

You can make a difference



Improving hospital services for disabled people

The Disability Discrimination Act 1995 (DDA)

The DDA means that service providers such as hospitals cannot discriminate or provide a poorer quality of service to disabled people because of their disability. Improving services for disabled people also helps us to improve services for everyone's benefit.

Hospitals 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 hospital or allowing people to make appointments by email or letter if they find talking on the telephone difficult.
- Providing auxiliary aids and services. For example, going directly to 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, arranging for a specialist to meet someone who has a walking difficulty in a location nearer to the entrance areas.
- Removing, altering or avoiding barriers in the premises. For you, this might be as simple as keeping areas clear of rubbish or hazards.

From December 2006, the Disability Discrimination Act 2005 introduces a duty for public bodies to positively promote disability equality.

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

If you work in a hospital, 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. Around a third of your service users – patients, their families and visitors – 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 hospital services for disabled people.



Improving the overall experience of patients

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

Making an appointment

- Find out discreetly about any requirements, for example, “Will you need any help when you arrive here?”
- Ensure you know how any aids to communication work, for example, textphones or Typetalk.

Arriving at the hospital

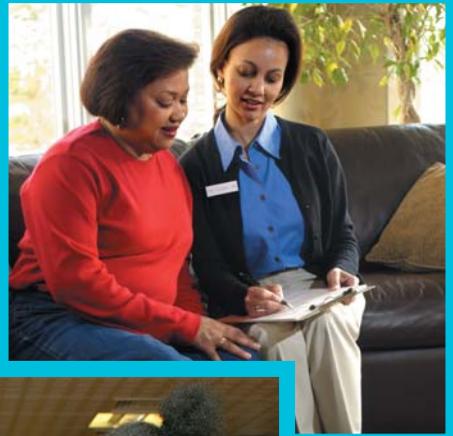
If you assist people getting to hospital, find out and pass on their requirements, for example, a deaf person may need a signer; someone with a learning disability might need help with finding their way around; people experiencing high levels of anxiety might need someone to reassure or accompany them; or a wheelchair user might want to use their own wheelchair.

Reception areas

- If systems such as an induction loop are in use, check that these are working.
- Allow people time when taking their details, for example, a person with a learning disability may need longer.
- Be flexible and discreet about any requirements, for example, if a patient needs a calm waiting area due to their disability causing anxiety, or if they need to be shown where facilities are located.
- If there is a security door at night, can staff see if a disabled person might need help getting in? For example, someone who has a hearing impairment will not hear instructions given from an intercom.

Waiting areas

Occasionally and discreetly check the comfort or requirements of disabled service users. If in doubt, it is always best to ask.





Initial assessment or treatment areas

At this stage you should already have a note of the service user's requirements, for example, if they use a chair rather than a bed trolley, due to a back injury.

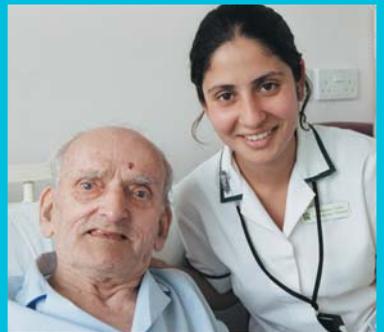
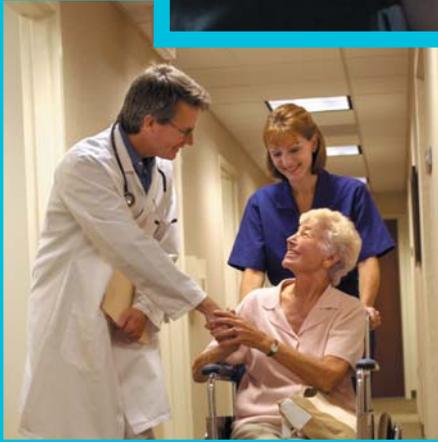
- Communicate directly with the service user, even if they have someone with them, unless informed otherwise.
- Check how the service user wishes to be examined, for example, remaining in their wheelchair.
- Ensure that you know how to use hoists and other assistive equipment.
- Avoid using complicated language or jargon 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, a change of posture or personal care, or whether they are experiencing any anxiety.

Referral on to wards and other treatment areas

Ensure that a person's requirements are again passed on between departments, for example, the fact that a patient with a learning disability wants to be spoken to directly should be shared between departments.

It is important that the patient is kept fully informed of why and where they are being sent, and how long they can expect to be there. This includes informing them about facilities such as nearby toilets.

- Escort the patient to the next department if they have difficulty going alone, or request this.
- If they are going alone, ask if they want you to describe or write down locations and, if they do, use clear and straightforward language – avoid “up there” or “the next block”.
- Avoid further impairing disabled service users. For example, a badly placed IV drip can prevent someone using sign language.
- Check that a patient's auxiliary aids are within reach.





Discharge

When a person is sent home after treatment, discharge arrangements normally follow a standard procedure which may have to be amended to take account of individual requirements. For example, consider how a new mother who is a wheelchair user will change her baby without help at hand.

- Ask if someone needs a taxi booking or help to the bus stop.
- Regularly seek to audit the way in which services are delivered. A feedback form can help 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.
- Ensure that disabled people are not pulled backwards in their wheelchairs.
- Make sure that you enable people to communicate in their own way, and in their own time.
- 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 impairment is the cause of the problem.

These suggestions are just some of the approaches that will help you to improve the overall experience of disabled patients, their families and visitors and to make sure you play your part in complying with the DDA. Longer notes are available to explain the issues in this leaflet in more detail.

**These are available at
www.dh.gov.uk/publications and
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