

You can make a difference



Improving primary care services for disabled people

A good practice guide for primary care service providers

This guide is for those who own or run primary care health services such as GP or dentistry surgeries, community clinics, walk-in centres, out-of-hours services, pharmacies and specialists such as podiatrists.

It can help you to understand your duties under the Disability Discrimination Act 1995 (DDA) and the action you can take to meet the needs of your disabled service users.

At the end of the guide, there is an overview of the range of disability access issues that may arise in a primary healthcare context. The issues are structured as a 'patient pathway', which covers areas such as 'arriving at the practice' and 'at reception'. It also includes suggestions about how these issues could be dealt with.

As a primary care service provider, you'll want to consider whether you have identified disability access issues and priorities for action before the legislative changes under the DDA come into force on 1 October 2004. You'll also want to be sure that there is an ongoing process in place for review.

This guide is being published alongside a discussion note to assist Primary Care Trust (PCT) boards in considering their strategic approach to disability access issues. In addition, a leaflet setting out key messages for front-line primary care staff will be published during September 2004. Sample copies of the leaflet will be sent to each GP surgery. PCTs will make arrangements to disseminate the leaflet to other primary care service providers.

There is already a separate leaflet and guidance for front-line staff in Acute Trusts, Ambulance Trusts and Mental Health Trusts, which is available at www.dh.gov.uk/PolicyAndGuidance/EqualityAndHumanRights/fs/en

National priorities

The NHS Improvement Plan sets out the drive to deliver high quality and personalised care. There are four broad national priority areas for the next three financial years in the Health and Social Care Standards and Planning Framework:

1. Improving the health of the population
2. Supporting people with long-term conditions
3. Access to services
4. Patient/user experience.

Disabled people – people with physical, sensory, learning or psychiatric impairments or other long-term health conditions – make up about 22 per cent of all adults and an even higher proportion of primary care service users. It is not possible to deliver on these priority areas without considering the needs of disabled people.

1. Improving the health of the population

There is a link between poverty and poorer health outcomes, and disabled people make up a disproportionate percentage of those who live on Social Security benefits. By providing high quality healthcare services to disabled people, you can play a crucial role in supporting them in other areas of their lives, like helping them to stay in work and participate in family life and other activities. This in turn helps to support a healthier and fitter population. Guidance for GPs on helping patients to stay in work is available at www.dwp.gov.uk/medical/hottopics/dwp-desk-aid-time-line-2003-4.pdf

Unequal access to health screening, assessment and treatment is considered to be one of the reasons why some groups of disabled people tend to die younger than non-disabled people. Service providers can help to make progress against targets to reduce health inequalities by providing annual health checks, with screening, for disabled people at high risk, such as those with long-term mental health problems or learning disabilities.

2. Supporting people with long-term conditions

The rate of permanent admissions to residential and nursing care has decreased. However, for disabled people, the numbers of permanent admissions are still increasing. You can help disabled people manage their conditions by offering appropriate primary care services. This will support them in living independently and participating in the social and economic life of their communities.

3. Access to services

Primary care services need to be accessible to all, including those with mobility, sensory or mental impairments. You may need to make special arrangements so that disabled people have fair and prompt access to appropriate care.

4. Patient/user experience

Improving services for disabled people can also bring about improvements in services for all primary care users. Disabled users may have impairments which can make it particularly difficult for them to exercise choice and access appropriate services – and if your services can be responsive to their needs and wishes, then they will also be responsive to people who face less significant obstacles. For example, providing information in ways which are accessible to people with learning disabilities may also help people whose first language is not English; and improving physical access for wheelchair users can help parents with pushchairs.

Patient and public involvement

If services are to meet the needs of disabled people, it is essential to involve disabled people in the design and delivery of services and to find out about their needs and experiences. This might be achieved through existing structures and mechanisms such as Patients' Forums, local user feedback surveys and complaints, or it might necessitate targeted action.

As a service provider, you may need to consider whether your services are accessible and responsive to disabled service users and whether there are ways of recording and responding more effectively to individual needs and wishes – for example, by enabling disabled people to record their access requirements so that they have to explain them only once.

The Disability Discrimination Act 1995

The Disability Discrimination Act 1995 (DDA) means that service providers such as GPs, dentists and pharmacists cannot discriminate against disabled people because of their disability. Discrimination could arise where, for example, a service provider did not offer an appointment to someone because of his or her disability. It could also be considered discrimination if a health professional did not investigate a physical complaint in someone with a diagnosed mental illness as thoroughly as in another patient because the professional found the patient difficult to communicate with.

Under the Act, you must also provide reasonable adjustments for disabled people to enable them to access services more effectively. These include:

- 1. Changing policies, practices and procedures.* For example, letting a person with an assistance dog into the practice or allowing people to make appointments by e-mail, Textphone or TYPETALK if they find talking on the telephone difficult.
- 2. Providing auxiliary aids and services.* For example, approaching someone who is hard of hearing directly rather than calling his or her name in the waiting area.
- 3. 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 arranging to provide the service from accessible premises.
- 4. After 1 October 2004, in addition to these kinds of adjustments, there will be requirements on removing, altering or avoiding barriers in the premises.* This might include removing steps to create a level entrance, installing a ramp or providing an alternative entrance which is accessible.

This guide provides advice on how these requirements can be met. It will also help you to avoid legal challenges, which are time consuming and expensive.

The DDA also prohibits disability discrimination in employment and, from 1 October 2004, these provisions will apply to businesses with fewer than 15 staff. The employment duties are not dealt with in this guide, but you will wish to take appropriate steps to ensure that your employment practices are compliant with the law. Employing disabled people at all levels demonstrates that an organisation is committed to equality for disabled people. Advice on how to make adjustments for employees with different types of impairment is available from the Disability Rights Commission at www.drc-gb.org

What is a disability?

Disability does not just mean someone who uses a wheelchair. The DDA defines disability as a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

This is a wide definition and can include:

- People who are blind or partially sighted, or deaf or hard of hearing, or who have heart conditions.
- People with epilepsy, or who have problems with continence, people who have insulin-dependent diabetes, or who have a learning disability.
- People with Down's syndrome, or with dyslexia, or who have arthritis.
- People who have mental health problems, or are wheelchair users, or have restricted height.

This means that many primary care service users – families and carers as well as patients – may have a disability and have rights under the DDA.

Reasonable adjustments

What is 'reasonable'?

The DDA expects all service providers to take 'reasonable steps' to anticipate the needs of disabled people, not just to react as these arise. The definition of what is reasonable takes into account a number of key issues including the size of the organisation, and the cost and practicality of measures. Because of their greater resources, larger organisations need to consider more substantial measures in order to demonstrate reasonableness. Smaller businesses or service providers may not be expected to take such substantial steps, but they still need to do what is reasonable to meet the duty. In many cases, providers of primary care services can be compared to small businesses as they have limited resources and premises that are not always physically accessible.

While you will be expected to do what is reasonable to comply with the Act, the law does not expect organisations to respond to unreasonable requests, or to jeopardise the nature of the business. For example, in the case of a small, rural GP surgery which is located on two floors, a disability access audit might suggest that it would be too costly to install a lift and there is insufficient space. It would be reasonable for the surgery to avoid the barrier to disability access through measures such as offering consultation on the ground floor. The audit could also suggest that the service relocates to accessible premises when this can next be funded.

Deciding what needs to be done

Ideally, each service location should assess its premises and services for accessibility by disabled service users. The best way to do this is to have a professional access audit carried out to provide an assessment of needs and appropriate recommendations. This will help to identify and prioritise what needs to be done.

Consultation with a range of disabled people will help to ensure that the actions you propose to take meet their needs. However, the timetable for access assessments needs to fit in with the deadline for new duties coming into force on 1 October 2004 to ensure services meet their new duties.

When you are evaluating changes to improve disability access you should aim to remove physical barriers where possible. Where this is not possible there needs to be clear evidence showing why changes have not been made.

To ensure that you meet the duties set out in the DDA you may need to work with several other service providers to improve access to services for disabled users. Your PCT can help you arrange this.

Before making reasonable adjustments to improve access to primary care services for disabled people, both you and your PCT need to critically evaluate disabled users' current experience of services.

It may be helpful to structure this evaluation around the 'patient pathway'. This approach will ensure that procedural, staff, service and environmental issues are all covered.

The DDA expects services to be accessible and this can mean much more than installing a ramp. For example, it may be about ensuring that staff have disability awareness training so that they do not make an assumption that a person's health problem is linked to their impairment.

Flexible services, effective communication and, above all, positive attitudes can make a real difference to disabled people's access to and experience of services.

The section at the back of this guide describes the 'patient pathway' and some of the disability access issues that may arise, and suggests ways to improve primary care services for disabled people. There is also a self-assessment toolkit for small organisations on the Disability Rights Commission website at www.drc-gb.org

Leadership and staff training

Staff motivation to improve services for disabled people needs to be led from the top by a management team that is determined to offer a high quality of service to all patients. Commitment needs to be reinforced with policies, practices and procedures that reward evidence of good service quality.

There are different types of training available to support staff to help them improve services for disabled people. Appropriate training should be delivered to all staff including owners, clinicians and managers.

Priority groups for initial training are usually those who have first contact with patients or customers such as receptionists, switchboard operators, practice nurses and therapists. The Disability Rights Commission website at www.drc-gb.org contains a Good Practice Training Directory which provides more information about disability training and providers.

- *Disability equality training* focuses on the social, attitudinal and environmental factors that disabled people deal with. It is concerned with taking positive action to remove the barriers that disabled people face both at an institutional as well as an individual level. This type of training is usually designed and run by disabled people. The Disability Rights Commission recommends this as the most important type of training for all staff.
- *Disability awareness training* raises awareness of the requirements of disabled people. Commonly, it will concentrate on meeting communication and etiquette needs. For example, it gives staff practical advice on assisting patients with the full range of impairments described earlier in this guide. Ideally, disabled people – who have the best experience of the barriers that need to be addressed – should also deliver this training.

Continuous review

After assessing the accessibility of your services, preferably informed by professional advice, and setting out your priorities for action you may understandably expect your service to be DDA 'compliant'.

However, the DDA does not work like this. The reason for this is that the concept of 'reasonableness' changes as good practice or new technology becomes available and as the expectations of your service users, including disabled service users, rise.

For these reasons, you need to review your arrangements and measures regularly. The best method is probably to include a review of arrangements and measures in your periodic review of premises, but remember that it is the whole service and not just physical access that you need to review.

In turn, this review should be the subject of regular consultation with disabled people in your area. Feedback from disabled service users on the services they have received is one readily available source for this process.

The patient pathway

This section gives an overview of the range of disability access issues that may arise when you are providing primary care services. It does not aim to give you definitive advice – appropriate action needs to be informed by local circumstances, professional advice and the views of service users. However, it can help you to identify actions that can easily be taken to improve services for disabled people, and to prioritise further action needed in the future.

1. Publicity materials and documentation

Ensuring accessibility

People with visual impairments are unlikely to be able to read publicity materials which are only available in print form, and in standard or small font size. To produce material that is accessible to disabled people, consider the following examples of good practice:

- Always use a large font size in publicity materials and provide other formats, such as Braille or audio cassettes, on request. Make it clear on the printed documents that alternative formats are available. Once you have started producing materials in these formats, it is good practice to continue to provide the service. Ask your PCT about PCT-wide arrangements for these services that can help you access these facilities quickly.
- Use clear English.
- Use pictures or symbols like Widgit, Makaton or Signalong in your documents. This can also help people whose first language is not English.
- If you have a website, you may want to check the Bobby website at www.bobby.watchfire.com and the Disability Rights Commission's website at www.drc-gb.org to see if your website is accessible.

Providing extra help

You can also use your printed documents and websites to provide extra help for people with disabilities.

- It's good practice to highlight in your publicity materials that you want to assist your disabled service users to access services, and that you are happy to discuss any additional requirements they may have.

- You can help people who have difficulties using the telephone to make an appointment by including a fax number, e-mail address and Textphone number on all publicity materials and documentation.
- Consider using your website to describe the facilities that can help disabled people. These might include details about physical access to your premises and the arrangements you can make for people requiring British Sign Language (BSL) interpreters or lip speakers.

Feedback on your services

Meeting the duties in the DDA is consistent with a continuous improvement of service quality. It's good practice to get regular customer feedback from all customer groups including disabled people. You may want to follow these suggestions:

- Ask service users to complete customer feedback forms, which include specific questions about how service requirements were recognised and addressed. You may have to make arrangements to help people who have difficulty reading or writing to fill in the feedback form.
- Ask for feedback after someone has used a particular service or after a periodic visit.
- You can use feedback as a way of improving your service and demonstrating what is working well.

2. Making an appointment

Service requirements

Service providers should establish the service requirements that a disabled person has at the time of making an appointment. The following are examples of good practice:

- Find out what requirements the disabled person has – such as a BSL interpreter, assistance with finding the clinic in the dark, or easy access to the treatment room.
- Make a note of the requirements in patient records (with the disabled person's consent) and see that they are acted on.
- 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.

- In some cases, you may want to consider making a home visit. For example, a speech therapist assisting a child with a learning disability may want to deliver the service at home if the child is afraid of the clinic.

Making the appointment

People who are deaf or hard of hearing may find it difficult to make an appointment using the telephone.

- It is good practice to use facilities such as e-mail, Textphone or Typetalk. You will also need to consider whether staff know how these facilities work so that they can help people to make an appointment.

3. Arriving at the practice

People with disabilities may have difficulties getting to the service provider. You may want to consider the following suggestions:

Transport

- For people whose disability makes it difficult for them to attend the surgery or clinic, it is good practice to offer a home visit and/or to provide information about or help with travel arrangements.
- Provide information about which local pharmacies offer a pick-up and deliver service to disabled people.
- Make available a number of clearly marked, accessible car parking bays close to the entrance door of your premises. Monitor these so that they are only used by people with disabilities.
- If you do not have your own accessible parking, there should be a drop-off point available nearby which allows level access to the entrance.
- When making appointments, provide details of local transport and in particular details about disabled access.

Getting to the entrance

- The entrance should be easy to find from the street, car park or other routes to the building. Paths and routes should be free of obstacles and easily visible after dark. All signs should be clear and well lit.
- Keep the entrance well lit.

- Have level access to the building or a ramp and handrails. This can assist elderly people and mothers with pushchairs as well as disabled people.
- Easy opening, or preferably automatic, doors are better for everyone.
- Use contrasting colours at the entrance to distinguish steps and doors.
- Glazed doors should have clear, contrasting safety markings.
- It may be necessary to provide an alternative entrance or to provide the service at a different location if the main entrance cannot be made accessible.

Entry phones

- If the entrance to your premises uses a call bell or entry phone system, this should be at a height accessible to wheelchair users.
- Some people will have difficulty using an intercom system. If an intercom system is used, a member of staff should be available to help disabled users.

4. At reception

Reception is the first point of contact and is often the area most used by patients and visitors. You may want to consider the following suggestions to make your reception service more accessible:

Reception desk

- Make sure reception desks are clearly visible and at heights that are suitable for disabled people who might be standing or seated.
- If desk height options are limited, staff should come out from behind the desk or hatch to assist a wheelchair user or someone of restricted height.
- Consider installing auxiliary aids such as an induction loop system for hearing aid users.
- Reception areas should be free from glare. For example, background glare from a window can cause problems with lip reading.
- Avoid glass screens at the reception counter as they can reflect the light and cause difficulties for visually impaired people. They are also an additional barrier for someone who is deaf or hard of hearing.

Staff and procedures

- Offer disability equality and awareness training to your reception staff to help them communicate better and understand the different requirements that disabled people may have. For example, a person with cerebral palsy may have slurred speech due to their impairment.
- Make sure that your reception procedures are flexible enough 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.

Prescriptions

- Consider allowing telephone orders of repeat prescriptions and posting them to the service user.

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 reception staff. You may want to think about these suggestions:

- Patients should be able to discuss their requirements confidentially and discreetly with reception staff.
- Allow extra time to check understanding of these requirements.
- Staff should make a note of a disabled person's requirements. For example, a disabled patient may need appropriate assistance getting onto an examination or treatment bed. An adjustable bed may be needed.
- Consider keeping notes in patient records of a disabled person's service requirements. This should be done with their consent. Examples of such requirements could include an adult patient with a learning disability who requires you to consult them without their family or support worker present; or a deaf person who only wishes a particular 'signer' to be used.
- Make sure that the receptionist passes on the requirements to the doctor or other person providing the treatment. He or she may not have met the disabled person before, or may not recall their requirements.

5. From reception to the treatment room

Some disabled people may have difficulties getting to the treatment room. Additionally, waiting areas are not always accessible. You may want to consider the following examples of good practice:

Waiting areas

- Create a calm, welcoming environment in waiting areas.
- The chairs in the waiting area should be of various sizes and some should have high backs and/or arm rests. The chairs should also be a different colour from the walls and carpet to provide a contrast.
- It should be possible to rearrange some seating to make space for wheelchairs, prams or children's play areas.
- It is good practice to have sufficient space for a wheelchair user to be alongside a seated companion.

Announcement systems

- Announcement systems should be both visible and audible for people with hearing or visual impairments.
- Staff can usually alert a patient of their appointment turn by approaching them discreetly to inform them of this.

Getting around

- Disabled people should be able to get to and from treatment rooms easily and safely.
- Good lighting and colour contrast in internal decoration helps all service users.
- Internal signage should be clear, well lit and have Braille or pictograms. It should be positioned where it is visible to both disabled and non-disabled users.

6. Medical assessment and treatment

Communication

Some disabled people may have problems understanding and communicating with the doctor or other treatment provider. The following are examples of good practice:

- Use plain, simple English wherever possible.
- Allow someone with a disability extra time to explain their symptoms rather than appearing impatient.
- Communicate directly with the patient unless informed otherwise, even when a disabled patient has a family member or support worker with them.
- If a deaf patient is accompanied by a sign language interpreter, pause frequently while you are explaining a diagnosis to allow enough time for the interpreter to finish signing.
- Take extra time to explain your diagnosis and treatment to disabled patients – in particular, allow extra time to give instructions for taking medication.

Equipment

Some equipment may not be accessible for people with disabilities. It is good practice to consider the following:

- The equipment you use to provide preventative health checks may not be appropriate for people with disabilities. For example, you may need to weigh a wheelchair user or carry out blood pressure checks on people with a larger arm width due to their impairment.
- Dental treatment may need to be carried out on a wheelchair user who prefers to remain in their wheelchair whenever possible.

7. Accessible toilets

Inaccessible toilets may cause difficulties for people with disabilities. The following are suggestions of good practice:

- Consider installing an accessible toilet, particularly where a toilet is already provided for non-disabled people, or in any situation where users may have to wait for service. This might entail joining two or more cubicles into one multi-use unit available for both disabled and non-disabled users. The larger resulting area also becomes suitable for infant changing facilities or other personal care.
- A newly installed accessible toilet will need to comply with the BS8300 standard, which is the new Part M of the Building Regulations 2000 (available at www.hms0.gov.uk).
- If you already have a toilet which you think is accessible, ensure that it complies as far as possible with the latest requirements. Some toilets have inadequate transfer space on either side of the toilet and the location of handrails or fittings makes little sense.
- All signs on toilets should be clear, in contrasting colours and preferably embossed.
- Colour schemes in bathrooms should be light and there should be some contrast at floor or wall level. This will help prevent a visually impaired person from tripping over or catching themselves on rails and fittings.

8. In an emergency

Procedures in the case of emergencies may cause problems for people with disabilities. You might want to consider these examples of good practice:

- Fire alarm systems should be accessible to everyone, including people with hearing impairments.
- You need to ensure that all staff are trained in emergency evacuation. This includes service users who might need extra help. For example, it may be necessary to alert patients who are not reacting to audible alarms.
- Specific aids for disabled people, such as 'evac-chairs', should be located on accessible upper floors and staff should be trained in their use. Disabled service users are more likely to be happy to use them when staff can explain how easy, comfortable and safe these are.

Further guidance

The resources listed below give further information about the issues raised in this guide.

Extensive guidance for the NHS on accessibility in premises is available at www.nhsestates.gov.uk

The Disability Discrimination Act 1995 and a range of related guidance, including a self-assessment toolkit for small organisations and information about disability training, is available on the Disability Rights Commission website at www.drc-gb.org

The Disability Discrimination Act Code of Practice for goods, facilities, services and premises, which provides information about and examples of reasonable adjustments, is available at www.disability.gov.uk/dda

This guide, the discussion note for PCTs and the leaflet for front-line staff in Acute Trusts, Ambulance Trusts and Mental Health Trusts are available at www.dh.gov.uk/PolicyAndGuidance/EqualityAndHumanRights

The leaflet for front-line primary care staff will be published during September 2004. Sample copies will be sent to each PCT and GP surgery. The leaflet will subsequently be available through the Department of Health Publications Orderline (tel: 08701 555 455, e-mail: dh@prolog.uk.com) and at www.dh.gov.uk/PolicyAndGuidance/EqualityAndHumanRights

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