# You can make a difference

**Improving primary care services for disabled people**

## Discussion note for Primary Care Trusts

This discussion note is for executive directors and senior managers of Primary Care Trusts (PCTs). It explains the duties that apply to PCTs under the Disability Discrimination Act 1995 (DDA). It also gives examples of how PCTs can act to meet the needs of disabled people in primary care.

You may want to consider the issues in this note and discuss appropriate access and audit arrangements at your next board meeting.

The legislative changes under the DDA come into force on 1 October 2004. Your PCT board will want to ensure that local disability access issues and priorities for action have been identified before this date. You'll also want to be sure that there is an ongoing process in place for review.

This discussion note is being published alongside a guide for primary care service providers that sets out disability access issues they may need to consider. 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. A copy will also be sent to the access director in each PCT so that you can determine how to disseminate the leaflet to your other service providers, including dentistry surgeries, community clinics, walk-in centres, out-of-hours services, pharmacies and specialists such as podiatrists.

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 a far 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.

Disabled people are therefore a 'target group' on which local action needs to be focused in order to make progress against targets to reduce health inequalities.

## 2. Supporting people with long-term conditions

The rate of permanent admissions to residential and nursing care has decreased overall. However, for some groups of 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. Special arrangements may need to be put in place by your service providers to ensure 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 that 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 PCT, you may need to consider whether the way you commission primary care services provides accessible and responsive services for your local disabled population. Do quality standards reflect disabled people's requirements? Are there ways of recording and responding more effectively to the individual needs and wishes of disabled people? For example, could you enable 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, service providers 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, there will be additional requirements on removing, altering or avoiding physical barriers in premises.* This might include removing steps to create a level entrance, installing a ramp or providing an alternative entrance which is accessible.

This note 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 discussion note, but you will wish to take appropriate steps to ensure that your employment practices, and those of primary care service providers, 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

The NHS Appointments Commission can provide access to information about disability training and adjustments for board members. Contact Chris Dye on: 0113 394 2976.

# 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.

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 may be 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.

## Who is legally responsible?

The courts are yet to determine legal liability for compliance within primary care with the new DDA requirements on removing, altering or avoiding barriers in premises. These measures are due to come into force on 1 October 2004.

The relationships between PCTs and service providers can be varied and complex, and the premises from which primary care services are provided may be owned in various ways, including private ownership.

PCTs and service providers could simply wait for the courts to determine if they are liable under the DDA. For example, if GP surgeries or clinics are inaccessible – particularly if no reasonable alternative service is available – it is possible that both the commissioner and the service provider may be liable. Alternatively, one or other may be found liable.

However, it would be unwise for any PCT simply to await a legal ruling on liability before acting to ensure that DDA requirements are met in primary care services. Similarly, it would be unwise for service providers to ignore the access needs of their disabled service users.

# A PCT-wide disability access strategy

Due to the complex nature and variety of primary care services and premises it is best practice to have a PCT-wide disability access audit and strategy. The audit and strategy will need to take account of factors like overall demographics and community access to services.

It is also good practice for PCTs to lead some form of review of the overall estate from which services are provided, regardless of ownership, so that you can consider priorities for action.

Ensuring that DDA requirements are met in primary care might involve several service providers sharing the responsibility to meet the duties to ensure that disabled people have access to appropriate services.

Ideally, each service location covered by your PCT 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 make appropriate recommendations. However, for small organisations there is a self-assessment toolkit available on the Disability Rights Commission website at www.drc-gb.org

Consultation with a range of disabled people will help you 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 the new duties.

Ideally, your PCT and service providers should work together to evaluate the potential changes needed to improve disability access. The aim should be to remove physical barriers where possible. Where this is not possible there needs to be clear evidence showing why changes have not been made.

# Making reasonable adjustments

In deciding what reasonable adjustments are needed to improve access to primary care services, your PCT and service providers need to critically evaluate disabled people's current experience of services.

It may be helpful to structure this evaluation around the 'patient pathway'. This approach will ensure that procedural, staff and environmental issues are all covered. The 'patient pathway' approach is discussed in more detail in the good practice guide for primary care service providers available at www.dh.gov.uk/PolicyAndGuidance/EqualityAndHumanRights

The DDA is intended to make services accessible and this can mean much more than just installing a ramp. For example, it may be about ensuring that staff have disability awareness training so that they do not make assumptions that a person's health problem is linked to their impairment. The Disability Rights Commission website (www.drc-gb.org) contains a Good Practice Training Directory which provides more information about disability training and providers.

### 1. Examples of adjustments to policies, practices and procedures

- A change of policy may involve relaxing a 'no dogs' policy to allow assistance dogs to accompany patients into the practice, clinic or surgery; or setting up a shared system across services to ensure access to British Sign Language interpreters.
- A change in practice might involve enabling patients to book appointments by e-mail, Textphone or Typetalk if that is the communication method they prefer.
- A change of procedure might involve ensuring that the adjustments required to give a high-quality service to a disabled patient – such as a longer appointment slot for someone with a learning disability – are recorded and updated and passed onto other service providers. Or it might involve providing annual health checks in primary care to groups who are at high risk of physical ill health, such as people with mental health problems or learning disabilities.

## 2. Examples of auxiliary aids and services

Auxiliary aids and services often assist disabled people to receive information or communicate with service providers. These might include the following:

- 'Easy to read' and understand wall signs to help patients find their way independently around the premises.
- 'Easy to read' forms and other patient documentation produced in a large font (for example, Arial font size 14) can help people to read and understand information more easily.

## 3. Examples of alternative methods of service provision

The scope for alternative methods of service provision for disabled users may be an important consideration for PCTs when assessing the accessibility of the whole estate.

- Some local dental practices are located on the first or second floor and have narrow stairways. Your PCT can play a particularly important role in ensuring service providers co-operate to deliver accessible services. For example, with your assistance dental practices can provide services at accessible centres as soon as this is practicable and affordable. In the interim, you can help them to share space at accessible locations within the PCT estate, use mobile dentistry services or provide domiciliary services. This approach is in direct contrast to one that expects disabled patients to permanently use a 'specialist' and segregated service.
- Patients are often encouraged to attend primary care centres for out-of-hours care. Your PCT and service providers can work together to help people whose disability makes it difficult for them to attend the centre by offering home visits and/or providing information about or help with travelling to the centre.
- A GP's room is on the first floor of the practice. The GP could use any ground floor rooms that are available to meet with a patient who has mobility problems. Key facilities like an adjustable bed could therefore always be kept in this part of the surgery.

- Your PCT is planning to overhaul its estate over several years by introducing fully accessible Primary Care Centres offering fully integrated services. You will need to take steps to provide accessible services in the interim while you wait for the new Primary Care Centres to be completed. You could prepare PCT-wide registers of accessible facilities within service types to help to achieve this.

## 4. Examples of removing, altering or avoiding physical barriers in premises

From 1 October 2004, PCTs and primary care service providers will have to consider making reasonable adjustments to the physical features of buildings. These could involve major changes to premises, which might need planning permission.

- Removing a barrier might involve replacing steps with a level entrance. This is often done during major refurbishments or relocation to newly built premises. New service centres should use this approach as standard.
- Altering a barrier might include installing suitable external and internal ramps alongside steps. Your PCT could offer advice to service providers considering this option particularly if other premises within your estate have implemented similar changes.
- Avoiding a barrier might involve providing an alternative accessible entrance, or permanently moving a service from first to ground floor level. Your PCT can help advise service providers about their possible options.

# Further guidance

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

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 discussion note, the accompanying guide for primary care service providers and the leaflet for front-line staff in Acute Trusts, Ambulance Trusts and Mental Health Trusts are all available at www.dh.gov.uk/PolicyAndGuidance/EqualityAndHumanRights

A leaflet for front-line primary care staff will be published during September 2004. Sample copies will be sent to each PCT and GP surgery and 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/Equality AndHumanRights

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