

Disability - Engagement

Event/Source	Feedback
<p><i>Stockport NHS Foundation Trust consultation for SES</i></p>	<p>Access to buildings and services</p> <ul style="list-style-type: none"> • A number of issues and ideas were raised in relation to car parking on the site; • Need to improve signage on site, including signs to accessible toilets and facilities; • Access audits of waiting areas and announcement systems; and • Improving appointment systems– awareness that timing of appointments can have particular impact on disabled people; more flexibility to change them; and better information about what to expect. <p>Training for staff: Ideally, this should involve input by disabled people into training design and/or delivery. Key issues for training included:</p> <ul style="list-style-type: none"> • Making reasonable adjustments; • Involving carers and support workers appropriately and awareness of their needs; • Taking time to communicate directly with patients who have disabilities, especially learning disabilities; • Using technology (e.g. text phones, loop systems) and interpreters appropriately; • Respect for patient dignity and privacy; • Awareness of possible sources of stress for patients with physical/ learning disabilities and mental health issues; and • Mental Capacity Act and consent issues.
<p><i>Stockport PCT consultation for SES</i></p>	<p>Three main and consistent issues arose out of all the consultation:</p> <p>Disabled access to buildings and services:</p> <ul style="list-style-type: none"> • Reception desks are too high and means people in wheelchairs are not seen and are left waiting • Patient's with visual impairments are unable to use new touch screen technology but are ignored or made to feel like a nuisance by staff when they approach the reception desk instead. • Most Dental surgeries are not disabled accessible. • New premises are still being built with design faults that could easily be avoided which could greatly improve disabled access to buildings. • Provisions to support people who are deaf or extremely hard of hearing in accessing GP services are not made. People who are deaf have to get someone to ring for them or must go into the surgery in person just to make an appointment. It was suggested that GP' s should invest in email booking or text phone booking for deaf patients. • The Ambulance Service was valued, but it was also felt it should be improved as participants had experienced a number of instances where they had to wait several hours (up to 5 hours) to be taken home, which is a particular issue for people with disabilities who may be unable to take themselves to the toilet etc.

- Services should be able to provide information to patients who are blind in alternative formats. Receiving written information means that they have to get someone to read it to them which they were very unhappy about as it had negative impact on their right to a private life and their dignity. Practically this was also an issues as they would often miss appointments because someone had not been able to red the letter to them in time.

Awareness of disability issues and the needs of disabled patients:

- Front line staff do not take account of the fact that some people with disabilities may have additional needs and do not support them in accessing services.
- Staff are seen to get impatient with people with disabilities because they may need additional time or support.
- Some participants felt that Health Care professionals did not always listen properly to what they were telling them and feel like their opinions etc are often dismissed.
- Many participants were very frustrated by the fact that if they were accompanied by another non disabled adult or carer, reception staff and health care professionals would often talk to the carer rather than the disabled patient themselves.

Access to information:

- More information on what services are available.
- More publicity needed on what services can be accessed directly without GP referrals.
- More publicity about PALS and their role needed - not many people were aware of the team.
- Information on health issues not available in alternative formats and health care professionals do not take enough time to explain it in details at diagnosis which is important as they are unable to go away and read about it later.
- Services should be promoted via existing mechanisms which disabled people engage with.

Priority areas for improvement identified include:

1. Disabled access to services and buildings
2. Training for staff on basic disability awareness
3. Improved ways of communicating information to people with disabilities on health issues and services

Disabled People (Questionnaire Respondents):

A questionnaire was also distributed via Stockport's Disability Forum and Disability Stockport's database of over 70 people. There were a total of 34 respondents.

42% of respondents said they had difficulty accessing health care services because of their disability. Of those people:

- 28.5% said it was related to a physical access issue
- 24.3% said it was in relation to the timing of appointments
- 24.3% said it was in relation to transport or parking issues

60.6% of respondents said that the way services were delivered made them less likely/able to access the services they need, because of their disability and only 43.8% of respondents did not feel that health care staff had a good understanding of their needs in relation to their disability and so could not respond to them.

	<p>33.3% of respondents said that did not have easy access to information on health needs and issues and 24% of respondents said they did not have easy access to information on how to access appropriate services.</p>
<p><i>Involvement Event, Walthew House, 28th Jan 2010</i></p>	<p>1. Parking</p> <ul style="list-style-type: none"> • Not enough disabled bays • Really difficult to park in decked car parks – white lines are barely visible • Prices for car park are high and if appointment is delayed or takes longer than anticipated this causes anxiety and fear of being clamped <p>Feedback: - There are 82 designated spaces which is above the national recommendation. A price comparison is done with SMBC on a yearly basis. An Equality impact assessment of car parking is a priority for the Trust.</p> <p>Further comments: - There are examples of other Trust's that do not charge for car parking e.g. Chester NHS Trust. It was suggested that a nominal charge would be more appropriate e.g. £1. It was also noted that when appointments were delayed through no fault of the patient they have to go back to the car park and put more money in. The group had examples of where patients hadn't turned up for their appointment because of the high cost of parking.</p> <p>2. Bus Service</p> <ul style="list-style-type: none"> • Bus service around hospital site is good but not ideal as it ends at 4pm (?) <p>Feedback: - There are bus services running after 4pm.</p> <p>Further comments: - The 192 does not go onto the hospital site after 4pm but does pick up and drop off on the A6. For individuals with a disability this adds to travel difficulties. Ring and ride not reliable and do not provide a service for hospital appointments. Transport provided by the hospital which has been arranged through the GP is very unreliable. An example was given where a patient had missed their appointment 3 times because the transport had not turned up. There was also an issue of waiting a long time to get transport home.</p> <p>3. Physical Access</p> <ul style="list-style-type: none"> • Volunteer guides are good but need visual awareness and disability training as they sometimes can be insensitive • Hospital site would benefit from colour zoning – why isn't it built into new builds as a matter of course • Really nice you've come to talk to this specific group about problems we encounter – talking to Disability Stockport is ok but if you want views of people with visual problems this is the group to come to first • Signage around hospital "diabolical" • Major signs are fine but small signs not good – and often directions to places just disappear • No consistency with the signs and more are needed <p>Feedback: - Training strategy being developed which incorporates all the feedback from the original consultation. An equality impact assessment of the signage will</p>

commence at the beginning of the next financial year.

Further comments: - It was suggested that colour coding of hospital would help patients with directions. A key at reception e.g. red leads to A&E. One individual commented that the lighting on the main corridor is poor and suggested that sighted guides would be helpful.

4. Information

- Information provided to patients, particularly visually impaired patients was described as “weak”, “poor”, “formats unacceptable”
- It is recognised that the internet is good at solving some problems for visually disabled people but not everyone has access to the internet – need to be able to provide acceptable paper based formats i.e. Braille, large print etc.,
- Need to train staff as there were examples of patients being told by staff that the hospital didn’t do large print, Braille, tapes etc.,
- The hospital were reminded that the services of the Stockport Talking Newspaper were always available for them to use to put letters etc., on to tape, in large print or Braille
- The message in a bottle system was praised
- The standard for letters was 16 font, bold, arial
- The telephone appointment reminder system newly established at the hospital was a good service
- A lot of dissatisfaction about the number of cancelled appointments and the problems this raised for patients
- It was acknowledged that some departments communicate well but the majority do not and this can be very frustrating from a patient point of view having to constantly inform the hospital of their problems – why can’t this information be recorded centrally and acted on consistently i.e. by sending out information in the correct format etc.,

Feedback: - Much of the comments above have been incorporated as actions for our Single Equality Scheme and our new training strategy. The Trust promotes the message in a bottle system to patients.

Further comments: - The group felt that once a patient who is blind or visually impaired had attended an appointment at the hospital all further correspondence should be sent in the right format i.e. large font, Braille or CD. It was felt that specialists only had a short time to spend with patients and at the end of the appointment they were often given leaflets! It was felt that staff needed to be more aware of alternative formats and request the information in the correct format. The group asked if the Single Equality Scheme could be produced in large print and CD.

5. Patient Engagement

- The majority of people present had heard of PALS and some had used the service very successfully
- As per the previous point it was recommended that the hospital use this group as it had 1,600 members on its database

6. Training

	<ul style="list-style-type: none"> • All staff needed training/awareness of this subject • Even the basics were not known • Training/awareness raising would solve a lot of the problems currently experienced by patients <p>Feedback: - As part of the Single Equality Scheme we will undertake a training need analysis informed by the detailed suggestions made within the consultation to develop a training strategy.</p> <p>7. Other Issues</p> <ul style="list-style-type: none"> • Cleanliness was a problem • Excessive waiting times in Ophthalmology department • Audiology department – the drop in facility is missed, now have to make an appointment which is usually a number of weeks away – when need an appointment need it straight away – why did they change it? • Sometimes hospital appointment staff ask deaf people to phone – how can deaf people use the phone – and the hospital does not have text phones? • Patients in waiting rooms can hear staff shouting to people with hearing problems either in person or on the phone – this is totally unacceptable <p>Feedback: - The drop in facility within Audiology was stopped in 2004 when the service was modernised. It was felt that booked appointments made more efficient use of rooms and trained staff. The hospital does have text phones but they have not been utilised by patients. Disability Stockport have also confirmed that text phones within their premises are not used either.</p> <p>Further comment: - The drop in service at Audiology was very handy when a hearing aid is damaged and the patient would be left distressed until an appointment could be provided. The group have previously asked if the receptionist at Walthew house could be charged with holding spare batteries and tubes as the library are able to provide batteries currently.</p>
<p><i>Royal National Institute of Blind People</i></p> <p><i>Research Briefing: Towards an inclusive health service: a report into the availability of health information for blind and partially</i></p>	<p>Introduction</p> <p>RNIB has commissioned research, conducted by Dr Foster Intelligence, to investigate – in the UK – the experiences of blind and partially sighted people who had used NHS services in the last twelve months. The study covered 600 blind and partially sighted people and 500 healthcare professionals in both primary and secondary care. The research has highlighted that barriers to health information remain widespread, and that more progress needs to be made to ensure that health information is accessible to blind and partially sighted people.</p> <p>Key findings from the research</p> <p>The research highlighted the experiences of blind and partially sighted people, including:</p> <ol style="list-style-type: none"> 1. 95 per cent of blind and partially sighted people feel it is important to have health information in a format they can read for themselves, and most healthcare professionals agree with them on this. However, nine out of ten say they were not

sighted people.

asked by NHS staff about what format they required when they were given information.

2. Blind and partially sighted people feel a loss of privacy and independence if they have to rely on someone else to access personal information. Only one per cent say they want information given via a carer or relative, yet 28 per cent of health professionals thought that blind and partially sighted people did want information conveyed to them in this way.
3. Eight out of ten blind and partially sighted people said they did not get medicine information in a format they could read. Safety is at risk if information about medicines is given in a format that blind and partially sighted people cannot read for themselves, as verbal instructions are all too easily forgotten.
4. Appointment letters which are not in accessible formats are directly linked to an increased level of missed appointments. Two out of ten people said they had missed an appointment because the appointment letter was not in an accessible format.
5. Seven out of ten blind and partially sighted people reported that personal information they were given from their GP was not in an accessible format.
6. General health information is not always accessible to blind and partially sighted people, for example guides on managing a long term health condition, and leaflets on how to stop smoking.
7. Nine out of ten say they do not always ask for or obtain information in accessible formats, with four out of ten saying it takes too much effort, and a small minority saying they did not ask for fear of being labelled as needing special treatment.
8. Six out of ten blind and partially sighted people were unaware of their legal right to accessible information under the Disability Discrimination Act (DDA) 1995.

The research also found that health professionals faced problems:

- Seven out of ten healthcare professionals either said their organisation does not have a clear policy on the provision of accessible information or they do not know if it did.
- Seven out of ten felt they lacked sufficient training to provide accessible information.
- Six out of ten said they did not have the means to produce accessible information.

The research found that the majority of healthcare providers were not contractually bound by commissioners, for example, Primary Care Trusts (PCTs) and health boards, to promote equal access to health information for blind and partially sighted people. Only six per cent of Primary Care Trusts and health boards assessed service providers' performance in giving accessible information to blind and partially sighted people, and 17 per cent required providers to identify actively blind and partially sighted people, record their individual reading needs and ensure that staff have visual awareness training.

Summary and recommendations

- Blind and partially sighted people want to be able to read their own health information so they can manage their personal health care. They often cannot do this because health professionals do not ask them what format they need, and they themselves often do not feel empowered to ask for it as a right.
- PCTs and Health Boards who commission health services should specify a requirement for providers to meet the health information needs of blind and

	<p>partially sighted people, and assess their performance on this. Commissioners and providers should actively promote policies and guidance on how to meet the information needs of blind and partially sighted people, and ensure these policies are implemented.</p> <ul style="list-style-type: none"> • PCTs and Health Boards should ensure electronic record systems used by service providers are capable of recording patients' needs for accessible information, and can produce personal and general health information in appropriate formats. • All healthcare professionals need to identify each individual's needs, record their reading requirements and ensure that accessible information is provided. <p>Order the report</p> <p>To receive a copy of the Dr Foster research report please email hugh.huddy@rnib.org.uk or telephone 020 7391 2008. Please also state which format you require: PDF or Word document by email, hardcopy in clear print or large print, braille, audio on CD or MP3.</p>
<p><i>Endoscopy Involvement Event, Friday 14th May 2010</i></p>	<p>General Themes across the hospital:</p> <ul style="list-style-type: none"> - Staff should not approach guide dogs as they are working and may become distracted. - Patients' notes should have stickers on to flag that the patient has a disability. - Hospital wheelchairs should be pulled backwards. - Signage in the hospital is an issue for partially sighted patients. - Diabetic patients would usually prefer morning appointments so they can take insulin the night before. - Letters sent out by the Trust and attachments are too long for partially sighted patients and questionnaires not accessible. - Could the medical alert sheet record a patient's disability? - The types of hoists used across the Trust vary. Some are the old style that places a strap between the patients' legs and the nurse has to push down to lift the patient. These are very uncomfortable for the patient. - The hand hygiene alcohol dispensers are impossible to find for blind patients. The Trust should consider a voice activated message and put a yellow sign next to the dispenser for visually impaired patients.
<p><i>Walthew House involvement event with deaf and hard of hearing individuals Thursday 29th July 2010</i></p>	<p>The following issues were raised:-</p> <ul style="list-style-type: none"> • Interpreters not being booked for appointments. In particular, the Emergency Department was an area that could not get an interpreter quick enough to deal with emergency situations. • GPs are not booking interpreters and the patients feel like they are making a nuisance of themselves if they ask for one. • One gentleman felt that the staff in the hospital needed deaf awareness training. He also suggested that there should be a fax facility for deaf patients as all the letters say phone to confirm attendance. • Car Parking was seen as a real problem and that there is evidence of staff parking on visitors car parks which is unacceptable. • The TV service is very expensive and there should be subtitles to explain how to

use the service.

- A visual display in waiting rooms would help deaf patients to identify when it was their appointment time as some people in the group had missed their turn and in some cases the appointment had to be cancelled.
- One gentleman felt that although he had arrived on time for his appointment his notes were pushed to the bottom of the appointment list with no explanation.
- One individual suggested that staff from the hospital should spend time at Walthew House to gain a better understanding of the needs of deaf people.
- Different Interpreter services are used by different Trust's. This can sometimes lead to anxiety for the deaf community. Patients often build up relationships with interpreters and can contact the services to request the same person for appointments.

Patient Experience Evening Feedback August 2010

	YOU SAID	WE DID	WE WILL
1	Improve ambulance service journeys. Use alternative transport where possible	Commenced meetings with the ambulance contract holders and providers to influence what is in a future contract. Organised a centralised transport booking team to be up and running in August 2010.	
2	More information on waiting times	Ensured our clinic announcement system is running as effectively as possible. Have published out-patient customer care standards and displayed them in all our departments	Measure ourselves against our customer care standards and then publish our results for you
3	When ring did not feel important. Reception – not very friendly	We have been sending our staff on customer care training; this commenced in July 2010 and will be completed by September 2010.	An audit of Out Patient Bookings missed calls is being undertaken in August 2010.

		We carried out an audit of telephone responses in July 2010	
4	Don't like cancellation of appointments	A Trust wide project to look at the whole out patient journey has commenced and has an Executive Team Lead.	
5	No loop system	We explored the possibility of installing loop systems in OPD A and B and one will be installed shortly.	
6	We would like a "beeper" so if appointment is running late can leave the department	Trialled a "beeper" system in July 2010	
7	Don't know who is in charge if want to complain	The name of the person in charge of the area is now displayed on the electronic notice board	
8	Want better information with the appointment letter	Established a key group of staff who are now reviewing the information sent out with the appointment letter	Create an information leaflet that will go out with our appointment letters.
9	Poor circulation space – not able to move in fracture clinic	We are working with the Estates Department to re-design the fracture clinic plaster room area.	Improve the layout, seating and facilities in fracture clinic
10	Would like a private area to administer own medication if appointment runs late	Ensured all nursing staff are aware that patients waiting may need to administer medication and to make themselves known to them for assistance	

*Disability
Stockport:
30 Year
Celebration
Event-
Consultation*

	What did you like about the Hospital?	Do you think we could do better?	Have you any suggestions about how we could improve our services?	Action	Outcome
1.	Hospital is excellent	Some nurse require more training around disability	Car parking	Sue Bell: Undertaking a Training Needs Analysis	Bite sized training on the wards, Staff conference
2.	Food was very good. Pavements geometrically in the right position.		Appointments in Braille. Training for staff around what is appropriate to say to patients. Not appropriate to say "sit there" to a blind patient. Braille signage	Sue Bell: Undertaking a Training Needs Analysis	Bite sized training on the wards, Staff conference
3.	Good service, they are always ready for when I arrive. Never cancelled appointment.				
4.			Training around how to communicate with carers	Sue Bell: Undertaking a Training Needs Analysis	Bite sized training on the wards, Staff conference
5.		I come to pain clinic, the letter	Shop mobility needs better manning.	Speak to Sally Cassini	Called the pain clinic, the letters

			<p>says to report to day care unit- but it is now in the Maple Suite</p>		<p>regarding volunteers within the Shop Mobility area. Speak to Pain Clinic to find out about letter mix up.</p>	<p>do state to report to Day Case unit and then go down to Maple- there is a staffing issue.</p>
	6.		<p>The appointment reminder system is an automated system; I found it quite difficult to understand.</p>		<p>Speak to Judith Riley.</p>	<p>An EIA is likely to be carried out.</p>