Gateway number: 02206



Sharing the Learning – Implementing the Equality Delivery System for the NHS – EDS/EDS2

Your details Organisation: Peninsula Community Health, with Plymouth Hospitals NHS Trust and Royal Cornwall Hospitals Trust. Name/Job title: Deborah Rees and Sharon Ashby, Screening Liaison Nurses Contact details: Deborah.rees@pch-cic.nhs.uk What are your organisation's Equality Objectives? 1. To develop consistent protocols and standards around accessible information

- To develop consistent protocols and standards around accessible information ensuring availability in a variety of formats thereby enabling patients to make informed choices about their healthcare
- 2. To increase and improve the standard and collection of equalities monitoring data for patients and staff in order that PCH can clearly identify gaps and focus appropriate service provision to individuals and groups in the community; and to enable PCH to recruit / support underrepresented groups in the workplace**
- 3. To develop a learning and development package which supports staff to better understand the links between equality, human rights, enabling patient choice and enhancing patient experience
- 4. To improve the (protected characteristics) under-representation within the PCH workforce, with a specific focus on age (under 30 age group), gender (male) and employees with a disability

Would you be happy for your contact details and equality objectives to be published on the Equality and Health Inequalities Hub (for the purpose of sharing good practice only)? Yes

Title/Theme of Case Study:		
Increased the uptake in breast screening of women with learning disabilities.		
Which EDS Goal does your case study relate to?	Which protected characteristic(s) are covered by your case study?	
Please tick all that apply	Please tick all that apply	
 ☑Better health outcomes ☑Improved patient access and experience ☐A representative and supported workforce 	△Age△DisabilityGender reassignmentMarriage and civil partnership	

Gateway number: 02206

☐Inclusive leadership	☐Pregnancy and maternity
	□Race
	□Religion or belief
	□Sex
	☐Sexual orientation

Background information about EDS activity in your organisation:

Include a brief summary of how EDS/EDS2 is implemented in your organisation, including **positives and challenges**, e.g. joint grading with local interests etc.

Positives:

- 1. Improved engagement with protected groups;
- 2. Enabled the organisation to pull together and mainstream all elements of equality throughout the organisation eg work on dementia has a significant impact on age;
- 3. Promoted joined up working with NHS colleagues across the County.

Challenges:

1. The original EDS was time consuming and resource intensive.

What are you proud of and how has this benefited patients and/or staff?

Include outcomes for patients, communities or staff as a result of using EDS/EDS2.

We increased the uptake in breast screening of women with learning disabilities. We did this because it wasn't that women with learning disabilities didn't want to go for screening. Women could not understand the information that was being sent to them, they were scared because they didn't know what to expect, people were making assumptions about what they would and wouldn't cope with.

How was this achieved?

Include any challenges or barriers to overcome, any partnership working or creative and innovative approaches.

We worked with the breast screening service and the GP surgeries in order to identify women with learning disabilities at the pre invite stage.

The process is straightforward; the programme manager at our local breast screening centre contacts GP surgeries for information before the breast screening vans move into their area (women are invited by GP surgery). She asks the surgeries to identify any women with a learning disability so that they can be offered extra support.

She then puts the women's name into a spread sheet along with their screening history. This list gets given to the screening liaison nurses who then contact patients who are new to screening or have never been when previously invited.

Each patient is offered a visit from the nurses who go out to explain using photos and dvd's of what happens at a screening appointment and talk about why it is important to go. The nurses work out what reasonable adjustments need to be made in order for a woman to be supported to attend for screening and communicates these to the administration staff and radiographers.

These adjustments can then be put into place in order for the women to have the best

Gateway number: 02206

chance of having a positive screening experience.

The reasonable adjustments are very varied;

Longer appointments, a pre visit to meet staff and look at the mammogram machine, having a go at getting their hand squeezed by the machine so they get an idea of what the squeeze on the breast will feel like, appointments arranged to attend with friends, taking favourite photos with them to show radiographers at appointments, singing in the x ray room at the appointment, support staff allowed in room during the appointment – whatever helps that woman to feel at ease and safe.

Liaison nurses have made good links with staff in the screening programme and have lead radiographers and administration staff who understand the extra support that these patients need.

The liaison nurses also talk to women and staff teams about being 'breast aware'.

Top tips:

What learning could other organisations take from your example above?

Early identification is crucial so we can get things right for women at the start of the screening process. It is very hard to undo a bad experience. It is also important to have someone who has time dedicated to this role and who is willing / allowed to work in a flexible way.