

Matlock and Ashover Practice

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Version Control Document.

Name of Policy: DIGNITY AND RESPECT			
Adopted Date	Amendment Date	Reason for Amendment	Policy Renewal Date
10/12/2018			Dec 2019

- Policy Content:
1. Introduction.
 2. Reception.
 3. Consultations.
 4. Chaperones.
 5. Post Consultation.

1. INTRODUCTION

This policy sets out the Practice provision to ensure that patients are afforded privacy and dignity, and are treated respectfully, in all appropriate circumstances where there is the potential for embarrassment or for the patient to feel “ill at ease”.

The requirement to respect patients is the responsibility of all staff, not just those in direct clinical contact with the patient.

Vulnerable patients in this respect may include:

- Elderly
- Infirm
- Disabled
- Those with racial or cultural beliefs
- Illiterate
- Homeless / no fixed abode
- Those with specific conditions
- Patients with communication difficulties
- Those patients with gender requirements
- Those known to staff / known by staff
- Family members
- Patients from minority groups

2. Reception

- The Practice will not stereotype patients based on perceived characteristics
- Patients will be referred to with respect even in private discussions in the surgery
- Patients will be addressed by their preferred method and titles (Mr, Mrs etc) will be used as a first preference by staff
- A sign will be available in reception to offer the facility of a private discussion with a receptionist if required
- Guide dogs will be permitted in all parts of the building.
- A hearing loop will be installed and receptionists trained in its use.
- Under no circumstances will staff enter through a closed consultation room / treatment room door without first knocking, and waiting for permission to enter (if occupied), or pausing to determine that the room is empty

3. Consultations

- Patients will be allowed free choice of gender of doctor and nurse, where available, and will be able to wait or delay an appointment to see their choice of clinician. Where clinically urgent patients will be encouraged to see a clinician appropriate for their “best care” however undue pressure is not appropriate

- Consultations will not be interrupted unless there is an emergency, in which case the room will be telephoned as a first step, before knocking at the door and awaiting specific permission from the clinician to enter
- A chaperone will be offered where an examination is to take place.
- Clinical staff will be sensitive to the needs of the individual and will ensure that they are comfortable in complying with any requests with the potential to cause embarrassment
- Patients will be afforded as much time and privacy as is required to recover from the delivery of “bad news”, and the clinical staff will, where possible, anticipate this need and arrange their appointments accordingly
- Patients will be able to dress and undress privately in a treatment room, or, where a separate treatment room is not available, a screen will be provided for that purpose. Patients using this facility will be requested to advise the clinician when they are ready to be seen, and they will be afforded sufficient time to do this bearing in mind infirmity etc.
- A clean single-use blanket, sheet, gown or similar will be available in each examination / treatment room, changed after each patient, and the patient will be advised of its availability
- Washing facilities will be offered to the patient if required
- Clinicians and staff will allow “personal space” where possible and respect this
- Patients will be given adequate opportunity, time and privacy for the provision of samples on the premises without feeling under duress or time limitation
- The area used for dressing / undressing will be equipped with coat / clothes hangers, pegs, or similar for clothes, and will have an appropriate chair for the patient to use
- Patients with difficulty in understanding due to language may have a family member or friend available to interpret or assist. Interpreting services are also provided by Capita (tel. 0800 004 2000 Option 2, Pin 121131, Password KdL965Hrht)
- Communication by staff to patients will be individual according to the needs of the individual patient (e.g. those with speech difficulties, hearing, or learning difficulties may need an individual approach)
- Where an intimate examination is considered necessary to be performed on a patient with difficulty in understanding due to language or other issues (e.g. consent or cultural issues) it is recommended that a Chaperone or family member / carer should always be present – see section 4.
- Areas used by patients for dressing / undressing will be secure from interruption or ingress
- Patients who may have difficulty in undressing may be offered the services of a second (same gender) clinician or trained Chaperone to assist
- Patients will be requested only to remove a minimum of clothing necessary for the examination
- Consultations in the patient’s home will be sensitive to the location and any other persons who may be present or may overhear

4. Chaperones

It is part of the routine training of registered healthcare professionals to consider whether an intimate or personal examination of the patient (either male or female) is justified, or whether the nature of the consultation poses a risk of misunderstanding.

- The clinician should give the patient a clear explanation of what the examination will involve.
- Always adopt a professional and considerate manner - be careful with humour as a way of relaxing a nervous situation as it can easily be misinterpreted.
- Always ensure that the patient is provided with adequate privacy to undress and dress.

This should remove the potential for misunderstanding. However, there will still be times when either the clinician, or the patient, feels uncomfortable, and it would be appropriate to consider using a chaperone. Patients who request a chaperone should never be examined without a chaperone being present. If necessary, where a chaperone is not available, the consultation / examination should be rearranged for a mutually convenient time when a chaperone can be present.

There may be rare occasions when a chaperone is needed for a home visit. The following procedure should still be followed.

Who can act as a chaperone?

Both clinical and non-clinical are trained to act as chaperones and training is refreshed every 3 years.

Confidentiality

The chaperone should only be present for the examination itself, and most discussion with the patient should take place while the chaperone is not present. Patients should be reassured that all Practice staff understand their responsibility not to divulge confidential information.

Procedure

- The clinician will contact Reception to request a chaperone.
- The clinician will record in the notes that the chaperone is present, and identify the chaperone.
- Where no chaperone is available the examination will not take place – the patient should not normally be permitted to dispense with the chaperone once a desire to have one present has been expressed.
- The chaperone will enter the room discreetly and remain in room until the clinician has finished the examination.
- To prevent embarrassment, the chaperone should not enter into conversation with the patient or GP unless requested to do so, or make any mention of the consultation afterwards.
- The patient can refuse a chaperone, and if so this must be recorded in the patient's medical record.

5. Post - Consultation

- Clinicians and staff will respect the dignity of patients and will not discuss issues arising from the above procedures unless in a confidential clinical setting appropriate to the care of the patient (respectful of the patient even when not there)