

# Nottinghamshire County **LINK**

DDA compliance of GP surgeries in  
Nottinghamshire

Interim Report

March 2010



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## Issue Origination

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The issue of GP surgeries being more compliant with the Disability Discrimination Act was raised by the LINK Executive Board. A few members of the Executive board had previously been part of the Patient and Public Involvement (PPI) Forums which had been carrying out an investigation into the implementation of the Disability Discrimination Act 1995 and Part III of the DDA Act in 2004.

The PPI Forums members work began in 2004 and they undertook a study of all GP practices in Nottinghamshire to look at the 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 like to continue work around accessibility in GP surgeries and also use the report released previously by the PPI Forums to track changes that had been made to surgeries in the areas identified above since the PPI Forums reports were released and the disbandment of the Forums.

The Nottinghamshire County LINK decided the focus for their investigation would be around completing the access audits and also look at gauging the public's opinion of accessibility in terms of physical access and location of surgeries. Visiting a GP surgery is fundamental to many disabled service users lives and not being able to do so 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:

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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 have also liaised with partners at DisabledGo and also NHS Nottinghamshire County in collating information about the provisions for disabled service users in Nottinghamshire and the work they have been doing around accessibility.

## Research and collation of information

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### *Previous investigation by PPI Forums*

The group's primary work was to analyse the reports produced by the Patient and Public Involvement Forums. The PPI Forums published a report in 2005 with findings from access audits carried out in the Broxtowe and Hucknall districts of Nottinghamshire. The findings of this previous investigation would give the Nottinghamshire County LINK insight into the provisions available at the time of the reports were published and the data provided could be used by the group to track changes that had been made to surgeries in the five years following its publication.

### *Access Audits in partnership with 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 were 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 would be able to highlight 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 more 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 LINK would also carry out Enter and Views at the premises identified as having made exceptional provisions and also those deemed to be below the recommended standard.

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.

DisabledGo had initially set a final completion date of their access audits in the week commencing 9<sup>th</sup> November and the information being made available to the public in the week commencing 7<sup>th</sup> 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 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?

### ***Press release and questionnaire***

As part of the Nottinghamshire County LINK's investigation into DDA compliance of GP surgeries, the group put together a press release that was to be distributed in the local press highlighting the research that the LINK was carrying out and also asking questions about the services that people use.

The following questions were included in the press release (See appendix 2) and a questionnaire is to be developed to collect information from the public:

- Which GP surgeries do you use in Nottinghamshire?
- What are your opinions of the provisions for disabled service users? E.g. Location, parking spaces, wheelchair ramps, video entry systems etc.
- Do these provisions meet your needs or are there improvements that you could suggest?
- Have reasonable adjustments been made to enable you to access the building with ease?
- If it has not yet been possible to make reasonable adjustments, are procedures in place to ensure that you get the assistance you require from staff?
- Are staff fully aware of the needs of disabled service users at your surgery?
- If you think your surgery is particularly good, what reasonable adjustments have they made to make the experience better for you?
- Have you had to change the surgery you attend because of problems with accessibility?

The advertorial will be adjusted accordingly to make the public aware of the questionnaire and how to contact the LINK to receive a copy. It will also be distributed to interested organisations and possibly directly into GP surgeries.

### **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.

By December 2006, the PCT must produce a Disability Equality Scheme (DES), which will outline how the PCT, as a public body, intends to fulfil its general duty. The PCT's Disability Equality Scheme (DES) needed to take the form of a three-year plan to resolve the outstanding issues and monitor this annually.

### *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.

## **Results**

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### *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.

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 in partnership with DisabledGo***

Having liaised with DisabledGo and being told a completion date within the week commencing 7<sup>th</sup> December, the LINK were informed that the completion date for the audits had been moved back because of complications experienced when booking appointments with GP surgeries to carry out the access audit. The revised completion date of the project is estimated to be in late April 2010.

Following the analysis of this report and comparisons with the previous reports completed by the PPI Forums, the LINK will be able to provide an update on the services and also highlight what changes surgeries have made since Part III of the Disability Discrimination Act came fully into force in 2004.

### ***Training of staff***

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

<b>Surgery Name</b>	<b>Summary of response</b>
Bilsthorpe Surgery	<ul style="list-style-type: none"> <li>• Provides staff with training on induction loop and general awareness around disabled service users</li> </ul>
Bramcote Surgery	<ul style="list-style-type: none"> <li>• Employees receive training around disabilities and needs of patients</li> <li>• Majority of training provided by practice manager however on occasion from outside training centres</li> <li>• Have facilities available for disabled patients such as ramps and bells to summon assistance.</li> <li>• Had made all practical adjustments to building following a previous visit to the surgery by PPI Forums.</li> </ul>
Fountain Medical Centre	<ul style="list-style-type: none"> <li>• All staff provided with training in respect to learning disabilities (provided by the</li> </ul>

	<p>PCT) and one member of staff has undertaken a sign language course (local supplier)</p> <ul style="list-style-type: none"> <li>• No written policies however staff are made aware of needs of disabled patients.</li> <li>• Working with their Patient Participation Group to identify any further needs of patients and also physical adjustments that can be made to the surgery.</li> </ul>
Huthwaite Medical Practice	<ul style="list-style-type: none"> <li>• Staff are provided with training around disabilities at their induction making sure wheelchair users see appropriate clinicians.</li> <li>• Records are flagged with disabilities to notify staff prior to arrival</li> </ul>
Lombard Street Surgeries	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Are actively looking for other training opportunities around disabilities</li> <li>• New premises have been sought that are better equipped for disabled patients and surgery will be relocating within the next 18 months.</li> </ul>
Ludlow Hill Surgery	<ul style="list-style-type: none"> <li>• Has a disabled access policy for staff</li> </ul>
Oak Tree Lane Surgery	<ul style="list-style-type: none"> <li>• All staff follow Disability Protocol which includes all training records of staff i.e. Disability awareness &amp; patient handling, provides patients with large font literature, promotes the induction loop equipment &amp; annual training, provides wide parking bays for disabled patients, allowing assistance dogs onto premises, provides high winged chairs for patients</li> </ul>
Soar Valley Surgeries	<ul style="list-style-type: none"> <li>• Staff have attended sessions for patients with mental health issues and learning disabilities</li> <li>• Made aware of general needs of disabled service users</li> </ul>
Southwell Medical Practice	<ul style="list-style-type: none"> <li>• Employees do not follow specific policies however are made aware of ramps, wheelchairs, disabled toilets and any other equipment needed by disabled service users</li> </ul>

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.

In fact, full staff awareness of access policies and procedures and using the existing building correctly is not "low cost" but "no cost", making GP surgeries as accessible as possible for the patients.

At this stage in the investigation it shows that more effort could be made by both the PCT and also the surgeries to promote more awareness of disabled service users needs and also that training opportunities could be investigated further by those in primary care. The LINK suggests the following:

- Good practice is shared and that a standard staff Disability Protocol is developed, inclusive of training records of staff i.e. Disability awareness & patient handling etc.
- An acceptable standard of disability training is sourced and implemented, with updated refresher as necessary.
- Strategic holding of specialised equipment should be considered, with signposting available to spread the availability to those who need such as wheelchair weigh systems and hoists etc.
- Policies should encourage home visits for patients who require specialist equipment only available in the home i.e. hoists for examination purposes.

A further letter is to be drafted and sent to surgeries to explain the research the LINK is carrying out as some surgeries had confused the work with that being done by DisabledGo and have asked if further information could be provided before submitting a response.

### ***Further research***

The DED 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>

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 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 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 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 then go 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 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.

## Recommendations

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At this stage, the Nottinghamshire County LINK is not able to provide a recommendation.

## Future/subsequent issues

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- LINK DDA group to monitor the work of DisabledGo on their website.
- LINK DDA group to monitor the recommendations/outcomes of all Nottinghamshire PCT Equality Impact Assessments (EIAs) published on the PCT website by June 2010.
- LINK DDA group to monitor the corresponding 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.
- Nottinghamshire PCT 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.

No future issues have been raised at this time around accessibility however the LINK have been made aware of other issues around GP surgeries through the Regional Workshops carried out in the first quarter of 2010. Further information about these issues can be obtained by contacting the LINK Support Team.


## Monitoring

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Not applicable at this time.

## Appendices

### Appendix 1 – Letter to GP surgeries around staff training

<b>Nottinghamshire County LINK</b> Unit E2, Southglade Business Park Cowlairs Nottingham NG5 9RA	T 0115 9754647 F 0115 9279342	www.strongerlocalvoice.com info@strongerlocalvoice.com	
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Ref: ID

Date: 25<sup>th</sup> 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

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## Appendix 2 – Press release for DDA compliance Task & Finish group

### Disability Discrimination Act 1995 and GP Surgeries

The Disability Discrimination Act was passed in 1995 and was designed to give disabled people the right to access buildings with the same independence as every other member of the public. It was expected that by 2005 most buildings would meet an acceptable standard however today we still find that many buildings contravene the basic principles laid out by the act.

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

As part of its investigation into public health and social care services, the Nottinghamshire County LINK is looking at the accessibility of GP Surgeries throughout the County and the public's opinion of the services they use. The LINK has been working closely with partners from around the County to establish what provisions are in place for disabled service users but as part of their research, they would like to know more about the public's experiences when visiting GP surgeries.

The focus of their questions is around user experiences. Below are the main questions they would like answering by disabled service users and also those who may accompany them when visiting a GP surgery:

- Which GP surgeries do you use in Nottinghamshire?
- What are your opinions of the provisions for disabled service users? E.g. Location, parking spaces, wheelchair ramps, video entry systems etc.
- Do these provisions meet your needs or are there improvements that you could suggest?
- Have reasonable adjustments been made to enable you to access the building with ease?
- If it has not yet been possible to make reasonable adjustments, are procedures in place to ensure that you get the assistance you require from staff?
  
- Are staff fully aware of the needs of disabled service users at your surgery?
- If you think your surgery is particularly good, what reasonable adjustments have they made to make the experience better for you?
- Have you had to change the surgery you attend because of problems with accessibility?

The LINK would like to know your answers to the above questions and if you'd like to find out more information about the LINKs investigation into GP surgeries or would like to send in your views about other services in the County, you can contact them on 0115 9754647 or e-mail them at [info@strongerlocalvoice.com](mailto:info@strongerlocalvoice.com) or alternatively if you'd like to write in, send your comments to Freepost RSAB AHZR HEGY Nottinghamshire County LINK, Unit E2 Southglade Business Park, Cowlairs, Nottingham, NG5 9RA

**\*\*End\*\*** Inderpal Dhillon 09/02/10