

Scottish Borders Health and Social Care Partnership



Equality, Human Rights and Fairer Scotland Duty Impact Assessment – Stage 1 Proportionality and Relevance

What Integration Joint Board (IJB) report or Partnership decision does this proportionality and relevance assessment relate to:

Primary Care Improvement Plan (PCIP) Bundle Proposal

In completing this Impact Assessment, considerations will be applied to the following components of The Bundle:

- Transfer of Disease-Modifying Anti-rheumatic Drugs (DMARDs) from GPs to the Pharmacotherapy Service;
- The transfer treatment-room related services provided by GPs to the Health Board;

Relevant protected characteristics materially impacted, or potentially impacted, by proposals (employees, clients, customers, people using services) indicate all that apply

Age	Disability Learning Disability, Learning Difficulty, Mental Health, Physical Neurodiversity	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non-belief)	Sexual Orientation
X	X	X	X	X	X	X	X	X

Equality and Human Rights Measurement Framework – Reference those identified in Stage 1 (remove those that do not apply)

Education	Work	Living Standards	Health	Justice and Personal Security	Participation
Higher education Lifelong learning	Employment Earnings	Poverty Social Care	Social Care Health outcomes Access to health care Mental health Reproductive and sexual health* Palliative and end of life care*		Access to services Social and community cohesion* Family Life*

*Supplementary indicators

1. Transfer of DMARDS from GPs to the Pharmacotherapy Service

This proposal would see a shift of existing DMARDS workload from GP practices to a new Pharmacy Hub

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
Age	Positive	<p>DMARDS are currently offered via a Local Enhanced Service – which is optional for GPs as a result some areas in the Scottish Borders may not offer local reviews of DMARDS. This approach would offer an equitable access of DMARDS for all applicable Scottish Borders patients.</p> <p>As GPs are independent contractors, there are local variations of DMARDS application across the Borders. By transferring these reviews to the Health Board, this would standardise DMARDS via a single Pharmacotherapy service.</p> <p>When paired with CTAC Phlebotomy service, improved accessibility for essential diagnosis tests – equitable service across Scottish Borders with enhanced convenience for people with a reliance on transport.</p> <p>More frequent monitoring of long-term conditions with ability to discuss issues in detail with Pharmacotherapy services remotely or in person via appointment in local setting.</p>

	Negative	<p>Juvenile arthritis patients will have different pediatric pathways as assessed by their GP/Secondary Care consultant. However, this proposal would mimic current arrangement to allow local monitoring where possible. Younger patients with small veins may not be suitable for monitoring in local CTAC and may need to travel further to see a qualified practitioner.</p> <p>When accessing Pharmacotherapy Hub, patients may be first advised to contact by telephone which is an unfamiliar process and with different staff who may need additional time to understand their health needs.</p> <p>Confusion and upset because the service is now provided by a different healthcare professional than the one that patients knew and was familiar with.</p> <p>Perception that service provided by non-GPs is not as good as the service they received previously.</p>
Disability	Positive	<p>Health Board run service would improve equitable access to services for all.</p> <p>Compatible with NHS Borders Values - recognising the need for person-centred approach, where required, monitoring of conditions could be offered via CTAC domiciliary visits.</p>

	Negative	<p>Main service would be offered via telephone consultations, however, we are retaining some in-clinic capacity in all Health Centres on request and to accommodate those that may not be able to easily communicate via telephone due to a disability.</p> <p>There may be an increase in barriers to accessing Pharmacotherapy Hub as patients may be first advised to contact by telephone which is unfamiliar and with different staff who may need additional time to understand their individual health needs.</p> <p>Confusion and upset because the service is now provided by a different healthcare professional than the one that patients knew and was familiar with.</p> <p>Perception that service provided by non-GPs is not as good as the service they received previously.</p>
All protected characteristics (Age, Disability, Gender, Gender Re-assignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief (including non-belief) & Sexual Orientation)	Positive	<p>The transfer of DMARDS to the Pharmacy team will ensure that individuals receive care from the appropriate a multi-disciplinary team (MDT) by the 'right person, right place, right time', improving overall service delivery.</p> <p>By involving MDTs with the most suitable skills, individuals will receive enhanced continuity of</p>

		<p>care tailored to their specific needs – eliminating varied GP approach across the Scottish Borders.</p> <p>Additional capacity time will be released for better access to GPs and application of Realistic Medicine principles (e.g. Polypharmacy reviews).</p> <p>Staff will take more responsibility for the clinical care of patients they are treating – upholding NHS Borders’ values of patient-centred care, ensuring that the diverse needs of all individuals are met in an inclusive manner.</p>
Work/Education	Positive	<p>DMARDS monitoring to Pharmacy Hub presents an opportunity for the Pharmacy team to utilise their advanced skills and knowledge in a more focused and impactful manner:</p> <ul style="list-style-type: none"> • Aim to provide staff with fulfilling roles that align with their training and enable them to contribute significantly to patient care. • The shift in responsibility has the potential to enhance staff retention by offering the pharmacy team an avenue for professional growth and the opportunity to expand their expertise.

2. Transfer of treatment-room related services from GPs to the Health Board

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
Age	Positive	<p>Health Board treatment-room services are not currently available to 8 GP practices causing inequitable access to services across the Scottish Borders. This could be disproportionately affecting older people or adults unable to travel further distances for treatment or may experience longer waiting times for treatment via their GP. This proposal will enhance the delivery of an equitable access to treatment room service and safeguard locally accessible services for all adults.</p> <p>Peripatetic/Domiciliary Health Board Services available where needed.</p>
	Negative	<p>We will not be able to offer complete CTAC (especially pediatric phlebotomy) service for children due to variable workforce skill set. Different pathways will need to be arranged for some pediatric treatment services. Children may need to travel further to access these services. Additional work will need to be made in developing these pathways.</p> <p>Although known/local GP staff transferred (via TUPE) to the health board, some confusion and upset may be caused by a service that is provided</p>

		<p>by a different healthcare professional than the one that patients knew and was familiar with.</p> <p>Clinical risks may be increased as primary care staff in CTACs may not have robust GP back-up.</p>
Gender/Gender Re-assignment/Religion and belief	Negative	There may be a lack of male nurses or health care professionals to see patients who request this.
All protected characteristics (Age, Disability, Gender, Gender Re-assignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief (including non-belief) & Sexual Orientation)	Positive	<p>Improve access to healthcare services for people with protected characteristics by promoting consistency and standardisation of care across the Health Board.</p> <p>Equitable access to treatment room facilities may be better distributed and equipped to accommodate the needs of diverse populations, ensuring equitable access for individuals with protected characteristics.</p> <p>Under health board framework, access to training modules supporting the provision of culturally competent and inclusive care.</p> <p>Introduction and use of GP Order Comms - seamless electronic blood ordering form. Resulting in paperless system and reducing harm caused by errors.</p> <p>Staff will be enabled to adopt a patient-centres approach, placing the patient at the centre of their healthcare decisions – treatment plans/schedules can be tailored to their unique</p>

		<p>needs and preferences, empowering them to take an active role in managing their health.</p> <p>By equipping patients with knowledge about their conditions, treatment options, and self-care strategies, they can become active participants in their own healthcare, fostering a sense of control and empowerment.</p>
Work / Living Standard	Positive	<p>People in Scottish Borders with variable work shift patterns or with employment/education further away from home will have the choice to access treatment such as phlebotomy in a health center of their choice and will no longer be restricted to their GP based practice.</p> <p>Increased opportunities for training, education, and professional development (especially for TUPE GP Staff) for treatment room staff.</p> <p>TUPE staff will be transferred onto NHS Scotland's agenda for change contracts – securing Living Wage.</p> <p>Improved workplace policies – could offer greater job security in a culture that promotes wellbeing and inclusive work environment.</p>
Poverty	Positive	<p>Individuals experiencing poverty may have better access in areas with higher poverty rates, reducing transportation and financial barriers.</p> <p>The Health Board can prioritise the provision of high-quality care to individuals experiencing poverty, ensuring they receive equitable</p>

		treatment and support, promoting inclusivity and reducing potential biases.
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Is the proposal considered strategic under the Fairer Scotland Duty?	Yes
E&HRIA to be undertaken and submitted with the report – Yes or No If no – please attach this form to the report being presented for sign off	Proportionality & Relevance Assessment undertaken by: Name of Officer Date: