



Latest NHS Diversity & Equality News 2009

Samtosh Training Consultancy with the up to date latest research, news and case law in the NHS

Principles that guide the NHS

The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

The NHS Constitution

Bullying of Staff

A BMA survey found that 1 in 4 NHS staff have been bullied and harassed by patients and relatives and 1 in 7 have been bullied by other staff within the past 12 months. Black & Asian doctors are more likely to be bullied than white doctors and women more likely to be bullied than men. The BMA is advocating zero tolerance.

www.bma.org.uk



NHS a Role-Model for Diversity

The real history of the NHS gives the fundamental case for diversity. The NHS is a world-beating example of the way that ethnic diversity can create social solidarity. Launched by a Welshman, built by Irish labourers, founded on the skills of Caribbean nurses and Indian doctors, it has been rescued by an emergency injection of Filipino nurses, refugee ancillaries and antipodean medics. And it remains 100% British.

Virtually all of our public services have depended heavily on immigrants. Enoch Powell was forced to admit as much when, as minister for health he advertised for staff in the Caribbean.



Trevor Phillips Chair of EHRC 2009 <http://www.equalityhumanrights.com>

Equality Bill Published

The newly published Equality Bill will have a considerable impact on Health Services along with other public authorities. Note in particular the change from six equality strands to nine 'protected characteristics' and major shift which more than likely impact even more on the NHS the new public sector equality duty (currently race, gender and disability) to now include: *age, religion or belief and sexual orientation, as well as pregnancy & maternity and gender reassignment* and to "have due regard to the desirability of exercising (decisions of a strategic nature) in a way that is designed to reduce the inequalities of outcome which result from *socio-economic disadvantage*." We have sent out a two page summary, if you haven't received a copy please contact us and I'll forward one to you.



New women doctors 'outnumber men'

From 2017, the majority of doctors will be female, with huge consequences for the NHS, according to a report by the Royal College of Physicians. The report shows that women are more likely to work part-time and focus on particular specialities.



The changing gender balance will therefore have implications for NHS workforce design, leadership capacity and the role of consultants. Women already make up 40% of all doctors, 42% of general practitioners and 28% of consultants and will soon be in the majority.

According to the RCP, taking into account careers breaks and part-time working, the work of women doctors accounts for 60% of a full time equivalent doctor, compared to 80% for men. This means that more doctors will be needed to provide the same amount of cover.

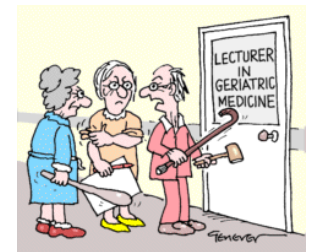
A British Medical (BMA) survey found that 58% of doctors who graduated in 2006 were female compared with 51% in 1995. Their poll suggests one in five female doctors anticipate working part-time for most of their career. The figure for men was one in 25.

The BMA is calling for increased funding for flexible training schemes which allow junior doctors to work less than full time. It wants to see more flexibility in doctors' hours and training.

June 09 <http://www.nursingtimes.net/>

Unhealthy Attitudes

Research in Mayday University Hospt. Croydon found that NHS stroke unit treated older patients differently as younger patients were five times more likely to be given a brain scan and significantly more likely to be given advise on avoiding another stroke. Elsewhere attitudes of it being expensive and time consuming looking after the elderly and of to quote one consultant ina hospital near Caerphilly that we're "going to let nature take its course" rather than give any treatment to an elderly patient with Parkinson's and a hospital-induced infection. Dr. Oliver a senior lecturer on elderly care medicine at Reading University states that older people are "too often marginalised, neglected and left to play fiddle to sexier areas of medicine".



Emma Soames June 09 <http://www.saga.co.uk/saga-magazine/>

Schizophrenia

Diagnosis of schizophrenia is six times higher in African-Caribbean people than in the majority population. *NHS 2007*



NHS trusts found wanting on race equality

Many NHS trusts are falling short of their legal obligations to promote racial equality across the workforce, according to a report out on the 31st. March 2009 by the healthcare watchdog.

A quarter of the 39 trusts reviewed failed to publish adequate and up-to-date workforce statistics, as required by the Race Equality Act, the report by the Healthcare Commission found.

Finding that ethnic minorities are still under-represented at senior levels in the health service. While these groups account for 16 per cent of the workforce, fewer than 10 per cent hold senior management positions and just one per cent are chief executives.

Staff from ethnic minorities were also disproportionately involved in bullying and harassment cases and are over-represented in disciplinary and grievance procedures.

Anna Walker, chief executive of the Healthcare Commission, "NHS trusts need to properly understand the ethnic makeup of the community they serve and the people they employ if they are to deliver services that are fit for purpose. Without accurate and up-to-date workforce data, trusts cannot be assured that their staff are promoted equitably, that staff are representative at all levels of the population they serve and that trusts are not discriminating against their own staff."

<http://www.nhsemployers.org/EmploymentPolicyAndPractice/EqualityAndDiversity/atest-e-and-d-news/Pages/HealthcareCommissionpublishesRaceEqualityReviewReport2009.aspx>

Ethnic minority staff kept out of senior NHS roles

Institutional racism is preventing ethnic minority staff from reaching senior positions in the NHS, according to a study by the NHS Institute for Innovation and Improvement.

Five years after the launch of its Breaking Through programme to raise the proportion of BME managers, just 1% of NHS trust chief executives and 8% of senior managers are from ethnic minority backgrounds. Middle management is more representative, but BME staff appear to be hitting a glass ceiling.

www.institute.nhs.uk

Social Model of Disability

The Social model is a direction of looking which can help when considering all diversity issues. The principle is simple: instead of looking *at* the person (or people) who are "different", "out-of-the-norm", or "excluded" and asking "What can be done about *them*?" – look at the world *from their point of view* and ask "What *barriers* do they face?". As part of our NHS diversity training programme we interactively and practically explore each of the equality strands using the principles of the social model. Contact Jonathan for more information.



www.samtosha.co.uk



Investigation reveals appalling neglect by NHS of people with learning disabilities

NHS and social care staff have been responsible for an appalling catalogue of neglect of people with learning disabilities, the health and local government ombudsmen say today after an investigation into six "distressing" deaths.

One example included the case of a 43-year-old man with Down's syndrome and epilepsy who starved for 26 days in Kingston hospital, Surrey, because he was unable to speak. Martin Ryan, 43, went without food for 26 days after being admitted to Kingston hospital following a stroke. By the time staff realised what was happening, he was too weak to be helped. He had a severe learning disability and no speech. The ombudsmen said it was likely his death could have been avoided, "had the care and treatment provided not fallen so far below the relevant standard".



The ombudsmen found patients with learning difficulties were treated less favourably than others, resulting in "prolonged suffering and inappropriate care". When relatives complained, they were left "drained and demoralised and with a feeling of hopelessness".

The investigation upheld complaints of maladministration against seven NHS trusts and two local authorities involved in the six unrelated deaths between 2003 and 2005. It also criticised the watchdog, the Healthcare Commission, for failing to deal properly with complaints.

http://www.ombudsman.org.uk/news/news_six_lives.html

Disability equality in the medical profession

BMA report Disability equality within healthcare: the role of healthcare professionals which discusses disability equality in healthcare service provision and considers the inequalities in access to healthcare and health outcomes experienced by disabled people. It also identifies ways in which healthcare professionals can help to break down disabling barriers, and highlights the need for consistent disability equality and etiquette training throughout medical education. The roles of healthcare organisations in promoting disability equality and supporting policy implementation are also discussed.

http://www.bma.org.uk/images/Disability%20equality%20in%20the%20medical%20profession_tcm41-147303.pdf

Coronary health disease

Death rates for first generation South Asian adults from coronary heart disease are 50% higher than average in England & Wales.

Source: NHS 2007

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Diversity
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Equality Impact Assessments

For a specific NHS Equality Impact Assessment template go to the link below. For practical specific guidance on completion of your EIA's – adjusted to take into account the forthcoming requirements as outlined in the Equality Bill - please contact Jonathan at Samtosh.

http://www.nhsemployers.org/SiteCollectionDocuments/EqIA_template200109.pdf

Staff – your rights and NHS pledges to you



The rights are there to help ensure that staff:

- have a good working environment with flexible working opportunities, consistent with the needs of patients and with the way that people live their lives;
- have a fair pay and contract framework;
- can be involved and represented in the workplace;
- have healthy and safe working conditions and an environment free from harassment, bullying or violence;
- are treated fairly, equally and free from discrimination; and
- can raise an internal grievance and if necessary seek redress, where it is felt that a right has not been upheld.

The NHS Constitution

Praying for Patients

The widely reported case of Caroline Petrie, the nurse who offered to pray for a patient, illustrates how those with a religious faith may, with the best of intentions, stray into behaviours that are inappropriate and inconsistent with their professional roles and contravene employer guidelines

While Caroline Petrie was allowed back to work after a period of suspension, a social worker on secondment to Mersey Care NHS Trust lost his job, and his claim of religious discrimination, when his employer dismissed him for failing to observe clear rules with respect to interaction with service users. He failed to report an assault, in contravention of health and safety rules, apparently gave a service user a Bible, and took another service user who was living in a hostel, and who was said to be his friend, to his home, on New Year's Day. In this case the EAT held that the tribunal had been entitled to find that there had been no discrimination when Mr Chondol had been dismissed for inappropriate proselytising, rather than on the grounds of his religious belief. His employer believed that he was seemingly unable to identify and observe the professional boundaries and rules that governed his conduct as a social worker. *Chondol v Liverpool City Council (11 February 2009)*

Patients and the public – your rights and NHS pledges to you

You have the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, religion or belief, sexual orientation, disability (including learning disability or mental illness) or age.



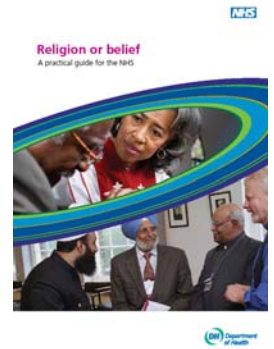
NHS guidance on religion or belief

The Department of Health has issued guidance on religion or belief for NHS staff, which gives practical advice to NHS trusts on implementing a policy on religion and belief and how to ensure compliance with the legislation.

The guide recognises that members of some religions are expected to preach and try to convert other people. It warns that such conduct could amount to harassment or intimidation and recommends that: “To avoid misunderstandings and complaints on this issue, it should be made clear to everyone from the first day of training and/or employment, and regularly restated, that such behaviour, notwithstanding religious beliefs, could be construed as harassment under the disciplinary and grievance procedures.”

“It is acceptable to offer spiritual support as part of care when the patient asks for it. But for nurses, whose principal role is giving nursing care, the initiative lies with the patient and not with the nurse.”

Religion or belief: a practical guide for the NHS www.dh.gov.uk/en/Publicationsandstatistics/



The Way to End Age Discrimination

Health Secretary Alan Johnson has announced that Sir Ian Carruthers, and Jan Ormondroyd, will lead an in-depth review of how the NHS and social care can effectively tackle discrimination against older people (17th. April 09).

The South West for example has the highest proportion of over 65s in the country – 21% - and this is expected to increase to 45% by 2021. In addition, the region has the highest life expectancy in England – 78 years for men and 82 years for women – and is striving to improve this even further, to match the longest life expectancy in Europe by 2013.

Mr Johnson says old age no longer begins at 65, with many people remaining active well beyond that. He warned that because of increasing life expectancy that the growing numbers of elderly people would pose serious problems for society and the economy meaning automatic retirement at 65 would have to be “consigned to history”. While the facts about ageing have changed 'the fiction remains' he said, meaning that in work and in healthcare, older people are treated differently because of their age.

<http://www.southwest.nhs.uk/news/endagediscrimination.asp>

Transgender experiences: information and support

A new leaflet (30.03.09) has been produced to help trans people and their families understand about the experiences of trans people, their rights and their choices. It also helps healthcare staff to understand about their role when caring for trans people.

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097169





Top list of gay-friendly employers

The high-street bank Lloyds TSB has been named as the best place to work in 2009 for lesbian and gay people, the NHS unfortunately scores poorly. As the country's single largest employer, the NHS, is notable for its absence in the upper reaches of the index. Only one NHS Trust, Tower Hamlets, scored well, coming in at number 58.

www.stonewall.com

Prescription for Change

Stonewall have recently published a report entitled 'Prescription for Change - Lesbian and bisexual women's health check 2008'. The report outlines the key issues for the health care sector in understanding and meeting the health needs of lesbian and bisexual women. The report covers mental health, domestic violence, cervical screening and sexual health.



The report makes ten key recommendations for the NHS:

1. Understand lesbian health needs: Only 1 in 10 lesbian and bisexual women said that health care workers have given them information relevant to their health care needs.
2. Train staff: Only 3 in 10 lesbian and bisexual women said health care workers did not make inappropriate comments about their sexual orientation.
3. Don't make assumptions: 2 in 5 lesbian and bisexual women said that in the last year health care workers had assumed they were heterosexual.
4. Explicit policies: Only 1 in eleven say that their GP surgery displayed non-discriminatory policy.
5. Tell lesbians what they need to know: Three quarters of lesbian and bisexual women think they are not at risk from sexually transmitted infections.
6. Improve monitoring: 1 in ten lesbian and bisexual women stated that when they did come out to a health care worker they were either ignored, or the health care worker continued to assume they were heterosexual.
7. Increase visibility: Half of young lesbian and bisexual women have self-harmed in the last year. Increased visibility of lesbian and bisexual women will help improve self-esteem and morale.
8. Make confidentiality policies clear: 1 in 8 lesbian and bisexual women are not sure what their GP's policy is on confidentiality.
9. Make complaints procedures clear: Half of lesbian and bisexual women have had a negative experience in the health sector in the last year.
10. Develop tailored services: Only 2% of lesbian and bisexual women have attended a service tailored towards their needs.

http://www.rcn.org.uk/support/diversity/diversity_strategies/sexual_orientation

A Celebration of lesbian, gay, bisexual and transgender doctors

In 1990, the World Health Organisation endorsed an intention to remove homosexuality from the International Classification of Diseases (ICD) where it was listed as a mental disorder.

In 2005 the Department of Health's Equality and Human Rights Group (EHRG) established the Sexual Orientation and Gender Identity Advisory Group (SOGIAG) to provide a national steering group, to advise on and oversee delivery of a comprehensive strategy for improving health and social



care services for LGBT individuals and to improve the experiences of those working within the NHS.

A Stonewall report commissioned by the Department of Health also illustrates that discrimination can occur in the NHS regardless of seniority, practice area and location. While evidence indicates that LGBT doctors face barriers within the NHS there are signs of improvement in terms of career progression.

In recognition of February's (2009) lesbian, gay, bisexual and transgender History Month, the British Medical Association's (BMA) Equal Opportunities Committee (EOC) has produced this web-based resource celebrating the contributions of lesbian, gay, bisexual and transgender (LGBT) doctors to the NHS over the past 60 years.

One of the key challenges facing the NHS is moving beyond the three public duty identities of race, gender and disability and truly embracing a single equality approach that values transgender or gay identities as much as an ethnic minority or a female or hearing impaired aspect of an individual's identity.

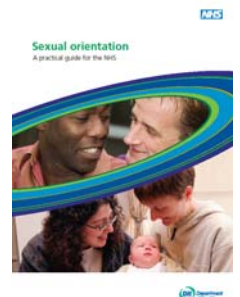
They hope that this resource and the individuals who have been honest and brave enough to share their experience of being lesbian, gay, bisexual and transgender doctor working in the NHS will help to break down these barriers, increasing understanding and inspiring other lesbians, gay men, bisexuals and transgender individuals to join their colleagues contributing, building and expanding a more positive and diverse profession for us all.

www.dh.gov.uk/en/Managingyourorganisation/Equalityandhumanrights/DH_4136008

Sexual orientation: A practical guide for the NHS

This document gives practical advice to enable NHS organisations to address their responsibilities relating to sexual orientation and employment or healthcare delivery

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_095634



Surveying health & sexuality: a qualitative online survey of LGB people's physical health & chronic illness

Lipton (2004) suggests that gay men with chronic illnesses other than HIV are placed to the margins of both a heteronormative mainstream healthcare system and a HIV-centric gay community. He asserts that gay communities need to move to a multi-issue approach which addresses the needs of gay men with non-HIV related chronic illnesses. The conclusions to this survey included:

- health care professionals should consider the relevance of sexual identity to the experiences of illnesses other than just HIV/AIDS.
- The need for LGB specific support.



Quotes from the research

- ▶ I feel that I cannot share with her [a doctor] that I am gay, as I am not sure what impact that would have on my treatment [...] I am not sure that this would not compromise my treatment
(Lesbian with arthritis & asthma)
- ▶ I do not feel safe in the support groups locally, or regionally for my illnesses, as if I have to hide my lesbianism, it is just another oppressive atmosphere that adds to my stress, and doesn't help enough to counteract it. So unless they are lesbian/gay focused, they are not helpful to me.
(Lesbian with asthma, CFS and degenerative disc disease)
- ▶ 'I feel like the only person with this condition amid lgb community'
(Lesbian with Crohn's disease)
- ▶ In my experience most health related literature tends to be very heterosexist, apart from information on sexual health
(Gay man with asthma)
- ▶ Most of the negative experiences have been with female nurses [...] who have felt entitled to pronounce judgementally about my lifestyle at a point when I am feeling physically unwell and, therefore, vulnerable.
(Gay man with arthritis, colitis & kidney disease)

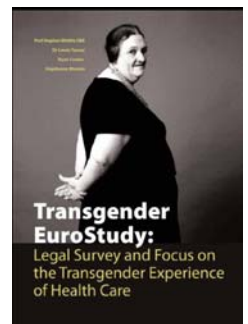
Adam Jowett Aston University 2008

Transgender Health Care Study (2008)

More than 17% of UK respondents surveyed were refused treatment because a practitioner did not approve of gender reassignment. Does being trans affect the way that you access routine non-trans related healthcare? 22% of Trans in the UK said 'yes'.

Some of the UK findings included:

- Practitioners had to battle with PCTs to get funding for individual patients
- - surgical procedures dismissed by some PCTs as 'cosmetic' or 'obscure'
- PCTs do not want details of the surgery to become public for fear of controversy



Conclusions

- Trans people avoided accessing routine healthcare because they anticipated prejudicial treatment from healthcare professionals.
- Improper treatment by healthcare professionals – little dignity to trans people.
- Health care professionals see all HC issues as trans related
- The link between seeking gender reassignment and mental illness is a strong factor in the (mis) treatment of trans people by HCP.



Responses by Trans people interviewed included:

I avoid and dread any form of hospitalisation, for fear either of being consigned to a gender-inappropriate ward

I avoid seeking medical help unless absolutely necessary because I do not trust the local health care providers to rigorously protect my privacy

I went for an MRI scan on my brain and neck, the radiographer decided to continue downwards to check my chest and spine, but did not explain first and did not ask my consent. When the scan showed my chest, she was transfixed at the screen and started laughing and exclaiming, and called her colleagues to come and look.

As a trans person I have been labelled with a negative stigma of a mental patient by some health care personnel.

Dr Lewis Turner & Dr Louis Bailey www.pfc.org.uk

Agenda for Change not discriminatory

In a significant victory for the NHS, an employment tribunal in *Hartley v Northumbria Healthcare NHS Trust*, has ruled that Agenda for change is a valid job evaluation study under the Equal Pay Act 1970 and that it does not discriminate on grounds of sex. The tribunal upheld as defences to equal pay claims the national arrangements for pay protection, recruitment and retention premium (although these must be reviewed before 31 March 2011), as well as assimilation processes under Agenda for change.

Case ref ET 2507033/2007



Constitution Responsibilities

Patients & Public: should treat NHS staff and other patients with respect

Staff: not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation.

It is there to improve our health and well-being, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.

The NHS Constitution

If you missed our Latest Spring Newsletter, Equality Bill Summary or LGBT Newsletter Special please contact Jonathan for a copy.

For further information or background on any of these items, or information about our **diversity & equality training** or consultancy please contact us as below.

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