

Equality Impact Assessment Summary

Name of Author: Clinical Risk Manager

Policy/Service: Patient Consent Policy

Background

- Description of the aims of the policy
- Context in which the policy operates
- Who was involved in the Equality Impact Assessment

The consent policy is a model document, which was written by the Department of Health back in 2002. The text of the policy essentially should not be changed other than where the DOH advises you insert local information from your organisation.

The aim of the policy is to provide consistency across the Health Economy with regards to good practice in consent and its implementation. It gives guidance to staff that take consent for examination or treatment.

The policy went out for consultation to the Governance Managers, Clinical Governance Medical Leads, Head of Customer Affairs, Head of Quality and the members of the Clinical Risk Group where there is a patient representative the Governance Forum, Chief Nurse & Medical Director.

Methodology

- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used
- The consultation that was carried out (who, why and how?)

The consultation group did consider equality issues in that it took account of the relevant resources and processes available in practice at the Trust, such as the:

Guidelines for using interpreting Services for Non- English Speaking Patients & Those with Communication Impairment.

Policy for the provision of patient information

Photographing patients Guidance to Staff

Advance Decisions to Refuse Treatment Guidance for Staff

Assessing a patient's Mental capacity to Make Decisions

<http://dc.eidohealthcare.com/index.php?function=library> EIDO patient information leaflets

The Trust provides information in different media, as appropriate, to support people with sight or hearing disabilities, learning difficulties or low literacy skills, for whom existing resources may be unsuitable.

The consent forms gives patients the options to opt out of any treatment they do not want to receive for example blood transfusions.

The consultation was carried out by e-mail correspondence with the above named professionals and the policy was discussed at the Governance Forum.

Key Findings

- Describe the results of the assessment
- Identify if there is adverse or a potentially adverse impacts for any equalities groups

There was a query whether we can supply consent forms in different languages. They are available from the Department of Health Website. There is a patient information leaflet on the consent form which gives details on a range of different languages the consent form can be produced in.

Conclusion

- Provide a summary of the overall conclusions

The overall conclusion is that this policy will not directly impact on any particular group. However staff should be aware of the resources the Trust has to help with language barriers and disabilities such as hearing, sight or learning difficulties.

Recommendations

- State recommended changes to the proposed policy as a result of the impact assessment
- Where it has not been possible to amend the policy, provide the detail of any actions that have been identified
- Describe the plans for reviewing the assessment

There have been no changes to the policy following the consultation period. A further impact assessment will be undertaken when the policy is reviewed.

Actions to be taken will be to ensure the use of interpreters is well publicised on the intranet and that patients have access to patient information leaflets.

Guidance on Equalities Groups

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| <p>Race and Ethnic origin (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)</p> | <p>Religion or belief (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)</p> |
| <p>Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)</p> | <p>Sexual orientation including lesbian, gay and bisexual people (consider whether the policy/service promotes a culture of openness and takes account of individual needs)</p> |
| <p>Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)</p> | <p>Age (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)</p> |
| <p>Culture (consider dietary requirements, family relationships and individual care needs)</p> | <p>Social class (consider ability to access services and information, for example, is information provided in plain English?)</p> |