

News Release

Improvements needed on access to NHS services for disabled people

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Local health services that provide the first point of contact with the public need to do more to improve access for people with disabilities.

That is the main conclusion of a study carried out by the Scottish Consumer Council to find out how primary care health services are meeting the challenge of improving access for disabled people. Primary care services are those provided in the community by doctors, dentists, pharmacists, opticians and other health professionals such as physiotherapists and chiropodists.

The research aimed to identify a wide range of examples of good practice across Scotland. However, it proved difficult to find such examples, indicating that Scotland's primary care health services still have much to do to meet the needs of disabled people.

Six examples of good practice are highlighted in the report *Bridging the gap: improving access to primary healthcare services for disabled people*. These examples all show how staff are endeavouring to make services more accessible, often in partnership with disabled people. However, none of these were nominated by disabled people themselves who mostly spoke about their negative experiences, rather than any improvements that are being made.

Some improvements were driven by the recognition of service providers that they must do more to make their own services accessible. Some involved health boards doing things differently, for example by appointing a disability adviser or setting up a disability working group. Others were primarily driven

by the requirement to meet building regulations, rather than being motivated by a desire to improve access. The report found a lack of consultation with or involvement of disabled people themselves in planning changes. It also expressed concern at the lack of emphasis given to disability equality training which disabled people rate as being of central importance.

The report says there is little evidence of disabled people noticing any real improvements in primary health care services.

One in five people in Britain have some form of disability and almost one million adults in Scotland are covered by the Disability Discrimination Act (DDA) . There have been a number of policy initiatives in Scotland which, coupled with the DDA legislation, have sent a clear message about the importance of improving access for disabled people.

The report found that the main drivers for change were building regulations, the DDA and lobbying from disabled people themselves. The factors that helped promote change were effective partnership working; consultation with disabled people; awareness of their needs; effective use of resources; flexibility; support for staff and the existence of a learning culture.

However, the report also found significant barriers to change. These include the cost of improvements that often have to be met by independent practitioners such as general practitioners and dentists, rather than the NHS. Equally funds to improve NHS premises are limited and many premises are either too costly or impossible to make accessible. The tendency to focus on improvements for the physically disabled also means that improvements for those with a sensory impairment or people with a learning disability receive less attention.

The attitude of some staff is also identified as a significant barrier as they can be unwilling to provide a more flexible service to compensate for the physical barriers. Training is seen as the best way to tackle this problem.

The report provides a checklist that primary care services can use to help improve access. Detailed case studies also show how positive change can be achieved.

Graeme Millar, chairman of the Scottish Consumer Council said: "When we embarked on this research we expected to find many examples of positive developments. It was disappointing that we found so few. The rhetoric of improving services for disabled people is clearly failing to match the reality.

"It is significant that the focus group work and interviews we conducted with disabled people found that they have failed to notice any significant improvements in access to primary care services. The NHS needs to listen to what they are saying and act according.

"We hope the checklist we have produced together with the details of the case studies will be used by primary care providers to review existing services and make improvements. "

The Disability Rights Commission in Scotland, the independent body charged with overseeing the DDA is working with NHS Scotland to help develop better practice.

Bob Benson, Scottish Director of the Disability Rights Commission said: “The findings of the SCC research are not surprising. There is a lot of work to be done to spread existing good practice right across the NHS. The Fair For All – Disability project is aiming to work with health service providers to get it right by improving access for all disabled people to NHS services, including primary care services.

“From December 2006, NHS Boards will have further legal duties including promoting disability equality and ensuring that discrimination does not occur. There will also be a duty to involve disabled people in their decision making and a duty to report on progress achieved.’

Ends

The six case studies featured in the report are:

Ayrshire and Arran Disability Awareness Working Group (DAWG)

This group was set up in 1999 to encourage an inclusive approach within the primary care trust. It has a wide membership, including representatives of local disability forums in Ayrshire and Arran, local access panels, the local health council, local authorities, the NHS board and the Scottish Accessible Information Forum.

Forth Valley Disability Adviser

The Scottish Executive Health Department issued guidance in 1999 that NHS boards should have a disability adviser. However, at the time of the SCC research it was only in Forth Valley that this was being taken forward in a proactive way, although it is expected that other boards will be appointing disability advisers in the near future.

Oban dental practice

Previously these dental practices were based up a flight of stairs in the town centre. This development saw them move into specially refurbished premises. The partners have been committed to making the practice as accessible as possible for disabled people.

Strathbrock Partnership Centre

This is a flagship development which is often cited as an example of the future of health service premises. The centre in Broxburn brings together health, local authority and voluntary sector services under the same roof to provide a single point of access. All staff are trained in disability awareness.

Rutherglen Primary Care Centre

This is an example of a refurbishment of old and restricted premises. The centre is built around a bright and spacious mall with a new build on one side and refurbished premises on the other. Three of the practices own their premises, while the remaining three rent from the NHS.

East Lothian Inclusive Communication project

This project focuses on people with communication difficulties, and aims to make use of symbols to improve communication. A parallel use of symbols is being piloted across GP practices and health centres in North Edinburgh LHCC through the East Lothian Inclusive Communication of Health project.

About the Scottish Consumer Council

The Scottish Consumer Council was set up by the government in 1975 to promote the interests of consumers, particularly those who experience disadvantage in society. While producers and suppliers of goods and services are usually well organised when protecting their own interests, individual consumers very often are not. The people we represent are consumers of all kinds: they may be council tenants, patients, parents, solicitors' clients, public transport users, or simply shoppers in a supermarket. We speak up for them by communicating with the professions, industry, business, local authorities and central government, using careful research and persuasive lobbying.