

2.5 Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

<i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i>	<i>What do you intend to do in future to address the equality issues you identified?</i>
<p>Age: Specific aims included in IEAP are to “allow patients to maximise their right to patient choice in the care and treatment that they need” and “increase the number of patients with a booked outpatient or in-patient / day case appointment”</p> <p>IEAP promotes partial booking (the process whereby a patient has an opportunity to agree the date and time of their appointment that is convenient for them with the Trust) and virtual appointments (where the patient is contacted remotely, e.g. by telephone, and is not required to physically attend a clinic).</p> <p>The protocol has safeguards built in throughout, e.g. in situations where patient cannot accept a “reasonable offer” or DNA’s CAN’s an appointment with due to unforeseen or exceptional circumstances.</p> <p>IEAP highlights the Trusts responsibility to ensure that children and adults at risk who DNA or CNA their elective appointment are followed up by the most appropriate healthcare professional and a clear link to the referring clinician established.</p> <p>Religion: HSC venues are considered neutral and accessible and not a</p>	<p>The continued promotion of partial booking and direct access processes will result in an improvement in the quality of the services provided. The requirement to monitor and report on the services performance against IEAP will highlights areas of good practice and areas for improvement which hold the service to account and result in an improvement in the quality of the services provided</p> <p>This protocol will be reviewed regularly to ensure that Trusts’ policies and procedures remain up to date and that the guidance is consistent with good practice and changes in clinical practice, locally and nationally.</p>

barrier to patients attending due to religion.

The IEAP applies to all elective care pathways across five Trusts which provides for patient choice.

Political: HSC venues are considered neutral and/or accessible and not a barrier to patients attending due to political opinion.

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Dependent Status: The IEAP recognises that additional steps may be required for in booking processes for children, adults at risk, those with physical/learning difficulties. An underpinning principle is that patients who are considered at risk for whatever reason have their needs identified and prioritised at the point of referral and appropriate arrangements made and that Trusts must have mechanisms in place to identify such cases.

The IEAP promotes flexibility of appointments and communication to suit the individual needs and preferences of the patient/carer who may have dependents. This includes allowing proxies to act on behalf of patients in expressing their choices e.g. of appointments through partial booking or virtual appointments,

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appointment with due to unforeseen or exceptional circumstances.

An underpinning principle of IEAP is that “Trusts have a responsibility to ensure that children and adults at risk who DNA or CNA their outpatient, inpatient, diagnostic or AHP appointment are followed up by the most appropriate healthcare professional and a clear link to the referring clinician established”.

Disability: The IEAP recognises that additional steps may be required for in booking processes for children, adults at risk, those with physical/learning difficulties. An underpinning principle is that patients who are considered at risk for whatever reason have their needs identified and prioritised at the point of referral and appropriate arrangements made and that Trusts must have mechanisms in place to identify such cases.

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Ethnicity: HSC venues are considered neutral and/or accessible and not a barrier to patients attending due to ethnicity.

The IEAP recognises that additional steps may be required for in booking processes for those who require assistance with language and that their needs identified and prioritised at the point of referral and appropriate arrangements made and that Trusts must have mechanisms in place to identify such cases.

An underpinning principle of IEAP is that “Trusts must ensure that the needs of ethnic groups and people with special requirements should be considered at all stages of the patient’s pathway”

The needs of minority ethnic groups/individuals is given due consideration in the elective pathway, particularly ensuring that any language barriers are overcome to insure inclusion.

HSC staff training includes Equality

awareness training in order to raise awareness of the specific issues faced by minority ethnic groups accessing healthcare.

Sexual Orientation: HSC venues are considered neutral and/or accessible and not a barrier to patients attending due to sexual orientation.

The IEAP applies to all elective care pathways across five Trusts which provides for patient choice.

HSC staff training includes Equality awareness training in order to raise awareness of the specific issues faced by LGB individuals accessing healthcare.