Equality Impact Assessment (Stage 1)

This is a legal document as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA.

Consideration of the impacts using evidence and public/patient feedback is necessary.

Question 1: Title of Policy, Strategy, Redesign or Plan

Mental Health Inpatient Redesign Project

Question 2a: Lead Assessor's details

Name	**Lee-Anne Whyte**	**Tel. No**	**N/A**
Job Title:	**Project Support Officer**	**Ext:**	**N/A**
Department	**Programme Management Office, Fife HSCP**	**Email**	**Lee-anne.whyte@nhs.scot**

Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

The Mental Health Inpatients Capital Project

Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

Aim	Fife Mental Health services provide comprehensive, general mental health services for adults and elderly people across the whole of Fife through the provision of multi-professional inpatient, outpatient, day patient and community care and treatment. The service also provides specialist outpatient and community care and treatment for children and adolescents with mental health problems, and specialist addiction services for those with drug and/or alcohol problems. Fifes Mental Health Strategy 2020 to 2024 provides the strategic context for this programme. The Strategy takes full account of the recommendations of the Scottish Government's National Mental Health Strategy (2017 – 2027), which emphasises the need to build capacity within our local communities, increase access at the earliest point in the patients' journey to proportionate advice and support and treatment, and complement this with appropriate inpatient provision. A new National strategy is due to be launched in Spring 2023. This will allow a refreshed local strategy to be developed. In addition to the current Fife strategy, initiatives that have been driving change are National and published in the Scottish Governments MH Transition and Recovery plan.

	The Project Board had initially been set up to focus on changing the inpatient estate which is spread across several sites (Queen Margaret Hospital, Whyteman's Brae Hospital, Stratheden Hospital and Lynebank Hospital) and is generally poor in respect to condition and configuration and does not meet service standards. It was always recognised that this work could not be undertaken in isolation and would require to be informed by community arrangements and following discussion with required stakeholders an expansion to the scope of the project was agreed. This project would now oversee delivery of both the inpatients and the community estates workstreams, to harmonise efforts. To that affect, the service re-design element of the project should explore the expected increasing level of demand and any services currently under the operational remit of Mental health services regardless of whether they currently have an inpatient component or not i.e Infant and peri-natal, forensic, specialist, rehabilitation and CAMHS. The current stage 1 EQIA whilst predominantly in relation to the re-design of Mental Health Inpatients wards will have significance to the extension of the scope for Mental Health and Wellbeing redesign in Primary Care.

Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
Age - *think: children and young people, adults, older age etc.*	All ages can be impacted by Mental Health related concerns, with approximately 1 in 4 people experiencing a mental health problem at some point in their lifetime and at any one time approximately 1 in 6 people have a mental health problem. In areas of deprivation, this is known to increase to 1 in 3 people, meaning potentially a third of people in Fife will experience Mental Health problems. Mental Health services in Fife, provide for all ages however are generally assessed and treated split by age group i.e Children and Adolescent Mental Health Services generally for those up to the age of 18, adult services generally up to the age of 65 and older adults which is generally 65+. Whilst the population of Scotland is projected to increase, Fife as a county is expected to see a slight population decrease over the next 10 years. Population introduction report (fife.scot) Between 2018 and 2028, the 0 to 15 age group is projected to see the largest percentage decrease (-9.1%) and the 75 and over age group is projected to see the largest percentage increase (+31.1%). In terms of size, however, 45 to 64 is projected to remain the largest age group. Scottish Mental Health patient data breakdown shows for the year 2020/2021: 0-17 = 3.5% 18-24 = 6.6% 25-39 = 20.3% 40-64 = 35.4%

	65+ = 34% Data explorer - Mental health inpatient activity - 23 November 2021 - Mental health inpatient activity - Publications - Public Health Scotland Age profile of population will be considered in programme design and implementation to ensure acceptable and accessible for all age groups. The vision for Older Adult Mental Health services, to redesign community services and support people as close to home as possible, needs to be balanced against the expected increasing level of demand on the service overall. Concerns have been raised from both workforce and service users with regards to the current inpatient services, their rural setting, the access to public transport and low income (likely to be impacted detrimentally due to cost-of-living crisis. Design of the inpatient's services should not only consider the age appropriateness of service users however also ages of potential visitors i.e accessibility and suitability of onsite facilities for children and family visitors.
Disability – *think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.*	21% of people in Scotland reported having a disability in the year 2020-2021 and adults with disabilities report experiencing frequent mental distress almost 5 times as often as adults without disabilities. A mental health condition is considered a disability if it has a long-term effect on your normal day-to-day activity. This is defined under the Equality Act 2010. It is also recognised that physical and mental health are closely linked. Those of us who have a long-term physical health condition are also likely to experience mental health problems such as depression and anxiety. Likewise co-morbid mental health problems can exacerbate long-term conditions, leading to poorer clinical outcomes and lower quality of life. Joined up accessible services are central to the success of this project. Services, therefore, must work across boundaries to truly deliver person centred outcomes which lead to improved mental health and wellbeing for people accessing the range of services and supports available across Fife. The reshaped services will be accessible to everyone irrespective of protected characteristic whilst recognising that mental illness is considered a form of disability. Subsequent stages of the project will aim to secure location(s) of sites and services along with the design of the building and the services. The location selection may result in a move away from current Mental Health Inpatient sites or replace the current premise. Therefore, the selection process and the stage 2 exercise must consider disability and hardship impacts as well as the visibility of psychiatric care in community and aim to address any stigma relating to mental health conditions.
Race and Ethnicity – *Note: Race = "a category of humankind that shares certain distinctive physical traits" e.g. Black, Asian, White, Arab* *Ethnicity = "large groups of people classed according to common racial, national, tribal,*	The previous public survey had limited responses to this subject, which will form a part of the stage 2 exercise as it has been recognised that health inequalities impact disproportionately upon social and economic disadvantaged communities, race and ethnicity can further define life expectancy and outcome, for example: • Adults living in the most deprived areas are approximately twice as likely to have common mental health problems as those in the least deprived areas (22% versus 11%) • There were twice as many GP consultations for anxiety in areas of deprivation than in more affluent areas in Scotland (62 versus 28 consultations per 1000 patients in 2010-2011). • 'White': Polish people aged under 65 reported relatively good health, whereas those aged 65 or over reported relatively poor health • The suicide rate in the Gypsy Traveller community is six times higher than in the general population and seven times higher among young Gypsy Traveller men*. The 2011 Census for Scotland showed that Fife as a Local Authority was

religious, linguistic or cultural origin/background" Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.	predominantly white with 93% respondents stating race as white, therefore there may be a risk that other minority ethnic groups may be overlooked. Different communities understand and talk about mental health in different ways and in some communities, mental health problems are rarely recognised or spoken about. They may be seen as shameful or embarrassing. This can discourage people from talking about their mental health or going to their GP for help. Therefore, this project must explore more about the diversity of the local community and what their needs may be to ensure fair participation and meet health needs. Cultural awareness of the needs and issues relating to race, and ethnicity will be provided to ensure patient centred care is provided and the culture of individuals is respected, and any perceived barriers removed. Supporting the recommendations outlined in Fife's response to 'Racial Inequality and Mental Health In Scotland A Call To Action' • Exploring engagement with specific communities in the area. • Wards and teams have accessible information on the local and national organisations that provide support and information to people from ethnically diverse backgrounds who access their services. • Utilise the newly established Equalities post to ensure that the project endeavours and co-production with localities is informed, equitable, and offers positive, safe, and accessible opportunities for individuals from minority backgrounds and third sector organisations that wish to engage with us.
Sex – *think: male and/or female, intersex, Gender-Based Violence*	In 2020, there were more females (51.4%) than males (48.6%) living in Fife. This is reflective of Scotland's data. The 2020-21 PHS data indicates that whilst mental health inpatient activity was greater for males in Fife (53% as opposed to 47% female), this was not true of all age groups. For instance, the mental health inpatient activity required for females was greater up to the age of 25 and for age 65+. This is mostly reflective of the overall MH sex related data. » At the present time, the Mental Health inpatients facilities have a lack of gender specific private space which is a required standard for mental health facilities. » There are shared sleeping bays, toilets, and shower facilities. Whilst lived experience voices have been sought for stage 1, this does not ensure that engagement will meet all demographics however this will be further explored in stage 2. Collaboration and communication will continue with Fife Voluntary Action Group who work within this space to be involved with the project in future engagement activities. » When designing the new inpatient facilities, services that have sex specific private spaces (bedrooms/ bathrooms) should be provided and inclusion for all sexes and needs ensured. » Any service re-design needs to consider both demand and capacity for sex specific facilities and information.
Sexual Orientation - *think: lesbian, gay, bisexual, pansexual, asexual, etc.*	The approach to care for Mental Health related services should be the same no matter the sexual orientation, with respect and dignity always provided. Whilst attitudes towards LGBT people have undergone significant and positive change over recent decades there is an overarching aim to improving access and experience of health care for LGBT groups by listening and learning from research and local feedback. In general, LGBT visibility is much higher, and significant legislative advances have given LGBT people greater legal protection from discrimination. However, negative social attitudes and stereotypes continue. This is evidenced for example through sexual orientation reported hate crime, which is the second most reported hate crime in Scotland, with a 24% increase in 2019-20 and a further 5% increase in 2020-21. There has largely been a year-on-year increase LGBT hate crime since 2015 The number of negative incidents reported which relate to being or being perceived as LGBT is around 40%. LGBT-InclusiveServices-GoodPractice_2022.pdf

	(mwcscot.org.uk) Fife LGBT Community Needs Assessment Report, published February 2016 has made a series of recommendations which will be used to inform the support, access and experience of Healthcare for LGBT groups. These link into Fife's Health Inequality Strategy (Fife Health & Wellbeing Alliance, 2015) 3 themes approach to reducing health inequalities. This has been used as a framework for recommendations for the partners, to help those planning and delivering services and support across Fife to better recognise and meet the needs of lesbian, gay, bisexual, and transgender people. The National Health needs assessment of LGBT+ people summary infographic report June 2022, details learning from these communities and details a further series of recommendations. The learning in both documents will be considered and responded to proportionately according to those needs and improvement in service experience. Joined up accessible services are central to the success of this project. Services, therefore, must work across boundaries to truly deliver person centred outcomes which lead to improved mental health and wellbeing for people accessing the range of services and supports available across Fife.
Religion and Belief - *Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.* *Think: Christian, Muslim, Buddhist, Atheist, etc.*	In Scotland's 2011 census, religion was an optional question and 7% of people did not state their religion, this was mirrored in Fife. The census recorded a rise in people with no religion between 2001 and 2011, while Church of Scotland numbers dropped. Fife results highlighted that 31% of respondents reported their religion as Church of Scotland and 46% declared no religion. Whilst other religions were indicated on the return, these were significantly less than the above (>20% for all other religions combined). NHS Education for Scotland Spiritual Care A multi-faith resource for healthcare staff May 2021 is a framework of practises and insight into religious barriers in which healthcare staff should be mindful of: • Sometimes a person's mental illness is expressed in a religious way or with religious terminology. A faith or belief system or faith community can be a major help in supporting people through the healing process. • There is also some evidence that mental illness in such minority groups sometimes goes unrecognised. There are many possible reasons for this—but cultural and religious factors may well be involved. In these circumstances, healthcare staff will need to be aware of differences in culture and faith when assessing the mental illness and well-being of patients, whatever their background or community. • As far as is reasonably possible a person should be allowed and encouraged to continue to practice their religion, if they so wish, within a healthcare situation. Currently the in-patient facilities do not have spiritual or religious arrangements therefore the stage 2 impact assessment should explore this further as well as paying consideration to engagement with specific representative groups i.e. the Muslim community where appropriate.
Gender Reassignment – *Note: transitioning pre and post transition regardless of*	Previous census's have not included questions that relate specifically to sex or gender. However, as Health inequalities are evident for those identifying as part of the LGBT community. For example, Self-harm is 8 times more prevalent among LGB people; this rises to 20 times among transgender people (Webster, S., 2014). Similarly, over 50% of patients waiting to be seen by gender-identity clinics attempt at least one suicide attempt whilst waiting to be seen. LGBTQ HNA June 22. Transgender people are more likely to encounter barriers to general health care arising from issues of social stigma, perceived and real negative perceptions of

Gender Recognition Certificate *Think: transgender, gender fluidity, nonbinary, agender, etc.*	medical staff and associated psychological distress. Evidence shows that transgender people can often be made to feel like they are an inferior part of society because of the expressed or implied behaviours of others (Phillips, Fein-Zachary et al. 2014). This may lead to transgender people failing to disclose their gender identity when engaging with medical services. Whilst lived experience voices have been sought for stage 1, this does not ensure that engagement will meet all demographics however this will be further explored in stage 2. Collaboration and communication will continue with Fife Voluntary Action Group who work within this space to be involved with the project in future engagement activities. » Services re-design should provision to meet both the needs of men and women as well as any requirements for the LGBT population. » Any re-design of services should also look at consideration of staff training and knowledge into LGBTQ+ barriers. » Inpatients Re-design may also need to consider gender neutral spaces depending on demand.
Pregnancy and Maternity – *Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.* *Think: workforce maternity leave, public breast feeding, etc.*	Birth rates have been falling steadily for several years. Fewer children were born in Fife in 2020 than any other year since records began in 1855. However, Fife also has the highest rate of teen pregnancy in Scotland. Rates of teenage pregnancy varied depending on where women lived. The areas of highest deprivation in Scotland had pregnancy rates more than four times higher than the least deprived areas (52.6 compared to 11.8 per 1,000). More than 1 in 10 women will be affected by mental health problems during their pregnancy and/or after the birth of their baby. Mental illness can affect anybody regardless of previous history. Some women will experience a mental health problem for the first time during their pregnancy or after the birth of their baby. Other women will have had past or ongoing mental health problems and then become pregnant. Furthermore, A growing body of evidence, mainly from high-income countries, has shown that there is a strong socioeconomic gradient in mental health, with people of lower socioeconomic status having a higher likelihood of developing and experiencing mental health problems. • Children and adults living in households in the lowest 20% income bracket in Great Britain are two to three times more likely to develop mental health problems than those in the highest. • In 2004, evidence from the Child and Adolescent Mental Health Survey found that the prevalence of severe mental health problems was around three times higher among children in the bottom quintile of family income than among those in the top quintile. • Analysis of data from the Millennium Cohort Study in 2012 found children in the lowest income quintile to be 4.5 times more likely to experience severe mental health problems than those in the highest,371 suggesting that the income gradient in young people's mental health has worsened considerably over the past decade Poverty: statistics | Mental Health Foundation Fife is proving highly successful in providing support to families perinatally and through the infant stages as part of the Perinatal and Infant Mental Health Programme launched by the Scottish government. This is not expected to be impacted by the current project of work however stage 2 should ensure that there are no detrimental impacts in the services offered pre, during and post pregnancy. Additionally, although CAMHS inpatient services are not currently provided in Fife and are therefore not included in the scope of this project, the service re-design should explore the expected increasing level of demand on the service overall. Part of the stage 2 exercise will be to review any relevant data held for these protected characteristic groups (both for service users and workforce) and understand any

	changes that may be required to both buildings and services within the context of this project.
Marriage and Civil Partnership – *Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.* *Think: workforce, inpatients visiting rights, etc.*	Relationships can prove positive with respect to mental health concerns however as mental health issues can impact anyone at any point in their life, this does not exclude those that may be married or in a civil partnership Joined up accessible services are central to the success of this project. Services, therefore, must work across boundaries to truly deliver person centred outcomes which lead to improved mental health and wellbeing for people accessing the range of services and supports available across Fife. The reshaped services will be accessible to everyone irrespective of protected characteristic and should adopt a co-production approach. This would include improved access to social work and 3rd Sector organisations who provide services which target issues related to domestic, marriage, and civil partnerships. Part of the stage 2 exercise will be to review any data held for the current inpatient facilities and services and understand any specific design considerations for both the service user and those that may be visiting ie marital spouse etc.

Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.

Fifes Mental Health Strategy 2020 to 2024

Scottish Government's National Mental Health Strategy (2017 – 2027)

MH Transition and Recovery plan

Overview of mental health and wellbeing - Mental health and wellbeing - Health topics - Public Health Scotland

Data explorer - Mental health inpatient activity - 23 November 2021 - Mental health inpatient activity - Publications - Public Health Scotland

The Transforming Specialist Dementia Hospital Care report (Alzheimer Scotland, 2018)

Royal College of Psychiatry guidance recommends 18 beds per ward which compares against the current provision of 30 bedded acute wards.

Equality Act 2010.

Disability, well-being and loneliness, UK - Office for National Statistics (ons.gov.uk)

Scotland's Wellbeing: national outcomes for disabled people - gov.scot (www.gov.scot)

Search | Scotland's Census (scotlandscensus.gov.uk)

'Racial inequality and mental health in Scotland: A call to action'

LGBT-InclusiveServices-GoodPractice_2022.pdf (mwcscot.org.uk)

Fife LGBT Community Needs Assessment Report

NHS Education for Scotland Spiritual Care A multi-faith resource for healthcare staff May 2021

Poverty: statistics | Mental Health Foundation

Improving the Lives of Scotland's Gypsy/Travellers (2019-2021)

A National Clinical Strategy for Scotland 2016;

NHS Quality Strategy
Everyone Matters 20:20 Workforce Vision;

NHS Scotland Staff Governance Standard;

Scottish Government: Health & Social Care Standards, My support, my life;

Connecting People Connecting Support 2017-2020;

Standards for Inpatient Wards. Royal College of Psychiatrists; and

Department of Health: Health Building Note 03-01: Adult acute mental health units.

Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?

(Please tick)

Yes	X	**No**	

If yes, **who** was involved and **how** were they involved?
If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Think: Who did you ask? When and how? Did you refer to feedback, comment or complaints etc?

Effective communication and engagement will be central to support the programme. Developing an ongoing communication and engagement strategy and plan, involving key stakeholders will help to:

- build public understanding of the need for change and how care can be delivered differently.
- gather feedback from service users and staff to help develop options, sharing views on the current facilities and their priorities are reflected in the options developed
- demonstrate and reassure that the re-design will improve in-patient facilities and will make a positive difference for people when accessing services.

A Mental Health In-Patient Re-design Project Group to support communications and engagement has been formed.

Key stakeholders were identified and invited to participate from within NHS Fife, local authority, service users and family, carers, and individuals from the local community, and invited to participate in the Options Appraisal exercise, looking to determine the optimum number of MH inpatient sites. Recognising a drop over the course of the sessions in public participation, this invite was extended to Fife Voluntary Action Group and further lived experienced members obtained. A list of stakeholders and their involvement is available on request. Feedback and evaluation have been sought at the end of this stage which will be shared back to the participants and with Health Improvement Scotland.

Further public consultation will be sought as the project moves through the subsequent stages ie location options appraisal, design statement and services design. The location selection process may result in a move away from current inpatient sites or replace current facilities. Therefore, the site selected needs to contribute to the maintenance of community connections / the visibility of psychiatric care in community and not least to address any issues of stigma.

Ongoing consultation and communication will also be provided to the whole of the NHS Fife MH workforce monthly.

Events and incidents recorded in DATIX may be considered to inform the design element of the Inpatients facilities.

Question 10: Which of the following 'Conclusion Options' applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.

Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.

Conclusion Option 1: No further action required *Where no negative impacts or potential for improvement is identified, no further action is required.* No stage 2 EQIA required.

Conclusion Option 2: Adjustments Made *Potential or actual negative impacts and/or potential for a more positive impact has been identified, therefore appropriate adjustments have been made to mitigate risks and/or make further improvements.* No Stage 2 EQIA required

Conclusion Option 3: Requires Further Adjustments *Potential or actual negative impacts and/or potential for a more positive impact has been identified, but were not successfully made during the Stage 1 EQIA, therefore further adjustments must be made to mitigate risks and/or make further improvements.*

Stage 2 EQIA is required to ensure further adjustments are made and appropriate workforce/public/stakeholder engagement has been undertaken.

This redesign program is a significant change to service provision and will affect staff, patients, public and partners in both inpatient and community settings. The delivery of a re-design of inpatients services within Fife, will work towards achieving the Fife HSCP Mental Health Strategy for 2020-2024. It will also support the residents of Fife to receive the right care at the right time. It will support the mental health redesign in line with Scottish Government Objectives.

To address discrimination, foster good relations and advance equality of opportunity we aim to conduct a full EQIA at stage 2 level to ensure that any negative considerations are embedded and acted on in our local plans which will reduce these inequalities. The continued review and progression of EQIA should also consider Fairer Duty Scotland.

We will highlight and promote the positive outcomes from service redesign which foster good relations in particular those which go further to include and involve patients and their families and the Fife community as a whole.

All communication and participation activities will be taken to the Communications and Engagement sub-group to ensure we are following best practice guidelines. Membership of this group includes representation from the Fife HSCP, NHS Fife, HIS, HSCP Participation and Engagement team and Fife Voluntary Action.

Joined up accessible services are central to the success of this project. Services, therefore, must work across boundaries to truly deliver person centred outcomes which lead to improved mental health and wellbeing for people accessing the range of services and supports available across Fife.

Conclusion Option 4: Continue Without Adjustments

Continue with Plan, Project, Strategy, Redesign etc despite a potential or actual negative impact or potential for a more positive impact being identified, but the decision to not make adjustments can be objectively justified.

Stage 2 EQIA is required to fully explore the potential to make adjustments by appropriate workforce/public/stakeholder engagement, or to develop evidence for continuing with the plan without making said adjustments.

Conclusion Option 5: Stop

Stop the Plan, Project, Strategy, Redesign etc due to a serious risk of negative impact being identified.

Stage 2 EQIA required to fully explore the serious negative impact and engage appropriately with workforce/public/stakeholders to source solutions to mitigate the serious impact, and where no mitigations found, stop the Plan, Project, Strategy, Redesign etc.

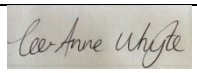
PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA.

If you have identified that a full EQIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at fife.participationandengagements@nhs.scot to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
Name	**Lee-Anne Whyte**
Email	**Lee-anne.whyte@nhs.scot**
Telephone (ext)	**N/A**
Signature	
Date	**21/09/2022**

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	**Isla Bumba**
Email	**isla.bumba@nhs.scot**
Telephone (ext)	01592 29557
Signature	
Date	**21/09/22**

Return to Equality and Human Rights Team at Fife.EqualityandHumanRights@nhs.scot