NHS Dental Payment Reform

Equality Impact Assessment Record

November 2023

Scottish Government
Riaghaltas na h-Alba

Equality Impact Assessment Record

Title of policy/ practice/ strategy/ legislation etc.	**NHS Dental Payment Reform**	
Minister	**Minister for Public Health and Women's Health**	
Lead official	**David Notman**	
Officials involved in the EQIA	**name**	**team**
	David Notman **Susan Osbaldstone** **Jillian McGhee**	**Dental Team** **Dental Team** **Dental Team**
Directorate: Division: Team	**Primary Care: Dentistry, Optometry and Community Audiology**	
Is this new policy or revision to an existing policy?	**New policy**	

Screening

Policy Aim

To introduce payment reform for independent contractors General Dental Practitioners who provide General Dental Services (NHS dentistry).

At present there are a number of access challenges across Scotland for patients attempting to access NHS dental treatment. The Government has therefore brought forward at pace a new suite of fees intended to incentivise NHS care and treatment, and sustain NHS dental services as a national service in Scotland.

The new model reduces bureaucracy, provides greater clinical freedom to NHS dental teams and reflects modern dentistry. It is intended as the first step towards a truly modern NHS dental service which appropriately assesses, responds to and supports the oral health needs of every patient in Scotland.

Payment reform affirms the Government's commitment to sustaining and improving patient access to NHS dental services, in line with our Policy Prospectus.

The policy contributes to Scottish Government's national outcomes for health, as access to NHS dental services is a critical dependency for oral health outcomes.

Who will it affect?

Payment reform will affect the sector (as providers of NHS dental services) and patients, as users.

Access Improvements

The main aim of payment reform is to sustain NHS dental services by offering higher fees to incentivise NHS treatment and improve access to NHS dental services. The reform will therefore benefit both the sector by improving the NHS offer, and patients, with increased NHS provision.

The publication of the Oral Health Improvement Plan in 2018 made the commitment to undertake a wider reform of NHS dentistry, and in particular address concerns highlighted by the sector to prioritise payment reform, for an administratively simpler and more clinically-focused payment system.[1]

We foresee then secondary benefits as the new payment system will offer dentists greater flexibility in treating patients, with the opportunity to use modern dentistry care and treatment. For example, patients will benefit from treatment items being brought in line with current best practice guidance, particularly around periodontal treatment.

The resulting payment reform comprises a high-trust, low bureaucracy model comprising 45 items for payment (compared with over 700 items presently)[2]. While the number of items has been reduced significantly the actual care and treatment that may be offered to NHS patients will be enhanced. The new system will therefore be much easier for patients to understand, the NHS offer can now be presented in summary to patients.

Costs to Patients

Our priority is to ensure patients in all parts of Scotland have access to an NHS dentist; this is the principal aim of payment reform.

At present, those patients who are not eligible for free NHS dental care and treatment pay 80% of the fee cost of the treatment they receive. Payment reform comprises new higher fees to sustain the provision of NHS dentistry. This means for some patients they may have to pay more for their NHS treatment than at present.

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[1] Oral health improvement plan - gov.scot (www.gov.scot)

[2] General Dental Practitioners are paid through a blended-payment system, comprising fee-per-item, capitation, allowance and direct reimbursement payments. This overall blended-payment system model has been retained, with payment reform focusing on replacing and modernising the fee-per-item element.

Around 40% of people in Scotland are exempt from NHS charges – including under 26s' and those on certain benefits – and these people will continue to receive free NHS dental care and treatment. Payment reform also continues to protect free dental examinations for everyone - Scotland is the only country in the UK to offer this.

NHS patients who pay for their treatment will continue to pay 80% of the treatment costs up to a maximum of £384, as is the case currently. Those only requiring preventative treatments, such as oral health advice, will typically see a smaller increase in charges than those requiring more complex restorative procedures. We have had to increase fees for restorative treatments more significantly to reflect their current market cost and protect these treatments for NHS patients.

For those not exempt from NHS dental charges but on a low income, financial support is available via the NHS Low Income Scheme. For example, where patients are over 65 and whose only income is social security benefits, they would be entitled to a full remittance certificate under the NHS Low Income Scheme.

In summary the Government has had to take a difficult decision against challenging public finances to balance the need to sustain NHS dental access and costs to patients, while preserving existing help and mitigations to patients. The purpose of payment reform is to sustain NHS dentistry and in so doing prevent the emergence of a two-tiered dental service where only people who are able to afford private care can access oral health treatment.

Whilst costs to certain NHS patients have increased, these need to be set against the equivalent costs in private dentistry. Patients unable to access NHS dentistry and requiring private treatment typically pay between 6 and 10 times the NHS cost. NHS fees and the resultant patient charge remain significantly below the cost of private care for the equivalent treatment. In preserving universal NHS dental care all patients benefit.

What might prevent the desired outcomes being achieved?

At present there are a range of challenges facing the sector. The sector continues to recover from the long interruption of activity under pandemic restrictions. It was in April 2022 that sector-specific infection, prevention and control restrictions were eventually lifted allowing NHS dental teams to see normal patient workloads.

In the meantime there has been significant macroeconomic disruptions affecting laboratory costs, labour and other running costs for the dental sector. These are all exogenous factors that have a major bearing on the financial viability of practices, and the decision-matrix between NHS and private treatment. Dental practices like all sectors in the economy are facing an unprecedented cost-of-living challenge, as well as needing to attract specialist staff.

The Government views payment reform as the single most important step in moving the sector forward. However, it is not a panacea and instead should be viewed as setting the foundation for sustaining NHS dentistry into the medium- to longer-term.

Stage 1: Framing

Results of framing exercise

The framing exercise has identified a number of potential impacts on the protected characteristics.

Age - Evidence shows that prevalence of natural teeth reduces with age and therefore older people are more likely to be impacted by the increased costs given that they are more likely to require laboratory based treatments such as dentures. Although younger people are more likely to be in relative poverty and earn less than the living wage compared to older adults, those aged under 26 years of age will not be affected by the increased costs as they will continue to receive free dental treatment. There will no longer be a distinction between children and adults in the new system and therefore all patients, regardless of age, will have access to the same range of treatment.

Disability – Patients with learning disabilities may experience a positive effect of the new policy given that the new system will be simplified and easier for patients to understand. However, disabled people may be impacted by the increased costs to a greater extent compared to non-disabled people given that evidence has shown that poverty and unemployment rates are higher for those who are disabled. Furthermore, patients with mental health disorders are less likely to regularly visit the dentist and maintain their oral health which can lead to periodontal disease. Patients in this category will therefore require more dental treatment and will be impacted by the increased costs to a greater extent.

Sex – There are minimal impacts of the new policy on sex. However, evidence shows that women are less likely to be in full time employment and therefore may be impacted by a greater extent to the increased costs compared to men given that they are less likely to be on a full time salary.

Gender Reassignment – No impacts identified.

Sexual Orientation – Poverty rates have been consistently higher for LGB+ adults compared to straight/heterosexual adults, and they are also more likely to live in the most deprived areas. Therefore LGB+ patients may be affected by the increased costs to a greater extent than straight/heterosexual adults.

Race – Patients with difficulties speaking English will continue to have access to a translator and the simplified system will be easier for translators to explain and for the patients to understand. Furthermore, Gypsy/Traveller patients who may be less likely to be registered with a dentist, will now be able to access the full range of treatment items given that there will no longer be a distinction between registered and unregistered patients. Additionally, evidence has shown that oral health was better among non-White groups and therefore ethnic minority groups may be less impacted by the increased costs given that they will require less treatment. However, unemployment and

poverty rates are higher for ethnic minorities and therefore they will be affected by the increased costs to a greater extent compared to white people when treatment is required.

Religion or Belief – As Muslims are the most likely religion to be in poverty, live in deprived areas and also have the lowest employment rate, they may be impacted by a greater extent to the increased costs compared to other religions.

Pregnancy and Maternity – Patients who are pregnant or have given birth in the last 12 months will continue to receive free NHS dental treatment. There will no longer be a prior approval requirement for this group to receive composite fillings and therefore patients in this group will receive this type of treatment sooner than they are currently able to.

Socio-Economic Status - People from deprived areas are more likely to have decayed teeth, poor oral hygiene and higher levels of periodontal disease and are therefore more likely to require dental treatment compared to those living in less deprived areas. Therefore patients in this category will be affected by the increased costs to a greater extent. Furthermore, patients living in the lowest SIMD areas are more likely to have no (or less) natural teeth compared with people living in the least deprived areas, and will therefore be impacted by the increased cost of laboratory based items (such as dentures) to a greater extent.

Extent/Level of EQIA required

Whilst the new policy will help to improve oral health, the increased cost of dental treatment will be experienced by all patients who pay for their dental treatment during a cost of living crisis. This may affect patients with protected characteristics to a greater extent compared to the general population.

Given the concerns around the increased costs, evidence was gathered from Public Health Scotland colleagues to gain a greater understanding on the impact of patients in lower socio-economic groups.

Therefore we have included a comprehensive review of the impact on the protected characteristics as described below.

Stage 2: Data and evidence gathering, involvement and consultation

Include here the results of your evidence gathering (including framing exercise), including qualitative and quantitative data and the source of that information, whether national statistics, surveys or consultations with relevant equality groups.

Characteristic[3]	Evidence gathered and Strength/quality of evidence	Source	Data gaps identified and action taken
Age	**Older age groups** – People in older age groups are most likely to have no natural teeth: • 22% for 75+ • 10% for 65-74 years • compared to average of 4% across all age groups; or fewer than 10 natural teeth: • 12% for 75+ • 6% for 65-74 years • compared to average of 3% across all age groups. **All age groups** – Between 10% and 26% of people feel 'a bit' or 'very' nervous about attending the dentist.	Scottish Health Survey (shinyapps.io)	N/A
Disability	**People with Learning Disabilities** - Evidence shows that people with learning disabilities often have: • higher levels of gum disease • greater gingival inflammation • higher numbers of missing teeth • increased rates of toothlessness • higher plaque levels	Oral care and people with learning disabilities - GOV.UK (www.gov.uk)	N/A

[3] Refer to Definitions of Protected Characteristics document for information on the characteristics

	• greater unmet oral health needs • poor access to dental services and less preventive dentistry **People with physical disabilities** – Some physical disabilities may result in people having difficulty accessing dental care due to problems getting to the surgery. People may also have issues with dexterity resulting in poorer oral health. **People with mental health conditions** – Evidence suggests that 1 in 4 people in Scotland are affected by a mental health problems each year. Individuals with mental health disorders, such as depression, anxiety or dental phobias, are at higher risk of developing poor oral health. This can be attributed to reduced effort to maintain/improve oral hygiene, or inability to attend their dentist regularly, which can lead to issues such as periodontal disease or, due to required medication, antidepressant induced xerostomia.	Oral health and physical disabilities - Oral Health Foundation (dentalhealth.org)	
Sex	Evidence suggests that men are more likely than women to ignore their oral health, have poorer oral hygiene habits and higher rates of periodontal disease, oral cancer and dental trauma. Men also tend to visit the dentist less frequently and are more likely to do so for acute problems.	Men and Oral Health: A Review of Sex and Gender Differences - PubMed (nih.gov)	N/A

	Women are less likely to be in full-time employment than men, therefore could have more financial concerns regarding dental charges.		
Pregnancy and Maternity	During pregnancy hormonal changes may result in a person's body reacting differently to bacteria on the teeth which can lead to gum disease and periodontitis. During pregnancy, and whilst breastfeeding, amalgam fillings are not recommended.	Oral health and pregnancy: six things every mum needs to know | Oral Health Foundation (dentalhealth.org)	N/A
Gender Reassignment	We are not aware of any research that suggests gender reassignment specifically impacts oral health. People undergoing gender reassignment will continue to be able to access NHS dental services in the same way as the general population.		N/A
Sexual Orientation	Evidence suggests that clinical measures of oral health do not differ according to sexual orientation. However, self-reported rating of oral health did show some differences dependent on sexual orientation.	Sexual orientation-related oral health disparities in the United States - Schwartz - 2019 - Journal of Public Health Dentistry - Wiley Online Library	N/A
Race	Research has shown that with the presence of more teeth and fewer dental extractions, oral health was better among non-White groups, despite lower use of dental services. The differences could be partially explained by	Ethnic differences in oral health and use of dental services: cross-sectional study using the 2009 Adult Dental Health Survey | BMC Oral Health | Full Text (biomedcentral.com)	N/A

	reported differences in dietary sugar.		
Religion or Belief	We are not aware of any research which suggests that religion has an impact on oral health.		N/A
Marriage and Civil Partnership (the Scottish Government does not require assessment against this protected characteristic unless the policy or practice relates to work, for example HR policies and practices - refer to Definitions of Protected Characteristics document for details)	N/A – policy does not relate to work related practices such as HR policies.		N/A
Socio-Economic Status	Evidence shows that people from deprived areas are more likely to have decayed teeth, poor oral hygiene and higher levels of periodontal disease. Furthermore, patients in the most deprived areas are less likely to participate in dental treatment compared to those in the least deprived areas. They are also less likely to have received restorations. People living in the lowest SIMD areas are more likely to have no (or less) natural teeth compared with people living in the least deprived areas.	Scottish Adult Oral Health Survey 2016-2018 (scottishdental.org) Dental statistics - NHS registration and participation 24 January 2023 - Dental statistics - registration and participation - Publications - Public Health Scotland Scottish Adult Oral Health Survey 2016-2018 (scottishdental.org)	N/A

Stage 3: Assessing the impacts and identifying opportunities to promote equality

Having considered the data and evidence you have gathered, this section requires you to consider the potential impacts – negative and positive – that your policy might have on each of the protected characteristics. It is important to remember the duty is also a positive one – that we must explore whether the policy offers the opportunity to promote equality and/or foster good relations.

Do you think that the policy impacts on people because of their age?

Age	Positive	Negative	None	Reasons for your decision
Eliminating unlawful discrimination, harassment and victimisation			X	This policy has no impact on discrimination, harassment and victimisation with regard to age.
Advancing equality of opportunity	X			To the extent that older people have a greater treatment need, sustaining access to NHS dental services will have a disproportionate benefit on this group. To the extent that older people are more likely to require laboratory based treatments (such as dentures) they will be impacted by the increased costs of laboratory based treatments. The access challenge is also more prevalent in remote and rural areas which have a greater proportion of people in older age groups. Given that the objective of payment reform is to encourage the dental sector to provide NHS services, improving access could have a disproportionately beneficial impact on those patients such as elderly patients currently most impacted by the access challenges.

				Our overall view is that the net effect is positive on this group of patients.
Promoting good relations among and between different age groups	X			There will no longer be a distinction between the treatment items available to children and adults, and therefore children will now be able to benefit from the full range of treatment items that are also available to adults. As we are moving regular care and treatment for child patients to fee-per-item we believe that payment reform will incentivise greater oral health care of children in practice.

Do you think that the policy impacts disabled people?

Disability	**Positive**	**Negative**	**None**	**Reasons for your decision**
Eliminating unlawful discrimination, harassment and victimisation			X	This policy has no impact on discrimination, harassment and victimisation with regard to disability.
Advancing equality of opportunity	X			Individuals with disabilities are at higher risk of developing poor oral health and are therefore more likely to require more dental treatment. To the extent that payment reform sustains and improves access to NHS dental services, payment reform will have a disproportionate benefit on those patients who are disabled and require more dental treatment. It is recognised that some disabled patients may be impacted by the higher costs of NHS care. Our view is that the disproportionate benefits with the higher treatment needs of sustaining access to NHS dental services outweighs

				higher treatment costs of NHS care.
Promoting good relations among and between disabled and non-disabled people			X	This policy has no impact on promoting good relations among and between disabled and non-disabled people.

Do you think that the policy impacts on men and women in different ways?

Sex	**Positive**	**Negative**	**None**	**Reasons for your decision**
Eliminating unlawful discrimination			X	This policy has no impact on discrimination, harassment and victimisation with regard to sex.
Advancing equality of opportunity	X			Men are more likely to require dental treatment given that they are more likely than women to ignore their oral health, have poorer oral hygiene habits and higher rates of periodontal disease, oral cancer and dental trauma. Women may be impacted by the increased costs to a greater extent given that they are less likely to be in full-time employment. Given that the objective of payment reform is to sustain NHS dental services, then those with greater treatment need are likely to benefit disproportionately. Although the additional costs of NHS dentistry may impact on women more because they are less likely to be in full-time work, sustaining NHS dental access reduces the risk that this group would be faced with the much higher costs of NHS dentistry. Our view is that the overall effect is positive.

Promoting good relations between men and women			X	This policy has no impact on promoting good relations between men and women.

Do you think that the policy impacts on women because of pregnancy and maternity?

Pregnancy and Maternity	Positive	Negative	None	Reasons for your decision
Eliminating unlawful discrimination			X	This policy has no impact on discrimination, harassment and victimisation in relation to pregnancy and maternity.
Advancing equality of opportunity	X			Dentists will be given greater clinical freedom and there will no longer be a requirement for prior approval to receive composite fillings for women who are pregnant or breastfeeding and therefore patients in this group will receive this type of treatment sooner than they are currently able to.
Promoting good relations			X	This policy has no impact on promoting good relations in relation to pregnancy or maternity.

Do you think your policy impacts on people proposing to undergo, undergoing, or who have undergone a process for the purpose of reassigning their sex? (NB: the Equality Act 2010 uses the term 'transsexual people' but 'trans people' is more commonly used)

Gender reassignment	Positive	Negative	None	Reasons for your decision
Eliminating unlawful discrimination			X	This policy has no impact on discrimination, harassment and victimisation in relation to people who are undergoing gender reassignment.
Advancing equality of opportunity			X	This policy has no impact on advancing equality of opportunity in relation to people who are undergoing gender reassignment.
Promoting good relations			X	This policy has no impact on promoting good relations in relation to people who are undergoing gender reassignment.

Do you think that the policy impacts on people because of their sexual orientation?

Sexual orientation	Positive	Negative	None	Reasons for your decision
Eliminating unlawful discrimination			X	This policy has no impact on discrimination, harassment and victimisation in relation to sexual orientation.
Advancing equality of opportunity	X			LGB+ people are more likely to live in deprived areas and have a higher rate of poverty compared to straight/heterosexual people, and therefore they may be more affected by the increased cost of dental treatment. However, the main objective of payment reform is to sustain access to NHS dental services. To the extent that reduced access to NHS dental services has a disproportionate effect on LGB+ patients and recourse to private dentistry, then payment reform in preserving NHS services has a disproportionate benefit for these patients. Our view is improving access for this group outweighs the additional cost of NHS dental care.
Promoting good relations			X	This policy has no impact on promoting good relations between people of different sexual orientations.

Do you think the policy impacts on people on the grounds of their race?

Race	Positive	Negative	None	Reasons for your decision
Eliminating unlawful discrimination			X	This policy has no impact on discrimination, harassment and victimisation in relation to race.
Advancing equality of opportunity	X			It is anticipated that the new system will improve access to dental services and therefore refugees may be able to

				access dental services quicker than they are currently able to do so. In additional to this, Gypsy/Traveller patients, who may not be registered at a dental practice, will now have access to the full range of treatment items that are available to registered patients. Furthermore, the simplified system will be easier to understand for patients who have difficulties speaking English and require the use of a translator. Increased NHS dental costs may have a disadvantageous impact on ethnic minority groups, but sustaining access to NHS dental services outweighs this impact by preserving this group from paying for private treatment.
Promoting good race relations			X	This policy has no impact on promoting good relations in relation to race.

Do you think the policy impacts on people because of their religion or belief?

Religion or belief	Positive	Negative	None	Reasons for your decision
Eliminating unlawful discrimination			X	This policy has no impact on discrimination, harassment and victimisation in relation to religion or belief.
Advancing equality of opportunity	X			Muslims may be more likely to be affected by higher NHS treatment costs. However, preserving access to NHS dental services preserves this group from the costs of private dental care.
Promoting good relations			X	This policy has no impact on promoting good relations between people of different religions and beliefs.

Do you think the policy impacts on people because of their socio-economic status?

Socio-economic status	Positive	Negative	None	Reasons for your decision
Eliminating unlawful discrimination			X	This policy has no impact on discrimination, harassment and victimisation in relation to socio-economic status.
Advancing equality of opportunity	X			To the extent that people in lower SIMD areas have a greater treatment need, sustaining access to NHS dental services will have a disproportionate benefit on this group. Being more likely to have decayed teeth, poor oral hygiene and higher levels of periodontal disease, people from lower SIMD areas are more likely to require dental treatment. People living in the lowest SIMD areas are more likely to have no (or less) natural teeth compared with people living in the least deprived areas. To the extent that people from lower SIMD areas require additional dental treatment they will be impacted by higher NHS costs. Our overall view is that the net effect is positive on this group of patients. The main objective of payment reform is to sustain access to NHS dental services. To the extent that reduced access to NHS dental services has a disproportionate effect on patients in the most deprived areas and recourse to private dentistry, then payment reform in preserving NHS services has a

				disproportionate benefit for these patients.
Promoting good relations			X	This policy has no impact on promoting good relations between people of different SIMD areas.

Do you think the policy impacts on people because of their marriage or civil partnership?

Marriage and Civil Partnership[4]	**Positive**	**Negative**	**None**	**Reasons for your decision**
Eliminating unlawful discrimination				N/A – policy does not relate to work related practices such as HR policies.

[4] In respect of this protected characteristic, a body subject to the Public Sector Equality Duty (which includes Scottish Government) only needs to comply with the first need of the duty (to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010) and only in relation to work. This is because the parts of the Act covering services and public functions, premises, education etc. do not apply to that protected characteristic. Equality impact assessment within the Scottish Government does not require assessment against the protected characteristic of Marriage and Civil Partnership unless the policy or practice relates to work, for example HR policies and practices.

Stage 4: Decision making and monitoring

Identifying and establishing any required mitigating action

Have positive or negative impacts been identified for any of the equality groups?	Yes
Is the policy directly or indirectly discriminatory under the Equality Act 2010[5]?	No
If the policy is indirectly discriminatory, how is it justified under the relevant legislation?	N/A
If not justified, what mitigating action will be undertaken?	N/A

Describing how Equality Impact analysis has shaped the policy making process

Without intervention, in terms of payment reform and our improved fee offer, it is the Government's view that access to NHS dental services will deteriorate significantly. The EQIA shows that there is a high risk that this negative impact is experienced disproportionately by those groups in the population with protected characteristics.

The EQIA therefore demonstrates that a payment reform intervention is a necessary policy change that potentially will have a disproportionately positive impact on some patients with a protected characteristic.

Monitoring and Review

It is the intention that payment reform from 1 November 2023 will be supported by quarterly publications from Public Health Scotland. This will cover a range of data including activity levels across key treatment groups, registration and participation statistics and financial information on NHS dental expenditure.

The intention is also to have monthly updates for Ministers of management information, specifically how the payment reform changes are impacting on NHS dental service provision.

[5] See EQIA – Setting the Scene for further information on the legislation.

We will continue to rest on the National Dental Inspection Programme statistics that report on an annual assessment of the state of oral health in Primary 1 and Primary 7 school children.

We are also looking at how we might be able to report on adult oral health (at present there is not an adult oral health survey).

At present officials are looking at appropriate review mechanisms.

Stage 5 - Authorisation of EQIA

Please confirm that:

- ♦ This Equality Impact Assessment has informed the development of this policy:

  Yes ☒ No ☐

- ♦ Opportunities to promote equality in respect of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation have been considered, i.e.:

  - ○ Eliminating unlawful discrimination, harassment, victimisation;
  - ○ Removing or minimising any barriers and/or disadvantages;
  - ○ Taking steps which assist with promoting equality and meeting people's different needs;
  - ○ Encouraging participation (e.g. in public life)
  - ○ Fostering good relations, tackling prejudice and promoting understanding.

  Yes ☒ No ☐

- ♦ If the Marriage and Civil Partnership protected characteristic applies to this policy, the Equality Impact Assessment has also assessed against the duty to eliminate unlawful discrimination, harassment and victimisation in respect of this protected characteristic:

  Yes ☐ No ☐ Not applicable ☒

Declaration

I am satisfied with the equality impact assessment that has been undertaken for NHS Dental Payment Reform and give my authorisation for the results of this assessment to be published on the Scottish Government's website.

Name: Tom Ferris
Position: Deputy Director for Dentistry, Optometry and Audiology
Authorisation date: 23 October 2023

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Any enquiries regarding this publication should be sent to us at

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