

## APPENDIX EIGHT – EQUALITY IMPACT ASSESSMENT

### Policy/Service: NURSE-LED DIAGNOSTIC BIOPSIES

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#### Background

- Description of the aims of the policy
- Context in which the policy operates
- Who carried out the assessment

The aim of the policy is to provide a framework in which Dermatology Specialist Nurses can autonomously perform diagnostic biopsies. This will be a nurse-led service operational in Outpatients. It is at the present time only available on the St Peter's Hospital site. Assessment was carried out by Lucy Daffarn Dermatology Specialist Nurse.

#### 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 policy will not affect patients to a great extent. However, exclusion criteria have been put in place excluding patients aged less than 18 years, and patients that are not able to consent for themselves.

All policies are able to be translated into a different language if needed. At present, the staff members (i.e. Consultant Dermatologists and Dermatology Specialist Nurses) who need to read this policy are all fluent in English.

From examining the recent Patient Experience Survey (patients sampled from March-July 2009) there were no complaints from patients about the current system being discriminatory in any way.

#### Key Findings

- Describe the results of the assessment
- Identify if there is an adverse or a potentially adverse impact for any group

Patients that are excluded from this policy will be able to have their diagnostic biopsy taken by a Consultant Dermatologist. Patients at Ashford Hospital will continue with the existing service, or they can be given the choice to travel to St Peter's Hospital for a nurse-led diagnostic biopsy. This exclusion will not affect their clinical management. There is no potential adverse impact on any minority group patients or employees in relation to age, gender, religion or belief, race, ethnicity, disability or sexual orientation.

Information about the service will be able to be produced in different formats, for example the pre-operative and post-operative information can be translated into another language.

#### Conclusion

- Provide a summary of the overall conclusions

At present, there is no inequality in the implementation of this policy.
<p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>• State recommended changes to the proposed policy as a result of the impact assessment</li> <li>• Where it has not been possible to amend the policy, provide the detail of any actions that have been identified</li> <li>• Describe the plans for reviewing the assessment</li> </ul>
<p>No changes are necessary as a result of the impact assessment. The equality assessment will be revisited in three years' time when the complete policy is reviewed. This may occur earlier if inequalities become apparent or the policy is altered in line with changing clinical practice.</p>

### Guidance on Equalities Groups

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