How to...

make patient services more accessible

Andrea Hirst describes what initiatives her department has introduced to develop accessible patient services, with particular reference to patients with learning disabilities.

Introduction

Recent government legislation has focused on the accessibility of health services to ensure that people with a disability have equal access to care. Services must not unintentionally exclude, or provide a poorer quality of service to, any patient because of their disability. With around a third of service users having physical, sensory, mental impairments or other long-term conditions[1], we all have a moral and legal responsibility to ensure that our services are accessible to all who would seek to use them.

Under the Disability Discrimination Act (DDA) 1995, services must address existing inequalities and remove any barriers which may hinder access to healthcare[1]. Hospitals must provide 'reasonable adjustments' to allow access for disabled people, within four main categories:

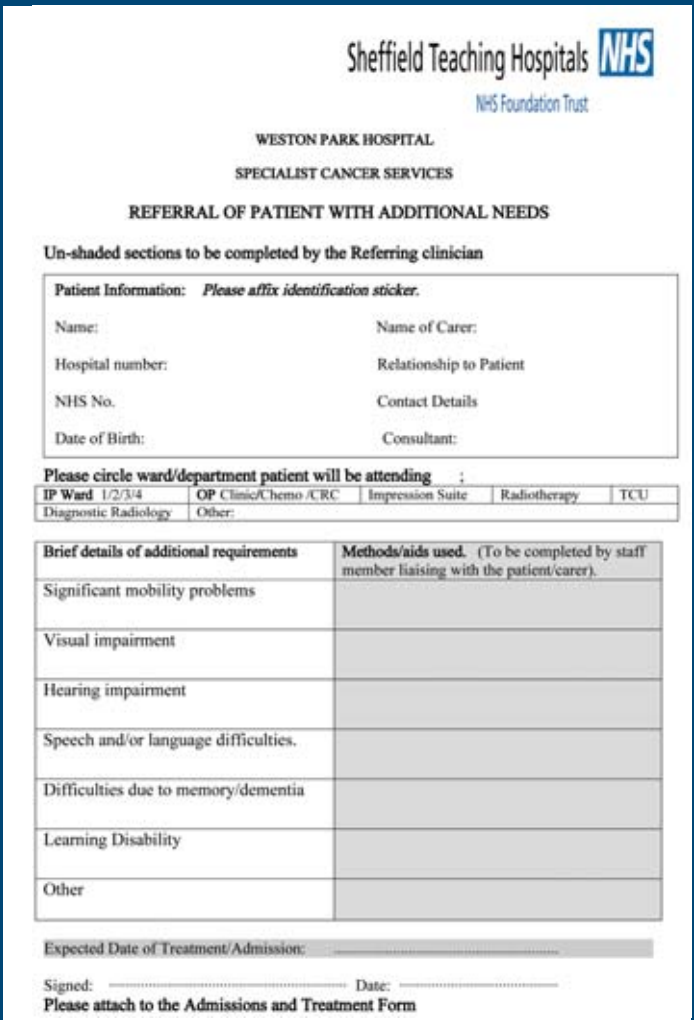
1. Changing policies, practices and procedures.
2. Providing auxiliary aids and services.
3. Providing an alternative service where the usual service location is not accessible.
4. Removing, altering or avoiding barriers in the premises.

The DDA states that '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'[1]. This has certainly been our experience as we have sought to improve the accessibility of services and information in the radiotherapy department of Weston Park Hospital (WPH) in Sheffield.

In addition, the Mental Capacity Act[2] has recently come into force, which will also present issues requiring services to respond appropriately to the needs of individual patients.

Changing policies, practices and procedures

During 2001 and again in 2004, audit was carried out on the experiences of patients with learning disabilities (PLD) attending for various treatments within the Trust. This highlighted that one difficulty for PLD is sitting or waiting for any length of time and, consequently, flexibility was identified as one of ten key standards which clinical areas should adopt. Where possible, a slot should be offered for the first appointment that avoids a lengthy wait and reduces anxiety, and a double time slot should be allowed so patients have the opportunity to influence decisions which will affect them. In some



Sheffield Teaching Hospitals NHS
NHS Foundation Trust

WESTON PARK HOSPITAL

SPECIALIST CANCER SERVICES

REFERRAL OF PATIENT WITH ADDITIONAL NEEDS

Un-shaded sections to be completed by the Referring clinician

Patient Information: *Please affix identification sticker.*	
Name:	Name of Carer:
Hospital number:	Relationship to Patient
NHS No.	Contact Details
Date of Birth:	Consultant:

Please circle ward/department patient will be attending ;

IP Ward 1/2/3/4	**OP** Clinic/Chemo /CRC	Impression Suite	Radiotherapy	TCU
Diagnostic Radiology	Other:			

Brief details of additional requirements	**Methods/aids used.** (To be completed by staff member liaising with the patient/carer).
Significant mobility problems	
Visual impairment	
Hearing impairment	
Speech and/or language difficulties.	
Difficulties due to memory/dementia	
Learning Disability	
Other	

Expected Date of Treatment/Admission: .....

Signed: ..... Date: .....

Please attach to the Admissions and Treatment Form

Figure 1: A supplementary form helps identify a patient's additional needs.

departments, PLD have access to a bleep, allowing them to wait in a less stressful area, such as the canteen, where they can be contacted when clinical staff are ready to attend to them.

It was also identified that patients with additional needs should be flagged within the referral process in order for services to be proactive rather than reactive in dealing with an individual's requirements. Often in radiotherapy, this has not happened, probably due to insufficient space on the referral form or clinician omission. By identifying an individual's needs, staff can respond appropriately and gather the necessary resources prior to the appointment, thereby improving the quality of service to the patient. In Sheffield, we have facilitated this by introducing the following initiatives:

◆ Production of a supplementary form to accompany the referral form for patients with significant additional needs (see figure 1).

◆ Development of an assessment questionnaire for PLD by the hospital and community support teams which patients and/or carers complete and forward to the relevant ward or department to inform staff of the exact care needs of the patient and the action and resources required to meet those needs.

◆ The electronic patient admission system displays an alert for patients with a registered learning disability and there is an accompanying written procedure for staff to follow upon seeing this alert.

◆ Hospital link staff liaise to ensure that, upon referral to other wards or departments, necessary information is passed on.

Providing auxiliary aids and services

The Learning Disability Task Force annual report for 2004[3] refers to the government white paper, *Choosing Health*, which recognises that people with learning disabilities often do not get the healthcare they need. The report outlined government plans to:

◆ Make sure that information and advice meet peoples' needs.

◆ Help staff to improve how they explain health-related information.

◆ Help people who have difficulty reading and writing to use health-related information.

Frequently, services produce written patient information which has clear benefits as a resource for both future reference and for enabling family members and carers to access the information as required. However, written information alone may not be suitable for people with reading difficulties, those who speak little or no English, have a visual impairment, or have issues concerning mental capacity.

Written radiotherapy leaflets are often supported with verbal information, allowing time for patients and relatives to ask questions, but additional resources were necessary to improve accessibility – and the initial focus has been on PLD. According to local figures, there were 2494 active clients on the Sheffield case register at the beginning of 1999 and Sheffield Health Authority figures indicate that, in 1998, there were 1545 learning disability in-patient episodes in acute general hospitals. This represents substantial contact with PLD for hospital staff, but currently accounts for low patient numbers in radiotherapy. However, increased life expectancy, improved access to screening services and a greater willingness by clinicians to treat, means that cancer services are likely to see a rise in PLD over the next few years.

Bearing all that in mind, we were keen to compile resources based on what service users would choose and we sought input from both individuals with learning disabilities and professionals working with them.

Common signs and symbols were used to develop a basic symptom chart, feelings indicator and pain indicator. The South Sheffield Community Health Support Team reviewed these tools and their

Patients with a learning disability may prefer pictorial information.

Radiographers give treatment advice using the most appropriate information style.

Some of the resources produced and obtained for patients with a learning disability.

speech and language therapist provided additional information. It became apparent that signs and symbols would not be appropriate for all PLD and, in order to respond to individual needs, the key would be to have as wide a range of resources as possible available.

Other developments within the Trust for PLD are the production of 'easy read' booklets, the use of talking photo books and the availability of an interpreter for patients who communicate using Makaton. The radiotherapy department has produced a range of site-specific photo books and a DVD, which are useful for most patients.

Taking action

A learning disability action group was established at WPH, which includes representatives from all clinical areas. Community colleagues attended initial meetings to give information on support services and communication tools and they continue to provide updates on community developments.

The action group compiled resource files in all clinical areas for staff, patient and carer use and, using a small grant, obtained relevant copies of the *Books Beyond Words* series[4], which explain health-related issues in picture form. These have been useful in a number of situations, including providing information to non-English speakers and elderly patients who prefer pictorial rather than written information.

A local learning disability advocacy group reviewed the resource files and gave positive feedback. Some members had visited WPH with relatives and were keen to tell us their experiences of the hospital and cancer. They explained how important it is to spend time with PLD in any new situation because this can be a major cause of stress and anxiety. Setting aside time to accompany someone with a learning disability to allow familiarisation with the environment can make all the difference because relying on hospital signage or pointing in a general direction may not be sufficient.

Many PLD prefer pictorial or photographic information and putting faces to names can be important. While staff changes can make this difficult, one solution is to stick a photograph of named staff in a leaflet when it is needed, rather than printing leaflets with photos already included.

The action group is currently developing posters to illustrate patient pathways for display in waiting areas. Departments already using posters report that they are well utilised by all patients, not just PLD for whom they were initially intended. From the outset, the action group has sought to include a person with a learning disability and/or carer, with experience of dealing with cancer issues. To date, this has not been achieved, but efforts are ongoing to find suitable members who would be willing to join the group.

Evaluating audit and service

Initial audit can identify the main changes required and regular subsequent audit can monitor the impact of changes made, while identifying further areas for improvement.

Patients with additional needs should be able to feed back on services and this in itself may require new methods of evaluation to be employed. In establishing the radiotherapy resource file, we have sought the views of patients and carers where possible and have responded to their suggestions.

In addition to local departmental evaluation, the Trust performs audit involving users and carers as part of the audit team. Findings then serve to guide the Trust action plan for patients with additional needs.

Conclusions

The views of community staff and user groups are vital when developing resources, to ensure that they will be useful for their target audience.

There must be a willingness to evaluate and change current systems if necessary, especially in relation to sharing information on patient needs both before and after their initial visit. A multi-disciplinary approach will facilitate communication between departments and staff groups.

There is no 'one size fits all' solution and it is important to have access to a range of resources. Improving access for disabled people does indeed help to improve the service for all, as focus inevitably shifts towards providing responsive services to meet the needs of the individual.

DDA guidance lists many ways in which service provision can be made accessible for disabled users, such as:

- Waiting areas should be calm and welcoming to be less intimidating. Staff should occasionally and discreetly check the comfort or requirements of service users. If in doubt, it is always best to ask.
- Communicate directly with the service user unless informed otherwise.
- Avoid using complicated language or jargon.
- Check on anyone left for any length of time.
- Pass on requirements to other relevant wards/departments.
- Fully inform patient of why and where they are being sent and how long they can expect to be there. Inform them of facilities, eg, toilets.

It is also vital to remember what disabled people seek from a quality service, which includes:

- Use an everyday tone of voice – do not shout or patronise.
- Enable people to communicate in their own way and in their own time.
- Take time to explain what is going on and check they understand in order to avoid unnecessary anxiety.
- Don't make assumptions.

Surely, these are considerations that we should make in the treatment and care of any patient and, by responding to the individual needs of all service users, we can start to develop a truly accessible service for all.

About the Author

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References for this article are at: www.sor.org/members/pubarchive/pub_search.htm

Next month... in the second part of this article, Janet Johnson will describe how the radiotherapy department responded to the individual needs of a patient with both a significant physical disability and mental impairment. She will describe how staff dealt with the very specific information and care needs of the patient, in addition to meeting the legal requirements of the Mental Capacity Act.

How to use this article for CPD

Endorsed by cpd now The College of Radiographers

Much of what is raised in this article is, of course, relevant to all departments, irrespective of discipline or modality. Issues for relection/discussion might include:

- Provision in your own clinical department for disabled patients – are there any lessons or ideas you can draw on which might be of value to you and your patients?
- Is help or advice available to you? Does your hospital provide training or support centrally? Might professionals from other departments be able to help – you might consider, for instance, whether than are any issues that a physio- or occupational therapist might be able to help you with. If this is the case, why not ask them to give a short presentation and then return the compliment with something that might improve their understanding of what happens in radiotherapy or radiology?
- If you are particularly interested in the care of these patient groups how might you learn more?

CPD Now outcomes that may be covered include:

01 Practical skills
02 Knowledge base
05 Communication skills
07 Contribute to quality healthcare
08 Patient centred care and choice
09 Inter-professional or inter-agency working

Sean Kelly, CPD officer