This toolkit allows you to record your progress on Disabled Access in your practice. Resources are digitally accessible on page 3

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Disability Competency Toolkit for Primary Care Practices and Networks

Key issue to be addressed for a range of impairments/health conditions.	Tick & Date
1. Training: A critical number (10%) of staff have attended and benefited from pan impairment Disability Awareness Training.	❑ Phys ❑ D/d ❑ LD ❑ Vis ❑ .../.../...
❖ Practices outwardly declare and adhere to the social model of disability [1a, 1b, 1c].	
2. Duty and Policy: The workplace understands and practices its duty towards disabled people under the Equality Act 2010 [2a]. Staff understand the difference between equality and equity [2b(i), 2b(ii)]. It makes **reasonable adjustments** [2c, 2d(i), 2d(ii)] to enable equal access to services by disabled people 2[e]. Policies enable you and the system to respond consistently and for patients to request adjustments (e.g., the Assistance Dog Policy 2[f]).	❑ Phys ❑ D/d ❑ LD ❑ Vis ❑ .../.../...
❖ The workplace treats disability as a protected characteristic. Workers use key questions to identify, record, flag & share patients'/ users communication, and information needs [video 3b] ensuring there are a range of alternative options for disabled people. Designated staff have skills to respond to a first contact whether virtual, email, phone or in person (e.g., some key BSL, VI guiding, Makaton, or SEND aware).	
3. Accessible Information and Communication: The Workplace achieves the NHS Accessible Information Standard (AIS) [3a], [video 3b] and makes communications accessible [3c, 3d], as legally required. Health, media, and personal care-related communications are accessible and inclusive of people with disabilities [3e, 3f].	❑ Phys ❑ D/d ❑ LD ❑ Vis ❑ .../.../...
❖ Staff ask patients how they wish to be contacted. Simple changes can make a difference but need to be consistent e.g., appointment and other letters in an easy read format for people with LD. Language is clear and simple, using pictures, symbols and videos which have audio description and captions and representation of local people. Staff can access qualified BSL (level 3 and above) interpreters in person or remotely (e.g., Sign Live) and know how to interact. Telephone or email contact with screen reader for visually impaired people. Staff at surgeries will need to call patients visually or audibly. Knowledge of care tech is needed to enable referral (for such) and adjustment (for such).	

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4. Physical Access:

The practice is physically accessible to people with a range of disabilities [4].

- ❑ Phys
- ❑ D/d
- ❑ LD
- ❑ Vis
- ❑ .../.../...

- ❖ Premises and their facilities are physically and equally accessible, adequately signposted, and safe for people with a range of disabilities. Toilets, lifts, and consulting rooms have wide doors that can accommodate large wheelchairs and mobility aides with emergency cords that work. There is a quiet space for people to sit and wait if they are anxious or upset by the environment. Automatic doors should have a sound when opening and closing.

5. Culture: Multiple Impairments and Intersectionality:

The practice able to respond appropriately to people with multiple impairments, and/or who intersect with other protected characteristics [5a, 5b, 5c].

- ❑ Yes
- ❑ No
- ❑ Partially
- ❑ .../.../...

- ❖ Deaf and visually impaired people may not speak or understand English, people with physical impairments can have sensory and cognitive impairments and visa-versa. Diverse cultures can respond to disability in different ways. The practice is aware of and engages with the Cultural Competency Toolkit & equality frameworks (e.g., CEPN).

6. Culture: Ethos:

The practice has a kind and welcoming ethos that engages and reassures disabled people [6a, 6b]. They have undertaken customer service training.

- ❑ Yes
- ❑ No
- ❑ Partially
- ❑ .../.../...

- ❖ This is particularly relevant to learning disabled people, who may feel anxious about attending the practice but also want/need to be independent. Staff can recognize anxiety and have the confidence to ask about needs and to respond e.g., avoid long waits, ensure appointments are not missed when called, provide a quiet place to wait.

7. Participation:

Patient and community voice and action. The practice includes disabled users in consultative, advisory and coproduction activities [7].

- ❑ Yes
- ❑ No
- ❑ Partially
- ❑ .../.../...

- ❖ The Practice includes disabled users in the Patient Participation Groups, and in ongoing activities that address health inequalities. The Practice reaches out to specialized and local groups and organizations for support and to learn how to run groups.

This toolkit is designed for use with our Best Practice Guide which will support you in your process: http://real.org.uk/get-involved/join-our-health-messaging-for-all-project/

Toolkit Referenced Documents and Recommended Resources to help you achieve best practice in your workplace
(Click on references to access content)

1. **Training:**
   a. Video 1: Shape Arts
   b. Video 2: Scope
   c. Best Practice Guide (BPG): Chapter 1, p8-13.

2. **Duty and Policy:**
   a. BPG: Equality Act, Chapter 1, p4.
   b. (i) Equity Vs Equality, (ii) Equality, Equity, and Social Justice
   c. BPG: Reasonable Adjustments (R.A.), p15. d/Deaf, p17-24. Learning Disability (LD), p25-28. Physical Disabilities, p29–32. Visual Impairments, p33-40.
   d. (i) Video 4: R.A., (ii) Video 5: R.A.
   e. BPG: Recommendations for each disability, Chapter 8.
   f. The Assistance Dog Policy

3. **Accessible Information and Accessible Communications:**
   a. NHS England, Accessible Information Standard
   b. Video 3: Four questions and five actions**
   c. BPG: Chapter 4. d/Deaf & HOH, p49- 52. LD, p53–62. Mobility issues, p63–65. Visual impairment p66-67.
   d. Deafblind communication
   e. Accessibility Checklist
   f. Accessible Information Standard produced by Barts and DeafPlus
   g. Meeting the Accessible Information Standard - Care Quality Commission

4. **Physical Access:**

   BPG: Recommendations for physical disabilities, Chapter 8.

5. **Culture: Multiple impairments and Intersectionality:**
   a. BPG: Multiple Impairments, Chapter 5.
   b. Cultural Competency Tool Kit − Tower Hamlets Together
   c. Kings Fund Article − Towards A Partnership Between Disabled People And Health Care Services | The King's Fund

6. **Culture: Ethos:**
   a. BPG: Interpersonal Skills − All impairments, Chapter 6.
   b. BPG: Stereotypes and Preconceptions − All impairments

7. **Participation:**

   Patient and Community Action − Kings Fund Article

8. **Summary: Recommendations for each disability:**

   BPG: Recommendations for each disability, Chapter 8.

****Fundamental for Practice as a protocol to learn**

Disability Competency Project: Case Study

Tredegar Practice participated in our pilot “Embedding Disability Access Project” aimed at improving accessibility and patient experience.

The project's emphasis on co-creation and addressing access issues really struck a chord with the Practice Manager, so Tredegar Practice decided to join in. The co-creation focus, where public health directives were created in collaboration with service users, aligned perfectly with the practice's values.

The practice attended training focusing on Reasonable Adjustments and Accessible Communications for four different impairment areas: Learning Disability, Deaf and hard of hearing, Mobility, and Visual Impairment. They then participated in an Enter and View process that audited their practice and made tailored recommendations.

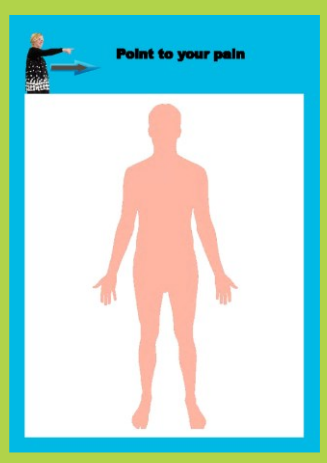
Tredegar Practice made positive changes because of the project:

1. The doctors personally escort patients from the waiting room, which helps with communication and creates a friendly environment***. This is something they were already doing and training provided positive reinforcement of this.***

2. They put up signs in the waiting room to let patients know that staff will assist them directly. They also rearranged chairs near the doors for better wheelchair access.

3. They reorganised the reception area for better visibility and sound, and staff are now encouraged to help patients at the window if needed.

4. They introduced visual aids like easy-read appointment cards and picture cards to help patients with learning disabilities.



Longer term, Tredegar Practice plans to:

1. Continue Engaging with Patient Groups: To gather ongoing feedback and ensure the changes meet their needs.

   While immediate patient feedback on the changes was limited, they plan to revisit the co-creation groups to discuss the implemented changes and gather further input. He believed this ongoing dialogue was crucial for maintaining patient trust and engagement.

2. Push for Better Structures: Work to make big changes in the way things are done at a higher level to create more widespread improvements.

   Some changes required longer-term planning, such as modifying the building's structure to better accommodate disabled patients. Tredegar advocated for these improvements both within the practice and at a broader system level.

3. Sustain Staff Training and Awareness: To maintain the positive impact on staff attitudes and practices.

   The training and changes positively influenced staff attitudes. Many already practiced empathetic patient care, but the training reinforced the importance and impact of these actions. Staff learned new techniques, like using iPads or picture cards for better communication, enhancing their daily interactions with patients.

Peter the practice manager at Tredegar Practice really likes the training***, "the way it is structured is really good with the co-creation that is doesn't feel like other training programs where you are ticking the box. It's actually quite affecting for people and opens their eyes a lot amongst like reception staff and having the people who having their daily contacts with people and that a lot of change can be quite simple and can be done by the group. I think it's important to remember those small bits and the real value adds for patients. It's why we're here. It's for patients, ultimately, recognizing the issues for everyone."***

The Enter and View process ***"made us more aware of what we do that's good as well. So it was not just flagging the things that don't work so well but also flagging that we need to keep…"***

Tredegar Practice's participation in the co-creation project led to significant, patient-centred improvements. By focusing on simple, actionable changes and maintaining a commitment to long-term improvements, the practice demonstrated a sustainable approach to enhancing patient access and care. The case highlights the value of involving patients in designing solutions and the importance of continuous feedback to drive meaningful change.