

Disability Competency Training Programme

Case Study

Your context

What did you identify in your action plans that you wanted to improve:

Last year, Strouts Place Medical Centre (SPMC) went through some changes with regards to appointment bookings, which was one of their key areas.

The manager said that whenever he looks at making any sort of changes, he thinks of his elderly father, although he didn't have any disabilities, to understand how he would have dealt with certain situations and how the Practice could then remove these barriers. Indeed, some of the issues his father faced are similar to the ones disabled individuals would experience.

For instance, not everybody is digitally fluent, so what can we do to support these individuals? Because they need care as much as anyone.

Moreover, asking a relative or friend to help them with their medical appointment is not good practice because some patients might not want to disclose their medical history with a member of their family, for instance.

Therefore, they understood they needed to flag that a patient was digitally excluded on their medical record and assist them.

Another point that was identified by the Practice was their main entry door. This is a structural change, so there is a cost implication, but they want to install automatic doors. They did have automatic doors, but they stopped working. At the moment the door has no glass to see through, so people cannot see individuals on the other side and could inadvertently hurt people who are waiting at the door while opening the door. At the Practice, when a patient finishes their appointment, their staff assist them and make sure they get out safely.

In addition, they will investigate installing sound for the doors.

They also identified they need a hearing loop and SignLive.

What changes did you make:

Last year, the Practice has done some big changes.

Most of the staff, the reception staff, have iPads, and they support patients to register online and use the iPads, which empowers some of the patients.

When people cannot come to the Practice or are digitally excluded, they can register with a receptionist on the phone. The receptionist will ask if they have any issues using the digital platform, and if the patient has an issue, the receptionist will assist them on the phone.

For the manager, it's essential to provide this service, because otherwise people will drop off the radar, and they won't get the care they deserve. They will have no faith in the system, and they will be less likely to contact the Practice.

The manager says there are individuals who are facing barriers in accessing services, and therefore Practices have got to remove those barriers by listening to their patients, and that is what SPMC has done.

In addition, on Friday they are getting a totally new system installed at the Practice: two TV screens and speakers to announce when a patient needs to go to a room.

They also have installed one low desk.

They have nominated a disability champion, who is on leave at the moment, but the manager will be doing more work with her, and she wants to learn sign language as well. The manager says that having at least one person in each practice who is competent with sign language would be best practice. And it would be beneficial to find a free BSL course for these staff members.

What worked well:

As a practice, the manager thinks they have come a long way and done a lot of stunning work, and they have a lot of patients on board. There was initial resistance at first, but they encouraged education and facilitating discussion, and they are in a better place now. It's not perfect, but there's no perfect system out there.

What did not work well:

The manager says that what has not gone well so far is the organisation of his time and the financial barriers the Practice is facing regarding the automatic doors. It gives him anxiety knowing that they don't open as he would like them to.

He also thinks that there are still sometimes gaps in the knowledge. For instance, they have not had the chance to install SignLive properly yet.

How to improve and lessons learnt:

The manager says he would have managed his time better. He thinks he was reacting instead of being proactive, and as a result, it creates a tendency to miss things or to cut corners.

Impact and conclusion:

The manager says it has been an interesting and good journey. Having all these conversations during the programme made him realise his knowledge was not as good as he thought it was. He has learnt a lot (e.g, non-visible disabilities, protected characteristics). It allowed him to take this into his life outside of work. Real taught him a lot. They will keep improving, and the more they engage with the issues, the less anxiety there will be and more confident they will become. He is in a happy place.

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| Date | 28/03/2025 | Practice Name | Strouts Place Medical Centre |
| Name of Practice Manager | John Isaac | Signature | John Isaac (transcript) |