

Equality Impact Assessment Tool

This Tool has been developed to ensure that equalities, human rights, economic, social factors and the Armed Forces Covenant Duty are being considered ahead of the implementation of any new or revised policies, provisions, criteria, functions, practices and activities, including the delivery of services. Please note for the purpose of this document these will be grouped together and simply referred to as 'activity'.

General Information			
Name of activity	Primary – Secondary Care Interface Policy		
Lead person and job title	Dr Fergus Donachie, Primary Secondary Care Interface and Pathways Lead		
Contact Information (<i>telephone and/or email</i>)	[REDACTED]	Date of this assessment	October 2025
Names and roles of those involved in the impact assessment process	Dr Fergus Donachie – Lead author Dr Gwyneth Jones – Primary – Secondary Care Interface Lead		
Describe the activity in no more than 200 words	<p>This policy defines mandatory standards for safe, consistent communication and transfer of clinical responsibility across the primary–secondary care interface within NHS Dumfries & Galloway.</p> <p>It clarifies who is responsible for tests, results, prescribing, referrals and discharge communication; strengthens shared-care arrangements; and embeds patient-centred communication standards (plain-English letters, clear responsibility for results, defined escalation).</p> <p>The aim is to improve patient safety, reduce avoidable workload, enhance professional collaboration and ensure patients are fully informed about their care.</p>		
How will people be affected by this activity?	<p>Patients, carers and clinicians will benefit from clearer information, faster communication and fewer missed results.</p> <p>Positive impacts include improved equity for people with limited literacy or language barriers through use of plain-language patient letters.</p> <p>No negative effects are anticipated; responsibilities are being clarified rather than transferred.</p>		
Who has been involved in the development of this activity and in what capacity?	<p>The policy has been developed by the Interface group in consultation with:</p> <ul style="list-style-type: none"> • Medical Staff Committee • GP Subcommittee • Area Medical Committee • Area Partnership Forum • Area Drugs and Therapeutics Committee • Board Management Team 		
Please include any evidence or relevant information that has influenced the overall decision being considered within this impact assessment	<ul style="list-style-type: none"> • 2024 NHS D&G Interface Communication Survey • GMC Good Medical Practice (2024) - https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice • RCGP Interface Guidance (2024) - https://www.rcgp.org.uk/getmedia/dbbcac28-b1c9-455a-b2b8-d6f0cd815258/Primary-secondary-care-interface-guidance.pdf • NHS England Getting it Right First Time Interface Guides (2025)- https://gettingitrightfirsttime.co.uk/new-guides- 		

	<p>support-the-interface-between-primary-and-secondary-care/</p> <ul style="list-style-type: none"> • NHS England Interface Standards (2017) https://www.england.nhs.uk/wp-content/uploads/2017/07/interface-between-primary-secondary-care.pdf • Local Datix reports, patient-experience feedback and clinician feedback
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Impact Assessment Questions

Please complete the table below and outline within the comments sections:

1. any evidence, relevant information or involvement that has influenced the decision on impact (this may also include demographic profiles, audits, research, health needs assessment, work based on national guidance, findings from engagement and consultation). Prompts are available on **page 6** to support discussion around potential impacts.
2. Mitigating measures that will be taken to ensure that no impact is negative

When assessing the impact on each protected characteristic, you should consider the following aims of the Public Sector Equality Duty:

- Does the proposed activity impact on the **elimination of discrimination**?
- Does the proposed activity contribute towards **advancing equality of opportunity** by removing or minimising disadvantages, meeting the needs of particular groups and encouraging participation in a particular activity?
- Does the proposed activity **foster good relations** between different groups?

Protected Characteristics/Impact Areas	Are there any positive impacts? Yes/No	Are there any negative impacts? Yes/No	Rationale for decision and further comments <i>Use prompts from page 6 onwards to expand on what the potential positive and negative impacts might be.</i> <i>Use space to include any specific evidence or data relating to the protected characteristic/ impact group that has been noted or gathered. You may find further information on the Equality and Diversity Folders on Beacon</i>	What measures will be put into place to mitigate any negative impacts? <i>Please note any measures that will be put in place to mitigate negative impacts</i>
Age <ul style="list-style-type: none"> • Early years, children and young people, including care experienced young people • Working aged people • Older People 	Yes	No	Improved continuity of care for all ages	No negative impacts anticipated
Disability <i>(This includes physical disability, learning disability, sensory impairment, long term medical conditions and mental health conditions)</i>	Yes	No	Providing plain-English communication direct to patients will benefit patients with learning disability or long term conditions, allowing them to be more in control of their condition.	No negative impacts anticipated
Sex/Gender	Yes	No	There is no benefit specific to this group but the benefits shared by all groups in clearer communication and better coordination of care.	No negative impacts
Gender reassignment and Transgender	Yes	No	There is no benefit specific to this group but the benefits shared by all groups in	No negative impacts

			clearer communication and better coordination of care.	
Marriage and Civil Partnership	Yes	No	There is no benefit specific to this group but the benefits shared by all groups in clearer communication and better coordination of care.	No negative impacts anticipated
Pregnancy and Maternity	Yes	No	There is no benefit specific to this group but the benefits shared by all groups in clearer communication and better coordination of care.	No negative impacts anticipated
Race (<i>includes Gypsy/Travellers and those whose first language is not English</i>)	Yes	No	Benefit of receiving plain English communication will benefit those whose first language is not English.	No negative impacts anticipated
Religion or belief	Yes	No	There is no benefit specific to this group but the benefits shared by all groups in clearer communication and better coordination of care.	No negative impacts anticipated
Sexual orientation	Yes	No	There is no benefit specific to this group but the benefits shared by all groups in clearer communication and better coordination of care.	No negative impacts anticipated
Human Rights	Yes	No	Promotes rights to information about your treatment	No negative impacts anticipated
Carers	Yes	No	Clearer communication assists carers in manging follow-up on behalf of patients	No negative impacts anticipated
Staff: <ul style="list-style-type: none"> • Full time • Part time • Shift workers 	Yes	No	Reduces unnecessary workload. Supports fairness	No negative impacts anticipated

<ul style="list-style-type: none"> • Staff with protected characteristics • Staff vulnerable to falling into poverty 				
Poverty ‘at risk’ groups <ul style="list-style-type: none"> • Unemployed people • People on benefits • Pensioners • Care Experienced people • Those living in the most deprived communities • Remote rurality 	Yes	No	The ‘inverse care law’ is well recognised and where communication and followup is unclear those who are more vulnerable are more likely to be the ones who are unable to navigate the system. This policy aims to improve this.	No negative impacts anticipated
People with low literacy/numeracy, poorer skills and/or attainment	Yes	No	Benefit of receiving plain English communication will benefit those who have poor literacy skills. Receiving written information means they can get assistance in understanding from a trusted carer.	No negative impacts anticipated
Those involved in the criminal justice system and their families	Yes	No	There is no benefit specific to this group but the benefits shared by all groups in clearer communication and better coordination of care.	No negative impacts anticipated
Homelessness	Yes	No	Receiving written communication will assist them in seeking help when they move to a different area.	No negative impacts anticipated
People who are displaced incl. refugees & asylum seekers	Yes	No	Receiving written communication will assist them in seeking help when they move to a different area. Having written communication will allow them to have information that they can get translated.	No negative impacts anticipated

Economic & Social Sustainability	Yes	No	Increased efficiency due to clearer definition of responsibilities may release capacity.	No negative impacts anticipated
Environmental	No	Yes	There may be an increase in letters to patients for departments who currently only send digital letter to the GP and no communication to patients	'Digital front door'/NHS Scotland app will facilitate digital communication with patients in future.
Armed Forces Personnel and Veterans	Yes	No	There is no benefit specific to this group but the benefits shared by all groups in clearer communication and better coordination of care.	No negative impacts anticipated

Does this activity require consideration of the <u>Fairer Scotland Duty</u>? If yes, please outline the steps taken to meet the needs of the duty.	The policy is stating existing good practice. The policy's effect on socio-economic outcomes is neutral-to-positive (better communication reduces duplication, travel and stress for disadvantaged groups). A separate Fairer Scotland assessment is not required .	
Please indicate how are you ensuring the information about the activity and around the proposed changes is accessible in terms of communication in the following formats, where relevant:	Easy Read	Easy-read version available on request
	British Sign Language	
	Alternative Languages	Translated version available on request
	Large Print	
	Other (please specify)	Digital version held on DGRefHelp along with working guidance document

Summary Sheet

Name of Activity	Primary Secondary Care Interface Policy (2025)
Date of Impact Assessment	October 2025
Key Lead Contact	Dr Fergus Donachie – [REDACTED]

Please summarise any identified negative impacts and associated mitigations/actions:

Negative Impact	Mitigation/Action	Responsibility/ Timescale
Environmental – increase in paper use for patient letters	Programme for digital communication with patients will reduce need for paper letters.	Dependent on National Digital Programme. 2 years

Monitoring

How will you monitor the ongoing impact of the activity on all population groups?	<ul style="list-style-type: none"> • Annual audit of discharge and clinic letters • Quarterly audit of advice-response times • Patient experience survey results • Policy review October 2027
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Next Steps in the Impact Assessment Process

When complete, the lead person should send a copy of the full Impact Assessment Tool to the Equality and Diversity Lead by emailing it to [REDACTED]

The impact assessment will then be published on the NHS Dumfries and Galloway public website at www.nhsdg.co.uk.

Please take 5 minutes to share your experience of completing this Impact Assessment by completing [this short survey](#)

Please note that this is a legal document stating that you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission.

