

Appendix 8

Equality Impact Assessment Summary

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Policy/Service : Patient Falls Policy

Background

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

This policy details the identification, assessment and care planning of patients who are at risk of falls or have fallen. This policy applies to all adults areas and is intended to be used by all clinical staff.

This equality assessment has been completed by Dr Keefai Yeong, Consultant Geriatrician and Chair of the Falls Group.

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 elderly are more prone to falls. This policy has a strong focus on the management of falls in the elderly. It addresses all the relevant issues including communication, assessment of hearing, vision and cognition. The recommendation for treatment of osteoporosis is guided by age and is in line with current guidance from NICE. Older females aged over 75 are more at risk of osteoporosis and in this context, a DEXA scan is not deemed to be essential in initiating treatment following a fragility fracture. The policy does not impact on race and ethnic origin, disability, gender, culture, religion or belief and sexual orientation.

The consultation was carried out in conjunction with the Falls Group and the Clinical Risk Manager.

Key Findings

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

- 1) The policy focuses on mainly on the management of falls in the elderly but as this is by far the commonest group in which falls occur, it is not seen as a negative impact.
- 2) The age criteria for secondary prevention of osteoporosis is in line with current national guidance

Conclusion

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<ul style="list-style-type: none"> • Provide a summary of the overall conclusions
<p>The impact assessment did not reveal any adverse impacts apart from the above.</p>
<p>Recommendations</p> <ul style="list-style-type: none"> • 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
<ol style="list-style-type: none"> 1) No recommended changes were proposed as a result of the assessment 2) This will be reviewed again next year at the time the policy is reviewed again.

Guidance on Equalities Groups

<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>