Equality Impact Assessment Tool for Frontline Patient Services

Equality Impact Assessment is a legal requirement and may be used as evidence for cases referred for further investigation for legislative compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

1. Name of Current Service/Service Development/Service Redesign:

Peritoneal Dialysis Unit QEUH Glasgow

This is a : Current Service

2. Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally determined).

A. What does the service do?
Not previously reviewed under EQIA and to ensure equitable service provision We provide out-patient and inpatient care of the adult patient on Peritoneal Dialysis (PD) and those with CKD (Chronic Kidney Disease). Outpatient clinics held in the QEUH Glasgow and Forth Valley Royal Hospital Larbert. Population of 1.2 million in GG&C and 300,000 in Forth Valley Dialysis provided in the QEUH, The Golden Jubilee, Gartnavel Hospital Glasgow and Forth Valley Royal Hospital in Larbert. Peritoneal dialysis is a life prolonging treatment for people who have end stage renal disease. Peritoneal dialysis removes waste products and fluid, which build up in the body when kidneys are no longer able to function adequately. There are 2 modalities of PD – Continuous peritoneal dialysis (CAPD) - Manual exchanges carried out during the day. Automated Peritoneal Dialysis (APD) 8 – 12 hour overnight dialysis done by a dialysis machine. Dialysis is daily. Some patients may do less dialysis if they retain some kidney function. The PD unit is located within The Dialysis Centre in The Queen Elizabeth University Hospital. Out-patient hours 07.30hrs – 16.00hrs Monday to Friday with 3 clinical rooms for training / review of patients. Key Care areas of care are:- • Teaching patients/families/carers to carry out PD procedures in hospital and at home • Assess/Plan/Implement and Evaluate Care of the patient with CKD and those on PD dealing with PD complications as they arise Promote patient independence and dignity to improve quality of life while respecting cultural differences. • Continuing patient assessment to maintain stability, identify potential issues and manage problems as they occur • Ongoing nutritional assessment • Communication with Primary Care team to support all patients. • Domiciliary visits • Support the grieving process of patients commencing dialysis The multi-disciplinary team in this unit consists of nurses, doctor and pharmacist.
B. Why was this service selected for EQIA? Where does it link to Development Plan priorities? (if no link, please provide evidence of proportionality, relevance, potential legal risk etc.)
Part of overall renal service not previously reviewed under EQIA. The service is used by a diverse spectrum of communities and this presents an opportunity to review current service provision for all patients

3. Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name:	**Date of Lead Reviewer Training:**
Isabella Anthony	08/02/2018

4. Please list the staff involved in carrying out this EQIA (Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Isabella Anthony (Senior Charge Nurse); Gus McKillop (Lead Nurse); Joan MacLeod (Charge Nurse); Sarah Ann Gilmour (Charge Nurse); campbell, Lynn (Staff Nurse); Doherty, Daniel (Support Worker); Scott Morris (Consultant Nephrologist); Craig, Mark (Support & Information Service Officer)

	Lead Reviewer Questions	*Example of Evidence Required*	Service Evidence Provided	Additional Requirements
1.	**What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?**	***Age, Sex, Race, Sexual Orientation, Disability, Gender Reassignment, Faith, Socio-economic status data collected on service users to. Can be used to analyse DNAs, access issues etc.***	Patient information systems that capture and record patient data are: Clinical Portal, Trak-care and SERPR (The West of Scotland Renal System). The main data recorded is age, sex, name, address, postcode, religion, ethnicity, interpreter required,preferred language, armed forces. Other aspects are recorded in the nursing notes. For example, as part of the nursing assessment patient are asked about their daily living activities and assessed for their suitability for peritoneal dialysis (This includes questions about Hearing – ability to hear machine alarms Dexterity assessed – ability to handle dialysis equipment Mobility assessed – falls risk Vision assessed – can he/she do connections safely Cognition assessment – Ability to understand and retain information Nutritional referral and assessment - eating and drinking; spiritual care etc). Patients who DNA are recorded and coded in Track care with the reason Cancelled by Clinic Cancelled by Patient Deceased Patient Cancelled Day of Clinic There is also a section for free text reason for cancellation The Scottish Renal Registry - National Registry: collects and analyses data on end stage renal failure patients and those with renal disorders in Scotland. All renal units in Scotland participate in the data collection. Data collected is epidemiology statistics and basic demography that includes ethnicity.	
2.	**Can you provide evidence of how the equalities information you collect is used and give details of any changes that have taken place as a result?**	***A Smoke Free service reviewed service user data and realised that there was limited participation of men. Further engagement was undertaken and a gender-focused promotion designed.***	To ensure we eliminated discrimination and endorse equality of opportunity: Patients presenting for education in dialysis modality, and those who are doing PD procedures, whose first language is not English are provided with an interpreter in person during discussion in the pre-dialysis situation, training and follow-up. This is flagged in Trak-care as a requirement and discussed at our nursing safety briefs'. Staff book interpreters electronically via staff net. If	

				there is no onsite interpreter available on the day telephone interpreter support is used. If we are unsure which dialect they speak or read we have a language identification care allow then to select the correct language. If there is an unscheduled patient event: ie if a patient arrives unexpectedly and communication via telephone is not suitable due to for example acute distress, collapse etc. In these circumstances staff will employ reasonable methods to communicate until interpreting services can be arranged. E.g. family friends or staff who speak the language or who can use sign language. There is also BSL online Interpreting available in the Support and Information Service suite in the main atrium of the hospital until an interpreter can be arranged.. We have a small numbers of patients whose first language is not English in this department. To assist us in providing equitable written information on an individual basis the clinical nurses from the pharmaceutical companies who provide us our written dialysis information in English can provide us with this information in various languages on request. We have a library of comprehensive local literature to support patients in the medical illustrations department at Glasgow Royal infirmary which can be translated into a different language on request. As a result of audits collected from all dialysis units in the uk a recent upgrade of dialysis machines now features a and a universal interface that is available in 41 languages so that patients can chose a languages they are more comfortable with rather than having to rely on English. In November 2017 from audit done by the Chronic Kidney Disease Educators, patient education booklets in 'CKD Treatment Options' have been translated into 13 languages and are now available to all NHS renal staff via the front page of our local electronic data base called SERPR under Section 8 - Planning, Initiation and Withdrawal of RRT. All renal staff were informed of this development via e-mail. Staff		

			can access and print this information for patient use as required.	
3.	**Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service.**	***Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.***	We are a small specialised unit that work closely with our patient's, carer's, families and friends. We get to know our patient group well as they can be with us from months to years. To be able to provide an equitable service we endeavour to learn as much about our patients and family needs in the pre-dialysis stage. This is via verbal and written communication. Meetings at home and / or in hospital. Liaising with other services – social work, care commission etc. This helps us plan an equitable service, individualised for their needs On completion of each patients training, a review is done assessing the positive and negative aspects of the experience. By listening to patients and carers, taking into account their individual needs and experience, we have and continue to develop our teaching resources to address aspects of ethnicity not previously covered. Specialist PD nurses meet regularly in Scotland to share experiences. Last year a focus group was created comprising of medical and nursing staff to discuss how the information collected by the Scottish renal registry could be better used to improve the service we provide and improve treatments. Each area of audit involves one or more aspects of ethnicity. We also contact one another if we have patients with specific needs to see if any other unit had dealt with this to learn from their experience. At the Scottish Renal registry meetings that are held annually nursing and medical lectures present how ethnicity is dealt with using audit and case study. By sharing experiences, local developments can be disseminated and implemented as appropriate in other units in Scotland. In November 2017 a case study of a Polish patient was presented at Conference highlighting the challenges the Unit had in co-ordinating the patients care After auditing our current literature, and as part of Regional Services Band 6	

			developments, a colour illustrated booklet called 'Introduction to Peritoneal Dialysis was produced. This addressed specific questions patient frequently asked at pre-dailysis education sessions about what they did not understand in currently available local and commercially literature. It gave a much more in-depth explanation of PD modalities in both a written and visual presentation. Already we can see this booklet is universally transferable protecting some of the characteristics of ethnicity by an improved patient/carer/family understanding of this home therapy. This booklet has been in circulation since June 2017 and once its impact has been audited in June this year it will be enhanced as necessary. Due to cost our local literature is in English and can be provided in different languages on request	
4.	**Can you give details of how you have engaged with equality groups to get a better understanding of needs?**	***Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.***	To seek the opinion of our service, Universal Feedback is sought via cards given to patient's/families and carers 4 times per year. These are scored from the highest – very good – to the lowest – very bad – with a section for a written account to ask the main reason they gave that score. To date this anonymous feedback has been very positive. More detailed feedback can be given via e-mail or telephone – this information is provided on the feedback card. This hospital has a Support and Information Suite in the main atrium of the hospital which both staff and patients use. Due to the impact dialysis has on the individual and the family unit we employ their services to help us support our patient group with any matter that is important to them. We have available literature and work with Kidney Care – Previously known as the British Kidney Patient association – a kidney support charity providing advice, support and financial assistance to all patients in the UK. They have a Scottish representative (a kidney patient himself) whose advice is sought about various issues affecting patients. He attends the Scottish Renal Association Conferences to keep	

			appraised of developments affecting all renal patients. The world Kidney Day initiative in the UK each year in March, focuses on various themes to address the protected characteristics of this patient group and this year it's focus is on 'Kidney Disease and Women's' Health'.	
5.	**Question 5 has been removed from the Frontline Service Form.**			
6.	**Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?**	***An outpatient clinic has installed loop systems and trained staff on their use. In addition, a review of signage has been undertaken with clearer directional information now provided.***	Newly built Hospital opened in 2015. It has been designed to make it easy for the physically disabled to get to their destination. Those patients who attend our department are given a map of how to get here. The lifts from the ground floor use smart technology. There are no buttons in the lifts. Floor selection and wheelchair access is via a button panel outside the lift which displays and directs you to the best lift for you needs in writing flashing light and verbally. The PD Unit is within The Dialysis Centre. All access is seamless and stress free. All doorways and toilets are wheelchair accessible. Toilets are fitted with hand rails and call systems if assistance is required. Signage is clear. The reception desk caters for both wheelchair and ambulant patients. The waiting area is spacious with plenty of space to house patients in wheelchairs or who use crutches. This removes the risk of discrimination. There is a variety of moving and handling equipment to cater for patients who require assistance to transfer from wheelchair to chair/examination couch	
7.	**How does the service ensure the way it communicates with service users removes any potential barriers?**	***A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on NHSGGC's Interpreting Protocol.***	The department utilises NHSGGC's Clear to All Policy approach to engaging with patients and family members. We ensure that all additional communication support needs are met in order to remove discrimination, promote equality of opportunity and good relations. Due to the nature of the dialysis training each patient assessment covers how best to communicate with those involved in training to ensure an equitable service free from discrimination. Our standard	

			written information is customised to patient requirement and our standard unit leaflets and booklets can be provided in patients first language on request. Renal Patient View is a computer system that all renal patients can register with, receive a password and then be able to go online to check their blood results. This means that patients do not have to contact their GP or consultant for their results. At monthly Senior Charge Nurse Meetings guest speakers are invited to update senior staff on developments which remove discrimination, promote equality of opportunity and good relations. This information is then disseminated to all staff. If personal information is discussed with a patient all staff are aware that patient permission is required before this can be discussed with other health professionals / family / carers	
8.	**Equality groups may experience barriers when trying to access services. The Equality Act 2010 places a legal duty on Public bodies to evidence how these barriers are removed. What specifically has happened to ensure the needs of equality groups have been taken into consideration in relation to:**			
(a)	**Sex**	***A sexual health hub reviewed sex disaggregated data and realised very few young men were attending clinics. They have launched a local promotion targeting young men and will be analysing data to test if successful.***	Within this department there is an equal uptake by men and women in this treatment. The unit has single rooms to ensure privacy and confidentiality with internal curtains to obscure direct view when the door is open. All unit staff are aware that if a patient requests either a male or female professional to attend them this is addresses with sensitivity to need. All staff undergo mandatory training which includes 'Reducing Risks of Violence & Aggression', 'Equality, Diversity and Human Rights', 'Adult Support & Protection and Child Protection'. Most unit staff are comfortable to address issues in these areas: if they do not feel comfortable all staff know to seek the help of more experienced staff to protect this characteristic. Staff are aware of and can access GG&C's 'Gender Based Violence Plan'.	
(b)	**Gender Reassignment**	***An inpatient receiving ward has held briefing sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection***	All staff are familiar with GG&C's gender reassignment policy with one member of staff having experience of its	

		and appropriate approaches to delivering inpatient care including use of language and technical aspects of recording patient information.	implementation prior to taking her current post with us. Having known the individual before the transition she found the most challenging aspect was remembering to address the person in the correct pronoun: she instead of he. Some staff within the department have had past experience of a patients relative who was in the process of transitioning from male to female. No issues arose during this period, staff, patient and the person transitioning spoke openly about the transition. We currently have no patients or staff undergoing gender reassignment.	
(c)	**Age**	***A urology clinic analysed their sex specific data and realised that young men represented a significant number of DNAs. Text message reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.***	Patients requiring dialysis before the age of 16 attend the Royal Hospital for Sick Children at the QEUH Glasgow which sits on the same site as the Adult services. There are no exclusion criteria based on age. Patients with end stage renal failure who are medically suitable can chose to dialyse. Currently our age range is 16year old to 89 years old and there is no difference in attendance by age. All literature and posters show a variety of adult ages. Patients are treated with dignity and respect i.e Addressed by the tile and name they chose. Staff conduct themselves in a professional manner showing courtesy, kindness and respect to patients of all ages. Care is patient centred. By listening to the needs of the individual, being sensitive to their learning needs in regard to technological developments and teaching patients at the pace they can cope helps foster positive outcomes.	
(d)	**Race**	***An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in other languages. It provided a prompt on all information for patients to request copies in other languages. The clinic also realised that it was dependant on friends and family interpreting and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.***	Written literature can be translated into the first language of the patient on request at medical illustrations at GRI. On-site interpreters and telephone interpretation is arranged for patients whose first language is not English. All staff can access how to arrange this via staff net. Via NHS GG&C Equalities in Health website staff can access guidance on how to respond to hate crimes if they are either a victim, a witness or if a hate crime is disclosed to them.	

			Through audit it is recognised that some ethnic groups have a higher rate of kidney disease i.e. Lupus is more common in African American and Asian population than the Caucasian population and Iga nephropathy is more common in the Asian population and Caucasian population: mode of dialysis chosen based on medical suitability and patient choice.	
(e)	**Sexual Orientation**	***A community service reviewed its information forms and realised that it asked whether someone was single or 'married'. This was amended to take civil partnerships into account. Staff were briefed on appropriate language and the risk of making assumptions about sexual orientation in service provision. Training was also provided on dealing with homophobic incidents.***	There is no reason within this speciality that there would be a higher or lower uptake of treatment based on sexual orientation, Staff are confident discussing issues regarding this as sexual issues are discussed during training as it embodies both this and body image as well. Staff do no assume heterosexuality as they address those who attend with the patient in an open question such as – who is this that you have with you today. Patient sexuality is only ever addressed if the patient withes to discuss matters relating to it.	
(f)	**Disability**	***A receptionist reported he wasn't confident when dealing with deaf people coming into the service. A review was undertaken and a loop system put in place. At the same time a review of interpreting arrangements was made using NHSGGC's Interpreting Protocol to ensure staff understood how to book BSL interpreters.***	The QEUH in Glasgow is a newly built hospital – 2015 - designed specifically to caters for patients with disability with good signage, wide doorways, ramps, easily accessible lifts with smart technology designed for wheelchair and blind to use lifts as buttons are on the outside of lift: guidance to the lift being both verbal and visual. Staff are aware of GG&C's British Sign Language Communication Support Policy and procedure and the online booking procedure for an interpreter. In the main atrium of the hospital in the Support and Information Service suite there is BSL online Interpreting available to access if appropriate until an interpreter can be arranged. Information is provided in a variety of forms for patients; written, pictures, and DVD's. Written font, print size, paper colour can be changed to suit patients with need. We work with patients families and carers to adapting treatments to suit need and communicate in the approved way to suit patient need.	
(g)	**Religion and Belief**	***An inpatient ward was***	All staff are aware of 'The	

		briefed on NHSGGC's Spiritual Care Manual and was able to provide more sensitive care for patients with regard to storage of faith-based items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.	faith and belief manual' and can access guidance on staff net. Via NHS GG&C Equalities in Health website staff can access guidance on how to respond to hate crimes if they are either a victim, a witness or if a hate crime is disclosed to them. Through discussion with patients appointments and treatments can be adapted to address the individual's religion and belief. We provide various sandwiches for patients and have a assortment to address religious restrictions	
(h)	**Pregnancy and Maternity**	***A reception area had made a room available to breast feeding mothers and had directed any mothers to this facility. Breast feeding is now actively promoted in the waiting area, though mothers can opt to use the separate room if preferred.***	Parents can access the service with prams easily and there is a large waiting area with a television and radio. Patients can bring the pram and children into their consultation room if appropriate. Breast feeding facilities can be provided on request within the department and there is a specific facility for this in the main atrium of the hospital that may be used.	
(i)	**Socio - Economic Status**	***A staff development day identified negative stereotyping of working class patients by some practitioners characterising them as taking up too much time. Training was organised for all staff on social class discrimination and understanding how the impact this can have on health.***	Patients who already claim expenses can obtain payment from the travel centre within the hospital. Patients can find out what entitlements they are due financially in the Support and information centre within the hospital. Nursing staff in the department advise patient on how to apply for personal independent payment when they first attend the unit and provide letters of support or telephone consults if necessary. Information posters regarding this are displayed on patient notice boards and various places throughout the department Patients are made aware of the charity 'Kidney Care' to whom they can apply for financial assistance. Due to the frequent hospital attendance required while learning to learn dialysis procedure hospital transport is provided if required.	
(j)	**Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers**	***A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.***	To be able to support patients from the above groups on this form of dialysis we liaise closely with other departments and authorities to ensure the patient is supported for a positive outcome	

9.	**Has the service had to make any cost savings or are any planned? What steps have you taken to ensure this doesn't impact disproportionately on equalities groups?**	***Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The analysis was recorded and kept on file and potential risk areas raised with senior managers for action.***	We continually review our service for cost savings. This focus is on the cost and delivery of dialysis supplies, reducing waste, reviewing staff requirements to provide the right skill mix to delivery an equitable service to all patients. This does not affect the equalities groups.	
10.	**What investment has been made for staff to help prevent discrimination and unfair treatment?**	***A review of staff KSFs and PDPs showed a small take up of E-learning modules. Staff were given dedicated time to complete on line learning.***	In Renal services all staff complete mandatory LearnPro modules which includes 'Reducing Risks of Violence & Aggression', 'Equality, Diversity and Human Rights', 'Adult Support & Protection and Child Protection'. Staff complete these modules during working hours and issues arising from this can be discussed at our safety brief and when we care for patients with protected characteristics. We are a small team with diverse life experience and as such are able to provide support for one another to prevent inadvertent discrimination and / or unfair treatment. On commencement of employment Heath Care Support Workers' complete a 2 part 'Competency Portfolio'. They also adhere to a 'Code of Practice for Employers of Healthcare Support Workers'. This code and the NMC code of conduct for registered nurses are reviewed annually within our team. A monthly report provides our Lead Nurse with an up to date record of who have and have not completed mandatory training and what measures are in place to ensure completion. Annually all staff have an e-ksf with regular PDP reviews – this platform allows for discussion about protected characteristics and what training issues are required. This system has now been retired and will be replaced with TURAS. The design of in-house education provides staff with a forum to share experiences and discuss areas of concern with experienced staff. Participation by all staff grades and disciples at renal conferences within and out with the UK allows greater dissemination of experience to prevent bias in protected characteristic groups	

11. In addition to understanding and responding to our legal responsibilities under the Equality Act (2010), services have a duty to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care (including dementia care) may be considered higher risk in terms of potential human rights breach due to removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

Please give evidence of how you support each article, explaining relevance and any mitigating evidence if there's a perceived risk of breach. If articles are not relevant please return as not applicable and give a brief explanation why this is the case.

Right to Life

There is no exclusion criteria for patients with end stage renal failure who have wish to pursue dialysis. Patients are afforded impartial access to treatment available if medically indicated, regardless of race, age, disability, sex, sexual orientation, gender reassignment, religion or belief, marriage and civil partnership, pregnancy and maternity All care is patient centred: patients care plan is tapered to their needs to help attain their own goals, rights and responsibilities are considered when tapering a dialysis treatment.

Everyone has the right to be free from torture, inhumane or degrading treatment or punishment

The development and implementation of dialysis procedures are centred on maintaining patients dignity and where possible independent care. Each patient’s treatment is tapered for their personal requirements – i.e. dietetic input, medical review, referral to other specialists, referral to transplant, primary care input. Staff are aware of both adult and child rights completing the ‘Adult Support & Protection and Child Protection’ on Learn-pro being vigilant in hospital and community escalating concerns where appropriate.

Prohibition of slavery and forced labour

Patients have the choice to take dialyse as a treatment for end stage renal failure or not as long as they are well informed, understand the outcome of the actions, have capacity and have no mental health issues that would affect their judgement. All patients are educated in the various modes of dialysis and palliative care options in the pre - dialysis or post-acute phase. They can then choose which form of dialysis would suit their needs or continue to be managed in the palliative pathway knowing that if they change their mind they can revisit dialysis options. Patients’ can stop dialysis at any time if they feel they no longer have a quality of life after discussion with their physician: or discuss and formalise advance directives for their care. If a patient requires additional support at home with their dialysis we employ renal technicians who perform the tasks that the patient has difficulty with, monitoring the patient daily to provide treatment within set parameters liaising with the renal unit to maintain patient stability. This allows any issues to be dealt with proactively plus addressing acute issues as they arise. This service is based on individual assessment and there are no set criteria for selection. No carer is compelled to take on the addition of dialysis procedures. Patients are supported in all communication to ensure comprehensive understanding. Via the NHS GG&C Equalities in Health staff can access guidance on Human trafficking

Everyone has the right to liberty and security

Peritoneal dialysis is a home based treatment designed to give patients freedom to continue their life within the limitations end stage renal failure and co-morbid disease brings. Staff support patients to help them achieve their goals in a safe and secure environment in hospital and support at home. Follow-up at home is undertaken with the consent of the patient/carer.

Right to a fair trial

All patients attending the Clinic are made aware of ‘The Support and Information Service’ within the QEUH which offers a confidential environment for patients’ carers, friends and staff to learn about various aspects of support patients’ and carers may be entitled to as the service works with a wide range of partners from this site. Leaflets for this service are available in the department and waiting area. Medical and nursing staff assist patients’ with their application for payments/allowances by provision of letters, phone consult or attendance at tribunal. Nursing staff also offer employers consultations about their requirements to allow patients to comply with treatments and continue to work.

Right to respect for private and family life, home and correspondence

The ‘Chronic Kidney Disease educators in the renal unit see all patients presenting for dialysis. Patients decide who they wish to help them with their decision making and participate in their treatments in the home setting. Our educators’ support patients’ carers’ and friends’’ to help enable them to make an informed choice for future care to make sure autonomy is maintained. Follow-up in hospital or in the community is tailored to patients’ individual requirements working around their lifestyle whenever possible. Where possible dialysis provision will be facilitated in the patients’ home i.e. additional storage for dialysis supplies is provided by the instillation of sheds/bunkers in their outdoor space. Support in re-housing application is given if more space is required. Staff are aware of the psychological impact renal replacement therapy has on the patient, family, carers’ and friends and are empathetic to these needs referring patients to specialist services when appropriate. Patients entering the Peritoneal dialysis therapy’s are assigned a nursing case manager, a nephrologist and are introduced to all member of the multi disciplinary team involved in their care. On the occasion a patient has a relationship to any staff member then their care is assigned to another healthcare professional to maintain both confidentiality and personal relationships

Right to respect for freedom of thought, conscience and religion

1. Patients can wear personal clothing and religious or other symbolic items, as long as they do not jeopardize safety or interfere with diagnostic procedures or treatment. Staff are respectful of patients beliefs, or lack of beliefs, and show consideration when introducing dialysis into their daily routine to ensure a seamless transition with adjustments patients are comfortable with. All staff have access to the ‘Faith and Belief Manual’ to familiarise themselves in the manifestations of beliefs.

Non-discrimination

We have no exclusion criteria that would impinge a patients’ human rights or exclude people within the protected characteristic group. Policies and procedure are based on clinical need. Through assessment staff are sensitive to individuals wishes prior to engaging in any activity

12. If you believe your service is doing something that ‘stands out’ as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

We are currently developing a care package for a physically disabled patient who cannot do any of the procedures involved in Peritoneal dialysis. He transferred to PD after loss of haemodialysis access. Together with the patient, his social worker, family - who have power of attorney to help him fulfil his wishes – and community carers we are in the process of developing a care package to deliver community PD to restore his independence. James is integral in managing this programme and is involved in all MDT meetings. This will then be a template that can be developed for other future patients’.