

Cabinet Secretary for Health and Social Care
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Sòisealta
Neil Gray MSP
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 **Scottish Government**
Riaghaltas na h-Alba

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Mrs Clare Haughey, MSP
Convener
Health, Social Care and Sport Committee

By email: HealthandSport@parliament.scot

2nd August 2024

Dear Clare,

I am writing to inform you and Committee Members that the Inclusion Health Action in General Practice (IHAGP) programme will continue for a second year through £1 million of Scottish Government funding for the most deprived practices in NHS Greater Glasgow and Clyde. IHAGP is a key health reform project for reducing health inequalities and tackling poverty by delivering enhanced health care in areas of deepest poverty, aligning with the First Minister's priority of eradicating child poverty. This funding supports practices to engage in extended consultations, promote staff training on health equity and trauma, build on improvements to practice policies, and strengthen connections with community groups.

The programme developed from the Short Life Working Group on Health Inequalities in Primary Care [report](#) (March 2022) recommendation that the Scottish Government create a new 'enhanced service' to provide general practices with increased resources targeted at deprivation. The Scottish Government worked with the Primary Care Health Inequalities Development Group and other stakeholders to shape the Inclusion Health Action in General Practice programme in response to this recommendation and the previous First Minister, Mr Yousaf, announced initial IHAGP funding in April 2023.

As I am sure you will agree, our shared commitment to tackling and mitigating Health Inequalities in Scotland has become ever more pressing in the current climate. IHAGP is an innovative, highly targeted, early intervention programme, centred on improved general practice care for patients, which has potential to tackle wider system pressures and address the inverse care law with payments to practices based on list size and population deprivation. We have targeted funding within Greater Glasgow and Clyde where there is greatest blanket deprivation and this will allow the potential of collaborative working through clusters.

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External evaluation [published](#) on 24 July 2024, provides evidence that IHAGP has helped practices to provide patients with enhanced support since it began in 2023. There are many examples of the positive changes that different practices have taken due to the project. For instance, some have changed how they deal with 'Did Not Attend' (DNAs), adopting a more trauma-informed, person-centred approach, engaging with patients to understand why they haven't attended, e.g., screening appointments. Another example is the whole multi-disciplinary team, administrative as well as clinical staff being involved, in practice-wide training on health inequalities issues, as well as communication training for reception staff, and health care assistants being upskilled to support practice nurses in chronic disease management.

We will continue to monitor and evaluate the effectiveness of IHAGP and learn from the experiences of the practices for future growth. I would encourage Committee Members to read this report and case studies as the work of IHAGP is very relevant to the Committee's recent inquiries into health inequalities and into alternative pathways to primary care.

I am grateful for your interest in, and broad support for, the Scottish Government's work to date on Health Inequalities.

Yours sincerely



NEIL GRAY

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