices

Appendix 1 – Equality Impact Assessment

Appendix 2 – List of Options



EQUALITY IMPACT ASSESSMENT

BACKGROUND

Date of Assessment:	25 April 2023
Title of document being assessed:	Provision of General Medical Services – Invergowrie Medical Centre
1. This is a new policy, procedure, strategy or practice being assessed. (If Yes please check box) <input type="checkbox"/> This is a new budget saving proposal (If Yes please check box) <input type="checkbox"/>	This is an existing policy, procedure, strategy or practice being assessed? (If Yes please check box) X This is an existing budget saving proposal being reviewed (If Yes please check box) <input type="checkbox"/>
2. Please give details of the Lead Officer and the group responsible for considering the Equality Impact Assessment (EQIA)	D McGill, Service Manager Invergowrie GMS Provision SLWG
3. Please give a brief description of the policy, procedure, strategy or practice being assessed, including its aims and objectives, actions and processes.	<p>There is a requirement to provide General Medical Services to all residents within Tayside. The aim of this revision is to ensure that this regulatory requirement is met.</p> <p>The current provider of the services, Ancrum Medical Centre, has terminated the 17C agreement for provision of primary medical services from Invergowrie Medical Centre as a result of the partnership reducing to a single handed contractor, and that provision of two services across two site by a single handed contractor is not sustainable.</p>
4. What are the intended outcomes of this policy, procedure, strategy or practice and who are the intended beneficiaries?	<p>To ensure that all patients currently registered with Invergowrie Medical Centre continue to have access to high quality, person centred and safe general medical services.</p> <p>The solution will ensure that all patients within the Perth & Kinross, Dundee and Angus continue to have access. The solution is achievable within the timeframe.</p> <p>The solution will assign most patients to a practice that will provide continuity of care and others will be geographically aligned to other practices.</p>

	<p>The solution is consistent with the strategic direction for primary care services for Tayside. The solution ensures the best use of resources.</p>
<p>5. Has any local consultation, improvement or research with protected characteristic communities informed the policy, procedure, strategy or practice being EQIA assessed here?</p> <p>If Yes, please give details.</p>	<p>Patient registered at Invergowrie have received a letter clarifying that NHS Tayside's main priority is to ensure that patients who are currently registered at Invergowrie have continued access to local GPs.</p> <p>During the process it is highlighted to the practice the need to share information with the receiving practice with respect to vulnerable patients</p> <p>An FAQ will be issued with each letter aligning a patient to a new practice</p>
<p>6. Fairer Scotland duties:</p> <p>1) Does this report have an impact for Angus citizens under Fairer Scotland? No</p> <p>2) If Yes, what are these implications and how will they be addressed?</p>	<p>Yes but very few with the main impact on Perth & Kinross citizens.</p> <p>Some patients may have to travel further to access GMS services. This is likely to have a negative impact on a small cohort of older and younger patients residing in Invergowrie when aligned to a different practice if the practice is located in NE Dundee due to limited direct public transport.</p> <p>The impact is assessed as low, recognising that the majority of patients are of working age and the patient group fall under an area of low deprivation.</p> <p>The hybrid approach to delivery of GP services adopted during the pandemic utilises a combination of in person, phone and voice (near me) consultations. This will minimise the impact of the change of practice in terms of travel.</p> <p>The use of the premises will be reviewed and it is hoped that a limited range of care and treatment serviced, such as regular blood tests, will be retained in the current location. There is a community pharmacy in the village.</p> <p>In addition, consideration will be given to offering the small group of patients who are affected, appointments which fit with the timetable of the local transport services.</p> <p>Consider communication about access to Dundee Community Car Driver - volunteer driver service.</p>

EQUALITY IMPACT ASSESSMENT (EQIA) - RELEVANCE SCREENING

- 1. Has the proposal already been assessed via an EQIA process for its impact on ALL of the protected characteristics of: age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation?**

No

- 1 a. Does the proposal have a potential to impact in ANY way on the public and/or service users holding any of the protected characteristics of age; disability; gender; gender reassignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation?**

Yes Proceed to the Full Equality Impact Assessment (EQIA).

- 1 b. Does the proposal have a potential to impact in ANY way on employees holding any of the protected characteristics of age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation? This applies to employees of not only NHS Tayside and Angus Council, but also the 3rd sector.**

No – Neither NHS Tayside, Angus HSCP, P&K HSCP and Dundee HSCP employ staff.

2. Name:

Position:



FULL EQUALITY IMPACT ASSESSMENT (EQIA)

Step 1.

Is there any reason to believe the proposal could affect people differently due to their protected characteristic? Using evidence (e.g. statistics, literature, consultation results, etc.), justify whether yes or no. If yes, specify whether impact is likely to be positive or negative and what actions will be taken to mitigate against the undesired impact of a negative discrimination. When considering impact, please consider impact on: health related behaviour; social environment; physical environment; and access to & quality of services of NHS Tayside, Angus Council or 3rd sector social justice.

1a. The public and/or service users holding the Protected Characteristics:

	POSITIVE IMPACT	NEGATIVE IMPACT	Intended mitigating actions against the b) Negative Discrimination
	a)Positive Action	b)Negative discrimination	
AGE	x	x	<p>Potential negative impact for older over 75 (circa 157 patients) and those with small children who may have to travel by car or bus to the practice.</p> <p>Older patients may have greater difficulties due to a combination of mobility issues, costs and accessibility of public transport, and issues with digital access and literacy (reducing their ability to participate in online consultations with the GP). There is some evidence that adults aged</p>

			<p>≥65 years consult their GP at least once a year¹, and are likely to have at least one long term condition². Additionally, there is evidence that mental wellbeing, although reportedly high around retirement age, declines as people get older^{1,2}. As such, there is potential for this change to impact negatively on this population group in terms the additional costs and stress of access to GP care. Consideration will be given to remedial actions to mitigate these impacts.</p> <p>Patient with smaller children - potential impact of this on the finances of low income families who might have to attend repeat GP appointments with a sick child. As such, there is some potential for this to impact negatively on this population group in terms of the increased costs and difficulty of accessing GP care. Consideration will be given to remedial actions to mitigate these impacts.</p> <p>The negative impact is assessed as low impact due to data showing small number of patient in young and older age group and deprivation data indicates low deprivation within patient population. Transport to the north east of Dundee is more difficult, two buses required but potential positive impact for those who live closer to Angus into Carse of Gowrie or within Dundee.</p>
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¹ Harding O; Hay L; Mackie P. [Health and social care needs of older people in Scotland: an epidemiological assessment](#). ScotPHN, 2013

² Scottish Government [A Fairer Scotland for Older People: a framework for action](#) Scottish Government 2019

			<p>The city centre accessible by car, bus and train and some patient will be aligned to practices that are closer.</p> <p>In addition consideration will be given to offer the small group of patients' appointments which fit with the timetable of the local transport services. Consider communication about access to Dundee Community Car Driver - volunteer driver service.</p>
GENDER			
DISABILITY	x	x	<p>As above - possible negative impact for those who have travel and transport issues as a result of aligning them to a new practice.</p> <p>A wider literature search indicates that this population group are more likely to suffer financial hardship; as such feedback comments relating to the increased costs of attending the GP are relevant here and there is some potential for the proposed closure to impact negatively on this population group in terms of the increased costs and difficulties of accessing GP care, and the potential inaccessibility of public transport for this population group. As such, consideration should be given to remedial actions to mitigate these impacts.</p> <p>Positive impact for those who live closer to Angus into Carse of Gowrie or within Dundee.</p>
ETHNICITY/ RACE			
SEXUAL ORIENTATION			

RELIGION/ BELIEF			
GENDER REASSINGMENT			
PREGNANCY/ MATERNITY	x	x	<p>Negative impacts are likely due to: Increased costs of attending more frequent GP appointments as a result of pregnancy and / or with small children. This is judged to have a low impact on this population group. Mitigating actions would include the provision of low cost / free community transport, provision of a warm space in or near the surgery with access to hot drinks and toilet / baby change facilities and access to digital skills training.</p> <p>Positive impact for those who live closer to Angus, Carse of Gowrie or within Dundee City Centre.</p>
OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from "discrimination by association" with the PCs of age and disability)			<p>Evidence from wider literature review indicates that the impact of the proposed closure on patients with particular protected characteristics and living in circumstances of low income and / or socioeconomic deprivation.</p> <p>Carers may have a slightly longer journey for appointments with their GP.</p> <p>Impact low. Patient group predominantly sit in low deprivation groups.</p>

1b. The employees holding the Protected Characteristics:

	POSITIVE IMPACT	NEGATIVE IMPACT	Intended mitigating actions against the b) Negative Discrimination
	a)Positive Action	b)Negative discrimination	
AGE			
GENDER			
DISABILITY			

ETHNICITY/ RACE			
SEXUAL ORIENTATION			
RELIGION/ BELIEF			
GENDER REASSIGNMENT			
MARRIAGE/CIVIL PARTNERSHIP			
PREGNANCY/ MATERNITY			
OTHER: CARERS OF OLDER AND/OR DISABLED PEOPLE (Although carers are not considered as a PC in itself, they are protected by the Equality Act 2010 from “discrimination by association” with the PCs of age and disability)			

1c. Does the proposal promote good relations between any of the Protected Characteristics?

YES

NO ☒

NOT SURE

Specify further (e.g. between which of the PCs, and in what way, or why not or not sure)

1d. What steps will you take to collect the Equality Monitoring information needed to monitor impact of this proposal on PCs, and when will you do this?

Where will the Equality Impact Assessment (EQIA) be published?

Angus Health and Social Care Partnership page on Angus Council website

CONTACT INFORMATION

Name of Department or Partnership:	Angus Health and Social Care Partnership
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Type of Document	
Human Resource Policy	<input type="checkbox"/>
General Policy	<input type="checkbox"/>

Strategy/Service	<input type="checkbox"/>
Change Papers/Local Procedure	<input type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other (please specify):	<input checked="" type="checkbox"/> Re-instatement/changes to services in response to COVID-19

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Signature of author of the policy:	Date:
Signature of Director/Head of Service:	Date:
Name of Director/Head of Service:	
Date of Next Plan Review:	

For additional information and advice please contact:
tay.angushscp@nhs.scot

Appendix 2 List of options

Option	Descriptor	Summary
1	Seek new provider through procurement exercise. Invitation to submit a business case	This approach would have brought additional capacity into the system, however no bids were received.
2	Close the practice and disperse patients across other practices	Dispersal to all practices across the city risks destabilising other practices who are already finding workload demands difficult to meet. Dispersal to a smaller number of practices who may have, or can create, capacity would support stability across the city, and support longer term aim that people live locally to their practice.
2a	Close practice and disperse patients to small number of practices, majority to Ancrum Medical Practice	Majority of patients would retain the same clinical team and promote continuity of care. Minimises impact on other practices in Dundee and reduces impact for Carse practice. Increased travel for most people, with access issues for anyone with limited mobility, (unless practice capacity increases and site can be used in future)
3	Combine with an existing 2c practice	Minimises impact on other practices. However there is no specific GP capacity to merge so it would be a patient merger. The practice building may not be retained and people may have to travel some distance to the new practice.
4	Operate the practice as a 2c practice	Would support people accessing general practice within their locality. However a practice of this small size is difficult to staff and sustain. Given staffing issues in other 2c practices over the last few years a standalone 2c practice is not seen as viable.
5	Business merger with another independent practice	Potential to retain a practice on current site, assuming the merged practice chooses to do that, but may not retain staff. No other practice has shown interest. Cannot achieve within the timescales.

Each option was considered against the following objectives:

1. To ensure all patients currently registered with Invergowrie Medical Practice continue to have access to high quality, person centred and safe GP and primary care services
2. The solution retains GP services within the local area
3. The solution ensures that ALL patients within the Dundee and Errol Practices continue to have access to high quality, person centred and safe GP and primary care services

4. The solution is achievable within the timeframe
5. The solution is viable to enable a sustainable long term solution
6. The solution is consistent with the strategic direction for primary care services in Dundee and Errol
7. The solution ensures best use of resources (staff and space)
8. Finance assessment (cost)