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ACHSCP Impact Assessment – Stage 1 – Proportionality and Relevance

Name of Policy or Practice being developed	ACHSCP Budget Savings Options 26/27 (Marywell & CNOT)
Name of Officer completing Proportionality and Relevance Questionnaire	Teresa Waugh Primary Care Development Manager teresa.waugh@nhs.scot
Date of Completion	21 st January 2026
What is the aim to be achieved by the policy or practice and is it legitimate?	Two options are being considered in order to contribute to the overall savings target of £14.2 million for the ACHSCP 2026/2027 financial year in relation to the Marywell Practice and the Community Nursing Outreach Team as outlined below.
What are the means to be used to achieve the aim and are they appropriate and necessary?	<p>Option 1: Full closure of the Marywell Practice & the Community Nursing Outreach Team (Current patients would require to be dispersed across the city and registered with another General Medical Services (GMS) provider)</p> <p>The Alcohol & Drug Partnership current funding for the integrated teams would cease and/or be reinvested if option 1 was progressed.</p> <p>Option 2: Reduction of outreach services provided by the Community Nursing Outreach Team (CNOT) This option will result in a reduced CNOT team resulting in no outreach clinics being provided across the city. To meet the needs of the existing Marywell Practice population and to continue delivering Health Assessments to this patient cohort including referred status patients of Timmermarket it is anticipated a total nursing establishment would be required as follows: 1 x FTE Band 7 (Advanced Nurse Practitioner) Funded by ADP 1 x FTE Band 6 (Nurse Specialist)</p> <p>The Alcohol & Drug Partnership currently funds £181,000 in total, which includes a band 7 ANP post. Following discussion ADP would be able to continue to provide the above funding should option 2 be progressed.</p> <p>Option 3: Status Quo – not a viable option due to savings targets required by the ACHSCP Senior Leadership Team</p>
Is an Integrated Impact Assessment required for this policy or decision (Yes/No) <i>Note – if multiple assessments are required please complete a separate template for each of these and</i>	Yes

<p><i>embed them in the section below 'Rationale for Decision' with a brief supporting narrative. This will ensure all relevant assessments are connected regardless of the stage they are at in the process.</i></p>	
<p>Rationale for Decision NB: consider: -</p> <ul style="list-style-type: none"> • How many people is the proposal likely to affect? • Have any obvious negative impacts been identified? • How significant are these impacts? • Do they relate to an area where there are known inequalities? • Why are a person's rights being restricted? • What is the problem being addressed and will the restriction lead to a reduction in the problem? • Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently? • Are there existing safeguards that mitigate the restriction? 	<p>Identify the impacts on groups with protected characteristics including human rights:</p> <p>During the assessment to identify the impacts on groups with protected characteristics, 5 out of 9 groups have been assessed as having a potential negative impact, as the options result in either no specialist services or a reduction to services across the city.</p> <ul style="list-style-type: none"> • Age • Disability • Sex • Pregnancy or Maternity • Race <p>Mitigations may include: GMS registration with a mainstream independent provider, however these have limited capacity, resources and no specialist skills. There is already significant pressure across general practice. These options may also result in an increased presentations within emergency departments, and out of hours calls including NHS24 & GMED's, Police and Social Work etc. In addition, the reduction of outreach services within communities will reduce access points for those most vulnerable.</p> <p>Option 2 and the reduction of the outreach services provided by CNOT across Aberdeen will also reduce access to specialist services for some of the most vulnerable within communities, numbers are however low for these interventions.</p> <p>Specialist services would still be delivered from within the Timmermarket facility, and support could be provided to enable patients to travel to the city centre facility e.g. bus travel costs/taxi/support worker to attend appointments</p> <p>Following assessment with these mitigations in place, the rating of negative impact is assessed as HIGH.</p> <p>An assessment has been made on the impact on the Health Determinants/Health in All within the following-lifestyles and social environment categories:</p>

- Substance Use: tobacco, alcohol and drugs
- Risk Taking Behaviour
- Stress

Assessed as a potential negative impact on these vulnerable groups of people.

Option 1: Would mean that patients would be dispersed across the city to other GP Practices who are not specialist services. The capacity to support this patient co-hort within mainstream general practice will be limited. Patients may find the transition to mainstream general practice difficult and challenging resulting in patients potentially disengaging from services and specialist treatment. This may have a potential detrimental impact on their health and wellbeing/outcomes. This may result in an increase to A&E admissions, impact on secondary care and potential increase in overdoses and drug related deaths.

Option 2: Outreach services would cease, and these vulnerable patients would no longer receive a specialist service within their communities and/or at the various outreach clinics across the city, however services would still be delivered from within the Timmermarket facility, therefore the various negative impacts identified would be less.

This may impact the ability to build trust and relationships with some of the most disadvantaged across the city within well-established groups and settings. During the integrated redesign, outreach touch points have been expanded to prioritise and focus on those most vulnerable within communities including within areas of deprivation across the city to improve access to healthcare, thus reducing stigma and health inequality.

The assessment also highlights that in terms of access to experience of services the following may have a potential negative impact, with limited ability to reduce or remove the negative impacts.

- Healthcare
- Transport
- Social Services
- Housing Services

When assessing against the **Public Sector Equality Duty** the following has been assessed.

Elimination of Discrimination

	<p>This may have a negative effect on elimination of discrimination due to the limited ability to provide services, including potential closure or reduction of specialist services and ability to reduce stigma and increase wider understanding of this population's needs within primary care settings.</p> <p><u>Promotion of Equality & Opportunity</u></p> <p>This may have a negative impact and potential to increase health inequality if specialist services are closed or reduced</p> <p><u>Foster Good relations between Groups</u></p> <p>This may have a negative impact on the work completed during the past few years to enhance collaboration between teams (Marywell/Integrated Drug Service/Community Nursing Outreach Team/GP practices across Aberdeen) in particular if specialist services are closed or reduced</p> <p>In terms of assessment of Children and Young People's Rights, it has been assessed as neutral. The Marywell Practice & CNOT team do not register anyone under the age of 16. Between the ages of 16 – 18 there are no patients currently registered.</p> <p>When assessing against the Fairer Scotland Duty the following people and communities experiencing socio-economic disadvantage have been assessed as having a potential negative impact:</p> <ul style="list-style-type: none"> • People Living on a Low Income and/or Low Wealth • People experiencing Homelessness / are at risk of Homelessness • People affected by drug and / or alcohol use • People involved in the criminal justice system • Communities in Areas of Deprivation
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Decision of Reviewer	In accordance with Health Improvement Scotland, Planning for People guidance to progress with a further proportionate period of engagement and consultation in line with HIS advice/guidance in terms of the preferred option, with an assessment and view on whether the preferred option classed as major service change or not. In addition, further completion of the Impact Assessment.
Name of Reviewer	Teresa Waugh
Date	21/01/26

APPENDIX C

ACHSCP Impact Assessment – Stage 2 – Impact Assessment

Description of Policy or Practice being developed including intended aim.	Contribution of ACHSCP budget savings from the Primary Care and Community Nursing Teams, in conjunction with the ACHSCP Senior Leadership Team
Is this a new or existing policy or practice?	New proposed savings options
Name of Officer Completing Impact Assessment	Teresa Waugh Primary Care Development Manager teresa.waugh@nhs.scot
Date Impact Assessment Started	29 th December 2025
Name of Lead Officer	Susie Downie Deputy Primary Care Lead
Date Impact Assessment approved	14/01/2026

Summary of Key Information

Groups or rights impacted.	<p>Protected Characteristics - 5 out of 9 groups of people with protected characteristics assessed the options as a Potential Negative Impact</p> <p>Fairer Scotland Duty: Health Determinants/Health in All – assessed as a potential negative impact on the following: Lifestyles – Substance use and risk-taking behaviour. Social Environment – Stress Access to experience of services – Health care, transport, social & housing services.</p> <p>Public Sector Equality Duty – all 3 areas within this duty have been assessed as having a potential negative impact: Eliminate discrimination – No Equality of Opportunity – No Foster good relations between groups – No</p> <p>Children and Young People's Rights, assessed as a neutral impact.</p>
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<p>Feedback from consultation and engagement and how this informed development of the policy or practice</p>	<p>Option 1: Extensive consultation and engagement activities relating to option 1 were carried out during November & December 2024 following an options appraisal on the future of the Marywell Practice which was reported to IJB members on the 4th of February 2025. Agenda for Integration Joint Board on Tuesday, 4th February, 2025, 10.00 am Marywell Report/ appendices Item 14</p> <p><i>Key Highlights:</i> <i>November & December 2024</i> <i>Options Appraisal Feedback Summary</i> <i>A total of 31 patients/service users completed the survey</i> <i>74% had received a Health Assessment in the last 12 months, of which 100% stated that this had been of benefit and improved their overall health.</i></p> <p><i>94% of patients/service users asked at this time thought the idea of an outreach bus was a good idea (This is being progressed via Homewards Aberdeen Coalition)</i></p> <p><i>87% of patients/service users rated the closure of the Marywell Practice as their least favourite option</i></p> <p><i>79% of professionals rated the closure of the Marywell Practice as their least favourite option</i></p> <p><i>November 2024 – Independent Options Appraisal Scoring Panel & Recommendation</i> <i>The least preferred option was to close the Marywell Practice and disperse the practice population</i></p> <p><i>Key Highlights:</i> <i>January & February 2024</i> <i>75/78 patients took part</i> <i>79% content with current locations</i> <i>21% expressed a preference for outreach services closer to home</i></p> <p>Option 2:</p>
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	<p>Due to this being presented as an alternative to option 1, there has been limited consultation and engagement with the following:</p> <ul style="list-style-type: none"> • Marywell & CNOT staff • Alcohol & Drug Partnership (ADP) Lead • Local Medical Committee • IJB members • ACHSCP Senior Leadership Team <p>For option 2 patients and wider stakeholder groups have not been consulted with as yet. However, this is a requirement as IJB's require to adhere to the Health Improvement Scotland Planning with People guidance.</p>
<p>Performance Measures identified, where these will be reported and how impact will be monitored.</p>	<p>Risk Assessment of patients' needs Audit of patient registrations Scrutiny of patient cases Analysis of Health Assessment data/information</p>

Review

<p>Date the Impact will be reviewed</p>	<p>Within approximately 4 months of IJB decision</p>
<p>Rationale for Date</p>	<p>Following IJB insights session held on the 20th January 2026, IJB members indicated their preferred option was option 2, to reduce the CNOT service.</p> <p>Due to option 2 being presented as an alternative to option 1, there has been limited consultation and engagement</p> <p>For option 2 patients and wider stakeholder groups have not been consulted with yet. However, this is a requirement as IJB's require to adhere to the Health Improvement Scotland Planning with People guidance.</p> <p>A further period of engagement is required with staff, patients and key stakeholders, including an assessment by Health Improvement Scotland on whether the preferred option is major service change or not.</p> <p>Further Impact Assessment work to also be completed</p>

Having considered all of the groups, duties and rights in the list at Appendix A of the Guidance on Impact Assessment could this policy or practice have a negative impact on any of the following. Please answer Yes or No. If you answer Yes, please specify precisely which particular group, duty or right will be impacted and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics	Yes	Protected Characteristics - 5 out of 9 groups of people with protected characteristics assessed the options as a Potential Negative Impact The impact would be reduced if option 2 was progressed, as services would be reduced not fully stopped	Refer to full IIA
Fairer Scotland Duty	Yes	Fairer Scotland Duty: Health Determinants/Health in All – assessed as a potential negative impact on the following: Lifestyles – Substance use and risk-taking behaviour. Social Environment – Stress Access to experience of services – Health care, transport, social & housing services. The impact would be reduced if option 2 was progressed, as services would be reduced not fully stopped	Refer to full IIA
Health Inequality	Yes	Public Sector Equality Duty – all 3 areas within this duty have been assessed as having a potential negative impact: Eliminate discrimination – No Equality of Opportunity – No Foster good relations between groups – No The impact would be reduced if option 2 was progressed, as services would be reduced not fully stopped	Refer to full IIA
Specific Groups	Yes	As above	Refer to full IIA

		The impact would be reduced if option 2 was progressed, as services would be reduced not fully stopped	
Human Rights	Yes	Charter of Rights for People Affected by Substance Use - Lived experience We will adhere to the charter of rights as outlined above during the progress of the options and associated comms and engagement.	Refer to full IIA
UNCRC	No		

Will there be any cumulative impacts between this policy or decision and others	Yes	Yes	No	
Describe what this cumulative impact will be and include evidence mitigations in the sections below	Refer to the ACHSCP Public Consultation on 2026/2027 Budget Savings Options			

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place.

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions
Local Medical Council	Report on risks & impact of options	Provide key information highlighted to the next IJB presentation planned (Jan 26)
Health Improvement Scotland	Importance of adhering to Planning for People guidance and Gunning Principles in relation to engagement and consultation. HIS will also make an assessment on whether preferred option is Major Service Change <i>HIS assessment concludes the preferred option will not be classed as major service change with a recommended 2 month period of communication and engagement.</i>	Key HIS information to be highlighted to the next IJB presentation planned (Jan 26)
Alcohol & Drug Partnership Lead	Option 1: Current ADP funding would cease and/or be reinvested elsewhere Option 2: Current ADP funding would continue	Current and future position of the ADP funding clarified depending on the options

Staff, patients & professionals, third sector & charity groups including city independent gp practices	Proportionate period of communication and engagement to be completed following HIS guidance/advice and preferred option/decision	Hold for outcome and further period of engagement
Expert Views	Report and letters x 2	Fed into IJB presentation
Benchmarking Discussions	Dundee, Edinburgh & Glasgow	Fed into IJB presentation

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

N/A

ACHSCP Impact Assessment – Stage 4 – Review

Name of Impact Assessment being reviewed	
Name of Officer completing review	
Date Review Commenced	
Reason for Review (scheduled or accelerated)	
Reason for Accelerated Review	
Name of Lead Officer	
Date Review Completed	

Summary of Key Information

What amendments have been identified to the original Impact Assessment?	
What evidence do you have for these amendments?	
What actions have you taken to review the policy or practice in light of the review?	

Having considered all of the groups, duties and rights in the list at Appendix A of the Guidance on Impact Assessment has the impact of this policy or practice changed from the original assessment? Please answer Yes or No. If you answer Yes, please specify precisely what change has occurred and which particular group, duty or right it affects and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics			
Fairer Scotland Duty			
Health Inequality			
Specific Groups			
Human Rights			
UNCRC			

Will there be any cumulative impacts between this policy or decision and others	Yes	No
Describe what this cumulative impact will be and include evidence mitigations in the sections below		

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place in light of the changes identified above.

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions