Primary Care Improvement Programme Equality and Human Rights Impact Assessment (EQIA)

August 2026

Version 1.0

NHS SCOTLAND

Name: Primary Care Improvement Portfolio (PCIP) Health Equity Collaborative EQIA

Directorate: NIC

Team: Primary Care

Assessment lead: Claire Goodheir Curtis

Responsible manager: Claire Goodheir Curtis

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Contents

Background

For all new or revised work, Healthcare Improvement Scotland has a legal requirement under the Public Sector Equality Duty to actively consider the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Additionally:

- We give consideration to the principles of the Fairer Scotland Duty by aiming to reduce inequalities of outcome that are based on socio-economic disadvantage.
- As the Children and Young People (Scotland) Act 2014 names Healthcare Improvement Scotland as a corporate parent, we must consider the needs of young people who have experienced care arrangements, and young people up to the age of 26 who are transitioning out of these arrangements.
- Per the UNCRC (Incorporation) (Scotland) Act 2024 Healthcare Improvement Scotland must ensure that its activities are compatible with UNCRC requirements.
- If the work will impact islands communities, please follow the guidance from Scottish Government here: Island communities impact assessments: guidance and toolkit - gov.scot (www.gov.scot). Island communities are included within this impact assessment template.

EQIA overview

Status	New ☒	Existing ☐
Aim(s)	By Spring 2027, develop and deliver a Health Equity Quality Improvement (QI) Collaborative with up to 10 General Practices, resulting in a tested Health Equity Change Package and associated learning resources to support wider spread and adoption across primary care.	
Intended Outcome(s)	• Increased capability within participating Primary Care teams to apply health-equity-focused QI • Testing of practical change ideas to improve equitable access and experience of care • Learning captured to inform future spread and development of a scalable health equity approach for primary care • Reduced risk of widening inequalities through service improvement activity	

Is there specific relevance for children and young people?	Yes ☐	No ☒
Are island communities included in the work?	Yes ☐	No ☒

Advancing equality

Age	Health inequalities vary significantly by age, with older adults and young children more likely to experience compounded disadvantage where deprivation, multimorbidity or access barriers exist. Older adults are more likely to experience multimorbidity, frailty, sensory impairments and digital exclusion, while younger people may experience barriers related to awareness of services, communication preferences and transition between services. People at both ends of the age spectrum may experience health inequalities that impact access, acceptability and outcomes of care. Primary care plays a critical role across the life course. This work will target regular missed appointments in 10 GP Practices across NHS GGC. While children and young people may indirectly benefit from improved equity in primary care, the Health Equity collaborative does not specifically target services for children.
Positive impact	Supports practices to analyse access and outcome data across age groups and test targeted improvements. Embedding health equity into routine QI supports teams to identify and address age-related access issues (for example, appointment systems, continuity for older adults, and unmet need in families experiencing deprivation).
Negative impact	Risk of improvement activity focusing on dominant age groups if data are not disaggregated. No direct negative impacts identified.
Neutral impact	No age-based eligibility criteria are applied.

Care Experience	Care-experienced young people and care leavers up to age 26 experience poorer health outcomes and barriers to accessing services. People with care experience can experience poorer health outcomes and face additional barriers when accessing healthcare services compared with the general population. These barriers may include fragmented transitions between services, reduced trust in services, challenges navigating the healthcare system, and the wider impact of social and economic disadvantage.

	The Health Equity collaborative aims to support teams to identify and address inequities experienced by groups who may face disadvantage and poorer health outcomes.
Positive impact	Encourages teams to consider continuity, trust and engagement for underserved populations. Equity-focused QI may help practices identify under-engagement or access barriers affecting care-experienced individuals within their population.
Negative impact	Care-experienced people may not be explicitly identified unless prioritised locally. This could result in opportunities to address barriers being missed. No direct negative impacts identified.
Neutral impact	No exclusion based on care experience.

Disability	Disabled people, including those with learning disabilities, mental health conditions and sensory impairments, experience significant inequities in access, quality, and outcomes in primary care. Barriers may relate to physical access, communication, inaccessible information, digital exclusion, stigma and discrimination. The Health Equity collaborative aims to support primary care teams to identify and reduce inequities experienced by populations who experience poorer access, outcomes or experiences of care.
Positive impact	Promotes consideration of reasonable adjustments and accessible service design; learning materials provided in accessible formats. The collaborative supports teams to analyse their systems, test inclusive changes, and improve access, acceptability, and quality of care for disabled people.
Negative impact	Disability-specific barriers may be missed without explicit focus. There is a risk that improvement activity could overlook specific accessibility needs if not explicitly considered.
Neutral impact	No change to statutory access rights.

Gender Reassignment	Trans and gender-diverse people face documented barriers to accessing respectful, appropriate primary care. Barriers may include discrimination, stigma, lack of understanding from healthcare providers, difficulties accessing appropriate services, concerns about confidentiality, and prior negative experiences within healthcare settings. These barriers can affect the accessibility and quality of healthcare. The Health Equity collaborative aims to support primary care teams to identify and reduce inequities experienced by underserved populations and improve equitable access to care.
Positive impact	Equity-focused QI supports inclusive and psychologically safe care. An explicit health equity focus encourages inclusive, person-centred approaches and reflection on access and experience for marginalised groups.
Negative impact	Local improvement may not explicitly address gender identity without prompting. This could result in existing barriers remaining unaddressed. No direct negative impacts identified.
Neutral impact	No exclusion or targeting.

Marriage and Civil Partnership	This characteristic is generally relevant in employment contexts only. However, an individual's relationship status can influence social support networks, caring responsibilities, financial circumstances and their experience of accessing healthcare services. People who are married, in a civil partnership, separated, divorced, widowed or single may have different needs and circumstances that affect their engagement with healthcare. The Health Equity collaborative aims to support primary care teams to identify and respond to factors that contribute to unequal access, experience and outcomes of care.
Positive impact	Not applicable.
Negative impact	Not applicable.
Neutral impact	Not relevant outside employment context; no anticipated impact. No impact identified.

Pregnancy and Maternity	Pregnant and postnatal people in deprived communities experience poorer outcomes and barriers to accessing timely care. Health inequalities can be influenced by socioeconomic deprivation, ethnicity, age, geography, mental health, and access to maternity and primary care services. Factors such as appointment availability, transport, childcare responsibilities and access to information can affect engagement with healthcare services. The Health Equity collaborative aims to support primary care teams to identify and address inequalities in access, experience and outcomes for population groups who may experience disadvantage.
Positive impact	Improved equity awareness within primary care teams may strengthen access, continuity, and coordination of care during pregnancy and the postnatal period.
Negative impact	No direct negative impacts identified however participation in improvement activities may be more challenging for individuals with caring responsibilities if engagement is not flexible.
Neutral impact	Not applicable.

Race	People from minority ethnic communities experience inequities in access, experience, and outcomes, often linked to language, discrimination, and trust. These may include language barriers, cultural differences, discrimination, racism, reduced trust in services, and difficulties accessing information in formats that meet their needs. Some groups, including refugees, asylum seekers, migrant populations and Gypsy/Traveller communities, may experience additional challenges that impact access, experience and health outcomes. The Health Equity collaborative aims to support primary care teams to identify and address inequities experienced by underserved and disadvantaged populations.
Positive impact	The collaborative encourages culturally appropriate improvement approaches and supports teams to identify and reduce inequities within local populations. Note consideration of targeting increased access for people who require translation services.
Negative impact	The collaborative encourages culturally appropriate improvement approaches and supports teams to identify

	and reduce inequities within local populations. There is a risk that race based differences in health needs and service use may not be fully recognised if local data is not separated by race. This could result in opportunities to address inequalities being missed.
Neutral impact	Not applicable.

Religion or Belief	Some religious or belief practices may influence access preferences and acceptability of care. People from some faith communities may experience barriers to accessing services due to language, cultural differences, discrimination or a lack of culturally appropriate care. Conversely, people with no religion or belief should be equally able to access services that are respectful of their individual preferences. The Health Equity collaborative aims to support primary care teams to identify and address inequalities in access, experience and outcomes across diverse population groups.
Positive impact	Equity-focused improvement supports consideration of cultural acceptability and respectful care.
Negative impact	No direct negative impacts identified.
Neutral impact	No significant differential impact anticipated.

Sex	Women and men experience different patterns of access and unmet need in primary care, particularly linked to caring roles and deprivation. Women may experience inequalities related to caring responsibilities, reproductive health, poverty and gender-based discrimination, while men may be less likely to seek help or engage with preventative healthcare services. Evidence also highlights differences in life expectancy, long-term conditions and health behaviours between sexes. The Health Equity collaborative aims to support primary care teams to identify and address inequalities in access, experience and outcomes experienced by different population groups.
Positive impact	Improved access models and system redesign may benefit groups disproportionately affected by caring

	responsibilities. The focus on reducing health inequalities may help address barriers experienced by women and men and contribute to more equitable healthcare experiences and outcomes.
Negative impact	There is a risk that sex based differences in health needs and service use may not be fully recognised if local data is not separated by sex. This could result in opportunities to address inequalities being missed.
Neutral impact	Not applicable.

Sexual Orientation	Lesbian, gay, and bisexual people may face stigma or barriers that affect engagement with healthcare services. These may include discrimination, stigma, concerns about confidentiality, assumptions made by healthcare professionals, and prior negative experiences when accessing care. Evidence suggests that LGBTQ+ communities can experience poorer mental health outcomes and may be less likely to engage with services if they do not feel safe, respected or included. The Health Equity collaborative aims to support primary care teams to identify and address inequalities in healthcare access, experience and outcomes for underserved populations.
Positive impact	The collaborative is expected to have a positive impact on people of all sexual orientations by supporting an inclusive, equity-focused approach to reduce stigma-related barriers and improve experience.
Negative impact	LGBTQ+ individuals may not be fully reflected if relevant equality data is unavailable. This could result in existing barriers remaining unidentified and unaddressed.
Neutral impact	Not applicable.

Socio-economic	Socio-economic disadvantage is strongly associated with poorer health outcomes, reduced access, and increased unmet need. Addressing this is central to the PCIP and Fairer Scotland Duty. People living in areas of deprivation or experiencing poverty are more likely to have poorer health outcomes, shorter healthy life expectancy, higher levels of

	multimorbidity, and greater barriers to accessing healthcare services. Barriers include financial constraints, transport difficulties, unstable housing, digital exclusion, competing priorities such as employment or caring responsibilities, and reduced access to information and support. Addressing these inequalities is a core aim of the Health Equity collaborative, aiming to support primary care teams to understand and reduce inequities experienced by underserved populations.
Positive impact	This is a key focus of this collaborative. Targeted QI supports practices serving deprived communities to identify and address structural causes of inequity.
Negative impact	There is a risk that improvement activity may disproportionately benefit groups who are already able to access services more easily.
Neutral impact	Not applicable.

Island communities	Island communities may experience different access challenges due to geography and workforce availability. However this collaborative is being undertaken in an urban setting so is not considered.
Positive impact	Virtual delivery enables potential participation without travel requirements.
Negative impact	Due to the recruitment process, island-specific challenges will not be explored within this collaborative.
Neutral impact	Not applicable.

Overcoming negative impacts

Protected characteristic	Actions	Person responsible
All characteristics	Embed health equity principles into the collaborative design, recruitment criteria, and coaching support.	Erin Sinclair
Age	Require participating practices to review missed appointment and where possible access data by age group and test interventions that address identified age-related barriers to access.	Erin Sinclair
Care experience	Ensure practices consider care experience as a potential factor in missed appointments and access barriers.	QI coach
Disability	Encourage teams to explicitly consider accessibility and reasonable adjustments in change ideas.	QI coach
Gender reassignment	Encourage practices to consider potential barriers experienced by trans and gender diverse people when reviewing access and experience of care.	QI coach
Marriage/civil partnership	Ensure improvement activity considers wider relational, social and practical factors that may influence a person's ability to access and engage with primary care services, including caring responsibilities, level of support and financial pressures.	QI coach
Pregnancy and maternity	Encourage practices to identify and address barriers that may affect access to primary care for pregnant and postnatal people, particularly	QI coach

Protected characteristic	Actions	Person responsible
	those experiencing socioeconomic disadvantage.	
Race	Promote use of culturally competent approaches and reflective practice. Note consideration of targeting increased access for people who require translation services.	QI coach
Religion or belief	Encourage practices to take account of religious, cultural and belief related factors when identifying and addressing barriers to equitable access and engagement with primary care services.	QI coach
Sex	Encourage practices to respond to sex related differences in access, experience and outcomes of care to ensure improvement activity addresses the needs of both women and men.	QI coach
Sexual orientation	Encourage practices to consider how stigma, confidentiality concerns and previous negative healthcare experiences may affect engagement with primary care services for LGBTQ+ people.	QI coach
Socio-economic	Prioritise learning from teams serving high-deprivation populations and plan for spread.	QI coach
Island communities	Not applicable.	

Impact rating

Impact Rating Key

Low	There is little or no evidence that some people are (or could be) differently affected by the work.
Medium	There is some evidence that people are (or could be) differently affected by the work.
High 	There is substantial evidence that people are (or could be) differently affected by the work

Protected characteristic	Low	Medium	High
Age	x		
Care experience	x		
Disability		x	
Gender reassignment	x		
Marriage/civil partnership	x		
Pregnancy and maternity	x		
Race		x	
Religion or belief	x		
Sex	x		
Sexual orientation	x		
Socio-economic			x
Island communities	x		

Stakeholder collaboration

Protected characteristic	Organisation/Team/Person	Contact details
	Participating Primary Care teams via the IHAG programme	
	HIS PCIP colleagues and Faculty	
	Scottish Government Primary Care and Equity leads	

Monitor and review

Identified issue	Person responsible	Review date
Risk of inequitable participation or impact	Senior & Improvement Advisor's	Mid-collaborative
Risk of widening inequalities through implementation	PCIP governance	End of collaborative

Evidence and research

Evidence and research	Attached information
PCIP Health Equity Collaborative Project Initiation Document (2026)	
Learning from the 2025 PCPIP Health Equity Sprint	
Public Health Scotland health inequalities evidence	
Fairer Scotland Duty principles	
Voluntary Health Scotland–Invisible report 2026	VHS (IN)VISIBLE Report
Our Path Ahead Chief Medical Officer for Scotland Annual Report 2025–2026	CMO Report 2026

Appendix A

UNCRC Checklist

UNCRC Right	How will your work limit or restrict this right?	How will your work progress this right?	Are any groups of children particularly impacted?
3. Best interests of the child			
4. Making rights real			
5. Family guidance as children develop			
6. Life, survival and development			
7. name and nationality			
8. identity			
9. Keeping families together			
10. Contact with parents across countries			
11. Protection from kidnapping			
12. Respect for children's views			
13. Sharing thoughts freely			
14. Freedom of thought and religion			

15. Freedom of association and peaceful assembly			
16. Protection of privacy			
17. Access to information			
18. Responsibility of parents			
19. Protection from violence			
20. Children without families			
21. Children who are adopted			
22. Refugee children			
23. Disabled children			
24. Enjoyment of the highest attainable standard of health			
25. Review of a childs placement			
26. Social and economic help			
27. Food, clothing and safe home			
28. Access to education			
29. Aims of education.			

30. Minority culture, language and religion			
31. Rest, play, culture, arts			
32. Protection from harmful work			
33. Protection from harmful drugs			
34. Protection from sexual abuse			
35. Prevention from sale and trafficking			
36. Protection from exploitation			
37. Children in detention			
38. Protection in war			
39. Recovery and reintegration			

EQIA sign off

Please ensure the project lead is satisfied with the assessment and that you retain a copy for your records

If you need any advice on completing this form, or any aspect of the Equality Impact Assessment process, please contact the Equality, Inclusion and Human Rights Manager rosie.tyler-greig@nhs.scot

Project lead	Claire Goodheir Curtis
Sign-off date	14/8/26