Objectives include improving awareness, accessibility of information and service delivery for disabled people, to reduce disparities in health provision

Enhancing disabled access:

Training and Learning Disabilities co-production

Sue Denning
Public Health Programme Manager
Operational Management Group
Living Well,
Primary and Urgent Care Transformation
People and Organisational Development
Workstreams,
Tower Hamlets Together
Sue.Denning@towerhamlets.gov.uk

Commissioned by Tower Hamlets Public Health

TOWER HAMLETS

Real Disabled people working together for real choices

ICM FOUNDATION CIC Inspire Challenge Motivate

deafPLUS breaking through barriers

Overview for LD PLT :

- Context: Covid, Legal, DES and CQC requirements
- **Disabilities Competency Programme**
- Examples of Easy Read Developments – ICM Focus
- Opportunities with Partners including Empowering Voices
- Next Steps – maximizing the impact of investment

Context

Covid 19: higher morbidity, mortality (x 6) & lack of inclusion of disabled people's needs.
Population data: 2021 Census showed 12.9% of residents had a disability (40,125)

25.7% of households had at least 1 disabled person; 6.4% of residents provide unpaid care.

Statutory requirement under Equalities Act 2010 to make reasonable adjustments and meet Standards for Accessible Communication

Disabled Competency training programme helps organisations to understand *how* to make reasonable adjustments, through a Toolkit, direct experience and coproduction for change

By: developing staff insight, access to Reasonable Adjustments and Communications resources, Enter & View assessments & Feedback

Piloted

Assisting practices to take steps to enhance disabled access, to record, cascade and embed change in patient access and experience

Statutory, DES, CQC and other requirements

- **Equality Act 2020** - Reasonable adjustments for disabled people includes providing information in accessible formats and ensuring accessible buildings.
- **PCN DES** - identification of a population experiencing inequality in health provision and/or outcomes; ensure there is a plan to tackle unmet needs.
- **CQC Equity in Access for Primary care – Ensure *everyone can access*** the care, support and treatment they need when they need it. **Equity in experience and outcomes:** tailor care, support and treatment in response to need
- **NHS Equality Duty Objective** 2024/5: Ensure compliance with **Accessible information standard** (AIS). Identified need for better training on their legal responsibilities and negative impact on individuals when omitted.

CQC Accessible Information Standard

All providers of NHS or AS Care must meet the Accessible Information Standard (AIS).

Five steps of AIS: Meeting the Accessible Information Standard - Care Quality Commission

- **Identify** - How do you: assess for disability related information or communication needs?
- **Record** - How do you record those identified needs clearly? What systems are in place as part of the assessment and care planning process?
- **Flag**- How do you highlight or flag people's information and communication needs in their records for all staff to quickly and easily be aware of (and work to meet) those needs?
- **Share** – How do you share details of information and communication needs with other health and social care services?
- **Meet** - How do you ensure sure people receive information which they can access and understand & arrange communication support ? EG Contact (and be contacted by) services in accessible ways, such as via email, text message or Text Relay?

Commissioned activity 2021 - 23

4 **Coproduction groups** established (20 volunteers)- **Multiple Impairment based - workshops**

Best practice guide produced for Health Services

Strategic influencing (Boards, forums) continues (Links with ongoing system work)

Recommendations co-produced from outreach and research prioritised key themes across impairments

Training modules designed for frontline staff with scenarios coproduced for 1-hour online sessions

Primary Care Exemplar - 2 practices piloting in person training and & Enter & View process

DISABILTY COMPETENCY PROGRAMME

ATTEND DISABILITY COMPETENCY TRAINING

Held during PLT.

Begin an Action Plan in the session.

Select a date and time for your first 'Enter and View' visit.

Take away the Best Practice Guide and Disability Competency Toolkit.

ACTION PLANNING (WITHIN 4 WEEKS)

Share your learning and complete the Action Plan with your team

Use the Disability Competency Toolkit to self assess your practice.

Have your first 1 hour 'Enter and View' visit.

Review your action plan based on the feedback.

PUTYOUR LEARNING INTO PRACTICE

Commit to making positive change based on your action plan and 'Enter and View' feedback.

Keep a record of actions you take and any feedback you receive.

Select a date for your second 'Enter and View'

REVIEW

Have your second 1 hour 'Enter and View' visit.

Complete a case study interview.

Support Real to access Patient Advisory Groups to collect feedback where appropriate.

SUSTAIN THE CHANGE

Regularly review your action plan.

Use the Disability Competency Toolkit to regularly self assess.

The training sessions

Three stakeholder groups covered four impairment groups

- Deaf Plus – Deaf and hard of hearing
- ICM – Learning disability / difficulty
- Real – Mobility impaired
- Real - Blind, Visual Impaired

Module 1 – Reasonable Adjustments
Module 2 Accessible Communications

Training Achieved

- 2023 Pilot: 21 x 1hour sessions for health & CSC
- In-person training within PLTs: **122 attendances – improved confidence to enhance access**

- **2024: via NEL Training Hub,** In person PLTs for 154 staff from PCNs 1, 6 & 8

- **Online Training programme 2024:** 470

FOR MEDICAL PROFESSIONALS AND FRONTLINE STAFF

BEST PRACTICE GUIDE

ACCESSIBLE HEALTH

2022

Table of Contents

Introduction	03
Rethinking your understanding of disability	08
Reasonable adjustments and access	14
PA support	41
Accessible communications	46
Multiple Impairments	66
Interpersonal skills	68
Preconceptions and stereotypes	72
Recommendations and conclusions	87
Appendices	96

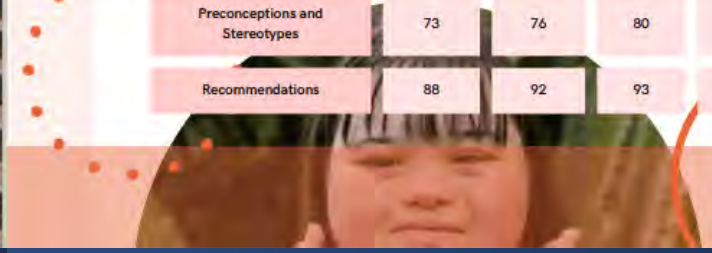
THIS GUIDE

This guide is divided into different chapters. These chapter themes were determined by our coproduction groups based on where they felt frontline staff and medical staff needed more training. You will also note that in each chapter, there is a section designated to each of the 4 coproduction groups we have worked with. The reasons we decided to break the guide into different impairment groups are:

- It's important to recognise that different groups of disabled people experience things very differently. Although this is also the case for people with the same disability, there are often many commonalities that can be drawn upon.
- To ensure the voices of our coproduction group are not lost, and that their individual experiences can be differentiated from others.
- To allow the reader to go to the chapters/sections they feel less confident in.

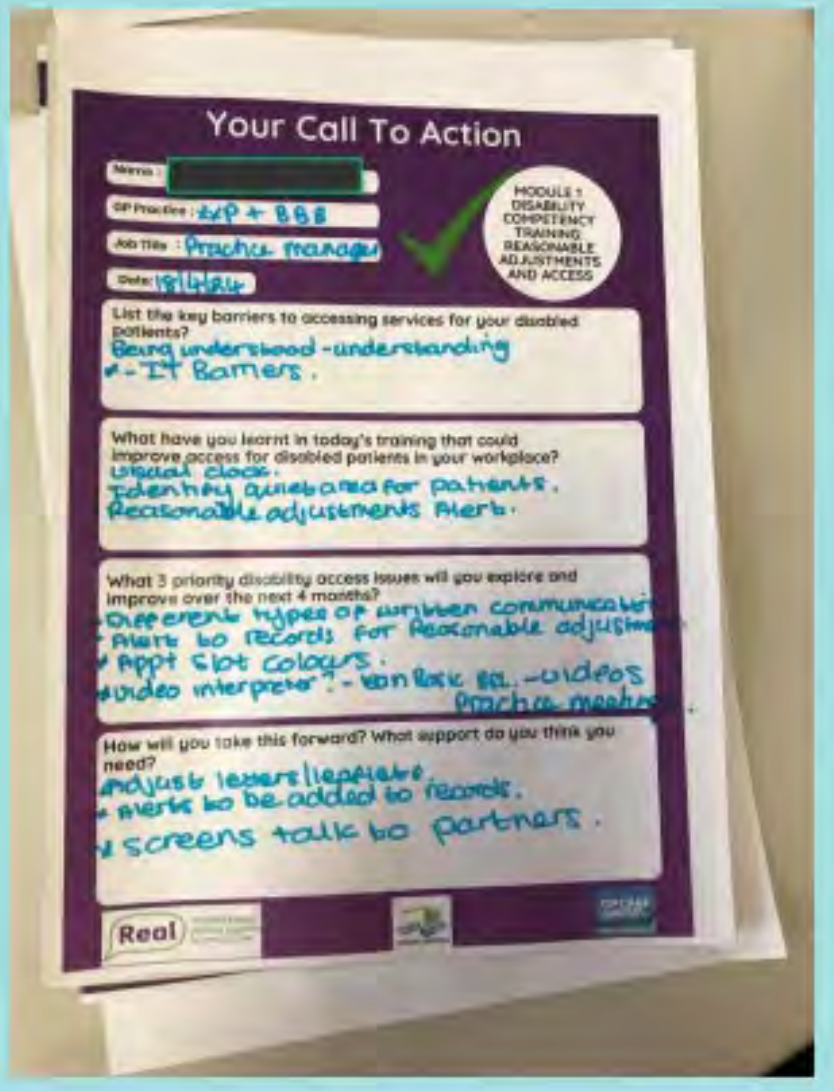
KEY THEMES AND DIFFERENT IMPAIRMENT GROUPS

THEME	Deaf and Hearing loss	Learning Disabilities	Mobility	Blind & visually impaired
Reasonable Adjustment and Access	17	25	29	33
Accessible Communications	49	55	63	64
Interpersonal Skills	68	70	71	
Preconceptions and Stereotypes	73	76	80	84
Recommendations	88	92	93	91



Available @ real.org.uk

Action plans / Module 2



Your Call To Action

Name : [redacted]

GP Practice : EXP + BBB

Job Title : Practice manager

Date: 18/[illegible]/24

MODULE 1 DISABILITY COMPETENCY TRAINING: REASONABLE ADJUSTMENTS AND ACCESS

List the key barriers to accessing services for your disabled patients?

Being understood - understanding
- IT Barriers.

What have you learnt in today's training that could improve access for disabled patients in your workplace?

Visual clock.
Identify quiet area for patients.
Reasonable adjustments Alerts.

What 3 priority disability access issues will you explore and improve over the next 4 months?

- Different types of written communicati
- Alerts to records for Reasonable adjustme
- Appt slot colours.
- Video interpreter? - Easy Read - videos
  Practice meetin

How will you take this forward? What support do you think you need?

- Adjust letters/appointments.
- Alerts to be added to records.
- Screens talk to partners.

Real

Your Call To Action

Name : [redacted]

GP Practice : BROMLEY BY BOW

Job Title : HEALTH & WELLBEING

Date: 18/4/23

MODULE 1 DISABILITY COMPETENCY TRAINING: REASONABLE ADJUSTMENTS AND ACCESS

List the key barriers to accessing services for your disabled patients?

- Communication ~~Aids~~
- Ease of access (physical)
  - Rigid following of 'procedure'

What have you learnt in today's training that could improve access for disabled patients in your workplace?

- Experience of blind parents: perception of waiting room.
- Always look at and speak to deaf parent directly

What 3 priority disability access issues will you explore and improve over the next 4 months?

- Step away from desk and communicate with patient: eye contact, body language
- Always check patient details first

How will you take this forward? What support do you think you need?

- Always adjust my approach based on patients needs and ask the patient to understand what this might look like. ☺

Real

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: Have a critical number (10%) of staff 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	

Example: Accessible Communications

- **Make health information accessible to everyone in surgeries/hospitals/clinics:**
  - Easy read posters
  - TV with BSL interpreters and subtitles
  - Information in braille (image showing reading braille)
  - Large font
  - Audio information (CDs/USBs)
  - Simple language
  - Bullet points

Capture people's communication preferences

Transparent masks

- Deaf people will need to see the mouth to be able to access some of what is being said. If the mouth is covered it is very difficult for Deaf people to understand what is being said.
- Masks make it very difficult for Deaf people to read facial expressions.
- It also presents challenges for BSL interpreters if they are trying to interpret for a Deaf person wearing a mask.
- Where possible, medical professionals and frontline staff should wear transparent masks, or remove their masks to aid with communication.
- There have been several incidents where Deaf people have experienced NHS staff refusing to lower their masks when asked. Thus leaving the Deaf individual feeling disregarded and unable to access any information. They feel treated like second class citizens.

Outcomes for GP Practices:

- Changes made to furniture layout & Reception desk height,
- Access to lifts,
- Explaining Communication Support
- Easy Read Appointment letters

Recommendations for alterations:

- BSL online support e.g. Signlive
- Telephone bypass access
- Disability friendly Vaccine clinics
- Visual guiding training

Feedback PCN6

4.77

"Amazing and very moving to hear of lived experiences."

"The correct way to provide care to individual needs"

"I learned different effective ways to deal with patients who have learning disabilities"

"*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.*" "

Thanks very helpful programme, which made me think more about what we can do to help all our patients

Helpful action plans

Overview for LD PLT :

- Examples of Easy Read Developments – ICM Focus

- Learning Disabilities Web page at Island Health

Annual Review Video Annual Health Checks

https://www.islandhealth.nhs.uk/learning-disability/annual-health-checks

- Opportunities with Partners including Empowering Voices and Create Adult Social Care

FOUNDATION CIC

Inspire
Challenge
Motivate

How to Communicate with Adults with Learning Disabilities:

Top Tips for Good Communication with Patients

Notice that the patient is there

Sometimes patients with learning disabilities are not confident to speak up. They say that staff are often on the phone.

Talk directly to the patient

Talk to the patient directly even if they are there with someone else and in language that is easy for them to understand

Listen

Listen to what the patient has to say and ask if you do not understand, keep asking in different ways until you are clear on what they are saying

Check that the patient is okay or if they need any help

People with learning disabilities are less likely to tell you if there are any problems especially if they are unfamiliar with you, so if they look anxious or confused it is best to check

Recognising the needs of people with learning disabilities

- People with learning disabilities want to be as independent as possible
- We feel anxious and stressed when we have to wait or if we don't understand things
- Bad experiences make us unwilling to talk and we may not want to go to the doctors again

The way people communicate with us is very important because a negative experience can make us feel really bad about ourselves and scared about communicating with you in the future

We like people to be patient with us because sometimes it is hard for us to get words out quickly and we might need a longer time to respond

CONTACT

ICM Foundation CIC

Dawud Marsh dawud.marsh@icmfoundation.org.uk

Aisha Marsh aisha.marsh@icmfoundation.org.uk

07957322195

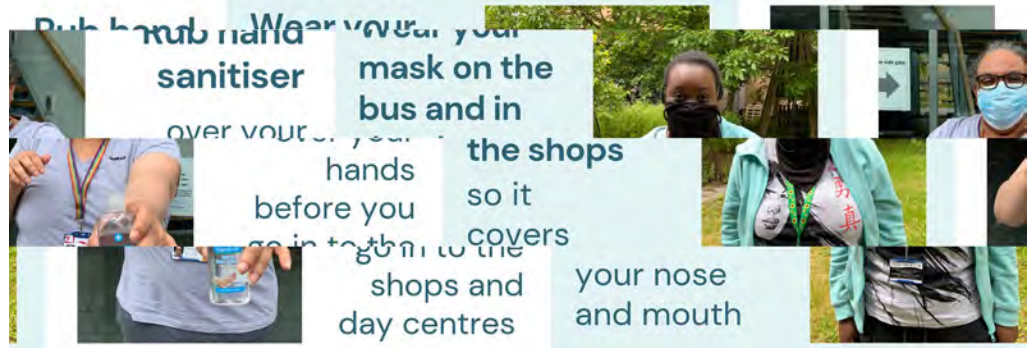
Be friendly and smile to help the patient feel comfortable

A good experience for a patient with learning disabilities means they will see you in a positive way for any future appointments

#BeSafeBeWell

CORE Projects
Creating Opportunities for a Real Life Experience

How to be safe when going out



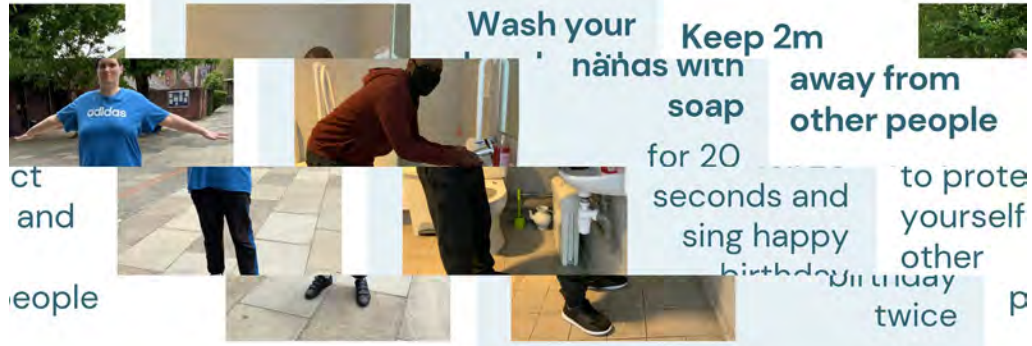
sanitiser

mask on the bus and in the shops

hands before you

so it covers your nose and mouth

shops and day centres



Wash your

Keep 2m away from other people

for 20 seconds and sing happy

twice

Change your clothes

when you come home, put your

clothes in the wash and have a shower

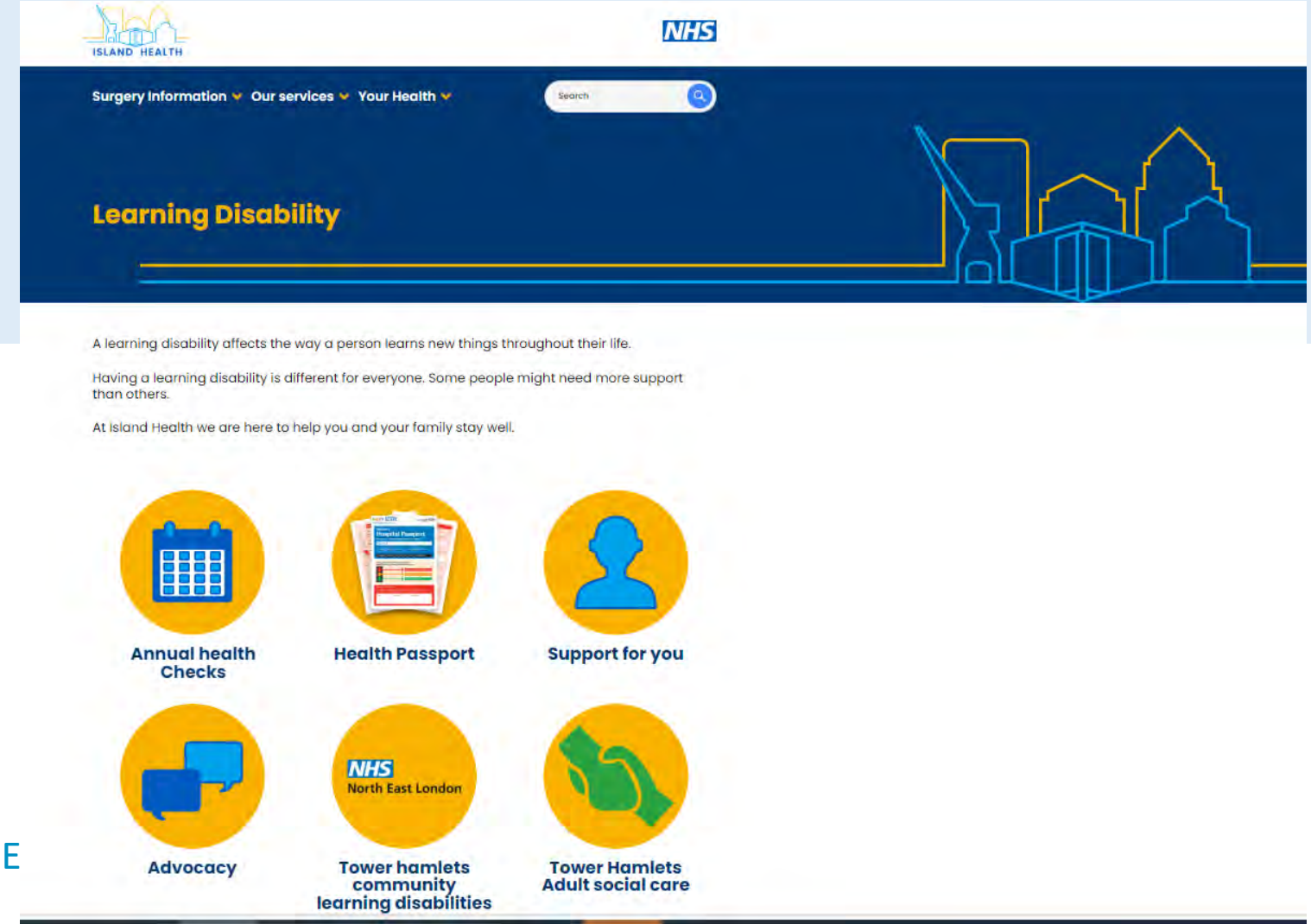
#BeSafeBeWell

Remember
HANDS
FACE

Example : Learning Disabilities Web page at Island Health

Annual Review details and Video

[Annual Health Checks]



What happens in an annual health check

It might seem scary, but the health check is quick and simple.

We will check your:

- Height and weight
- Blood pressure
- We might check your urine(wee)
- We will ask about diabetes or asthma
- We ask you questions about your health for example if you are having problems with seizures or constipation
- We review your medicines
- We might offer you a vaccination

Here is a video that explains what happens in an annual health check

Empower Voices Role Description

CREATE

NHS
Tower Hamlets
Clinical Commissioning Group

Introduction to Empowering voices

We will be recruiting 10 people with learning disabilities who live in Tower Hamlets to be part of the empowering voices group.

The group will be meeting regularly to discuss topics and working on ongoing improvements in health and social care

There will be 4 events through the year, called 'Your Say, Your Day'

You will get training and support from your facilitator

Role Description

Sign up and be a dedicated member of the empowering voices team.

Attend regular training sessions, on confidence building, public speaking and presenting

Organise 4 'Your Say, Your Day' events through the year.

Attend regular meeting to discuss matters arising from the 'Your Say Your Day events. Work in a

coproduction way to improve the quality of life for people with learning disabilities.

Attend regular support session provided by your facilitator

Develop good working relationships with Tower Hamlets Together and other local organisations provide coproduction opportunities.

Work toward developing a learning disabilities champion network

Contribute in producing reports with other professionals

TOWER HAMLETS

NHS

Support health care and social care organisation to be more accessible and friend for people with learning disabilities.

AIMS:

To develop and embed co-production of adults with learning disabilities within tower hamlets

To ensure the continued involvement of individuals with learning disabilities in the existing governance structures.

To ensure people with learning disabilities are listened to, respected and have their voices heard and barriers preventing this are removed

To ensure that individuals are seen as people and not their disability

To ensure services and structures are accessible and adaptable to people with a learning disability

Quality Checker Role Description

CREATE

CLDS

NHS
Tower Hamlets
Clinical Commissioning Group

Introduction to becoming a Quality Checker

Quality checkers go into NHS services, or other services that the NHS pays for, and look at how they are working and how people use them.

Then the quality checkers tell the service what they can do to make things better and work with services to improve.

To finish we will write a report on:
The information you collect during your visit.
The information given to you in the completed self-assessment form.
Any feedback you collect from patients who use the service.

Role Description

First you will attend training to enrol you into become a Quality Checker

Disclosure & Barring Service

We will apply for a DBS for you

You will arrange and attend regular meetings throughout the project to plan, update, learn and report on the work we have done.

You will Quality Check 10 NHS organisations throughout the year.

System Wide Issues working together to improve access and outcomes

Issues

- Prioritising Disabled access and reasonable adjustments
- Knowledge and resources for accessible communication
- Continued non-compliance with legislation
- CQC access implications
- Variability in service standards for disabled people

- Costs to the NHS of access barriers, DNA's, lower patient experience and outcomes
- Cost of effective in-person training and uptake

Opportunities for Joint Action across THT?

- Identify **Strategic champions** to take work forward.
- Take a **system wide approach**, to ensure true impact for the population
- Develop a **Communications policy** for equal representation of Disabled people's images
- Develop a **resource bank** of Easy Read and Accessible Communications tools and Best Practice Guides
- Require all services to **advertise Communication Aids**
- Extend **Personal Assistant Dog Policy** across THT including signage and security staff training

Disability Competency – Next Steps: working together to improve access and outcomes

- **Co-ordinate strategic action for Disabilities across Tower Hamlets Together partners (THT)**
  - ❑ Develop a strategic working group to coordinate system wide actions in partnership with THT Working Groups

- **Rapid Assessment:**
  - ❑ Identify what Disabilities initiatives are in progress within THT partner plans
  - ❑ Clarify opportunities for collaboration, resourcing and sharing ?

- **Resource a co-production process to produce a Disability Action Plan for THT**

  - ❑ **Add Disabilities and access issues into Patient and Customer Services Experience Strategies**
  - ❑ Influence Communications Teams to showcase Accessible Information Standards

- **Implement THT People and Organisational Development Workforce Action Plan:**

  - ❑ **Embed Training on Disability Competency and Reasonable Adjustments** across workforce **inductions** and professional development, via interactive training programmes