Initial Screening Tool

Title of policy/service/function/procedure/ programme/ or strategy being assessed: **OP 028 - Patient Specific Protocols**

Is it new ☐ or revised √

(If revised, please attach a copy of the original Equality Impact Assessment.)

Senior Manager Responsible	David WHITMORE
Department	Medical Directorate
Section	

Equality Impact Assessment Screening Team

Name	Department	Role
David Whitmore	Medical Directorate	Principal Author / Reviewer
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Mark Faulkner	Medical Directorate	Adviser
Fionna Moore	Medical Directorate	Adviser
Gary Bassett	Patient Experiences	Adviser
		Critical Friend

Date of screening Between December 2009 and April 2010 as the revised policies were amalgamated and altered

Please summaries below the aims and objectives of this policy/service/function etc. including any intended outcomes.

The London Ambulance Service (LAS) is increasingly being asked to hold and act on specific information that ascertains to individual patient's specific clinical conditions or needs.

This information allows the LAS to provide the most appropriate care for individual patients.

The information that the LAS hold falls into one of five groups

1. Patient Specific Protocols (PSPs)

   These PSPs will detail the treatment regimen to be applied for the named individual patient and may on occasion specify a particular hospital to which the patient is to be transported. When crews encounter a Patient Specific Protocol they are required to follow the instructions contained therein in the same way as they would for any other LAS protocol. Such protocols may also be applied to 'Do Not Attempt Resuscitation Orders / Advanced Directives'.

   Patient Specific Protocols will cover treatment regimes or options that currently fall outside of the LAS current practice (i.e. the current clinical guidelines laid down by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) or current LAS Policy.

2. Palliative Care Handover Forms (LA225)

   These are details that the LAS are provided with that relate to patients who are approaching the end of their life. The Information is normally supplied to the LAS by Hospices, Community Palliative Care Teams or General Practitioners.

   The information is held to enable support of operational staff when attending patients that are in the terminal phase of illness. The information contained relates to the patients condition, any medication supplied for use in an emergency and a point of contact for further care in the community either in or out of hours. The Palliative Care Handover Form may also provide information regarding the resuscitation status of the patient, presence of an Advanced Decision or information relating to an advanced care plan. The palliative care handover form is a pro forma which is completed & returned to the LAS.

3. Patient Information Notice

   This is patient specific information that simply informs the LAS that the patient suffers from a particular condition or other specific information that applies to that patient. This is simply to provide additional information to LAS staff responding to that patient. Examples of this include a patient that has a tracheostomy who when phoning 999 may only be able to speak quietly or make unrecognisable noises or where a patient is known to a specific hospital.

4. Individual Dispatch Protocol

   These are individual care plans that are set up to manage to the dispatch of ambulance to particular individuals and are managed through the patient experiences team

5. Unborn babies considered at risk

   These are requests from the police or social services to inform them about contact we have with pregnant womenin case of her giving birth. These are generally where consideration is being given to the use of an emergency child protection order at birth, to protect the newborn baby from individuals or others residing with them.

Objectives

1. To ensure that each request to hold patient specific plans is dealt with in the same manner in line with current best practice.

2. To ensure that all Patient Specific Plans are dated and recorded on a secure database and subject to regular review.

3. To provide a mechanism for the recognition of Do Not Attempt Resuscitation Orders / Advanced Directives.

4. To ensure the information is disseminated only to relevant staff.

5. To ensure that all records held are current and relevant.

Please state below who is intended to benefit from this policy/service/function etc. and in what way.

This policy sets out the manner in which requests for clinical care that might fall outside the usual JRCALC Guidelines will be handled. It documents who within the LAS will deal with aspects of the care plan that is formulated.

By its very nature this policy is centered wholly on the care for an individual patient and their specific requirements.

This policy is essentially a revision of an existing policy which it brings up to date to take account of the greater role the Clinical Support Desk has in the formulation and administration of the PSPs.

Please state in the table below whether the policy/service/function etc. could have any potential impact on any of the equality strand groups, whether service users, staff or other stakeholders

Equality Strand Group	Is there likely to be a positive or neutral impact in regard to:	If the impact is adverse, can this be justified on the grounds of promoting equality of opportunity for an equality strand group or for another reason?
Age	Neutral	
Disability	Neutral	
Gender	Neutral	
Race	Neutral	
Religion or Belief	Neutral	
Sexual Orientation	Neutral	

Please provide and summarise below any relevant evidence for your declaration above – this could include for example the results of specific consultations, complaints or compliments, customer satisfaction or other surveys, service monitoring and take-up, comments from stakeholders and demographic data.

This is a revision of an existing policy which was already working well. In the last year this policy has been presented to the Patient's Forum and also scrutinized by the LAS Commissioners, both groups are more than happy with what this policy sets out to achieve. It has also been scrutinized by the NHSLA during this year's NHSLA assessment – no adverse comments were made. We have also had several compliments on this service from EoLC networks / GPs and more importantly patients. Where we have had adverse comments from patients these have been dealt with promptly.

The author and reviewers are satisfied that no further EQIA action need be taken.

Are there any gaps in the evidence you have which make it difficult for you to determine whether there would be an adverse impact?

No √

If yes, please state below how you intend to acquire this evidence and your timescales for doing so.

If you have identified a positive or negative potential impact for any equality strand group, which is not legal or justifiable, then you must complete a full Equality Impact Assessment. Please insert below any issues you have identified/recommendations for the full Equality Impact Assessment.

If you have only identified a neutral or positive impact on any equality strand group then no further action is required, other than having your Director sign off this form, a copy stored on the shared drive and sent to Communications for publication on the Trust's website.

Name of Director: Fionna Moore – Medical Director Signature: Date: 17.12.2010

Fionna Moore