



# Equality and Fairness Impact Assessment (EFIA) Form and Guidance

If the '*policy or practice*'\* you are developing or going to develop is assessed as relevant after undertaking the online screening process (the Integrated Appraisal Toolkit) - that is, it will have an impact on people - you should complete an Equality and Fairness Impact Assessment (EFIA).

This form (which includes accompanying guidance) should be completed.

\*see definition below on Page 5

## EFIA – Guidance

The purpose of the EFIA is to ensure that decision makers are fully informed, at a formative stage in the decision-making process.

Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Under Part 1 of the Act 'The Fairer Scotland Duty', the Council is required to actively consider how it can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions.

The online Integrated Appraisal Toolkit (IAT) has been developed within the Council to assess all proposals against criteria for reducing poverty and socio-economic disadvantage, eliminating discrimination, advancing equality of opportunity, and fostering good relations between equality groups.

The IAT should first be used at the initial stages of proposal development to **screen** the proposal for any likely positive or negative effects in relation to equality, fairness and human rights. After completing the IAT, it should be evident if your proposal is likely (or not) to have significant implications for: reducing poverty and socio-economic advantage, eliminating discrimination, advancing equality of opportunity, and fostering good relations between equality groups. **If the screening process identifies that there are implications then this full Equality and Fairness Impact Assessment (EFIA) should be undertaken.**

## When should I carry out an EFIA?

In order to fulfil our general duty it is critical that the all services conduct an EFIA in the following circumstances:

- > **All** significant policies, strategies and projects\* should have as a minimum an EFIA screening inbuilt as part of the risk assessment process.
- > **All** budget options for the each financial year will require to be EFIA screened. (It is possible to group individual options if they relate to one particular service area)
- > **All** Reports to Committee now require Equalities Impacts to be reported either as a screening or full EFIA. Significant service reforms **may** require a Full Report to be completed, or as a minimum, a justification in a Screening Report as to why the Full Report was unnecessary.

### Equality and Fairness Impact Assessment Screening

A screening can be undertaken as part of a scoping exercise prior to a full report, or it can stand alone as final summary if no significant Equality and Fairness Impacts are identified or arise subsequently in the policy or plan implementation. This is done using the online Integrated Appraisal Toolkit.

### Equality and Fairness Impact Assessment Full Report

A full report (using this form) should be conducted where a Screening indicates an area or areas that require more detailed consideration.

\*see full definition Page 5

## **Stage 1: Screening**

As noted above, a screening should ideally be carried out at the outset of a policy, service reform, or budget proposal\* in order to embed consideration of equalities and fairness at the earliest part of the project plan or process.

In order to complete screening please follow the guidance provided within the online [Integrated Appraisal Toolkit](#)

A Screening Report should be conducted prior to identifying if a Full Impact Assessment is required, and the findings of the report should inform the introduction to the assessment; and provide the context and background, to outline the purpose and direction of the Full Impact Assessment.

## **Stage 2: Full Impact Assessment**

If there are any areas that arise as part of the screening process that require further investigation or highlight areas of concern with regard to likely impacts across any or all protected characteristics, then a Full Impact Assessment report be conducted.

\*see full definition Page 5

# EFIA Form

Complete this for all *relevant policies*  
*'Relevant'* means it will have an impact on people  
*'Policy or Practice'* - see definition below

**Definition of policy or practice for the purposes of EFIA:**  
*For the purposes of an EFIA the term 'policy or practice' covers Service delivery and Employment. This can include a Policy, a Plan, a Strategy, a Project, a Service Review, a function, practice or service activity or a Budget option.*

## Section 1: Policy Details (see definition of 'Policy' or 'Practice' above)

Name of Policy or Practice:

General Practice Provision in Perth & Kinross (P&K) – notification given by the Victoria Medical Practice, Glover Street, Perth to close their branch surgery premises in Methven, in accordance with Part 8 – Variation and Termination of Contracts of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018.

Service and Division/Team:

Methven Branch Surgery / Victoria Medical Practice, Glover Street, Perth  
Perth & Kinross Health & Social Care Partnership (HSCP)

Owner/Person Responsible (include your Name and Position):

Lisa Milligan, Service Manager, Primary Care, P&K HSCP

Impact Assessment Team (include your Names and Positions). This team can consist of two people or more as appropriate:

Ruth Buchan, Programme Manager, Primary Care & QSEP, P&K HSCP  
Beverley Finch, Programme Manager, Primary Care, P&K HSCP  
David McPhee, Equality Team Lead, P&K Council  
Alan Butler, Practice Manager, Victoria Medical Practice  
Mark Dickson, Clinical Governance & Risk Co-ordinator, P&K HSCP  
Lisa Milligan, Service Manager, Primary Care, P&K HSCP  
Deborah McGill, Service Manager, Primary Care Services, NHS Tayside

Is the 'policy' or 'practice' being impact assessed new or existing? Please tick the appropriate box below to indicate.

New                       Existing

What are the main aims of the policy or practice?

Notification has been given by Victoria Medical Practice to close its branch surgery in Methven. The Victoria Medical Practice team seeks to demonstrate that they are able to continue to provide safe, person centred care for patients registered with them and resident in Methven from their registered practice in Glover Street, Perth.

Who are the main target groups/beneficiaries?

The population groups affected are all Victoria Medical Practice patients currently resident in Methven, a total of 1482 individuals\* at November 2023, which can be broken down as follows:

AGE	FEMALE	MALE	TOTAL
0-16 YEARS	111	127	238
17-64 YEARS	429	453	882
≥65 YEARS	192	170	362

Data on the breakdown of this subset of the practice population between protected characteristics other than age are not currently available.

\*the practice does not have a separate patient list and there is no clear boundary of where the cut-off point is so have excluded areas like Almondbank which is equidistant between Methven and Glover Street.

### What are the intended outcomes of the policy or practice?

The intended outcome of the application is the permanent closure of the Methven branch surgery. Prior to the Covid-19 pandemic, the Methven branch surgery operated for twenty hours per week. The branch surgery was temporarily closed during the outbreak of Covid-19 (March 2020 – September 2021) due to a range of factors, including increased workload as a result of the pandemic, recruitment difficulties, and lone working concerns. The branch subsequently re-opened but due to GP staffing and IT difficulties has not been operating to the full twenty hours.

The building in Methven used for the purposes of the branch surgery does not house any other NHS or HSCP services. Currently, general practice services are provided for the entire population of the Victoria Practice from the main surgery situated in Glover Street in Perth. The principal intended outcome is to ensure general practice services are provided for all patients in an appropriate, fit for purpose and safe environment and ensure sustainability for the Victoria Practice. Home visiting will not be affected by this proposed change and will be provided as it is currently based upon clinical need.

## Section 2: Information Gathering

You should list here the sources of information used to assess the impact of the relevant policy or practice. This can include local sources such as reports, information and data, relevant partners' information, data and reports, other Council's relevant information, data and reports, national information, research outcomes, data profiles and any other evidence which has led to the development of this policy. You may wish to refer to Appendix 1 for reference when gathering information relating to Equality Monitoring Data,

Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>
Community consultation/involvement outcomes from earlier contacts - this usually includes formally arranged contact with individuals or community, voluntary sector and other relevant interest groups	<p>A public consultation was undertaken between 7 August and 4 September 2023 which included direct communication via a patient letter, frequently asked question leaflet to those who had attended Methven within the past five years (c 1200 Methven area patients), posters and comment cards in four local venues.</p> <p>The practice also advertised this through social media and the practice website.</p> <p>Two public engagement open events were held in</p>

Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date <i>(continue on a separate sheet if necessary – tick to indicate this has been done</i> <input type="checkbox"/>
	<p>August and GPs / Practice Manager were available to answer any questions or concerns the public raised. A total of 33 people attended the two events which lasted for over an hour each time.</p> <p>A total of 76 written comments were received, either via comment cards or email. The Practice did not receive any phone enquiries or comments on social media.</p> <p>Of the 76 responses:</p> <ul style="list-style-type: none"> <li>• Three (4%) expressed no concerns about the closure, and were positive about their experiences of accessing GP services;</li> <li>• Fifty five (72%) expressed concerns about the lack of public transport between Methven and Perth. Supplementary concerns were highlighted that the prospect of relying on irregular public transport to travel the seven miles to Perth might deter people from seeking medical attention, potentially exacerbating health issues over the longer term;</li> <li>• Twenty two (29%) expressed concerns about the ability of the predominantly elderly population of Methven to access public transport – particularly over the winter months – due to mobility issues;</li> <li>• Sixteen (21%) expressed concern regarding the impact of expansion of housing in the local area means a greater need for local services for an increasing village population;</li> <li>• Thirteen (17%) expressed concern about lack of access for appointments and difficulty in contacting the practice.</li> <li>• Three (4%) raised concerns regarding the impact to the environment due to increased use of cars / carbon emissions.</li> </ul> <p>Practice representatives engaged with local elected members / Methven Community Council in August 2023.</p>
Employee involvement/consultation feedback (e.g. survey, focus groups)	The Methven branch surgery has no dedicated staff; as such there were no staff to consult with. Staff at the main surgery in Perth, who previously travelled to Methven to provide GP services, indicated that they felt extremely vulnerable both physically and in terms of their clinical practice due to not being co-located with other clinical colleagues. There are also

Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date <i>(continue on a separate sheet if necessary – tick to indicate this has been done</i> <input type="checkbox"/>
	implications for patient safety and practice sustainability where the workforce needs to be divided to enable cover away from the main practice site. GP services are provided by one GP for a maximum of twenty hours per week. All other health services are provided by the main surgery in Perth.
Research and information list main sources	Main sources for the compilation of this EFIA are the consultation report and a literature search which was conducted to ascertain the extent of available evidence on the impact of GP surgery closures on population groups with protected characteristics. In combination, these have indicated that the main areas of concern are accessibility of the main surgery in Perth, and the costs associated with getting there.
Officer knowledge and experience	Officers conducting the EQIA comprised of two service managers, equalities operational manager, risk co-ordinator, practice manager and three programme managers who jointly have many years of NHS operational and strategic experience, and significant experience of conducting EQIAs.
Equality monitoring data	Practice records provided some data on current demand for home visits, based on age, infirmity and disability. No data was available regarding home visits requested by patients with other protected characteristics; it is not anticipated that these patients would be disproportionately affected by the planned closure of the branch surgery.
Service user feedback (including customer contact, services and complaints)	<p>A total of 76 written comments were received, either via comment cards or email. The Practice did not receive any phone enquiries or comments on social media.</p> <p>Of the 76 responses:</p> <ul style="list-style-type: none"> <li>• Three (4%) expressed no concerns about the closure, and were positive about their experiences of accessing GP services;</li> <li>• Fifty five (72%) expressed concerns about the lack of public transport between Methven and Perth. Supplementary concerns were highlighted that the prospect of relying on irregular public transport to travel the seven miles to Perth might deter people from seeking medical attention, potentially exacerbating health issues over the longer term;</li> <li>• Twenty two (29%) expressed concerns about the ability of the predominantly elderly population of Methven to access public transport – particularly over the winter months – due to mobility issues;</li> <li>• Sixteen (21%) expressed concern</li> </ul>

Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date <i>(continue on a separate sheet if necessary – tick to indicate this has been done</i> <input type="checkbox"/>
	<p>regarding the impact of expansion of housing in the local area means a greater need for local services for an increasing village population;</p> <ul style="list-style-type: none"> <li>• Thirteen (17%) expressed concern about lack of access for appointments and difficulty in contacting the practice.</li> <li>• Three (4%) raised concerns regarding the impact to the environment due to increased use of cars / carbon emissions.</li> </ul>
Partner feedback	<p>MSP Liz Smith's objections to the proposed permanent closure of the Methven branch surgery:</p> <ol style="list-style-type: none"> <li>1. <u>Transport issues</u>: Concerns about the impact some elderly patients are facing because of difficult bus journeys, most especially in the southern rural hinterland which has lost its 155 service altogether.</li> <li>2. <u>Patient safety</u>: The most frequent concern raised relates to the comments made in your official letter which states that patient's safety can be better guaranteed at Glover Street than it can in Methven.</li> <li>3. <u>Growing Population</u>: patients do not understand the logic of seeking to close the Methven practice when there is an expanding population as a result of new housing.</li> <li>4. <u>Home visits</u>: seeking confirmation from the Practice that any changes to the services provided will have no impact on home visits for the housebound. <b>Confirmation has since been provided by the Practice that there will be no impact on home visits to housebound patients.</b></li> </ol>
Other - this may be information gathered in another Council area, nationally or in partner organisations which is considered to have relevance	<p>The previous EQIA prepared for Blair Atholl which relates to the closure of a branch surgery was referenced when drafting this EQIA.. The team also had access to an EQIA conducted by Dundee HSCP with a similar background context, which found that the risks inherent in the closure of a branch surgery were small, and related to impacts on patients with reduced mobility (who would have to travel slightly further to reach the surgery); those with low incomes (who would also have to access public transport more frequently); and the potential</p>

Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date <i>(continue on a separate sheet if necessary – tick to indicate this has been done</i> <input type="checkbox"/>
	<p>for a slight increase in home visits.</p> <p>The practice has been unable to monitor these impacts and has not seen any evidence of increased home visit requests, or of their patients experiencing undue hardship as a result of having to travel to Perth for GP appointments. Neither has there been any issues with vaccination provision; eligible patients have travelled to Perth with no evidence of disproportionate environmental impact.</p>

## Section 3: Consultation/Involvement

Consultation with key stakeholders can be undertaken throughout the whole of the equality and fairness impact assessment process. This section can include details of outcomes from current, earlier or ongoing consultation/involvement activities. This activity **can also** help to **reach people not previously involved** with these processes, but who will be affected by this policy or practice when it is implemented.

The Consultation/Involvement process can also help **identify or agree changes** that need to be made to ensure the policy or practice will be inclusive when implemented.

The Equalities Team Leader ([equalities@pkc.gov.uk](mailto:equalities@pkc.gov.uk)) may be able to provide advice relating to potential contact with consultees from equality protected characteristic groups via existing mechanisms such as the Community Equalities Advisory Group (CEAG) or Equalities Strategic Forum.

*A summary of the replies received from individuals and stakeholders consulted/involved. Include any previous feedback or complaints relating to equality and diversity issues and the policy or practice currently being assessed.*

Equality Protected Characteristic	Specific Characteristics	Date	Outcome of Consultation/Involvement <i>(continue on a separate sheet if necessary – tick to indicate this has been done)</i> <input type="checkbox"/>
Age	Older People (65+)		Feedback, as outlined in Section 2 (above) indicated some concerns that older patients may have greater difficulties in attending the main surgery at Perth 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 ≥65 years consult their GP at least once a year <sup>1</sup> , and are likely to have at least one long term condition <sup>2</sup> . Additionally, there is evidence that mental wellbeing, although reportedly high around retirement age, declines as people get older <sup>1,2</sup> . As such, there is potential for the closure of the branch surgery to impact negatively on this population group in terms the additional costs and stress of access to GP care. Consideration should be given to remedial actions to mitigate these impacts.

<sup>1</sup> Harding O; Hay L; Mackie P. *Health and social care needs of older people in Scotland: an epidemiological assessment* ScotPHN, 2013

<sup>2</sup> Scottish Government *A Fairer Scotland for Older People: a framework for action* Scottish Government 2019

Younger People (16-64)		Feedback indicated some concerns about the impact of increased transport costs to attend GP appointments in the context of the current cost of living crisis. Concerns were also raised about the practicality and affordability of attending the main surgery in Perth for low income families with small children. As such, there is some potential for the proposed closure to impact negatively on this population group in terms of the increased costs and difficulty of accessing GP care. Consideration should be given to remedial actions to mitigate these impacts.
Children (0-16)		Feedback received from the community council indicated concerns about the costs and practicalities of accessing the main surgery by public transport, and the potential impact of this on both childhood vaccination rates and 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 the proposed closure to impact negatively on this population group in terms of the increased costs and difficulty of accessing GP care. Consideration should be given to remedial actions to mitigate these impacts.
Looked After Children (Corporate Parenting)		Feedback did not raise any issues or concerns specific to looked after children. Similarly, there were no indications found in the wider literature that closure of the branch surgery would disproportionately affect this particular patient group.. As such, there is some potential for the proposed closure to impact negatively on this population group in terms of the increased costs and difficulty of accessing GP care. However, all looked after children receive an enhanced level of health monitoring and assessment via NHS Tayside's looked after children's health services. Perth and Kinross Council's Services for Children, Young People and Families are responsible for coordinating a child or young person's plan which will have detailed actions relating to health care and ensures that each looked after child is supported to have their health care needs met including the provision of transport and support to attend all necessary appointments. Consultation with Services for Children, Young People and Families confirms that the closure of the Branch Surgery will not

			negatively impact on looked after children residing in Methven.
Disability	Physical Disability		Feedback did not raise any specific concerns around accessibility of the main surgery with regard to people with physical disabilities. The wider literature, however, 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.
	Sensory Impairment		
	Mental Health		
	Learning Disability		
Gender Reassignment	Male transitioning to female		Feedback did not identify any concerns specific to patients undergoing gender reassignment. Similarly, there were no indications found in the wider literature that closure of the branch surgery would disproportionately affect this particular patient group.
	Female transitioning to male		
Marriage/Civil Partnership	Women		Feedback did not identify any concerns specific to patients who were married, whether in mixed or same sex relationships. Similarly, no indications were found in the wider literature that the proposed actions would disproportionately affect these patient groups.
	Men		
	Same Sex Couple (Male)		
	Same Sex Couple (Female)		
Pregnancy / Maternity/Paternity	Women		<p>Consideration was given to the potential for this closure to impact negatively on women who are pregnant or who have (or Care for) newborns and small children, particularly where they are living in circumstances of socioeconomic deprivation. Particular concerns were raised about the costs and practicalities of travelling to Perth with small children, and these are likely to be similar for pregnant women.</p> <p>It should be noted that the branch surgery in Methven, when</p>

		open pre-Covid-19, did not offer any appointments for pregnancy or maternity care; women have always had to travel to Perth for these services. As such, the impacts on pregnant women and new mothers are likely to be negligible.
	Men (Paternity)	Given the information above, it is not anticipated that there will be any negative impacts on men who wish to support their partners at pregnancy / maternity appointments.
Race	<a href="#">A list of categories used in the census is here</a>	No information is currently available on the ethnic breakdown of the practice population living in Methven. It is not anticipated that the proposed closure will have any significantly different or worse impacts on patients from non-white ethnicities; however, this can be revisited as part of the review process if additional data on ethnic breakdown are made available.
Religion / Belief	<a href="#">A list of categories used in the census is here</a>	No information is currently available on the recorded religious beliefs of the practice population living in Methven. It is not anticipated that the proposed closure will have any significantly different or worse impacts on patients as a direct consequence of their belief system; however, this can be revisited as part of the review process if additional data on religion and belief are made available.
Sex	Female	The proposed closure has the potential to impact negatively on sex-based differences in access to healthcare. Evidence shows that women tend to consult healthcare professionals more frequently than men <sup>3,4</sup> for a range of conditions. This effect is particularly pronounced where women are living in circumstances of socioeconomic deprivation and / or have additional unpaid caring responsibilities. Consultation has identified additional concerns related to access to digital technology, although this was focused on socioeconomic circumstances rather than broken down by biological sex. As such, there is potential for the proposed closure to disadvantage women living in the Methven community, and consideration should be given to remedial actions to mitigate

<sup>3</sup> Carretero et al "Primary health care use from the perspective of gender and morbidity burden" *BMC Womens Health* 2014 Nov 30;14:145

<sup>4</sup> Bertakis et al "Gender differences in the utilization of health care services" *J Fam Pract* 2000 Feb; 49(2):147-152

			these disadvantages.
	Male		As identified above, men tend to consult healthcare practitioners less often than women; however, the proposed closure does have the potential to impact negatively on men living in circumstances of socioeconomic deprivation in terms of the additional costs incurred in attending GP appointments in Perth. Consultation has identified additional concerns related to access to digital technology, although this was focused on socioeconomic circumstances rather than broken down by biological sex. As such, there is some potential for negative impacts on men living in the Methven community and consideration should be given to remedial actions to mitigate these impacts.
	Other Gender Identity		Beyond the impacts on patients living in circumstances of socioeconomic deprivation and / or with limited digital access and literacy – which are likely to affect patients regardless of biological sex or gender identity – no specific impacts have been identified pertaining to this particular population sub-group.
Sexual Orientation	Lesbian		In general, no significant impacts have been identified which will disadvantage patients based on their sexual orientation. Information on the sexual orientation of patients registered with the practice and living in Methven is not currently available, however; should this data become available, this section of the EQIA can be revisited as part of the review process.
	Gay		
	Bisexual		
<b>Socio-economic(fairness)</b>	Options detailed in Appendix 2		<p>The proposal is to provide all services at the main surgery in Glover Street in Perth (as had previously been the case when GMS services were temporarily suspended from the Methven branch surgery as a result of the Covid-19 pandemic), and all patients will have to attend the main surgery in Perth.</p> <p>Some concerns have been raised via the consultation process, and are underpinned by evidence from the wider literature, about the impact of the proposed closure on patients with particular protected characteristics and living in circumstances of low income and / or socioeconomic</p>

			<p>deprivation. Potential mitigating actions which should be considered by the practice are:</p> <ol style="list-style-type: none"> <li>1. The feasibility of providing community transport for the Methven patient cohort. This could include developing a volunteer driver car pool (with payment for additional mileage for the drivers), or tapping into existing volunteer transport options;</li> <li>2. The Practice will offer appointments to Methven patients in line with bus timetabling to minimize travel and waiting times for those attending in Perth;</li> <li>3. Providing access to warm waiting spaces either in the Perth medical centre itself or adjacent to the building. This would provide Methven patients with somewhere warm to wait for their appointment and / or transport home, with access to hot drinks, toilets and changing facilities.</li> <li>4. Consider providing digital skills training and linking with partner organisations to develop a digital equipment loan service.</li> </ol>
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## I the Positive and/or Negative Impacts or Tick to Indicate No Impact Identified

### Key Questions to Address

The Assessment should highlight areas of interest covering the following:

- > Positive and Negative impacts across all protected characteristics.
- > Scale of the Impact: An indication of the degree of potential impact, and whether this is judged to have a High, Medium or Low impact potential.
- > Anticipated duration of the impact if relevant
- > Whether there is a specific differential impact to a particular protected characteristic or characteristics
- > Or if the impact is more wide ranging and general in its effect.
- > Whether any impacts identified would/could be mitigated by an amendment to the policy, practice budget decision or service reform proposal

This information will be indicated by activities at Section 2 and Section 3 above.

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
Age	Older People (65+)	Access to a wider range of GMS services; a full range of	1. Travel to Perth from Methven; Patients	

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
	Younger People (16-64)	health services are available at the Perth Glover Street surgery compared to the limited GP only service which had previously been available in Methven.	<p>can take the Stagecoach Number 15 from Crieff which runs hourly until 6pm and takes approximately 23 minutes then a further bus or a 10 minute walk to the practice from the city centre.</p> <p>2. Lack of access to digital tools, and a low rate of digital literacy among this age group.</p> <p>These are judged to have a medium impact potential on this population group, which could be mitigated by: provision of community transport, access to warm spaces and provision of digital skills training.</p>	
	Children (0-16)			
	Looked After Children (Corporate Parenting)			
Disability	Physical Disability	Access to a wider range of GMS services; a full range of health services are available at the Perth surgery compared to the limited GP only service which had previously been available in Methven.	<p>1. Travel to Perth from Methven; Patients can take the Stagecoach Number 15 from Crieff which runs hourly until 6pm and takes approximately 23 minutes and then a further bus or a 10 minute walk to the practice from the city</p>	
	Sensory Impairment			
	Mental Health			
	Learning Disability			

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
			<p>centre</p> <p>Lack of access to digital tools, and a low rate of digital literacy among this age group.</p> <p>These are judged to have a medium impact potential on this population group, which could be mitigated by: provision of community transport, access to warm spaces and provision of digital skills training.</p>	
Gender Reassignment	Male transitioning to female	Access to a wider range of GMS services; a full range of health services are available at the Perth surgery compared to the limited GP only service which had previously been available in Methven.		No significant impact identified specific to this population group either as a result of the consultation process or from the wider literature.
	Female transitioning to male			No significant impact identified specific to this population group either as a result of the consultation process or from the wider literature.
Marriage/Civil Partnership	Women	Access to a wider range of GMS services; a full range of health services are available at the Perth surgery compared to the limited GP only service which had previously been available in Methven.		No significant impact identified specific to this population group either as a result of the consultation process or from the wider literature.
	Men			No significant impact identified specific to this population group either as a result of the consultation process or from the wider literature.
	Same Sex Couple (Male)			No significant impact identified specific to this population group

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
	Same Sex Couple (Female)			either as a result of the consultation process or from the wider literature. No significant impact identified specific to this population group either as a result of the consultation process or from the wider literature.
Pregnancy / Maternity/Paternity	Women Men (Paternity)	Access to a wider range of GMS services; a full range of health services are available at the Perth surgery compared to the limited GP only service which had previously been available in Methven. No pregnancy / maternity appointments were ever offered in the Methven branch surgery.	Negative impacts are likely due to: 1. 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.	
Race	A list of categories used in the census is <a href="#">here</a>	Access to a wider range of GMS services; a full range of health services are available at the Perth surgery compared to the limited GP only service which had previously been available in Methven.		No significant impact identified specific to this population group either as a result of the consultation process or from the wider literature.
Religion / Belief	A list of categories used in the census is	Access to a wider range of GMS services; a full range of		No significant impact identified specific to this population group

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
	<a href="#">here</a>	health services are available at the Perth surgery compared to the limited GP only service which had previously been available in Methven.		either as a result of the consultation process or from the wider literature.
Sex	Female	Access to a wider range of GMS services; a full range of health services are available at the Perth surgery compared to the limited GP only service which had previously been available in Methven.	<p>Evidence from the literature suggests this will have a significant negative impact on women, particularly those living in circumstances of socioeconomic deprivation and with additional unpaid caring responsibilities. These impacts include:</p> <ol style="list-style-type: none"> <li>1. Increased costs of attending GP appointments;</li> <li>2. Lack of access to digital tools and low digital literacy.</li> </ol> <p>These are judged to have a medium, level of impact on women living in the Methven area. 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>	
	Male		Evidence from the literature suggests this will have a negative impact on men who wish to support their partners	

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
			<p>through pregnancy / maternity appointments, particularly those living in circumstances of socioeconomic deprivation and with additional unpaid caring responsibilities. These impacts include:</p> <ol style="list-style-type: none"> <li>1. Increased costs of attending GP appointments;</li> <li>2. Lack of access to digital tools and low digital literacy.</li> </ol> <p>These are judged to have a medium, level of impact on women living in the Methven area. 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>	
	Other Gender Identity			No significant impact identified specific to having a gender identity other than biological sex.
Sexual Orientation	Lesbian	Access to a wider range of GMS services; a full range of health services are available at the Perth surgery compared to the limited GP only service which had previously been available in Methven.		No significant impact identified specific to this population group either as a result of the consultation process or from the wider literature.
	Gay			No significant impact identified specific to this population group

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
	Bisexual			either as a result of the consultation process or from the wider literature.
<b>Socio-economic(fairness)</b>	Options detailed in Appendix 2	Access to a wider range of GMS services; a full range of health services are available at the Perth surgery compared to the limited GP only service which had previously been available in Methven.	Evidence from the literature suggests this will have a negative impact on patients, living in circumstances of socioeconomic deprivation and with additional unpaid caring responsibilities. These impacts include: <ol style="list-style-type: none"> <li>1. Increased costs of attending GP appointments;</li> <li>2. Lack of access to digital tools and low digital literacy.</li> </ol> These are judged to have a medium, level of impact on women living in the Methven area. 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.	No significant impact identified specific to this population group either as a result of the consultation process or from the wider literature.

## Section 5: Recommendations and Actions

As a result of this equality impact assessment, please **clearly describe practical actions** you plan to take to:

- reduce or remove any identified **negative impact***
- promote any **positive impact** or*
- gather further information/evidence***

Equality Protected Characteristic	Specific Characteristics	Action	Who is responsible	Date for completion
Age	Older People (65+)	<ol style="list-style-type: none"> <li>1. Offer patients appointments which fit with the timetable of the (limited) local bus service.</li> <li>2. Consider the provision of a free / low cost community transport service and / or volunteer driver service;</li> <li>3. Work with partners to arrange access to warm spaces close to the surgery building, where patients can access hot drinks and toilet / changing facilities;</li> <li>4. Consider the provision of digital skills training and the potential to set up a digital technology lending scheme.</li> </ol>	Practice  P&K HSCP	Ongoing
	Younger People (16-64)			Ongoing
	Children (0-16)			Ongoing
	Looked After Children (Corporate Parenting)			
Disability	Physical Disability	<ol style="list-style-type: none"> <li>1. Offer patients appointments which fit with the timetable of the (limited) local bus service.</li> <li>2. Consider the provision of a free / low cost community transport service and / or volunteer driver service;</li> <li>3. Work with partners to arrange access to warm spaces close to the surgery</li> </ol>	Practice  P&K HSCP	Ongoing
	Sensory Impairment			Ongoing
	Mental Health			Ongoing
	Learning Disability			Ongoing

Equality Protected Characteristic	Specific Characteristics	Action	Who is responsible	Date for completion
		<p>building, where patients can access hot drinks and toilet / changing facilities;</p> <p>4. Consider the provision of digital skills training and the potential to set up a digital technology lending scheme.</p>		
Gender Reassignment	Male transitioning to female	No action required		
	Female transitioning to male			
Marriage/Civil Partnership	Women	No action required		
	Men			
	Same Sex Couple (Male)	No action required		
	Same Sex Couple (Female)			
Pregnancy / Maternity/Paternity	Women	<ol style="list-style-type: none"> <li>1. Offer patients appointments which fit with the timetable of the (limited) local bus service.</li> <li>2. Consider the provision of a free / low cost community transport service and / or volunteer driver service;</li> <li>3. Work with partners to arrange access to warm spaces close to the surgery building, where patients can access hot drinks and toilet / changing facilities;</li> </ol>	Practice	Ongoing
	Men (Paternity)		P&K HSCP	

Equality Protected Characteristic	Specific Characteristics	Action	Who is responsible	Date for completion
		4. Consider the provision of digital skills training and the potential to set up a digital technology lending scheme.		
Race	A list of categories used in the census is <a href="#">here</a>	No action required		
Religion / Belief	A list of categories used in the census is <a href="#">here</a>	No action required		
Sex	Female	<ol style="list-style-type: none"> <li>1. Offer patients appointments which fit with the timetable of the (limited) local bus service.</li> <li>2. Consider the provision of a free / low cost community transport service and / or volunteer driver service;</li> <li>3. Work with partners to arrange access to warm spaces close to the surgery building, where patients can access hot drinks and toilet / changing facilities;</li> <li>4. Consider the provision of digital skills training and the potential to set up a digital technology lending scheme.</li> </ol>	Practice	Ongoing
	Male		P&K HSCP	
	Other Gender Identity		No action required	
Sexual Orientation	Lesbian	No action required		
	Gay			
	Bisexual			

Equality Protected Characteristic	Specific Characteristics	Action	Who is responsible	Date for completion
<b>Socio-economic(fairness)</b>	As detailed in Appendix 2	<ol style="list-style-type: none"> <li>1. Offer patients appointments which fit with the timetable of the (limited) local bus service.</li> <li>2. Consider the provision of a free / low cost community transport service and / or volunteer driver service;</li> <li>3. Work with partners to arrange access to warm spaces close to the surgery building, where patients can access hot drinks and toilet / changing facilities;</li> <li>4. Consider the provision of digital skills training and the potential to set up a digital technology lending scheme.</li> </ol>	Practice P&K HSCP	Ongoing

## Section 6: Outcomes

When the evidence has been considered in relation to the proposed Policy, Practice, Project, Service Reform or Budget Option, it will be apparent what the likely impacts are. The type, scale, duration, and specificity of the likely impacts will inform the direction of the outcome of the EFIA.

There are four potential outcomes as follows:

1. No major change required The Policy, Practice, Project, Service Reform or Budget Option is robust and can continue without amendment
2. Continue the Policy, Practice, Project, Service Reform or Budget Option. A justification is required for continuing despite the potential for adverse impact
3. Adjust or Amend the Policy, Practice, Project, Service Reform or Budget Option. Remove barriers, make changes to better advance equality or remove or mitigate negative impact
4. Stop, or Remove the Policy, Practice Project, Service Reform or Budget Option if adverse effects cannot be justified and cannot be mitigated.

Adjust or amend the policy, practice, project, service reform or budget option. Remove barriers, make changes to better advance equality or remove or mitigate the negative impact.

## Section 7: Authorising the Assessment

The following signatures are required:

### Service Manager

Signed \_\_\_\_\_ Name Lisa Milligan Date 16/11/23

### Quality Assured by PKC Equality and Fairness Impact Assessment Trained Officer (within service)

Signed \_\_\_\_\_ Name David McPhee Date 16/11/23

## Section 8: Publishing the Assessment

The completed and authorised EFIA should be added to your Service pages on the internet.

Date Action Completed

Date for Review of EFIA

## Section 9: Committee Reporting

Ensure your Committee **report** to accompany this policy **includes information** about any **actions** taken to reduce or remove **negative impacts** identified, or include any **positive impacts** expected when the policy is implemented.

## Section 10: Review and Monitor

### Note of Action required (from Section 5)

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Offer patients from Methven suitable appointments for travel, as far as possible, in conjunction with the feasibility of providing low cost / free community transport (e.g. a volunteer driver pool) and also by the practice offering appointment at suitable times for those attending by public transport.

### Date completed

Appointments which fit with the limited local bus service are already offered wherever possible. Work to commence with partners including the community council on the feasibility of providing other transport options.

### Note of Action required (from Section 5)

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Explore the potential to offer digital skills training and the feasibility of setting up a local digital technology lending service to support access to online medical consultations.

### Date completed

### Note of Action required (from Section 5)

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Work with partners to provide access to warm waiting spaces, with access to hot drinks, toilets and changing facilities (for babies and adults with continence issues).

### Date completed

### Note of Action required (from Section 5)

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Add more sections as required

## Appendix 1 – Equality Monitoring Data Guidance

### The Equality Protected Characteristics in Our Area

There are nine protected characteristics in the Equality Act and these are disability, sex, race, sexual orientation, gender reassignment, age, marriage and civil partnership, pregnancy and maternity and religion and belief.

The [Scottish Government Equality Evidence Finder](#) is updated twice a year with data surrounding equality evidence from a wide range of policy areas. Some key local statistics should be noted:

Disability - 28% of the Perth & Kinross population consider themselves to have a long term physical or mental health condition, compared to 22% for Scotland overall. (*Scottish Household Survey 2016*)

Sex - 49% of the Perth & Kinross population identify as male, the same as Scotland overall. (*Scottish Household Survey 2016*)

Race - 98% of the Perth & Kinross adult population classify themselves as 'White', compared to 96% for Scotland as a whole (*Scottish Household Survey 2016*)

Sexual orientation - 99% of the Perth & Kinross adult population identify as Heterosexual, compared to 98% for Scotland overall. (*Scottish Household Survey 2016*)

Gender reassignment - The Registrar General for Scotland maintains a Gender Recognition Register in which the birth of a transgender person whose acquired gender has been legally recognised is registered showing any new name(s) and the acquired gender. This enables the transgender person to apply to the Registrar General for Scotland for a new birth certificate showing the new name(s) and the acquired gender. The Gender Recognition Register is not open to public scrutiny. Local information is not available. (*NRS Registration Division 2016*)

Age - Young people under 16 currently make up 16% of the population in Perth & Kinross, compared to the national average of 17%. People aged 65 and over account for 23% of the total population, higher than the national average of 19%. By 2039 this proportion is set to increase to 30%. (*ONS Population data*)

Marriage and civil partnership - 58% of the Perth & Kinross adult population are married or in a civil partnership, compared to 47% for Scotland as a whole. (*Scottish Household Survey 2016*)

Pregnancy and maternity - In 2016, the birth rate was 53.5 per 1000 women aged 15-44. In other words, broadly 5.4% of women of child bearing age were pregnant in 2016 in Perth and Kinross, compared to 5.2% for Scotland as a whole. (*NRS Vital events 2016*)

Religion and belief - 52% of the Perth & Kinross adult population consider themselves to have a religious belief, compared to 49% for Scotland as a whole. (*Scottish Household Survey 2016*)

*National data sources have been used to provide this information but it should be noted that the Scottish Household Survey is only based on a sample of respondents so variations may not be statistically significant.*

## Appendix 2– Socio-economic (Fairness)

Socio-Economic Disadvantage:

- Low Income – (in comparison to most others) – can be measured in a range of ways e.g. relative poverty (after housing costs) looks at number of individuals living in households with incomes below 60% of UK median income. Statistics on absolute poverty (household living standards over time) and persistent poverty (where households live in poverty for 3 years out of 4) are also available. Poverty statistics can also be broken down by gender, disability, ethnicity, tenure and urban/rural.
- Low/No Wealth – having access to wealth e.g. financial products, equity from housing and a pension, provides some protection from socio-economic disadvantage. Single adult households (including single parent households) have very high risks of low wealth; households with lower educational qualifications and in routine or manual occupations have significantly higher risks of low wealth.
- Material deprivation – refers to households being unable to access basic goods and services and tends to focus on families with children.
- Area deprivation - living in a deprived area can exacerbate negative outcomes for individuals and households already affected by issues of low income.
- Socio-economic background – the structural disadvantage that can arise from parents' education, employment and income (i.e. social class) is more difficult to measure.

Inequalities of Outcome – any measurable differences for communities of interest or communities of place such as:

- Poorer skills and attainment
- Lower quality, less secure and lower paid work
- Greater chance of being a victim of crime
- Lower healthy life expectancy
- Less chance of a dignified and respectful life

Communities of Place – refers to people who are bound together because of where they reside, work, visit or otherwise spend a continuous proportion of their time. Poverty is often hidden in smaller rural communities with issues such as cost of living and accessibility of transport, education and employment impacting more negatively.

Communities of Interest – refers to people who share an identity e.g. an equality protected characteristic. Consideration of the impact on those groups can help develop a deeper understanding of socio-economic impact, particularly by talking to people with lived experiences.

For further information refer to [Fairer Scotland Duty -Interim Guidance for Public Bodies](#)

## Appendix 3– Human Rights Based Approach

A Human Rights approach should also be an embedded consideration in an EFIA.

In summary; we need to consider, where applicable, to what (if any) extent policies, practices, projects, Service Reforms, or Budget Options impact on three key strands of Human Rights:

### Absolute rights:

- > the right to life,
- > the right to freedom from inhuman and degrading treatment

### Limited rights:

- > the right to liberty,
- > the right to a fair trial

### Qualified rights

- > the right to respect for private and family life, home and correspondence
- > the right to freedom of thought, conscience and religion
- > the right to freedom of assembly and association
- > the right to protection of property

Any restriction of Qualified Rights must be:

- > In accordance with the law: have a basis in domestic law, safeguards against arbitrary interference, foreseeable
- > In pursuit of a legitimate aim: including "the economic wellbeing of the country"; "the protection of health", "protection of the rights and freedoms of others"
- > Necessary
- > Proportionate
- > Not discriminatory

There is further guidance on integrating human rights into the equality impact assessment process available on the Scottish Human Rights Commission website following previous pilots with local authorities: <http://eqhria.scottishhumanrights.com/>