You can make a difference

Improving hospital services for disabled people

Explanatory notes

This is an explanatory version of the leaflet **"You can make a difference"** for all frontline hospital staff. It can be used by staff who want to know more about the issues covered in the leaflet, and by managers and senior ward staff to provide more details of the areas covered. It also includes some staff management and environmental issues that can be monitored and reviewed along with your Human Resources, Facilities and Estates colleagues.

If you work in a hospital, however accessible the premises are, as a frontline member of staff you can make an important difference to the way services are delivered to disabled people, in terms of the quality of service disabled people receive and how successfully services meet their needs. 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. It is important to relate to the person in the context of their whole life and to enable them to participate in society, not to focus on treatment alone.

The Disability Discrimination Act 1995 (DDA)

The DDA means that service providers such as hospitals cannot discriminate against disabled people because of their disability – for example, responding unsympathetically to someone who you believe is acting unreasonably, when their behaviour is in fact due to their disability.

The DDA also says that service providers must not provide a poorer quality of service to disabled people – for example, only relying upon the public address system to call the next patient would disadvantage hearing-impaired patients.

Improving services for disabled people also helps to improve services for everyone's benefit, because it helps us to focus on providing responsive services which meet the needs of the individual.

Reasonable adjustments

Under the DDA, hospitals must provide reasonable adjustments for disabled people to enable them to access their services. There are four main types of adjustments:

1: Changing policies, practices and procedures.
This might include:

- Letting a person bring their assistance dog into the hospital.
- Allowing people to make appointments by e-mail, fax or letter if they find talking on the telephone difficult.
- Ensuring that a patient has the option of giving the receptionist initial details in a confidential environment such as a private side room.
- Looking at policies and procedures about who can accompany patients into clinical areas. A disabled person may wish to be accompanied by a friend, family member or advocate.
- Ensuring that manual lifting and handling policies are not causing difficulties for disabled people. Further information on this is available on the website of the Disability Rights Commission (DRC), www.drc-gb.org.

2: Providing auxiliary aids and services.
This might include:

- Going directly to somebody who is hard of hearing rather than calling their name in the waiting area.
- Having large print as standard so that service users can more easily read forms without having to ask for help. This also helps people who otherwise need to use reading glasses.
- Providing communication support such as qualified British Sign Language interpreters to enable deaf patients to access the service in the same way as non-disabled people.
- Providing discreet assistance to people with reading and writing difficulties.

3: Providing an alternative service where the usual service location is not accessible.
This might include:

- A hospital department such as phlebotomy may be situated at the far end of the hospital, a considerable distance from the entrance and the lift. For disabled people who cannot manage this distance the hospital could arrange for a phlebotomist to be available in a part of the hospital nearer the day clinic.

4: Removing, altering or avoiding barriers in the premises.
This is a new duty which comes into effect from October 2004. It could include:

- Removing steps to make an entrance level.
- Altering steps to provide a ramp as well.
- Avoiding the need to use steps by providing another accessible entrance.
- It can also be as simple for departmental staff as keeping areas clear of rubbish, or hazards.

For a large organisation like an NHS hospital there will probably be an overall strategy for complying with the DDA. You can help by knowing your part in this process.

Improving the overall experience of patients

You can make a difference to the way in which disabled people experience hospital services. As you read the remainder of this guide, consider how you and your colleagues contribute to how patients experience the overall service they receive.

Making an appointment

Consider the ways in which the process of making an appointment can respond to the needs of disabled people:

- Any requirements can be determined discreetly at this point, for example, "Will you need any help when you arrive here?" Determining such needs, passing them on, and acting upon them is critical for your service quality to disabled people.
- People who are deaf or hard of hearing quite often use a textphones or Typetalk. Ensure that all staff understand fully how these work, as typed messages are often in abbreviated forms. Advertise such facilities with other contact details.
- When making appointments it is useful to be able to provide details of local transport, particularly that which is accessible.
- When booking appointments, staff can allow for any possible delays due to difficulties a disabled person might face, particularly if they are using the service for the first time.

Arriving at the hospital

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

- Good, clear head-height signage can help people with hearing impairments, visual impairments and wheelchair users as they arrive.
- The entrance to the hospital should be kept clear of all items such as cleaning or other maintenance equipment so they do not cause obstruction to disabled service users.
- All staff can ensure proper use of disabled parking and provide help if this is full.

Reception areas

At reception, it is important to be flexible, and to find out about the requirements of the disabled person so that these can be passed on. In addition:

- Allow people time when taking their details. For example, a person with a learning disability may need longer.
- Good signage, which is easy to read, can help people. Picture symbols help people whose first language is not English, users of sign language, people with learning disabilities, and people with reading difficulties.
- Are reception desks fully accessible to disabled people? For example, are they the right height for wheelchair users?
- Glass screens should be avoided at counters as they can reflect the light and cause communication difficulties.
- An induction loop should be fitted and in working order at reception areas.
- Reception staff need to be aware of the Typetalk facility if a textphone is not available.
- 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.
- It is a priority for all reception staff to receive disability equality/awareness training. For example, a person with cerebral palsy may have slow or slurred speech, which may be confused with a learning disability, or even being intoxicated. A misunderstanding at reception could lead to difficulties in providing appropriate services.
- 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

Waiting areas should be a calm, welcoming environment. An atmosphere like this is less intimidating to both disabled and non-disabled people.

- It is important for staff to occasionally and discreetly check the comfort or requirements of disabled service users. If in doubt, it is always best to ask.
- There might need to be a designated quiet area in some larger waiting areas.
- The waiting area should have been assessed to ensure that it can meet the needs of people with different impairments, for example, good lighting, contrast, flexible seating, good signs.

Initial assessment or treatment areas

Patients are often assisted in day clinics or initially assessed for treatment in emergency services such as A&E. By the time a disabled person has reached these services, their requirements should have been ascertained and passed to treatment staff. For example, ambulance drivers or reception staff can inform other staff of any requirements they have found out about.

- Communicate directly with the service user even if they have someone with them.
- When the patient is shown into the treatment or consultation area the health professional should introduce themselves and check how the patient would wish to be examined, for example, remaining in their wheelchair, if this does not compromise the examination.
- If a hoist or any other assistive equipment is required by the disabled patient, please ensure all staff are trained on using this.
- Health professionals should avoid using complicated language or jargon when giving a diagnosis or explaining a treatment procedure and should take time explaining these.
- If someone is left mid-treatment for any length of time, make sure they know why and occasionally check out their requirements as a disabled person. For example, they may need to change posture, or they might have difficulty in communicating a personal care need, or they may be experiencing anxiety.

- Are there any auxiliary aids to make the service more flexible, for example, a portable loop for hearing-impaired people?
- Deaf patients may need a sign language interpreter, particularly if the issues are sensitive or complicated.

Referral on to wards and other treatment areas

If a disabled patient is going to be referred to another department, the staff need to be informed about their requirements.

- 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 and refreshments.
- A member of staff might need to escort the patient to the next department, if the patient might have difficulty going alone or requests this.
- If they are going alone, ask if they want you to describe or write down locations. If they do, use clear and straightforward language, such as left, right, forward or back. Avoid "up there" or "the next block".
- Consider the route of a disabled patient, who you have referred on to another part of the hospital. For example, will they be able to use colour-coded way finders, or, if they have a walking difficulty will they be able to sit and rest at some point along the way?
- When treatment is described it is important to re-check that the disabled service user understands this, particularly if they are being admitted. For example, a disabled patient may be told of several issues at once, which may be confusing. The location of the alarm button, the ward facilities and the need to apply an IV drip may all be explained whilst the patient is still too nervous to question or absorb details.
- Consider how some forms of treatment might further impair the patient. For example, an IV drip can, if badly located, hamper effective sign language.
- Check that the patient has any auxiliary aids that they require within reach.

Discharge

When a person is sent home after treatment, discharge arrangements normally follow a standard procedure. However, these may need to be amended to take account of individual requirements. For example, additional help or equipment may be needed for a new mother who is a wheelchair user.

- This could be as simple as asking a disabled person if they need a taxi booking or if they require escorting to the bus stop (particularly if it has become dark since they arrived).
- Patients will not necessarily consider how they will manage if they have a short-term debility such as a broken arm or leg. It is useful to have simple guides for patients to consider, or the staff can use a simple checklist to describe the issues. Most units now have access to social workers located at the hospital.
- It is important that staff do not assume that disabled people are supported at home. In many cases disabled people may themselves have caring responsibilities.
- Make sure people know who they can contact if they have any questions about their post-discharge arrangements.
- Regularly seek to audit the way services are delivered. For example, a feedback form for patients to complete to check how additional requirements such as having young children, disability or medication were recognised/addressed. You could use this feedback as a way of improving your service and assessing what is working well.
- Help someone who has difficulty reading or writing, for example, due to visual impairment, dyslexia, or limb weakness after a stroke to complete any forms.
- Ensure there are arrangements in place for disabled people once they return home. For example, if they live alone, will the property have been adequately heated during periods of cold weather?

Additional facilities

- It is important that disabled people should be able to access clearly signposted telephones without difficulty. Ways of achieving this might include telephones at different heights, with seats alongside. Good practice also suggests that telephones should be placed to ensure access for all patients. Access to a Minicom telephone should also be available for patients who use a text input phone.
- Toilets will be easier for all patients if the male/female indicators are clear, contrasting and preferably embossed (tactile).
- To assist people who may be prone to anxiety or confusion, signs could be placed at regular intervals to indicate the location of the nearest help point for disabled people needing assistance.
- Ensure that accessible toilets are not used for storage.
- Access to toilets is a vital facility for those required to wait, so this is a priority for a professional access audit and for local consultation with disabled people.
- In the event of the emergency button being used in the accessible toilet, staff should have been trained to recognise the sound of the alarm and to know the appropriate action to take.
- Cafe areas, shops, and vending machines should be equally accessible to disabled service users.
- Tables in cafe areas should be capable of rearrangement. They should not be so low as to form a trip hazard. Heavy, wide shin-level tables can cause serious injuries to visually impaired people. If tables are too low for wheelchair users, then the hospital should have ‘blocks’ available. These should simply be placed under the legs of the table without fuss.
- Seating at a café should again cater for different requirements. Some chairs should have high backs and arms.
- The counter needs to be low enough so staff can easily and safely serve any customer.

- Flexibility is always the best policy with services like catering. Menus should be available in different formats such as large print. A staff member could assist visually impaired customers to select and get refreshments.
- Staff working in self service cafés or shops can help by offering to assist disabled people select items, and by being willing to carry items to people's tables.
- It is also helpful if there are signs or symbols around the hospital to point out areas where welcomers or other assistance staff can be found.

Staff training

Adequate training for all staff on disability equality and awareness issues is an important part of meeting the requirements of the DDA. This training can be done on specialist courses, but should preferably be incorporated into existing training programmes. Such training can be provided at staff induction, but existing and senior staff should also receive appropriate training. The issues covered in training need to be relevant to staff, and staff need to ensure that practice in the workplace reflects what they have learnt.

There are two main types of training available.

1: Disability equality training focuses on the social, attitudinal and environmental factors that disabled people deal with and is concerned with taking positive action to remove the barriers that disabled people face at an institutional as well as an individual level. This type of training is usually designed by and run by disabled people. The DRC recommends that this is the most important training for all staff.

2: Disability awareness training raises awareness of the requirements of disabled people. More commonly this will concentrate on meeting communication and etiquette needs but should also include dealing, for example, with people who experience mental distress. Disability awareness training can provide practical advice on assisting patients with a wide range of impairments. Ideally, this training should also be delivered by disabled people, who have the best experience of the barriers that need to be addressed.

- All staff, including senior clinicians, management and board members, will need appropriate training.
- It may be necessary to prioritise training programmes and stage this process over several years.
- Priority groups for initial training are usually those who have initial contact with patients such as receptionists, switchboard operators, triage nurses and doctors.
- As well as training, shared experience is a key resource to improving service quality. For example, physiotherapists, occupational therapists, out-patient services and social care staff could all share relevant experiences and knowledge.
- Staff motivation to improve services for disabled people needs to be led from the top by managers who are determined to offer a high quality service to all patients. Commitment needs to be reinforced with policies, practices and procedures which recognise and value good service quality.

Towards a better service

All the suggestions in this guide reflect the need to improve services continually to meet the needs of disabled people. In addition to meeting the legal duties under the DDA, service development should include measures which show a positive commitment to the equality and value of all patients. If you seek the feedback of disabled people, it will help you to introduce measures that demonstrate this in practice. For example:

- 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.

Department of Health Equality and Diversity Policy and Guidance
www.dh.gov.uk/PolicyAndGuidance/EqualityAndDiversity

For further information on the Disability Discrimination Act
www.drc-gb.org/businessandservices/index.asp

NHS Estates
www.nhsestates.gov.uk