

# **Disability Competency Training Programme**

## The Barkantine Practice – Case Study

The Disability Competency Training Programme consisted of two modules: Module 1 — Reasonable Adjustments and Supporting Disabled People, and Module 2 — Accessible Communication and Reasonable Adjustment. The Barkantine Practice attended these two modules, in person and online. They also took part in two access audits, completed our Practice Manager Questionnaire, and scheduled with us a video call to discuss their recommendation reports.

#### What worked well:

The Practice Manager (PM) said the programme made them more aware of disabled people's requirements and to take these into consideration when providing healthcare. He realised people had prejudices, and the training bettered their understanding around disabled people's access needs, which was a very positive outcome.

Concerning the audit phase, the process was very good and the PM was happy they had completed this phase because they initially thought that everything was running smoothly but in fact it wasn't. In 18 years of managing the practice, the PM was not aware of all these requirements. There had been an assessment done in the past, but the previous provider seemed to have missed elements, in comparison to Real's recommendation reports. This previous assessment seemed to have been more of a tick box exercise and was not done by a disabled auditor. This is why the access audit visits done by Real's volunteers have been very valuable because they were conducted by disabled people and their findings were showing what really needed to improve among the Practice.

On the other side, one challenge that the PM has found difficult to overcome is the limitation they have as a GP surgery on what they can implement, such as installing tactile surfaces on the floors and stairs, because they don't own the building. Due to financial circumstances, these changes are also beyond the owners' capacity.

However, the PM said he would raise this issue to CHP, advocate for the cause, discuss how they can make those changes, and make sure to have these adjustments established.

To conclude, "it was very valuable to participate in this audit phase" (PM). The PM now knows the areas where there is a gap in providing accessible healthcare and is going to tackle this issue.

#### What did not work well:

The PM did not experience any difficulty. The training was a helpful exercise. They haven't had this sort of exercises for a long time, and they realise they should have these every year, or every two years, so they can review and reflect on their achievement and what they can do to do better. They want to keep improving their attitudes and care toward disabled people; therefore, it is very important that everyone (from receptionist to clinician) participate in this programme. "GP surgeries are here to care and make people's lives easier, valued, and respected." (PM)

### How to improve and lessons learnt

To improve the healthcare system, the PM said there should be continuity in the learning process, especially when new staff are hired, they need to be trained, and best practices should be taught by relevant organisations.

What the practice would benefit from is more staff training sessions, as there is always room for improvement. The training could also be divided into different modules for different groups of staff (receptionists, clinicians, etc.).

Moreover, in terms of the content of the training, what could be captured in the modules is that society, and especially the healthcare system, is improving its care towards disabled people in comparison to the last decade.

Finally, the Practice would benefit from signs made by Real to use on their noticeboard. Resources like these would help, as they don't have time to produce them.

### Impact and conclusion:

"We were really excited and appreciated Real's teams' effort. Thank you from our team to your team. Anything better we can do, we want to do." (PM)