

BRIDGE MEDICAL CENTRE

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Diversity, Respect and Fair Access Policy & Procedure

Policy Details	
Version	Version 1 4/11/15
Responsible GP	Dr Bronwin Bartman – GP Partner
Review Date	4/11/16
Implementation Date	4/11/15
Target Audience	All Staff

The current version of any policy; procedure; protocol or guidance is the version held on the Bridge Medical Centre Intranet. It is the responsibility of all staff to ensure that they follow the current version.

Purpose

- To ensure the dignity, privacy and independence of Patients.
- To recognise the **diversity**, values and human rights of Patients who use the Practice.
- To ensure that treatment is provided irrespective of their race, gender, marital/civil partnership status, age, disability, religion or belief, national origin or sexual orientation.

Scope

- All Staff

Policy

- This policy applies to all employees, contractors, temporary workers and job applicants including any individuals working on Practice premises via a third party. It relates to all Patients, relatives and visitors to all premises of the Practice.
- The service Provider will promote a professional and positive work environment by ensuring that this policy is put into practice and by challenging any behaviour, actions or decisions that breach the policy.
- The Service Provider ensures that the Practice complies with the Disability Discrimination Act. Reasonable steps have been taken to allow access. Where access has not been possible to accommodate certain disabilities, service is arranged through another Provider.
- Disability is defined as *'a physical or mental impairment that has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities'*. This could include
 - Blindness
 - Deafness
 - Amputated or missing limb
 - Severe disfigurement
 - Mobility impairment requiring a wheelchair
 - Severe long-term medical conditions such as multiple sclerosis, epilepsy and mental illness.
- The personal information held about Patients includes those aspects of their race, gender, marital/civil partnership status, age, disability, religion or belief, national origin or sexual orientation which they feel the Practice needs to know.
- Treatment planning takes into account the beliefs and choices of the Patient.
- Referrals to outside agencies takes into account the beliefs and choices of the Patient.
- If carrying out a particular procedure or giving advice about it conflicts with a clinician's personal religious or moral beliefs, and this conflict might affect the treatment or advice provided, this must be explained to the Patient and they should be informed that they have the right to see another doctor. The clinician must be satisfied that the Patient has sufficient information to enable them to exercise that right. If it is not practical for a Patient to arrange to see another doctor, it must be ensured that arrangements are made for another suitably qualified colleague to take over their role.
- The practice has carried out an accessibility audit of the premises. This, together with a plan of compliance and any future work to be done is held by the Practice Manager.
- Staff Training takes disability issues into account, including communication, respect and how to support without being patronising.
- Patients are asked their opinions on how the service might be improved, and on their individual needs.
- Health Information leaflets and Practice forms are available in large print and any languages that are common to the area of the Practice.

Key Lines of Enquiry Table

Key Line of Enquiry	Primary	Supporting	Mandatory
G.S3 - Are there reliable systems, processes and practices in place to keep people safe and safeguarded from abuse?		✓	✓
G.S4 - How are risks to individual people who use services assessed, and their safety monitored and maintained?		✓	✓
G.C1 - Are people treated with kindness, dignity, respect and compassion while they receive care and treatment?	✓		✓
G.E1 - Are people's needs assessed and care and treatment delivered, in line with current legislation, standards and evidence-based guidance?	✓		✓
G.R1 - Are services planned and delivered to meet the needs of people?	✓		✓
G.R2 - Do services take account of the needs of different people, including those in vulnerable circumstances?	✓		✓
G.W2 - Do the governance arrangements ensure that responsibilities are clear and that quality, performance and risks are identified, understood and managed?		✓	✓
G.W3 - How does the leadership and culture reflect the vision and values, encourage openness and transparency and promote good quality care?		✓	✓

Note: All QCS Policies are reviewed annually, more frequently, or as necessary.