

DOCUMENT CONTROL

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B. Document Details

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C. Document Revision and Approval History

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12	Mar 2025	TC Lindgren	E Wall	Added: Heidi AI information as per Paul Couldrey request

UPDATE – 04.03.25

Heidi AI

*As part of the Digital First National programme of work, GP Practices are required to record accurate data about patient interaction, especially within consultations. To assist with this administrative task, the practice is using a new technology known as **Heidi AI**.*

*The primary purposes include improving clinical documentation, aiding healthcare professionals in notetaking, and generating consult summaries. **Heidi** technology enables clinicians to focus on patients during the consultation, contributing to improved patient care. It also acts as a valuable tool for medical practitioners, saving them hours of administrative time per week.*

***Heidi** works by transcribing speech into text from a healthcare encounter such as conversations between clinicians and patients or by clinicians dictating their clinical findings, impression and/or management plans before, during and after the healthcare encounter. The clinician can also add additional contextual notes about the healthcare encounter.*

This system is designed to alleviate the administrative burden on healthcare professionals, allowing them to focus more on patient care rather than paperwork. The Heidi Scribe will leverage natural language processing (NLP), speech recognition technology, and machine learning algorithms to understand and interpret complex medical dialogue, identify key health information, and categorise data into the appropriate sections of an Electronic Health Record (EHR).

*Your consent will be sought for consultations that are transcribed using the **Heidi AI tool**. Heidi also uses aggregated de-identified information from these consults to improve its models and outputs, ultimately improving both patient care and clinician experience.*

All Data that identifies you stays within the practice and its servers which are UK based, no identifiable data is used by the Heidi tool for machine learning.

Heidi AI will not make decisions about your care, it only transcribes verbal interactions with the practice, with your consent.

More information about the model can be found on the Heidi website here: -

<https://www.heidihealth.com/uk>

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INTRODUCTION

This policy sets out Mickleover Medical Centre's provision to ensure that patients are afforded privacy dignity, and are treated respectfully at all times, in all appropriate circumstances where there is the potential for embarrassment or for the patient to feel "ill at ease".

It is against the law to discriminate against someone because of a protected characteristic, everyone is protected under the *Equality Act 2010* (<https://www.gov.uk/guidance/equality-act-2010-guidance>) from these types of discrimination:

- 1) [age](#)
- 2) [disability](#)
- 3) [gender reassignment](#)
- 4) [marriage and civil partnership](#)
- 5) [pregnancy and maternity](#)
- 6) [race](#)
- 7) [religion or belief](#)
- 8) [sex](#)
- 9) [sexual orientation](#)

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

PROVISIONS

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) at all times by all 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.
- 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.

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 always 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 a chair with arms at a suitable height and design available and suitable for the patient to use.
- Patients who may experience difficulty in understanding due to language barriers may have a family member or friend available to interpret or assist.
- 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.
- Areas used by patients for dressing / undressing will be secure from interruption or ingress (i.e., there will be no unlocked door to either a corridor or to any room not occupied by the consulter who is attending that patient).
- 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.

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).