

You can make a difference



Improving primary care services for disabled people

The Disability Discrimination Act 1995 (DDA)

The DDA means that service providers such as GP or dentist surgeries, walk-in centres, out-of-hours services, pharmacies and specialists such as podiatrists cannot discriminate or provide a poorer quality of service to disabled people because of their disability. Improving services for disabled people also helps you to improve services for everyone's benefit.

As a service provider you must also provide reasonable adjustments for disabled people to enable them to access services more effectively. These include:

- Changing policies, practices and procedures. For example, letting a person with an assistance dog into the surgery or other premises. Or allowing people to make appointments by e-mail, Textphone or Typetalk if they find talking on the telephone difficult.
- Providing auxiliary aids and services. For example, approaching someone who is hard of hearing rather than calling their name in the waiting area.
- Providing an alternative service where the usual service location is not accessible. For example, if someone has difficulty walking, arranging for a GP to meet them in a location which involves less walking or providing the service from accessible premises.
- After 1 October 2004, in addition to these kinds of adjustments, there will be requirements on removing, altering or avoiding barriers in the premises. For you, this might be as simple as keeping areas clear of rubbish or hazards.

You can make a difference – improving your services for disabled people

If you work in primary care, however accessible the premises are, as a front-line member of staff YOU can make an important difference to the way services are delivered to disabled people. A high proportion of your service users – families and carers as well as patients – are disabled – that is, they have physical, sensory, learning or psychiatric impairments or other long-term health conditions.

Providing high quality health services can also play a crucial role in supporting disabled people in other areas of their lives, like helping them to stay in work and participate in family life and other activities.

Please read this leaflet to find out how you can help improve services for disabled people.



Improving the overall experience of your patients or customers

You can make a difference to the way in which disabled people experience primary care services.

Making an appointment

- People who are deaf or hard of hearing quite often use a Textphone or Typetalk. Make sure you understand how these work so that you can help people to make an appointment.
- When making appointments, provide details of local transport and in particular details about disabled access. A service user with a visual impairment may ask to be met at the bus stop if it is dark.
- Consider booking a longer appointment to allow for any possible delays due to difficulties a disabled service user might face, particularly if they are using the service for the first time.
- When making the appointment, find out what assistance the disabled user requires. For example, they may need a British Sign Language (BSL) interpreter. Once you have determined what their needs are, it is important that you pass this information on to colleagues so that it can be acted upon. For example, a doctor may need to move to an accessible consulting room or the disabled user may need a quiet, calm waiting area.

The entrance and reception

- Some people have difficulty using an intercom system. If an intercom system is used, a member of staff should be available to help.
- If you are working on reception you need to be flexible in order to meet the needs of disabled people. For example, a patient may need to be escorted to the treatment area if they are visually impaired.
- Make sure that you know how to use any auxiliary aids such as an induction loop system for hearing aid users.
- If desk height options are limited, you should come out from behind the desk or hatch to assist a wheelchair user or someone of restricted height.
- Some patients will want to discuss their requirements confidentially with reception staff. Ask them if they would prefer talking to you in a quiet area.

Waiting areas

- Waiting areas should have a calm, welcoming environment.
- There should be enough space for a wheelchair user to be alongside a seated companion.
- You can usually let the patient know it's their turn for an appointment by approaching them discreetly to inform them of this.





Service requirements

All staff can check and make a note of a disabled person's requirements, but this may be a particularly important role for the receptionist. Ask if you can note down any requirements in the patient's record, so that they will be available to all staff. Here are some examples of possible requirements:

- A disabled patient who has difficulty getting on to or lying on an examination or treatment bed might need appropriate assistance. An adjustable bed may be required.
- An adult patient with a learning disability might want you to consult them without their family or support worker present.
- A deaf person might request a particular 'signer' to be used.
- Some wheelchair users prefer to remain in their wheelchair whenever possible during examinations.

Assessment or treatment areas

At this stage you should already have a note of the service user's requirements, for example, if they would prefer to be examined or treated in their wheelchair. The following examples show how you can improve the disabled user's experience of assessment and treatment:

- Communicate directly with the service user, even if they have someone with them, unless informed otherwise.
- Ensure that you know how to use hoists and other 'assistive' equipment.
- Use plain, simple language when giving a diagnosis or explaining a treatment procedure, and take time to explain it.
- If someone is left for any length of time, make sure they know why and occasionally check out their requirements. For example, they may want to change their posture or need help with personal care, or they may be anxious.
- Make sure that equipment is accessible to disabled people. For example, you may need to weigh a wheelchair user.





Referral on to other health services

- Ensure that a disabled person's requirements are recorded with their consent and passed on to the next service such as a hospital, another department, clinic or pharmacy. For example, a service user with a learning disability may want to be spoken to directly.
- It is important that the service user is kept fully informed of where they are being referred and for what reason, and how long they can expect to be there. This includes informing them about facilities such as nearby toilets.
- If they are going alone, ask them if they want you to describe or write down where they are going. If they do want directions, use clear and straightforward language – avoid phrases like 'up there' or 'the next block'.

On leaving the service

When a disabled person goes home after the service or treatment, any standard procedure may need to be amended to take account of individual requirements. You should:

- Ask if they need a taxi or help getting to their car or the bus stop.
- Regularly seek to check the way in which services are delivered. A feedback form can help you to assess current service provision and to identify areas for improvement.

Towards a better service

These ideas are all based upon what disabled people seek from a quality service.

- Find out how disabled people want you to assist them first. Never simply take hold of a disabled person.
- Use an everyday tone of voice. Do not shout at or patronise a disabled person.
- Make sure that you allow people to communicate in their own way, and in their own time. Allow someone with a disability extra time to explain their symptoms rather than appearing impatient.
- Take the time to explain to people what is going on and check that they understand, to avoid unnecessary anxiety.
- Don't make assumptions. For instance, avoid assuming that someone's disability is the cause of their present health problem. The two may not be connected.

These suggestions are just some of the approaches that will help you to improve the overall experience of disabled patients, their families and carers, and to make sure you play your part in complying with the DDA. More information about the issues in this leaflet is available at:

www.dh.gov.uk/publications

www.dh.gov.uk/PolicyAndGuidance/EqualityAndHumanRights

www.drc-gb.org

www.disability.gov.uk

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