



**ACHSCP Impact Assessment – Stage 1 – Proportionality and Relevance**

<b>Name of Policy or Practice being developed</b>	Redesign Allied Health Professional Structure	
<b>Name of Officer completing Proportionality and Relevance Questionnaire</b>	Lizzy Archibald, AHP Lead, ACHSCP	
<b>Date of Completion</b>	30/12/25	
<b>What is the aim to be achieved by the policy or practice and is it legitimate?</b>	To meet required further savings targets, adjustments to AHP service capacity will be necessary, which may result in some waiting times extending beyond the standard 18-week wait, many of which have already exceeded this timeframe.	
<b>What are the means to be used to achieve the aim and are they appropriate and necessary?</b>	Reduction in staffing is necessary in line with transforming services and savings of £100k will be achieved through this reduction in staffing, equivalent to approximately one Band 4 post and one Band 5 post. The specific service area has not yet been identified. This change may impact any of the five AHP professions who provide support across the lifespan: Podiatry, Physiotherapy, Occupational Therapy, Speech and Language Therapy, or Dietetics.	
<b>If the policy or practice has a neutral or positive impact please describe it here.</b>	This saving will have a negative impact on AHP waiting times due to reduction of staff. Teams will continue to use and develop a range of approaches, including a 'digital-first' model where possible (already in use in some AHP services), and will continue to utilise and expand on Community Appointment Days to address long waits, support prevention activity, and strengthen early intervention.	
<b>Is an Integrated Impact Assessment required for this policy or decision (Yes/No)</b> <i>Note – if multiple assessments are required please complete a separate template for each of these and 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>	Yes	
<b>Rationale for Decision</b> <b>NB: consider: -</b>	This proposal will impact individuals on AHP waiting lists in the services where staffing levels are reduced.	

<ul style="list-style-type: none"> <li>• <b>How many people is the proposal likely to affect?</b></li> <li>• <b>Have any obvious negative impacts been identified?</b></li> <li>• <b>How significant are these impacts?</b></li> <li>• <b>Do they relate to an area where there are known inequalities?</b></li> <li>• <b>Why are a person's rights being restricted?</b></li> <li>• <b>What is the problem being addressed and will the restriction lead to a reduction in the problem?</b></li> <li>• <b>Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently?</b></li> <li>• <b>Are there existing safeguards that mitigate the restriction?</b></li> </ul>	<p>Many AHP teams already have waiting times beyond the standard 18-week waiting timeframe and this will likely increase with this saving in place. We may have to stop some services such as providing group work with third sector services to ensure we see those clinically most in need of AHP services. There may also be risks to meeting certain legislative requirements, such as the duty on Scottish Ministers (via Health Boards) in section 46A of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 to provide or secure the provision of communication equipment (Augmentative and Alternative Communication (AAC)).</p> <p>Registered and senior clinicians will be required to provide cover for some of the services affected by the removal of these clinical posts which could impact on staff health and wellbeing. In addition, the capacity to deliver group interventions, both in person and online, may increase so individual appointments will subsequently decrease.</p> <p>The impact of these increased waits will be significant for individuals who face longer delays, including delays in accessing timely assessment, rehabilitation, treatment, or review.</p> <p>Many individuals already experience significant health inequalities, and extended waits for clinical intervention further exacerbate these disparities.</p> <p>Increasing waits for AHP services is likely to exacerbate waiting lists that are already lengthy.</p> <p>While more people may experience longer waits for AHP services, each individual's circumstances will continue to be reviewed clinically through the usual vetting and triage processes. As part of these processes, individuals can be escalated and seen sooner if clinical risk indicates that earlier intervention is required.</p> <p>Current safeguards ensure that there is prioritisation of those individuals at greatest clinical risk.</p>
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<b>Decision of Reviewer</b>	<b>Agreed</b>
<b>Name of Reviewer</b>	<b>Lizzy Archibald</b>
<b>Date</b>	

## APPENDIX C

### ACHSCP Impact Assessment – Stage 2 – Impact Assessment

<b>Description of Policy or Practice being developed including intended aim.</b>	Redesign Allied Health Professional Structure
<b>Is this a new or existing policy or practice?</b>	New
<b>Name of Officer Completing Impact Assessment</b>	Lizzy Archibald, AHP Lead, ACHSCP
<b>Date Impact Assessment Started</b>	30/12/25
<b>Name of Lead Officer</b>	Lizzy Archibald, AHP Lead, ACHSCP
<b>Date Impact Assessment approved</b>	March 2026

### Summary of Key Information

<b>Groups or rights impacted.</b>	<ul style="list-style-type: none"> <li>- Age</li> <li>- Disability</li> <li>- Race and ethnicity</li> <li>- Low literacy/Health literacy</li> <li>- Discrimination/stigma</li> <li>- Health and social care service provision</li> <li>- Physical environment and local opportunities</li> <li>- Education and learning</li> <li>- Looked after (including accommodated) children</li> <li>- Carers</li> <li>- Staff</li> <li>- UNCRC Article 3 – Best interests of the child</li> <li>- UNCRC Article 6 – Life, survival and development</li> </ul>
<b>Feedback from consultation and engagement and how this informed development of the policy or practice</b>	<p>Budget consultation participants expressed significant concerns about the potential impacts, with waiting times emerging as the most prominent issue. Staff and individuals impacted by these changes would have had the opportunity to participate in the budget consultation. Many felt that current waits are already unacceptably long, and any further increases could lead to deterioration in health and poorer clinical outcomes. A recurring theme was the disproportionate impact on vulnerable groups, including children, disabled individuals, and older</p>

	<p>adults, who may be less able to cope with delays.</p> <p>Some respondents noted potential mental health impacts, highlighting how uncertainty and extended waits can increase stress, anxiety, and overall wellbeing challenges. Practical concerns also surfaced around the ability to work, with people worried that longer waits could affect employment or daily functioning.</p> <p>There was also anxiety about affordability and access to private care, with people warning that not everyone has the means to seek alternatives. A number of respondents raised the idea that increasing waiting times is a false economy, potentially leading to higher long-term costs as conditions worsen and require more intensive treatment.</p> <p>Finally, a small proportion of respondents felt the change would have no direct impact, while others expressed conditional acceptance, provided that urgent or emergency cases were always prioritised.</p>
<p><b>Performance Measures identified, where these will be reported and how impact will be monitored.</b></p>	<p>Provide budget and finance oversight, along with AHP data metrics, to monitor the impact on waiting lists (data dashboards currently in development). Performance is reported through the Senior Leadership Team governance processes.</p>

**Review**

<p><b>Date the Impact will be reviewed</b></p>	<p>September 2026</p>
<p><b>Rationale for Date</b></p>	<p>5 months into the new financial year, data dashboards are expected to be available to support monitoring of</p>

	the impact on waiting times. Monitoring of adverse events and complaints arising from extended waiting times.
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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	<ul style="list-style-type: none"> <li>- Age</li> <li>- Disability</li> <li>- Race and ethnicity</li> </ul>	<ul style="list-style-type: none"> <li>- Age – services are provided across all age groups including children</li> <li>- Disability – people will have to wait longer to access their assessment and rehabilitation</li> <li>- Race and ethnicity – potential impact for language barrier difficulties for non-English speakers.</li> </ul>
Fairer Scotland Duty	No		
Health Inequality	Yes	<ul style="list-style-type: none"> <li>- Low literacy/Health literacy</li> <li>- Discrimination/stigma</li> <li>- Health and social care service provision</li> <li>- Physical environment and local opportunities</li> <li>- Education and learning</li> </ul>	<ul style="list-style-type: none"> <li>- Potential impact if patients do not understand information about waiting times</li> <li>- Discrimination and stigma can be a barrier to health care</li> <li>- Increase in waiting times changes ability to access health services in a timely manner</li> <li>- Ability to provide services in local communities may be reduced to target longest waiting times</li> <li>- Impact of delay in accessing service on child development</li> </ul>
Specific Groups	Yes	<ul style="list-style-type: none"> <li>- Looked after (including accommodated) children</li> <li>- Carers</li> <li>- Staff</li> </ul>	<ul style="list-style-type: none"> <li>- Impact of delay in accessing service on child development and transitions</li> <li>- Potential impact on carer stress</li> <li>- Potential impact on staff wellbeing due to competing demands</li> </ul>
Human Rights	No		
UNCRC	Yes	<ul style="list-style-type: none"> <li>- Article 3 – Best interests of the child</li> <li>- Article 6 – Life, survival and development</li> </ul>	<ul style="list-style-type: none"> <li>- Impact of delay in accessing services on child development and transitions</li> </ul>

<b>Will there be any cumulative impacts between this policy or decision and others</b>	<b>Yes</b>		<b>No</b>	x
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<b>Describe what this cumulative impact will be and include evidence mitigations in the sections below</b>	n/a
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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.

<b>Stakeholder Groups</b>	<b>Feedback Received</b>	<b>Influence on Policy or Practice/Mitigating Actions</b>
Budget consultation	As above	<p>While more people may experience longer waits for AHP services, each individual's circumstances will continue to be reviewed clinically through the usual vetting and triage processes. As part of these processes, individuals can be escalated and seen sooner if clinical risk indicates that earlier intervention is required.</p> <p>Current safeguards include a continued focus on usual processes and the prioritisation of individuals at greatest clinical risk.</p>

### **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?

No
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ACHSCP Impact Assessment – Stage 4 – Review

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

Summary of Key Information

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

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