

Nottinghamshire County **LINK**

DDA compliance of GP surgeries in
Nottinghamshire

November 2010



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Issue Origination

In 2004, the Patient and Public Involvement (PPI) Forums conducted surveys of GP Surgeries in Nottinghamshire to see how they had prepared for the implementation of Part III of the Disability Discrimination Act (DDA). Members of the LINK Executive Board who had previously been part of the PPI Forum's group carrying out the investigation, felt it was important to continue the work and to review where changes have been made.

The PPI Forums undertook a study of a sample of all GP practices in Nottinghamshire to identify any access issues for people with physical and sensory impairments. At the time the PPI Forums were disbanded, they had completed a report of 23 surgeries based in the Broxtowe and Hucknall areas of the County.

Following this, the Nottinghamshire County LINK decided it would continue the work around accessibility in GP surgeries and to use the report released previously by the PPI Forums to track changes that had been made to surgeries in the areas.

The Nottinghamshire County LINK decided the focus for their investigation would be to assess the changes that had been made to surgeries.

Visiting a GP is fundamental to many disabled service users lives, and not being able to has the inherent impact of making life even more difficult for those who are simply trying to access a service that they need.

The Disability Discrimination Act (DDA) requires GP surgeries, as service providers, to make reasonable adjustments to policies, practices and procedures which may make it impossible or unreasonably difficult for disabled people to access the service. GP surgeries should be as accessible as possible.

Participants and Partners involved in the group:

Below are the members of the Task and Finish Group:

| Name | Organisation (if applicable) |
|----------------|--|
| Glen Swanwick | Nottinghamshire County LINK (Executive Board Lead) |
| Adrian Hartley | LINK Member |
| Anna Hickman | LINK Member |
| Julie Hartley | LINK Member |
| Mark Price | Disability Nottinghamshire & LINK Member |
| Mick Warner | LINK Member Executive Board Member |

| | |
|------------------|-----------------------------|
| Peter Murphy | LINK Member |
| Tom Turner | LINK Executive Board Member |
| Inderpal Dhillon | LINK Support Team |

As well as the list of members above, the group would also like to thank colleagues at DisabledGo and NHS Nottinghamshire County in helping collate information.

Background information

Advice from General Practitioners Committee

In October 2004, Part III of the Disability Discrimination Act came fully into force. This required that providers of good and services, including GP Surgeries, were required to make reasonable adjustments to ensure that disabled users had an equitable level of service as everyone else.

In February 2003, the General Practitioners Committee (GPC) published a document giving guidance to GPs on what adjustments they can make that will help protect them from possible claims against the surgery. It also included a basic DDA Checklist so that practices could do a basic assessment of surgeries to give them an initial idea as to what adjustments they can make.

The document stressed the importance of making necessary adjustments ahead of the October 2004 deadline. It also suggested that improvements are not always expensive and that alternative solutions can be provided to ensure that disabled service users are still able to access all the services based within a surgery.

Within the document it states that where a service provider is not the owner of the property, responsibility will still remain with them to make adjustments to the property and bear the cost, with the consent of the landlord. The decision to proceed with physical adjustments is at the discretion of the landlord however by seeking permission, the practice will have shown it has made reasonable steps to improve the property.

Where a physical feature (for example, one arising from the design or construction of a building, or the approach or access to premises) makes it impossible or unreasonably difficult for disabled persons to make use of such a service, it is the duty of the provider of that

service to take such steps as is reasonable, in all circumstances of the case, for him to have to take in order to:-

- a) Remove the feature;*
- b) Alter it so that it no longer has that effect;*
- c) Provide a reasonable means of avoiding the feature; or*
- d) Provide a reasonable alternative method of making the service in question*

The definition for a physical feature is given as:

Anything on the premises arising from a building's design or construction or the approach to, exit from or access to such a building: fixtures, fittings, furnishings, equipment or materials and any other physical element or quality of land in the premises.... whether temporary or permanent.

In the document it is also advised that staff at practices have a 'basic grounding' of DDA issues and equal opportunities legislation. By doing so, practices would be showing their willingness to comply with issues around disability discrimination and it could help if a claim were ever lodged. It is their duty to deliver an equitable service to each of its users.

The guidance also suggests that whilst the Primary Care Trusts (PCT) have no legal responsibility to carry out adjustments to properties, the level of service delivered in the area may come in to disrepute if practices are threatened with legal action. Where a surgery is PCT owned, it is expected that they meet a DDA guidelines as part of their duty to provide an equitable service to all patients.

Single Equality Scheme

In 2010 NHS Nottinghamshire County, the Primary Care Trust (PCT) for the majority of Nottinghamshire (excluding Bassetlaw & Nottingham City) set forth its Single Equality Scheme (SES). This is the PCT's public commitment to how they promote equality across all of the services under the six strands: Gender, race, religion and belief, age, disability and sexual orientation. It covers the responsibilities of the PCT in relation to health & commissioning and as an employer. The SES ensures that all stakeholders requirements are sought, reviewed and action plans developed to support any required changes. It recognises that equality and diversity is a core element to all its planning and commission activities and that failure to deliver an equitable service is seen as a legal, professional and corporate risk.

Within the document, the PCT states their duties to promote equality and diversity in regards to physical barriers and non-physical barriers. Two of the aims of the SES are "to deliver an improved patient care experience by providing services that are responsive, fair and equitable and treat people with dignity and respect" and "to ensure the PCT premises do not create barriers: physical or social, for the service users and staff"

It shows the importance the PCT places on delivering equitable services to all its service users and how it promotes the PCT's values across them.

Collation of information

Previous investigation by PPI Forums

The previous report conducted by the Patient and Public Involvement forums gave the Nottinghamshire County LINK a benchmark by which to conduct its investigation. The PPI Forums published a report in 2005 with findings from access audits carried out in the Broxtowe and Hucknall districts of Nottinghamshire. The aim of the report was to gather insight into provisions GP surgeries had in place prior to part III of the Disability Discrimination Act coming fully in to place.

The findings of this previous investigation would give the Nottinghamshire County LINK insight into the provisions available at the time and by doing a comparison with more recent information, show where adjustments have been made.

Access Audits by DisabledGo

The Nottinghamshire County LINKs initial plan was to use its Enter and View powers to visit GP Surgeries to ascertain the provisions that have been made for disabled service users and how compliant surgeries are with the Disability Discrimination Act 1995.

However, the LINK was made aware of a private company called DisabledGo who were to carry out access audits on behalf of NHS Nottinghamshire County. These audits would be carried out in all GP surgeries covered by NHS Nottinghamshire County and their aim was to produce detailed access guides for each of their commissioned and provider services. These audits were aimed to give service users more

information about surgeries they wished to visit and show how accessible these surgeries were. However, it also highlighted which surgeries were more compliant with the DDA act and would also show which surgeries were not meeting a sufficient standard to provide an equitable service to disabled service users.

In the hope of avoiding duplication of work, The Nottinghamshire County LINK approached DisabledGo for further information about how they would be carrying out their access audits, the questions it would be asking and how the information would be made available. The workplan, timing and results it would be providing fit well with the objective of the group and therefore an agreement was made that the Nottinghamshire County LINK would use the information provided by DisabledGo as part of its analysis of DDA compliance of GP surgeries.

The access guides produced would be hosted on the DisabledGo website and be made publicly available so that disabled service users can make informed choices about their local healthcare providers to meet their individual needs.

The DisabledGo report highlights the positive aspects of the practice available to the patient, the reasonable adjustments required will be developed as a result of the Recommendations from Equality Impact Assessments (EIAs). (See also Further research).

DisabledGo had initially set a final completion date of their access audits in the week commencing 9th November and the information being made available to the public in the week commencing 7th December 2009.

Training of staff

The Disability Discrimination Act (DDA) 1995 requires GP surgeries as service providers to make reasonable adjustments to policies, practices and procedures which may make it impossible or unreasonably difficult for disabled people to access the service. GP surgeries should be as accessible as possible, including staff training that ensures full awareness of access policies and procedures.

As part of the experience of attending a GP surgery, the needs of the disabled service users must be known by the frontline staff at surgeries. The LINK identified a need to investigate training that staff receive around disabled service users further. By doing so it would allow the LINK to create a more holistic picture of the service provided to disabled service users and the awareness of the needs of disabled service users by staff.

The LINK sent a letter to all GP surgeries in the County (See appendix 1) asking for the following information:

- Do employees receive training around disabled service users and their needs?
- Where do employees receive their training from? If in-house, who facilitates the training?
- What policies and procedures do you have in place to ensure all patients can access the premises independently?

Further research

The Disability Equality Duty (DED) was a new duty aimed at promoting disability equality across the public sector. The DED, also referred to as the general duty, sets out what public authorities must have due regard to in order to promote equality of opportunity.

The GP surgeries as service providers were already under the statutory duty (The Disability Discrimination Act (DDA) 1995) not to discriminate against disabled patients and staff by treating them less favourably than other persons as well as the statutory duty to make reasonable adjustments, both anticipatory adjustments and individual adjustments for disabled staff and patients.

The Disability Discrimination Act (DDA) 2005 received royal assent in April 2005 and contains a 'positive statutory duty' on public bodies to promote equality of opportunity between disabled and other persons.

Meetings attended by the group

Members of the group also attended the Access to GP Services and Inequalities Review Group run by the Nottinghamshire County Council to provide and update of the work it had planned to carry out. The group was established by the Nottinghamshire County Council to look at locally commissioned GP services and to examine how the commissioners meet the needs of the local population and invites all organisations involved commissioning and reporting on GP surgeries to provide feedback on their findings.

Statutory 20 day letter

NHS Nottinghamshire County, the Primary Care Trust in charge of commission GP services for Nottinghamshire was contacted by the LINK for further information under the Statutory 20 letter method. A letter was

sent to the PCT on 18th October 2010 to ask for further information on issues relating to DDA compliance, the PCTs responsibilities, complaints received and training offered to healthcare staff working for GP surgeries. A copy of this letter can be found in Appendix 2.

Results

Previous investigation by PPI Forums

The report produced by the Patient and Public Involvement Forums in 2005 highlights that there is a large disparity between surgeries in Nottinghamshire. Many surgeries are aware that disabled service users require additional support when accessing the surgery however some elements were neglected i.e. providing full length mirrors in toilets, which has meant that very minor improvements were suggested to surgeries.

The data showed that the majority of surgeries in the Broxtowe and Hucknall area made sufficient adjustments to the properties to allow access to the surgery. However, it did highlight the fact that many of the improvements made to buildings were done with wheelchair users in mind with visually impaired users and deaf service users not being as well accommodated.

Many of the suggested improvements would be of low cost to the surgery to provide and therefore it is assumed that following this report, the majority of 'quick fixes' would have been completed. It did however show that out of the 23 properties surveyed, only 16 would be able to be accessed by disabled patients completely independently. Some surgeries had shown that this had been noted with building work due to be taken place however other surgeries had not thought about larger scale improvements. Also, only 11 of the 23 surveyed had disabled parking spaces. This suggests that the location of the surgery is inadequate for disabled service users attending the surgery who are then forced to go elsewhere or use the surgery with difficulty.

The report goes on to show that the PCT was offering 66% reimbursement for adjustments made to properties to comply better with DDA guidance so any adjustments could have been made with a reduced cost to the surgery, but of great value to disabled patients.

Where reasonable adjustments are not financially justified, DDA guidance requires policies that ensure the service is provided in an alternative way.

A good example of making the service available would be a person who has to be hoisted in order to have a physical examination, this could be arranged through a home visit.

Since the completion of the previous access audits by the PPI Forums, the British Standard that covers the design of buildings and their approaches to meet the needs of disabled people has been updated to BS3800;2009. This will need to be considered when making comparisons against information supplied by DisabledGo.

Access Audits by DisabledGo

Initially, DisabledGo had set a completion date within the week commencing 7th December 2009. However, due to unforeseen circumstances, the LINK were informed that the completion date for the audits had been moved to May 2010 because of complications experienced when booking appointments with GP surgeries to carry out the access audit.

Following the release of data by DisabledGo, the LINK were able to complete an analysis of the access audits to determine the accessibility of GP surgeries for patients in the Broxtowe and Hucknall areas. It was noted that between the previous PPI report and the access audits carried out by DisabledGo, some surgeries had moved in to new premises.

Information was also not available for some surgeries as DisabledGo were not able to complete access audits. These surgeries are; Abbey Medical Surgery, Byron Surgery, Kimberley Medical Practice, Oakenhall Medical Centre, Park View Surgery, Portlands Surgery and Saxon Cross Surgery. Therefore the information relates to 15 surgeries in the Broxtowe and Hucknall areas.

Below are the findings however a full list can be found in appendix 4. DisabledGo's Good Practice guide has been used as a reference for what minimum standards GP surgeries should be attaining.

Own parking and disabled parking spaces

Private transportation is the only practical method of transportation for some disabled people and it is therefore important to take this in to consideration when locating surgeries. Disabled parking bays that allow transfer out of the vehicle with minimum difficulty are also required.

The research found that the majority of surgeries in the Broxtowe and Hucknall area have their own. However, the information showed that 5 surgeries did not have any parking of their own and required that service users park away from the building.

Approach to the building

When approaching a building, there can be changes in the level of the surface which may require service users to take a different route to the front of the building. There can be level surfaces, ramps or stairs to the entrance. Ramps need to be a sufficient width for wheelchair access (1200mm) and stairs must have a handrail if there are two steps or more.

- i) The data shows that all the surgeries had level access, stairs or ramp facilities to the front of the building. However, it was shown that at one surgery, the incline of the ramp was steep. This is due to restricted space for the ramp. Two surgeries had stairs with two and five steps respectively and had hand rails to support service users when using the steps.

Access to the building

Entrances can be a barrier to disabled service users. They need to be appropriate width, easy to operate and allow for independent use. A door should be a minimum of 800mm in width to facilitate the use of a wheelchair and not be too heavy. Intercoms at entrances should also be at a suitable height for wheelchair users.

- i) The research shows that only one surgery had a door below the minimum suggested width of 770mm. 12 surgeries had single door entrances. Seven doors were push to open and four surgeries had doors that required the patient to pull them open. Four surgeries had assisted door. Of the surgeries with non-assisted doors, all were considered by DisabledGo to be heavy doors however this may be because they are external doors and need to be fire proof.

It should also be noted that for a person in a wheelchair to be able to independently open a door that is not powered, a minimum width of 300mm must be available beyond the non hinged (door handle frame side of the door) to enable the door to open past the wheelchair user.

Reasonable access should be equally available irrespective of disability, i.e. the weight of a heavy entrance door or insufficient space to permit wheelchair access, a reasonable alternative such as an intercom or doorbell operated by a large switch clearly indicating disabled use, backed up by suitable staff policies to ensure appropriate assistance.

All doors and/or doorframes should be clearly identified by tonally contrasting with the wall, in addition to door furniture, to assist those with sight problems.

Doors and side panels wider than 450mm should normally have vision panels, to ensure safe use by patients from both directions.

Inside the building

Patients with disabilities should be able to move independently throughout a surgery. Doors and corridors should be of a suitable width and free from obstacles. Where services are located over more than one level, stairs with a handrail or a chair lift should be provided to facilitate easy access around the surgery. If services are delivered above ground level it is recommended that a lift be provided or that the service in question be located on the ground floor to allow access by disabled service users.

- i) The findings concluded that only one surgery had split level services out of 15 reviewed. This surgery had 3 steps which had a handrail and also offered the use of a chair lift.
- ii) Four surgeries delivered services over two floors and there were more than 15 stairs between floors. Of these four, one surgery had a lift however the entrance is slightly narrower than recommended and it does not feature Braille markings on the operating panel.

If a lift or chair lift is provided then a policy should exist to ensure safe exit of all patients, including those with mobility and sensory issues in the event of an emergency, when electric power is not available.

Despite the concerns raised by patient participation groups to the safe evacuation of less mobile patients in the event of an emergency, new practices such as the Lombard Street Newark development, still plan to replace a ground floor practice with one up two flights of stairs. No consultation has taken place over an evacuation plan or feedback offered as to how patients are to be safely evacuated.

Consideration should be given to the latest Building regulations which require a flashing light in addition to the audible alarm to indicate to those with a hearing impairment that a fire alarm has been activated.

Features inside the building

The main feature of the Disability Discrimination Act is that it was designed to allow patients to use the services independently and with dignity. It is important for GP practices to take in to consideration physical and sensory impairments when providing services.

- i) When a wheelchair user approaches a reception desk, it must be at an appropriate height for them to speak with the person. It is important that the reception area is used appropriately as it has been known that some surgeries have placed computer equipment in the lowered section negating the benefit of having it. Many surgeries use touch screen to record patient arrival, these should

follow DDA guidance and be available equally either at the upper and lower level, or by a reasonable alternative policy.

- ii) 10 of the surgeries that were looked at had high reception desks with only three of these surgeries having a lowered section where any person in a wheelchair could see the receptionist. Three practices had moderately high reception desks but did not feature a lowered section.
- iii) No information was provided for the use of visual or tactile signs.
- iv) 10 of the 15 surgeries offered audible announcements of appointments either via a tannoy system with others using a receptionist to speak with patients. 13 of the 15 surgeries offered a visual announcement of appointments.
- v) Induction loops are extremely important for the hard of hearing. 8 surgeries were identified as having induction loops.

Waiting areas

Waiting areas must be fit for both wheelchair users and those who require an assistance dog. There must be enough room to manoeuvre a wheelchair in the waiting area and be able to park alongside a seated companion, also a place for an assistance dog to rest. BS8300 recommends a variety of seating in waiting areas with heights varying from 450 and 475mm for fixed seating with and without armrests.

- i) All surgeries had space to manoeuvre and park a wheelchair or mobility scooter.
- ii) 13 out of 15 surgeries had space for an assistance dog.
- iii) Four surgeries did not offer chairs with arm rests in the waiting areas. Nine surgeries had more than one chair with an arm rest but not all chairs. Two surgeries offered all chairs with armrests.

Consultation room

When a patient enters a consultation room, they should be able to do so with ease. Door should be appropriately wide to accommodate a wheelchair or mobility scooter and should not be too heavy to open. Hoist systems should also be provided to allow patients to move from wheelchair to raised beds.

- i) All surgeries have doors that are over the minimum recommended size of 750mm. However, nine surgeries had doorways that were within 50mm of this which means that they are only just wide enough to pass through with ease.

- ii) None of the surgeries offer a hoist system. However, it may be that they have other systems in place such as height adjustable beds that allow patients to transfer easily. In cases where neither is available, this should be investigated further by practices and appropriate provisions put in place. It should be remembered that patients who are not able to weight bear are unable to transfer on their own and will always require a hoist system. A good example of providing a reasonable alternative service would be to have a home visit for a person who has to be hoisted in order to have a physical examination.
- iii) Induction loops need to be available in consulting rooms, in order for any patient with hearing impairment to be involved in the consultation and fully understand proposed treatment. 8 surgeries were identified as having induction loops.
- iv)

Disabled toilets

It is recommended that at least one unisex toilet should be provided in a non-domestic building. A designated adapted toilet should be provided for disabled service users that is appropriate for independent use with all facilities at a correct height. There should also be an emergency assistance alarm linked to a staffed area fitted in case of emergency that extends to a height of 100mm from the floor finishing in a lower handle. An upper handle should be adjusted so that it is situated between 800mm and 1000mm from finish floor. This should consider the latest Building Regulations that require a flashing light in addition to the audible alarm to indicate to those with a hearing impairment that the fire alarm has been activated.

- i) All surgeries provided an adapted toilet that a wheelchair could be turned around in easily.
- ii) Grab rails were provided in all toilets for easy transfer in and out of a wheelchair.
- iii) Six surgeries had mirrors that were considered too high for a wheelchair user.
- iv) Only two of the surgeries surveyed had an alarm that was considered 'functioning'. This could mean that they are not low enough to the ground or that they do not work properly.

Disability awareness

Having staff that are aware of how to cater for the needs of disabled service users is important to facilitate those who need it. Practices were

asked about the training they offered to staff around disability awareness and sign language.

- i) 14 of the 15 practices had at least one member of staff who had been trained in British Sign Language although it was shown that that member of staff was not always on site or was available on request. The level of qualification attained also varied between surgery. Training in British Sign Language needs to be maintained in order to continue to offer effective support.
- ii) Four out of 15 surgeries did not offer staff any specific Disability Awareness training. It should be noted that whilst they may not have received it as a separate course, it may have been covered as part of an induction process.

Training of staff

The following responses have been received from surgeries in Nottinghamshire in response to the letter distributed by the group:

| Surgery Name | Summary of response |
|-------------------------|---|
| Bilsthorpe Surgery | <ul style="list-style-type: none"> • Provides staff with training on induction loop and general awareness around disabled service users |
| Bramcote Surgery | <ul style="list-style-type: none"> • Employees receive training around disabilities and needs of patients • Majority of training provided by practice manager however on occasion from outside training centres • Have facilities available for disabled patients such as ramps and bells to summon assistance. • Had made all practical adjustments to building following a previous visit to the surgery by PPI Forums. |
| Fountain Medical Centre | <ul style="list-style-type: none"> • All staff provided with training in respect to learning disabilities (provided by the PCT) and one member of staff has undertaken a sign language course (local supplier) • No written policies however staff are made aware of needs of disabled patients. • Working with their Patient Participation Group to identify any further needs of patients and also physical adjustments that can be made to the surgery. |

| | |
|----------------------------|---|
| Huthwaite Medical Practice | <ul style="list-style-type: none"> • Staff are provided with training around disabilities at their induction making sure wheelchair users see appropriate clinicians. • Records are flagged with disabilities to notify staff prior to arrival |
| Lombard Street Surgeries | <ul style="list-style-type: none"> • Staff provided with training facilitated by R.A.I.D (Raising Awareness In Disability).and training was attended by all staff and GPs at surgery. • Are actively looking for other training opportunities around disabilities • New premises have been sought that are better equipped for disabled patients and surgery will be relocating within the next 18 months. |
| Ludlow Hill Surgery | <ul style="list-style-type: none"> • Has a disabled access policy for staff |
| Oak Tree Lane Surgery | <ul style="list-style-type: none"> • All staff follow Disability Protocol which includes all training records of staff i.e. Disability awareness & patient handling, provides patients with large font literature, promotes the induction loop equipment & annual training, provides wide parking bays for disabled patients, allowing assistance dogs onto premises, provides high winged chairs for patients |
| Soar Valley Surgeries | <ul style="list-style-type: none"> • Staff have attended sessions for patients with mental health issues and learning disabilities • Made aware of general needs of disabled service users |
| Southwell Medical Practice | <ul style="list-style-type: none"> • Employees do not follow specific policies however are made aware of ramps, wheelchairs, disabled toilets and any other equipment needed by disabled service users |

Further Reasonable Adjustments that should be considered and could be monitored by the LINK in the future

- Offer the first or last appointment and ensure there will be enough time
- Ask what help people need, when they make an appointment.
- Good Lighting, appropriately positioned receptionists faces should be clearly visible to aid lip reading for those with a hearing

impairment, sitting in front of a light source like a window makes lip reading extremely difficult.

- Clear signs, including where to get help and use of colours instead of directions or a person could show us where to go
- If you ask another part of the NHS to help a patient make sure they know the help that the patient needs
- Use of Symbols, Pictures and Large Print information if appropriate
- Invite patients with disabilities and their carers to the participation groups.
- Consult with patients with disabilities and their carers to ensure they receive the service that they need.

Further research

The Disability Equality Duty had a legal duty to include Equality Impact assessments of each area to identify outstanding issues and each of these assessments should have resulted in an action plan for that GP practice.

The Equality Impact assessments had a first sweep overview to prioritise the areas of concern, leading to the full Equality Impact assessments being carried out in the most effective order. The government has since merged the requirement into a Single Equalities Scheme, covering race, disability, age, Sexual Orientation, gender, Religion/ Belief and Social economic deprivation.

The Single Equality Scheme can be found by following the link below:

<http://www.nottinghamshirecountyteachingpct.nhs.uk/my-pct/single-equality-scheme/420-single-equality-scheme.html>

The Single Equality Scheme Action Plan can be found by following the link below:

http://www.nottspct.nhs.uk/images/stories/My_PCT/Equality_and_Diversity/workforce/SES%20ACTION%20PLAN%20-%20version%203%20SfBH%20included.pdf

Nottinghamshire PCT Single Equalities Scheme (SES) (attached) aims "To ensure the PCT premises do not create barriers: physical or social, for service users and staff."

Nottinghamshire PCT Single Equalities Scheme (SES) also states that "Equality Impact Assessments (EIAs) are used to ensure that the organisation is not only achieving legal compliance, but also ensuring that

an evidence base that is directly related to equality and human rights, informs policy development and implementation.”

Page 16 of the SES Action Plan states that “Ensure the outcomes of all EIAs are published on the PCT website by June 2010 will be evidence by the completed EIAs on PCT website”. It also states that “Recommendations from EIAs are prioritised and actioned - EIA embedded in commissioning and planning process and WCC evidence”

On page 17 of the SES Action Plan it states that “EIAs are quality monitored for completion and reviewed by Directorates and Practice Based Commissioners (PBCs). Sharepoint EIA tracker implemented by PCT Performance Team by June 2010 will be evidence by the completed Sharepoint EIA tracker including EIA review dates and quarterly monitoring actions”

Page 17 of the SES Action Plan also states that “EIA sub group to support completion of EIAs as required and full EIA consultation with input from community and PPI engagement as required - Full EIAs will be completed with community, patient and stakeholder involvement across the equality strands as required”

The Nottinghamshire PCT EIA Sub group to report progress of the above four items to the Equality, Diversity and Human Rights Committee.

Page 18 and 19 of the SES Action Plan then goes on to comment on the input from DisabledGo, Patient Advice and Liaison Service (PALS) and Complaints into this process. Although it is right to monitor the work of DisabledGo this highlights the positive experiences available at each practice. The development of services will come as a result of the Recommendations from Equality Impact Assessments (EIAs). These improvements should be monitorable on the DisabledGo website.

In addition the LINK DDA group needs to monitor the Recommendations/outcomes from Equality Impact Assessments (EIAs), and responding implementation which could be the point at which the PCT will offer 66% reimbursement for adjustments made to properties to comply better with DDA guidance as referred earlier in the report.

There may be an opportunity for the LINK DDA group to get involved with the reference on Page 17 “EIA consultation with input from community and PPI engagement as required as full EIAs will be completed with community, patient and stakeholder involvement across the equality strands as required”

Page 25 of the SES Action Plan states that “Review Disability Equality Scheme, Gender Equality Scheme and Race Equality Scheme

requirements and considerations of the Equality Bill 2011. Also to ensure robust NHS Nottinghamshire County compliance. The LINK could deliver yearly monitoring event with staff and communities by March 2011.”

Meetings attended by the group

Members of the group have met with local councillors at the Nottinghamshire County Council to discuss its current workplan with the Access to GP Services and Inequalities Review Group. The investigation thus far was explained to the group and also reasons for the delays in producing the report and they were satisfied with the current undertakings of the LINK and proposed workplan.

Statutory 20 day letter

In response to the LINK's letter sent to NHS Nottinghamshire County, a response was received from Zoe Butler, Head of Patient and Public Involvement. In her letter (Appendix 3) she said that the Primary Care Trust undertook a Physical Condition Survey between November 2007 and January 2008 which in part took in to consideration the responsibilities under the Disability Discrimination Act. This survey was designed to provide advice specifically for PCT owned surgeries.

The letter also answered question around the number of people in Nottinghamshire with disabilities, the number of complaints received around accessibility to GP surgeries and training offered to staff.

- i) It suggested that 19% of people in Nottinghamshire have disabilities although this includes all types of disabilities other than physical and sensory impairments.
- ii) The PCT have received no complaints around accessibility over the last two years.
- iii) The PCT offer education and development sessions to all staff including those at GP surgeries, should they wish to take it. This includes disability awareness.
- iv) The only evidence that Equality Impact Assessments have been undertaken are for the Practices owned by the PCT. The remaining GP owned practices have had a Physical Condition Survey that would only consider the structure of the buildings. The PCT has a responsibility under the Disability Equality Duty to ensure that the

services they are providing to the public have been Equality Impact Assessed and the results rectified proactively. Consequently the negative impact on disabled patients by the procedures and operation of the business of GP owned properties has not been assessed. The only evidence offered for reasonable adjustments for GP owned properties is the lack of complaints through the Patient Advice and Liaison Service (PALS) a reactive assessment. The Disability Discrimination Act 1995 requires a proactive approach to avoid unnecessary discrimination. This report has shown a lack of consistency across the GP practices due to a failure to follow the correct approach, which is to the detriment of the disabled patients in the community.

Conclusions

Following the research done by the Nottinghamshire County LINK, we can conclude that GP Practices have made improvements to their surgeries to meet their patient needs under the Disability Discrimination Act.

Adjustments have been made to surgeries in nearly all areas, especially in awareness of disabilities and how to accommodate patients with disabilities. It must be noted however that not all the surgeries had access audits carried out by DisabledGo so the improvements suggested may be biased towards a more positive outcome simply because data was not available for all practices.

The list of findings are as follows:

- The number of properties offering convenient parking has increased from 47% to 66%.
- All surgeries offer a flat surface, ramp or stairs with a grab rail to access the surgery compared with only 82% of surgeries offering a ramp in the previous report.
- Only one surgery had an entrance door that was considered too narrow to pass through easily.
- The number of surgeries offering chairs with armrests increased from 34% to 73%.

- All surgeries now have space to manoeuvre a wheelchair compared with 95% previously.
- 8 surgeries were identified as having induction loops.
- None of the surgeries offered a full hoist system but provided alternative means of moving patients to raised examination beds. However it should be remembered that patients who are not able to weight bear are unable to transfer on their own and will always require a hoist system, but can have home appointments in some instances.
- All surgeries now had a suitably sized adapted toilet with grab rails for easy transfers.
- Only 40% of surgeries had mirrors that were too high in the adapted toilets, compared with 86% in the previous investigation.
- Alarm systems in toilets was a major issue identified. They MUST be at a suitable height from the floor and fully functioning incase a patient falls to the ground when using an adapted toilet.
- 93% of surgeries now had a member of staff that could offer British Sign Language compared with 17% of surgeries previously.
- The number of practices offering specific Disability Awareness Training appeared to decrease however this may be because it is included in a formal induction.

The difference in training provided to staff varied quite substantially between practices. This goes to show that whilst surgeries make staff aware of the needs of disabled patients, many are not formally trained. There are exceptions however where surgeries provide comprehensive training to all members of staff and actively seek to provide further training as they see benefit to both staff and patients in doing so.

The lack of disability awareness in staff results in the building being used incorrectly. i.e. A bin is placed in the spaces left for wheelchair transfer at the side of toilets, the low wheelchair level of a reception desk is filled with computers making it unsuitable for the designed purpose, equipment or boxes narrow corridors preventing sufficient width for people with mobility problems to pass etc.

The responses show that more effort could be made by both the PCT and surgeries to promote more awareness of disabled service users needs and

also that training opportunities could be investigated further by those in primary care.

Whilst the PCT are responsible for the commissioning of GP services, it is up to the individual GP practices to ensure that the service they are providing meets the requirements under the Disability Discrimination Act. Individual practices should use information collected in the Physical Condition Surveys and information provided by DisabledGo to look at adjustments that can reasonably be made. They should liaise with the Local Medical Council and NHS Nottinghamshire to make sure that the service provided at GP surgeries is accessible and to show that they are making steps to improve surgeries where necessary.

Recommendations

The LINK suggests the following:

- Good practice is shared by NHS Nottinghamshire County and that a standard staff Disability Protocol is developed, inclusive of training records of staff i.e. Disability awareness & patient handling etc.
- The PCT has a responsibility under the Disability Equality Duty to ensure that all of the services they are providing to the public have been Equality Impact Assessed and the results proactively rectified. Patients should not be disadvantaged because the PCT offers the service through a GP as a contractor. The contract should ensure that the law of the land has been correctly followed.
- Equality Impact Assessments should be undertaken for the GP owned practices, by the practice managers, to ensure the procedures and operation are carried out without negatively impacting on patients. The PCT should monitor that this process is correctly undertaken.
- Consideration should be given to the suggested further reasonable adjustments. Consult with patients with disabilities and their carers to ensure they receive the service that they need and invite them to the participation groups.
- Strategic holding of specialised equipment should be considered by GP practices, with signposting available to spread the availability to those who need such as wheelchair weigh systems and hoists etc.
- GP Policies should encourage home visits for patients who require specialist equipment only available in the home i.e. hoists for examination purposes.
- NHS Nottinghamshire County's Single Equalities Scheme (SES) should contain less abbreviations / jargon in order to make it more

accessible / understandable assuming there is not an easy read version available.

- Alarm cords in adapted toilets need to be extended to 10 cm from the ground.
- Entrances should be made assisted where possible
- Intercoms should be placed at a suitable height for use by wheelchair users.
- Chairs in waiting areas should be changed so that they have arm rests and a variety of heights offered when practical.
- Spaces should be provided so that wheelchair users can sit alongside their companions.
- Where services are split over two levels, a service should be moved to an area on the ground floor so that it is still accessible by disabled service users.

Future/subsequent issues


- LINK DDA group to monitor developments on the DisabledGo website.
- LINK DDA group provide PPI engagement as required full Nottinghamshire PCT Equality Impact Assessments (EIAs) consultation.
- The LINK should remain involved in the Review Disability Equality Scheme, Gender Equality Scheme and Race Equality Scheme as requirements and considerations of the Equality Bill 2011 to be completed by March 2011.

Monitoring

The LINK would like to monitor the improvements made in Autumn 2011.

Appendices

Appendix 1 – Letter to GP surgeries around staff training

| | | | |
|--|----------------------------------|---|---|
| Nottinghamshire County LINK Unit E2, Southglade Business Park Cowlairs Nottingham NG5 9RA | T 0115 9754647 F 0115 9279342 | www.strongerlocalvoice.com info@strongerlocalvoice.com |  |
|--|----------------------------------|---|---|

Ref: ID

Date: 25th February 2010

Dear Colleague,

RE: Accessibility of surgery and training

As part of its ongoing work to help improve local health and social care services, the Nottinghamshire County LINK has undertaken an investigation into the accessibility of GP surgeries and their compliance with the DDA Act (1995).

We would like more information about the training you provide to your staff and would like to know the following:


- Do employees receive training around disabled service users and their needs?
- Where do employees receive their training from? If in-house, who facilitates the training?
- What policies and procedures do you have in place to ensure all patients can access the premises independently?

The LINK requires a response to this letter **within 20 working days** as set out by the Local Government and Public Involvement in Health Act 2007.

If you require any further information about this letter, please contact Inderpal Dhillon on 0115 9754647.

Many thanks

Glen Swanwick
Executive board lead for the DDA Compliance Task & Finish Group

Hosted by  CARERS FEDERATION LIMITED
Registered Charity Number 1050779

Appendix 2 – Letter to NHS Nottinghamshire County

Nottinghamshire County LINK
Unit E2, Southglade Business Park
Cowlairs
Nottingham
NG5 9RA

T 0115 9754647
F 0115 9279342

www.strongerlocalvoice.com
info@strongerlocalvoice.com



Dear Ms Butler,

RE: Nottinghamshire County LINK

I am writing on behalf of the Nottinghamshire County LINK, an organisation of volunteers set up by the Department of Health to promote their 'Duty To Involve' agenda. It is the responsibility of the LINK and its participants to look at community issues in relation to health and social care, and to investigate and offer suggestions to service providers if the LINK is able to suggest any improvements.


Following feedback from the community, Nottinghamshire County LINK established a Task and Finish Group looking at the efforts GP surgeries make to comply with the Disability Discrimination Act 1995 and changes that have been made to premises as a result of this law coming in to place.

The LINK has the following questions for the PCT around DDA compliance and GP surgeries and we would be grateful if you could provide us with further information:

- Following the recent access audits carried out by DisabledGo, what is the PCT doing with the information they have been provided and is there an improvement strategy for surgeries? If there is, what is the timeline for the proposed changes and the estimated budget?
- How many of the County's GP surgeries are owned by the PCT? Does the PCT offer advice to GPs on the Disability Discrimination Act and improvements?
- Are EIAs (Equality Impact Assessments) carried out on GP surgeries?
- What proportion of the County's residents does the PCT estimate have physical disabilities that may affect their ability to access GP surgeries?
- How many complaints has the PCT received regarding accessibility of surgeries? Have any of these complaints resulted in a change to a different surgery?
- Does the PCT offer any training to staff at surgeries around disability awareness or is this the responsibility of the individual surgeries?

If you have any questions relating to the above requests, please feel free to contact Inderpal Dhillon at the Nottinghamshire County LINK on 0115 9754647 or via e-mail i.dhillon@carersfederation.co.uk.

Appendix 3 – Letter received from NHS Nottinghamshire County


Nottinghamshire County

Communications and Engagement
Birch House
Ransom Wood Business Park
Southwell Road West
Mansfield
Nottinghamshire
NG21 0HJ
Tel: 0300 300 1234
www.nottspct.nhs.uk

Your Ref:
Our Ref:
Please ask for: Zoé Butler
Tel No: 01623 673305
Fax :
Email : zoe.butler@nottspct.nhs.uk
Date: 26th November 2010

Dear Glen

Thank you for your letter received 29th October 2010 regarding your Task and Finish Group looking at efforts GP surgeries make to comply with the DDA. I can now respond as follows:

1. During November 2007 to January 2008, a Physical Condition Survey was undertaken which includes compliance with DDA. The audits relating to DisabledGo were not designed to provide improvement actions for the GPs as this had been done through the survey. The purpose of DisabledGo is to provide information for patients on accessibility. The PCT has implemented and completed an action plan in 2009-2010 to address the DDA non compliant issues identified in the survey on PCT-owned buildings as part of our capital programme. It should be noted that as GPs own their own buildings on the whole, it is their responsibility to comply with legislation.
2. There are 24 GP surgeries that are owned by the PCT. The survey mentioned above is designed to provide advice and information on improvements.
3. There are no EIAs carried out on GP surgeries.
4. We estimate that 18% of people of working age have a disability. Please note though that this includes all types of disability, not just a physical disability. You may find the Nottingham Insight website helpful for further detail on health conditions in Nottinghamshire (www.nottinghaminsight.org.uk)
5. During the years 2008/09 and 2009/10 no complaints have been received at NHS Nottinghamshire County regarding the accessibility of GP surgeries.
6. Various education and development sessions that cover disability awareness are offered to all staff including staff from surgeries.

I do hope that this is helpful, if you need anything further please do not hesitate to contact me.

Yours sincerely

Zoé Butler
Head of Patient and Public Involvement
Communications and Engagement Directorate
NHS Nottinghamshire County

Appendix 4 – Results from DisabledGo survey

| Name of surgery | Own parking (No. disabled spaces) | Designated drop off point | Level access to service | Steps (No. Steps) | Hand rail for exterior stairs | Ramp (Yes/No - Width) | Slope or ramp (Low/Moderate/Steep) | Intercom at suitable height | Entrance (Single or double door - Width) | Door (pull/push/assisted) | Heavy door | Lift and internal stairs | Level access inside building | Internal stairs (Number of steps) | Hand rail on stairs (One side/Both) | Landing on stairs | Lift (Yes/No - Capacity) |
|-------------------------------------|-----------------------------------|---------------------------|-------------------------|-------------------|-------------------------------|-----------------------|------------------------------------|-----------------------------|--|---------------------------|------------|--------------------------|------------------------------|-----------------------------------|-------------------------------------|-------------------|--------------------------|
| Abbey Medical Surgery (Beeston) | Yes (0) | N/A | No | Yes (5) | Yes (88cm) | Steep | ??? | Single (88cm) | Push | Yes | Yes | Yes | N/A | N/A | N/A | N/A | N/A |
| Bramcote Surgery | Yes (2) | Yes | No | N/A | Yes | Easy | Yes | Single (86cm) | Push | Yes | Yes | Yes | No | N/A | N/A | N/A | N/A |
| Byron Surgery (Ashfield) | No | No | No | Yes (on ramp) | Yes | Moderate | ??? | Single (85cm) | Push | Yes | Yes | Yes | No | N/A | N/A | N/A | N/A |
| Chilwell Meadows Surgery | Yes (1) | No | No | No | Yes (130cm) | Easy | ??? | Double (140cm) | Push | Yes | Yes | No | Yes (3) | Yes | No | No | No |
| Church Street Medical Centre | Yes (1) | No | No | Yes (2) | Yes (100cm) | Moderate | ??? | Single (83cm) | Push | Yes | Yes | Yes | No | N/A | N/A | N/A | N/A |
| ChurchWalk (Eastwood) | Yes (1) | No | No | No | Yes | Easy | ??? | Single (77cm) | Pull | Yes | Yes | Yes | Yes (15+) | Yes (Both) | Yes | No | No |
| Gitbrook Surgery | Yes (1) | No | No | N/A | Yes | Easy | ??? | Single (94cm) | Pull | Yes | Yes | Yes | No | N/A | N/A | N/A | N/A |
| Hama Surgery (Kimberley) | Yes (1) | No | No | No | Yes | Easy | ??? | Single (94cm) | Pull | Yes | Yes | Yes | No | N/A | N/A | N/A | N/A |
| Hickings Lane Medical Centre | Yes (1) | No | No | No | Yes | Easy | ??? | Double (160cm) | Assisted | N/A | N/A | No | N/A | N/A | N/A | Yes (99cm) | Yes |
| Kimberley Medical Practice | Yes (3) | No | Yes | No | No | N/A | Yes | Double (160cm) | Assisted | N/A | N/A | No | N/A | N/A | N/A | N/A | N/A |
| Linden Medical Practice | Yes (0) | No | No | N/A | Yes | Easy | Yes | Single (82cm) | Pull | Yes | Yes | Yes | No | N/A | N/A | N/A | N/A |
| Linden Medical Practice Wollaton | Yes (2) | No | No | No | Yes | Easy | ??? | Single (83cm) | Push | Yes | Yes | Yes | No | N/A | N/A | N/A | N/A |
| Manor Surgery (Beeston) | Yes (2) | No | No | No | Yes | Easy | ??? | Single (82cm) | Assisted | N/A | N/A | Yes | No | N/A | N/A | N/A | N/A |
| Newthorpe Medical Practice | No | No | No | No | Yes | Easy | ??? | Single (82cm) | Assisted | N/A | N/A | Yes | No | N/A | N/A | N/A | N/A |
| Oakenhall Medical Centre | Yes (1) | No | No | No | Yes | Easy | ??? | Single (90cm) | Assisted | N/A | N/A | Yes | Yes (15+) | One side | Yes | No | No |
| Oaks Medical Centre | No | No | No | No | Yes | Easy | ??? | Single (109cm) | Assisted | N/A | N/A | Yes | No | N/A | N/A | N/A | N/A |
| Om Surgery | Yes (1) | No | No | No | Yes | Easy | ??? | Double (154cm) | Pull | Yes | Yes | Yes | No | N/A | N/A | N/A | N/A |
| Park View Surgery (Eastwood) | No | No | No | No | Yes | Easy | ??? | Single (82cm) | Assisted | N/A | N/A | Yes | No | N/A | N/A | N/A | N/A |
| Portlands Surgery (Hucknall) | Yes (1) | No | No | No | Yes | Easy | Yes | Double (154cm) | Pull | Yes | Yes | Yes | No | N/A | N/A | N/A | N/A |
| Saxon Cross Surgery (Not available) | No | No | No | No | Yes | Easy | Yes | Single (82cm) | Push | Yes | Yes | Yes | Yes (15+) | Yes | No | No | No |
| Torkhill Medical Centre | No | No | No | No | Yes | Easy | ??? | Single (109cm) | Assisted | N/A | N/A | Yes | No | N/A | N/A | N/A | N/A |
| Valley Surgery | Yes (1) | No | No | No | Yes | Easy | Yes | Double (154cm) | Pull | Yes | Yes | Yes | No | N/A | N/A | N/A | N/A |
| West End Surgery | No | No | No | No | Yes | Easy | Yes | Single (82cm) | Push | Yes | Yes | Yes | Yes (15+) | Yes | No | No | No |

| Width | Door clearance (Width) | Separate entry/exit doors | Mirror in lift | Visual floor indicator | Audible annunciator | Height of controls | Light level (low/medium/bright) | Braille markings on buttons | Stair lift | Chair lift in venue | General Venue | Height of reception desk (Low/Moderate/High) | Lowered section | Visual signs | Tactile signs | Visual announcements | Audible announcements | Induction loop | Chairs with armrests | Area for parking wheelchair | Area for assist |
|-------|------------------------|---------------------------|----------------|------------------------|---------------------|--------------------|---------------------------------|-----------------------------|------------|---------------------|---------------|--|-----------------|--------------|---------------|----------------------|-----------------------|----------------|----------------------|-----------------------------|-----------------|
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | Moderate | No | Yes | Yes | Yes | Yes | Yes | None | Yes | No | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | High | Yes | Yes | Yes | Yes | Yes | Yes | Some | Yes | Yes | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | High | No | Yes | No | Yes | Yes | No | Some | Yes | Yes | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | No | Yes | N/A | High | No | Yes | Yes | Yes | No | Yes | Some | Yes | Yes | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | High | No | Yes | Yes | Yes | Yes | No | Some | Yes | Yes | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | High | No | Yes | Yes | Yes | Yes | No | Some | Yes | Yes | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | High | No | Yes | Yes | Yes | Yes | Yes | None | Yes | Yes | |
| Yes | 89cm | Yes | No | Yes | Good | Bright | No | No | No | No | High | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | High | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | Moderate | No | Yes | Yes | Yes | Yes | Yes | None | Yes | Yes | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | High | Yes | Yes | Yes | Yes | Yes | Yes | Some | Yes | Yes | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | Moderate | No | Yes | Yes | Yes | Yes | Yes | Some | Yes | Yes | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | High | No | Yes | Yes | Yes | Yes | Yes | None | Yes | Yes | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | High | No | Yes | Yes | Yes | Yes | Yes | Some | Yes | Yes | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | High | No | Yes | Yes | Yes | Yes | Yes | Some | Yes | Yes | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | High | No | Yes | Yes | Yes | Yes | Yes | Some | Yes | Yes | |

| Consultation rooms | Door width | Heavy door | Hotel available in venue | Disabled toilet | Area to turn wheelchair | Mirror type (Long/Short) | Height of mirror | Grab rails/support rails | Emergency pull cord functioning | BSL (level) | Disability awareness training |
|--------------------|------------|------------|--------------------------|-----------------|-------------------------|--------------------------|------------------|--------------------------|---------------------------------|-------------|-------------------------------|
| 78cm | Yes | No | No | Yes | Long | Low | Yes | No | Yes | Yes | Yes |
| 76cm | Yes | No | No | Yes | N/A | N/A | Yes | No | Yes | Yes | Yes |
| 84cm | Yes | No | No | Yes | Long | Low | Yes | No | Yes | No | No |
| 80cm | Yes | No | No | Yes | Short | High | Yes | No | Yes | Yes | Yes |
| 78cm | Yes | ??? | ??? | Yes | Short | High | Yes | No | Yes | No | No |
| 79cm | Yes | No | No | Yes | Long | Low | Yes | No | Yes | Yes | Yes |
| 77cm | Yes | No | No | Yes | Long | Low | Yes | No | Yes | Yes | Yes |
| 90cm | Yes | No | No | Yes | Long | Low | Yes | No | Yes | Yes | Yes |
| 83cm | Yes | No | No | Yes | Short | High | Yes | No | Yes | No | No |
| 78cm | ??? | ??? | No | Yes | Short | High | Yes | No | Yes (L) | Yes | Yes |
| 76cm | Yes | No | No | Yes | None | None | Yes | No | Yes | Yes | Yes |
| 84cm | Yes | No | No | Yes | Short | High | Yes | No | Yes | No | No |
| 76cm | Yes | No | No | Yes | Short | High | Yes | No | No | No | Yes |
| 86cm | Yes | No | No | Yes | Long | Low | Yes | Yes | Yes | Yes | Yes |
| 78cm | Yes | No | No | Yes | Long | Low | Yes | Yes | Yes | Yes | Yes |