

Full equalities impact assessment

Directorate: Corporate Services

Service: Communications

Piece of work being assessed: Patient information

Name of lead person: Kay Rose-Hattrick

Other partners/stakeholders involved:

Date of assessment: 20th May 2008

Single Equality Scheme strand	Baseline data and research – What is available? What does it show? Are there any gaps? Use both quantitative and qualitative research and user data Include consultation with users if available	Is there likely to be a differential impact? If 'yes', is that impact direct or indirect discrimination?
Gender	Patient information needs to address men, women and transgendered residents	Potentially
Race	Sheffield City Council figures for 2005 show that the population in Sheffield is 86% White British. Of the remaining 14%, 3% are Pakistani, 2% are Eastern European (mainly Polish and Slovak). Other minority populations are 1% or less each.	Yes, indirect
Disability	People using our services may have visual impairments, hearing impairments, learning difficulties or dexterity/co-ordination problems	Yes, indirect
Sexual orientation	The Sheffield population will include people who are gay, lesbian, bisexual, and heterosexual	Potentially
Age	Older residents may have visual impairments and/or hearing impairments	Potentially
Religion/belief	The 2001 Census shows that all religions and beliefs are represented in Sheffield.	Potentially

Equalities Impact Assessment Action Plan

Strand	Issue	Action required	How will you measure the impact/outcome?	Timescale	Lead
Gender	Information needs to be accessible to men, women and transgendered patients.	Information should be balanced and unbiased towards any gender group i.e. use of language he/she unless the information is targeting one particular group due to the sex-specific nature of the information.	Reviewing patient information in line with the Patient Information Policy and Toolkit. Use a reader's panel to ensure readability according to specific target area.	On-going	KRH
Race	Consideration needs to be given to use of language and translation when producing patient information to ensure information is accessible to hard to reach BME groups. Consideration also has to be given to the production of translated material when there is a high rate of illiteracy within some community groups.	Does the information need to be produced in other community languages? If so which community languages? If advice is needed on which languages to use in specific patient areas, advice can be sought from Sheffield Community Access and Interpreting Service (SCAIS). Is translation the best use of resources to ensure information is disseminated effectively. Consider other ways of communicating with certain groups. Some groups will have literacy problems and may not be able to read their spoken language.	Reviewing patient information in line with the Patient Information Policy and Toolkit. Use a reader's panel to ensure readability according to specific target area.	On-going	KRH

Disability	Some disabilities may mean that the generally used format will be unsuitable.	Does the information need to be produced in Braille or a cassette version for the blind, sign language video for the deaf or information in other formats? All information to be in 14pt font.	Reviewing patient information in line with the Patient Information Policy and Toolkit. Use a reader's panel to ensure readability according to specific target area.	Ongoing	KRH
Sexual orientation	General assumption of heterosexuality as the norm	Ensure that the language used in the leaflet is non-discriminatory. Eg use of partner rather than husband/wife	Reviewing patient information in line with the Patient Information Policy and Toolkit. Use a reader's panel to ensure readability according to specific target area.	Ongoing	KRH
Age	Consideration when producing patient information for older people with visual impairment or people with hearing difficulties.	Font size should be 14 pt. Other things to consider would be to use black type on yellow paper, lots of white space to make the information easier to read etc in line with the patient information policy.	Reviewing patient information in line with the Patient Information Policy and Toolkit. Use a reader's panel to ensure readability according to specific target area.	Ongoing	KRH
Religion/Belief	This may need to be considered if content is likely to offend i.e. healthy eating information, how to prepare pork products should not be sent to a Muslim group.	Content should be checked thoroughly to ensure no offence will be caused.	Reviewing patient information in line with the Patient Information Policy and Toolkit. Use a reader's panel to ensure readability according to specific target area.	Ongoing	KRH