



fair for all – disability
Positive Action – Real Change



Fair for All – Disability

Findings from the
Baseline Survey of NHS Boards
and recommendations for action

A Strategic Partnership between
The Disability Rights Commission and the
Scottish Executive Health Department

August 2005

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INTRODUCTION

A shared vision

“The Scottish Executive Health Department and the Disability Rights Commission believe that improved access to health provision for disabled people should not be led by legislation alone. Improving access is not just about the built environment – it is about developing inclusive attitudes and practices that permeate every aspect of services so that people have their diverse needs recognised.”

The White Paper ‘**Partnership for Care**’ commits the NHS to listening to patients and to involving patients and carers in the design, development and implementation of all health services. In support of this policy the Scottish Executive Health Department (SEHD) is developing an equality and diversity approach across NHS Scotland. This approach will help to ensure equitable access to services for everyone by addressing equality and discrimination issues relating to age, disability, gender, race and ethnicity, religion and belief or sexual orientation.

The NHS Reform (Scotland) Act 2004 places a duty on NHS Boards to promote equal opportunities. NHS Scotland is committed to ensuring that new and existing policies, practices and procedures contribute to successfully meeting these duties as well as those resulting from the Disability Discrimination Act (DDA) 1995

The **Fair for All – Disability** initiative has been established to support NHS Boards in their work in taking forward Part III of the DDA 1995 (Access to Goods, Services and Facilities)

Fair for All – Disability is a partnership project established between the SEHD and the Disability Rights Commission (DRC).

It aims to encourage health practitioners and managers to strive for best practice that goes beyond compliance with the law and promotes the rights, independence, choice and inclusion of disabled people as health service users and members of the community.

Fair for All – Disability is part of **Fair for All – the Wider Challenge**.

The survey process

In November 2004 Mark Butler, Chair of the NHS National Equalities Forum wrote to all Chief Executives of Health Boards in Scotland, asking them to organise completion of the Fair for All Disability Baseline Questionnaire (Appendix 1 of this report contains a copy of the Questionnaire and covering letter).

The **Fair for All – Disability** team undertook this survey and developed the Questionnaire with support from staff in the SEHD. The information in this report is collated from the completed questionnaires.

The questionnaire aimed to give the **Fair for All - Disability** team and health service providers a ‘snapshot’ view of some of the work being undertaken by NHS Boards in meeting the requirements of Part III of the DDA 1995, and to highlight gaps in policy and practice where further action is required.

Questionnaires were completed between December 2004 and February 2005.

All of the 15 NHS geographical Boards and 8 Special Health Boards were asked to complete the Baseline Questionnaire.

13 geographical Boards and 7 Special Boards completed the Questionnaire.

3 Boards did not return their questionnaires following telephone contact and two reminder letters.

None of the Health Boards are named in the report.

In this report we use the term 'Area Board' to mean a local NHS Board and the term 'Special Board' to mean a Special Health Board with a national remit. Where we mean both types of Boards we use the term 'Boards' or 'Health Boards'.

The **Fair for All Disability** team has used the information provided to identify gaps and propose recommendations for action for consideration by:

- the Fair for All – Disability team
- the Scottish Executive Health Department
- all NHS Boards

In line with the ministerial commitment to tackle health inequalities in Scotland, **Partnership for Care** highlighted the need for NHS Scotland to extend the principles set out in ***Fair for All*** in order to ensure everyone is able to access health services whatever their life circumstances or experience.

This has been further underpinned by a duty to involve the public in all aspects of service planning and provision in the NHS Reform (Scotland) Act 2004.

<p>Fair for All – Disability exists to work with NHS Boards and the SEHD on the development of health services which actively mainstream and promote disability equality</p>	<p><u>Equality</u> is about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential</p>
	<p><u>Diversity</u> is about recognising and valuing difference and creating a culture and practices that respect, value and harness difference for the benefit of patients, carers, members of the public and staff.</p>

The Disability Discrimination 1995, Disability Discrimination Act 2005 and the need for change

The DDA 1995 aims to prevent discrimination against disabled people. Part III of the DDA 1995 is concerned with the provision of goods, services and facilities to disabled people.

NHS Boards and 'contracted' health services (such as GPs, community pharmacists, dentists) are under legal duties not to discriminate against disabled people when they provide their services.

Further duties will be imposed on NHS Scotland by the Disability Discrimination Act 2005 (DDA 2005).

More information on the DDA 1995 and DDA 2005 can be found at www.drc-gb.org

About the baseline survey

This survey

- provides a snapshot in time (spring 2005)
- identifies gaps where further action is needed to support NHS Boards to meet their duties under the DDA 1995 and prepare for new duties under the DDA 2005

The findings are based on questionnaire forms completed by named staff who were identified as 'disability' and/or 'equality and diversity leads' in each of the NHS Boards in Scotland.

The SEHD and the Fair for All – Disability team recognise that the survey results are unlikely to provide a full and definitive view of all disability equality related work being undertaken by NHS Boards in Scotland as the responses made to the questionnaire did not indicate how comprehensive the collation of information was in each Board by the person completing the survey form.

In identifying gaps, the survey findings have been used to identify work area priorities and these are listed in each section. These are also incorporated into an executive summary of this report.

Survey results

Health Boards were asked to complete relevant sections of the Baseline Questionnaire in relation to their specific role as service providers. The 7 sections to the Questionnaire were:

- Section 1: Information about the NHS Board
- Section 2: Evidence of Need
- Section 3: Strategy and Policy Planning
- Section 4: Involving Disabled People
- Section 5: Disabled people and access to services
- Section 6: Partnership working
- Section 7: Staff Support and Development

Section 1: Information about the NHS Board

We asked Health Boards to provide contact details of the Chief Executive, the Patient Focus and Public Involvement (PFPI) Designated Director and their Disability Advisor.

In particular, we wanted to know how many Health Boards had a designated Disability Advisor in post as was advised in NHS MEL (1998)80.

What did we find?

11 of the 13 Area Boards and 5 of the 7 Special Boards who responded to the survey had identified key staff with responsibility for supporting work on the implementation of the DDA 1995.

Not all of these people were employed as full time Disability Advisors.

Some were employed as PFPI designated officers, Chief Executives or Service Managers.

Only 7 Area Boards and 5 Special Boards had designated Disability Advisors.

Section 1: Recommendations:

- 1.** The SEHD should review the advice to Boards to have a designated disability advisor, previously contained in the NHS MEL (1998)⁸⁰ and seek commitment at individual board level to either a designated advisor post or an identified lead officer
- 2.** The SEHD should seek commitment via a leadership challenge made to NHS Boards to become members of the newly formed NHS Disability Equality Network (a forum for developing and sharing disability equality good practice)

Section 2: Evidence of Need

WE ASKED – Please list the sources of data employed by your NHS Board to profile the general population in your geographical area. For each document, please supply the title, source (author and organisation, if known) and date of the research.

What did we find?

All 13 Area Boards and 6 of the 7 Special Boards responding to the survey answered this question.

The majority of Boards responding indicated they use data from a range of sources, including:

- The 2001 Census – available from www.gro-scotland.gov.uk
- Scottish Neighbourhood Statistics - www.sns.gov.uk
- Public Health Institute of Scotland (PHIS) which is part of the Special Health Board, NHS Health Scotland - www.phis.org.uk
- The Community Health Index (CHI) for GP Practice populations

Health Boards also stated they collect data based on:

- post code
- local authority area
- Scottish Parliamentary constituency
- National statistics and data

4 of the Area Boards also named Local Authority planning and social work departments as important sources for population data.

Conclusion

Sources of data and the data collected in relation to profiling the general population appears to vary across NHS Scotland Health Boards.

WE ASKED – Does your NHS Board have a current profile of the *disabled* population within the NHS Board area?

What did we find?

- 6 Area Boards said 'Yes'
- 7 Area Boards do not currently profile their population of disabled people
- 1 Special Board said 'Yes'
- 6 Special Boards do not currently profile their population of disabled people

The type of data collated by respondents who do address disability in their population profile work includes:

- the number of people who are in receipt of Incapacity Benefit or Severe Disablement Allowance
- those with a long-term limiting illness
- those unable to work due to disability

WE ASKED – If answered yes, what specific type of information does the profile contain to support your planning activities?

What did we find?

- Of the Area Boards who provided a response to this question
 - Three indicated that they collect data on registered blind, hearing impaired and wheelchair users
 - One provided a detailed breakdown of the range of local health services (from GPs to therapists) who collate and provide data on disability
 - Two did not provide detail
- The 1 Special Board responding said it undertakes an audit of the patient population and intends to review this on an annual basis

Conclusion

Without consistent approaches to addressing disability in population profiling work NHS Boards are unlikely to be able to plan services effectively to meet this service user groups' needs.

By seeking information on specific forms of impairment there is a high risk that NHS Boards are failing to collect data on the needs of other impairment specific user groups e.g. people with learning disability, mental health etc. This approach will also fail to provide information on the overall number of disabled people within a defined area.

WE ASKED – If answered No, please give details of any plans your NHS Board has to begin profiling the disabled population within the Board area?

What did we find?

- 3 Area Boards indicated they are currently developing strategies for building disability data into their population profiling work
- 1 Board who was not doing this identified the need for further guidance in this area

Recommendations:

1. SEHD should consider producing advice to Boards on improving data collection systems to assist NHS Scotland to identify population statistics that take into account the definition of disability under the DDA 1995
2. SEHD should consider providing guidance on collating disability related information which goes beyond the sole use of impairment specific data collection, and which addresses issues such as barriers to inclusion
3. SEHD considers establishing a more integrated national data collection system

WE ASKED – When you commission research or data analysis, do you ensure that disabled people and disability equality issues are taken into account specifically?

What did we find?

- 3 Area Boards said ‘Yes’
 - One reported that when commissioning research it adheres to the **Research Governance Framework for Health and Community Care**
 - www.show.scot.nhs.uk/cso/ResGov/ResGov.htm
 - One reported that its Ethics Committee was responsible for ensuring that ‘equalities’ issues were taken into account in research proposals
- 4 Special Boards identified taking positive steps to involve disabled people in specific types of research but no detail of how this is achieved was provided

Conclusion

As few NHS Boards responded to this question, it is likely that disability is not generally mainstreamed into the commissioning of research in NHS Scotland.

Findings of the survey suggest that further guidance is required from SEHD.

Recommendation:

SEHD should provide guidance to NHS Boards to ensure disability matters are mainstreamed into all commissioned research. If applied to research commissioning, the Equality Impact Assessment Toolkit (EQIA) issued to NHS Scotland in February 2005 should assist Boards to address this need.

WE ASKED – Is training or similar support given to researchers and managers to ensure they are equipped and enabled to identify, design, produce and analyse research that is inclusive of disability equality issues?

What did we find?

- 3 Area Boards said 'Yes' but did not provide details of how this is achieved
- 7 said 'No'
- 2 said they did not know
- 1 did not respond to this question

Of the 7 Special Boards responding to this question:

- 1 said 'Yes' but did not provide details
- 6 said 'No'

Recommendation:

The SEHD should consider providing training on the use of the EQIA toolkit for researchers in NHS Scotland

Section 2: Summary of Recommendations

- 1.** SEHD should consider producing advice to Boards on improving data collection systems to assist NHS Scotland to identify population statistics that take into account the definition of disability under the DDA 1995
- 2.** SEHD should consider providing guidance on collating disability related information which goes beyond the sole use of impairment specific data collection, and which addresses issues such as barriers to inclusion
- 3.** SEHD considers establishing a more integrated national data collection system
- 4.** SEHD should provide guidance to NHS Boards to ensure disability matters are mainstreamed into all commissioned research. If applied to research commissioning, the Equality Impact Assessment Toolkit (EQIA) issued to NHS Scotland in February 2005 should assist Boards to address this need.
- 5.** SEHD should consider providing training on the use of the EQIA toolkit for researchers in NHS Scotland

Section 3: Strategy and Policy Planning

WE ASKED – What, if any, are the key policy documents that your NHS Board is currently responding to which aim to ensure disability equality is addressed?

Health Boards were asked to list up to 5 key documents, by title, source and, if applicable, which particular divisions of the Health Board had responsibility for responding to listed documents.

What did we find?

All 13 Area Boards and 6 out of 7 Special Boards who responded to this question listed a wide number of documents and/or legislation, including

Name of document/legislation	Times listed
Disability Discrimination Act 1995	8
Code of Practice for Part III of the Disability Discrimination Act	3
Building Standards (Scotland) Act 2003	1
Mental Health (Care and Treatment) (Scotland) Act 2003	2
Adults with Incapacity (Scotland) Act 2000	3
Race Relations (Amendment) Act 2000	2
Human Rights Act 1998	3
NHS HDL (2002) 80 – The DDA 1995: Implementation of Section 21	1

NHS HDL (2004) 32 – The DDA 1995: Implementation of Section 21, Access Audit Progress Information	1
Partnership for Care: Scotland's Health White Paper	5
Our National Health – A Plan for Action, A Plan for Change	1
Fair for All - 2000	6
Fair for All – The Wider Challenge	5
Fair for All – The Wider Challenge: Developing an Equality and Diversity Strategy	1
Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services	1
Draft Guide to the Production and Provision of Information about Health and Healthcare Interventions	1
The Same as You? A Review of Services for People with Learning Difficulties	2
Partnership in Practice (local agreements for addressing the 29 recommendations which came out of the Same as You? review).	1
You can make a difference – Improving Hospital Services for Disabled People	3
Equality for Disabled People in the NHS in Scotland: Access to Services	3
Royal College of Physicians and Disabled People Using Hospitals – A Charter and Guidelines	1
Property and Environment Forum (PEF) Access Audit Checklist	1
Agenda for Change for the NHS in Scotland	1

The Patient Focus and Public Involvement agenda	5
Independent Advocacy – A Guide for Commissioners	1
NHS QIS – a number of published Quality Indicators were highlighted.	1

Conclusion

There is a lack of continuity across NHS Boards about the key policy and legal drivers which ensure disability matters are addressed in NHS Scotland activity.

Recommendation:

The FFA Disability initiative has produced a disability focussed policy map which will be regularly updated. Boards should utilise this to develop their own understanding of disability related legislative and policy drivers.

WE ASKED – How do you mainstream disability equality throughout policy planning on issues that are not explicitly about disability or disability equality (for example, estates management, finance planning, health education initiatives)?

What did we find?

- 13 Area Boards responded
 - The majority provided information focussing on how they had ensured **physical access** issues were addressed through local planning mechanisms
 - 2 said they have established a training programme aimed at ensuring staff understand their legal obligations under the Disability Discrimination Act 1995
 - 4 said they intend to carry out an impact assessment on all board policies to ensure that the policies are inclusive and promote equality
 - 3 of the Boards stated that they would be using the NHS Scotland Equality and Diversity Impact Assessment Toolkit (EQIA)
- 5 Special Boards responded
 - 4 indicated they intend to ensure all policies and procedures are impact assessed in relation to disability equality in the future (2 referred to using the EQIA Toolkit, 2 did not say how this would be achieved)
 - 1 said that 'disability' is a standing agenda item on various fora
- 2 Special Boards thought this question was not applicable to them

Conclusion

Although there appears to be a positive commitment to mainstream disability equality into policy and planning work there is an inconsistent approach to achieving this across the NHS in Scotland.

Recommendations:

- 1.** The SEHD should evaluate the current approach being used to mainstream disability equality into policy and planning and provide national guidance on effective approaches
- 2.** In its evaluation of the EQIA the SEHD should monitor the use of the EQIA and identify gaps and training requirements
- 3.** The SEHD and Fair For All – Disability team should work with the Scottish Health Council (SHC) to develop and include specific indicators in the Performance Assessment Framework (PAF) to monitor how NHS Boards are mainstreaming disability in NHS strategy and policy work

WE ASKED – What, if any, are the main guidance documents and toolkits that your NHS Board currently uses to support policy planning activity in relation to disability equality?

What did we find?

- 13 Area Boards responded to this question
- 6 Special Boards responded
- 1 Special Board did not respond, saying this was not applicable to them

The following table shows the guidance documents and toolkits identified

Name of guidance/toolkit
Access Audit checklists and toolkits: <ul style="list-style-type: none"> • Property and Environment Forum – Access Audit Checklist • Property and Environment Forum Access Audit Survey Toolkit • Scottish Health Facilities note 20 – Access Audits of Primary healthcare Facilities • Scottish Health Facilities Note 14 – Disability Access • Royal Institute of Chartered Surveyors – Disability Access Price Guide
NHS Scotland Equality and Diversity Impact Assessment Toolkit (EQIA)
Publications produced by the Scottish Accessible Information Forum (SAIF)
The national Performance Assessment Framework (section 5 relating to PFPI).
NHS QIS Quality Indicators

Local Board Strategic Plans (for example Community Planning documents; Local Health Plans and Joint Strategy documents)
Equality for Disabled People in the NHS in Scotland: Access to Services
Building Strong Foundations – Involving People in the NHS

WE ASKED – Please describe how, if at all, you include disabled people in your policy planning programme?

What did we find?

All of the Health Boards said they seek to involve service users when they are developing and reviewing policy thought to impact directly on disabled people, but they did not provide information on how this is achieved.

None of the Health Boards referred to involvement of disabled people in wider policy initiatives

Recommendation:

NHS Boards should refer to the SEHD guidance 'Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services' (SEHD, 2004)

WE ASKED – Do you have a ‘disability policy’ in your NHS Board?

What did we find?

- 3 Area Boards said ‘Yes’
- 10 Area Boards said ‘No’
- 2 Special Boards said their disability policy was part of their Equal Opportunities policy (in relation to staff recruitment and development issues, but not service provision)
- 5 Special Boards said ‘No’.

Conclusion

Whilst there has never been a formal requirement for NHS Boards to have a separate ‘disability policy’, findings indicate that some Boards have produced distinct policies about disability.

Recommendation:

The Fair For All – Disability team should work with NHS Boards to assist them to develop strategies that aim to mainstream disability into their policy work. This strategy should also plan to address the requirements arising from the Disability Equality Duty (December 2006)

WE ASKED – If you have a disability policy, how do you promote it to the following groups:

- **staff**
- **patients**
- **the wider community**

What did we find?

Of the 5 boards referring to policies (2 had an integrated policy)

- 1 Area Board said its disability policy is given to staff as part of an induction programme, but they did not say how the policy was promoted to patients and the wider community
- 1 Area Board said it intends to promote its disability policy to staff through a new diversity training programme and to patients and the wider community through its new policy statement on the DDA
- 3 did not provide information on how they planned to promote the policy to staff, patients or the wider community

Recommendation:

The SEHD should undertake research in order to establish how disability is integrated into wider NHS Scotland policy development and evaluate the relevance of 'stand alone' disability policies. This work could be taken forward by the newly established NHS Disability Equality Network

WE ASKED – Briefly list the key disability equality policy initiatives currently underway in your NHS Board. For each example please outline the key aims.

What did we find?

Responses were received from:

- 12 Area Boards
- 5 Special Boards

These referred to initiatives underway which can be best be summarised as:

- 11 Boards have specific initiatives in relation to improving access to the built environment
- 5 Boards identified staff training initiatives
- 4 Boards are working on initiatives to improve access to information and communication
- 3 Boards highlighted examples of employment related initiatives

None of the Boards provided the key aims of these initiatives.

Conclusion

While some Boards are trying to proactively address disability equality in their policy initiatives there is not a consistent approach being taken across NHS Scotland.

Recommendation:

SEHD should consider providing guidance to Boards to ensure a consistent approach to prioritising and delivering disability equality initiatives is achieved

Section 3: Summary of Recommendations

- 1.** The FFA Disability initiative has produced a disability focussed policy map which will be regularly updated. Boards should utilise this to develop their own understanding of disability related legislative and policy drivers
- 2.** The SEHD should evaluate the current approach being used to mainstream disability equality into policy and planning and provide national guidance on effective approaches
- 3.** In its evaluation of the EQIA the SEHD should monitor the use of EQIA and identify gaps and training requirements
- 4.** The SEHD and Fair For All – Disability team should work with the Scottish Health Council (SHC) to develop and include specific indicators in the Performance Assessment Framework (PAF) to monitor how boards are mainstreaming disability in NHS strategy and policy work
- 5.** Boards should refer to the SEHD guidance 'Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services' (SEHD, 2004)
- 6.** The FFA – Disability team should work with NHS Boards to assist Boards to develop strategies that aim to mainstream disability into their policy work. This strategy should also plan to address the requirements arising from the Disability Equality Duty (December 2006)

7. The SEHD should undertake research in order to establish how disability is integrated into wider NHS Scotland policy development and evaluate the relevance of 'stand alone' disability policies. This work could be taken forward by the newly established NHS Disability Equality Network
8. SEHD should consider providing guidance to Boards to ensure a consistent approach to prioritising and delivering disability equality initiatives is achieved

Section 4: Involving Disabled People

WE ASKED – Does your NHS Board have a disability forum or similar?

What did we find?

- 9 Area Boards have a disability forum
- 3 do not
- 3 did not respond to this question

Of the 7 Special Boards who responded to this question:

- 3 have a disability forum
- 3 do not
- 1 stated it has a Diversity Group rather than a stand alone disability forum

WE ASKED – Please provide information on the membership profile of the forum

What did we find?

Membership of the fora varied greatly across the Boards.

Membership identified included:

- health service practitioners
- policy makers
- service users
- carers

- representatives from voluntary sector groups
- representatives from national bodies (such as the RNIB and RNID)
- staff from local authority services (such as housing and social work)
- Disability Advisors
- PFPI co-ordinators

WE ASKED – Please provide details of the remit/terms of reference of the forum, name of the Chair and contact details

Only 3 Health Boards provided this information. For these Boards the key focus was concerned with the implementation of the DDA 1995.

Conclusion

Over 50% of Boards have established specific forums to address disability issues in their area. However, lack of information about each group's remit has not enabled any analysis to take place as to whether these groups are taking a consistent approach to identifying and addressing disability matters.

WE ASKED – If you have a disability forum, is this forum included in all consultation exercises or just those relating to disability matters?

- 7 Area Boards said their forum focussed solely on disability issues
- 2 Area Boards said they used their forum to consult on wider issues
- 2 Special Boards said their disability forum focussed solely on disability issues
- 1 Special Board said it had a Diversity Group which includes disabled people and consults on wider equality and diversity issues

Conclusion

The majority of disability fora appear to be seen as relevant only to addressing issues that are directly identified as affecting disabled people.

Recommendations:

1. The NHS Disability Equality Network (DEN) which is currently being established by the Fair For All - Disability initiative, should undertake an audit of terms of reference and remits of existing NHS disability forums and consider developing a 'core' remit that will enable local forums to link into a national forum
2. The DEN should consider how its own remit can be aligned with the remits of existing NHS disability/equality and diversity forums to establish a model of good practice in involving disabled people

WE ASKED – Are you using the principles outlined in Patient Focus and Public Involvement documentation as a means by which to consult with disabled people?

All the Area and Special Boards responding to the survey confirmed these principles are applied in their ongoing work.

Conclusion

The findings from this section demonstrate a high awareness of the principles of involving patients and the public in health services by all the Boards responding to the survey. As no detail was provided as to how these principles are actively incorporated into consultation with disabled people further evaluation has not been possible.

WE ASKED – When consulting with members of the public what steps are taken to ensure reasonable adjustments are made in order to make consultation accessible to people with various disabilities/impairments?

What did we find?

- 13 Area Boards identified working to make reasonable adjustments in relation to premises and venues
- 9 Area Boards are proactively addressing provision of communication support e.g. use of interpreters at their events
- 7 Special Boards also identified working to make reasonable adjustments in relation to premises and venues
- 2 Special Boards are proactively addressing provision of communication support e.g. use of interpreters at events
- 1 Special Board said it was piloting a 'Fit for Purpose' survey tool to make sure written publications are fully accessible to target audiences

All Boards said they are addressing the provision of accessible information at their events.

Conclusion

There is a positive commitment to ensuring reasonable adjustments are made for disabled attendees at public consultation events in the majority of the Health Boards who responded. However, it has not been possible to evaluate the nature and quality of these adjustments. As responses focused on 'events' it is not possible to assess other methods used to consult and involve disabled service users: this also means it has not been

possible to determine the measures taken to address accessibility within these methods.

Recommendation:

The FFA Disability initiative should signpost NHS Boards to the DRC's Accessible Events guidance available on the DRC website and to the Building Strong Foundations Toolkit available on the Scotland's Health On the Web (SHOW) website

WE ASKED – Do you monitor the effectiveness of the reasonable adjustments identified and user satisfaction with these adjustments?

What did we find?

- 6 Area Boards said Yes - they do
- 3 said they do not
- 2 said they did not know
- 1 Special Board said it was planning to produce a database of 'reasonable adjustments that work well'
- 6 Special Boards said they did not

Conclusion

Whilst some Boards are striving to make reasonable adjustments in order to make consultation events accessible to disabled people, others are not. There also appears to be a low emphasis placed on monitoring the effectiveness of these adjustments

WE ASKED – Please identify if funding was available for making reasonable adjustments for disabled people to access the consultation process? If so, we asked Boards to identify the source of this funding

What did we find?

- The majority of Health Boards who said they are proactively making reasonable adjustments said the costs for making these tended to be met out of departmental/divisional budgets
- 1 Area Board indicated that money had been ring-fenced to meet the costs of making reasonable adjustments

Recommendation:

The NHS DEN as part of its 'Best Practice Exchange' should consider developing a database of examples of good practice in making health service consultations accessible to disabled people.

Section 4: Summary of Recommendations

1. The NHS Disability Equality Network (DEN) which is currently being established by the Fair For All - Disability initiative, should undertake an audit of terms of reference and remits of existing NHS disability forums and consider developing a 'core' remit that will enable local forums to link into a national forum
2. The DEN should consider how its own remit can be aligned with the remits of existing NHS disability/equality and diversity forums to establish a model of good practice in involving disabled people
3. The FFA Disability initiative should signpost NHS Boards to the DRC's Accessible Events guidance available on the DRC website and to the Building Strong Foundations Toolkit available on the SHOW website
4. The NHS DEN as part of its 'Best Practice Exchange' should consider developing a database of examples of good practice in making health service consultations accessible to disabled people. These examples should identify sample estimates of costs for making these.

Section 5: Disabled people and access to services

WE ASKED – What, if any, procedures have you put in place to ensure all services offered by your NHS Board are made accessible to disabled people?

What did we find?

- 13 Area Boards responded
 - 9 said they had completed access audits in relation to physical access. 4 stated capital investment had been allocated to meet some of the costs of this work
 - 1 said they were using an Equality Impact Assessment Tool to assess this
 - 1 stated it had provided hearing loops to 140 of the Board's premises
 - 4 stated they have policies for making interpreters available; one of these said this was a 24 hour service
 - 2 said they were developing patient information for specific patient groups which involved the use of symbols
 - 4 said they were developing training programmes on disability issues for their staff
- 1 Special Board said it only audited facilities open to the public
- 1 Special Board referred only to their complaints procedure in answering this question
- 2 Special Health Boards said this question was not applicable to them

Conclusion

From the answers provided, the procedures established reflect a restricted interpretation of 'disability access'. Findings suggest that SEHD funding to Primary Care Services appear to have been used for access audits. Findings also suggest that the Special Health Boards are unclear of their duties under the DDA 1995.

Recommendations:

- 1.** SEHD and the Scottish Health Council (SHC) should establish a mechanism for ensuring disability equality is monitored through the Performance Assessment Framework (PAF) and ensure Boards are required to report on and publish their approach annually
- 2.** The SEHD should issue guidance to NHS Scotland to assist in the development of best practice in relation to improving disability access to services
- 3.** The SEHD through the Fair For All – Disability team, should issue general information on the broad range of barriers faced by disabled people in accessing health services with the aim of enabling Boards to consider disability access in it's broadest context

WE ASKED – Do you undertake disability equality impact assessment on current or planned services offered by your NHS Board?

What did we find?

- 8 Area Boards said they did and they “used ‘tools’ such as the Access Audits” to help them assess impact
- 5 Area Boards and 3 Special Boards said they did not
- 2 Special Boards said this question was not applicable to them as they did not provide health services to the public

Conclusion

The findings suggest there is a need to develop a more uniform and structured approach to undertaking disability equality impact assessment across NHS Scotland.

Recommendation:

The Fair For All – Disability initiative should work with SEHD to ensure the EQIA tool issued to NHS Scotland incorporates information that will lead to disability being central to all Equality Impact Assessment work in NHS Scotland.

WE ASKED – Did your NHS Board submit a completed Estates Accessibility Audit, as required by HDL 2002 (80) issued 01/11/02 and HDL 2004 (32) issued 11/06/04?

What did we find?

Of the 13 Area Boards and 7 Special Boards who responded

- 13 Area Boards and 5 Special Boards said they had submitted Access Audits
- 1 Special Board said it had not
- 1 Special Board said this did not apply to them

WE ASKED – Were all contracted services in your NHS Board area included in the completed Estates Accessibility Audit?

What did we find?

- 9 Area Boards said Yes they are
- 2 Area Boards said they are not included
- 1 Area Board did not know
- 1 did not respond

The Special Boards who responded to this question said this question was not applicable to them.

WE ASKED – If Yes, what were the issues that arose for contracted services during the completion of the audits? What supports would have helped this process?

What did we find?

Of the 9 Area Boards who had replied positively to the previous question:

- 1 said there was no obvious issues arising
- 2 said that access audits were undertaken by primary care staff and external consultants respectively
- 1 mentioned access issues identified in dental practices and the intention to address these through the Dental Improvement Plans
- 2 said contracted services have limited knowledge of the DDA 1995 and indicated that they had found it difficult to interpret the survey data
- 1 said the contracted services were not generally aware of their statutory duty to comply with the DDA 1995 and were concerned about who was going to pay
- 1 said clearer advice was needed at an earlier stage with regard to the funding of remedial works to community pharmacies and opticians in particular
- 1 said it would have been helpful to have had access to the use of 'facilitators' with a knowledge of the DDA 1995 and how to prioritise the actions required

WE ASKED – If an audit has been completed, have reasonable adjustments and changes to policies, procedures and practices been identified as a result of the audit, and have plans been put in place to progress action on these?

What did we find?

- 9 Area Boards said Yes these had been completed
 - 1 attached an action plan to their survey response
- 1 Area Board said ‘No’
- 2 did not respond to this question

The 7 Special Boards said this question was not applicable to them.

Conclusion

The findings in this section tell us the number of Area Boards who have completed access audits of their premises. However, as the majority of boards did not provide detail of the reasonable adjustments made or provide information about the changes to their policies, procedures and practices, it is not possible to assess the outcomes of the audits.

WE ASKED – What, if any, were the issues or features that hindered completion of the audit in your NHS Board or in contracted services? What supports, tools or resources would have helped your Board or contracted services to complete the audits?

- Only 1 Area Board responded to this question.
 - They indicated that audit tools were designed and sent out to contracted services but the return was very poor. This board is currently working with the Scottish Disability Equality Forum to ensure the audit work is completed
- All 7 Special Boards who responded said this question was not applicable to them.

WE ASKED – Do you have an Action Plan for improving and developing access to services for disabled people?

- 11 Area Boards said they had an action plan
- 1 Area Board said that its Action Plan was being developed
- 1 Area Board said it did not yet have an Action Plan but one would be produced following a current audit of premises
- 5 Special Boards said they had an action plan
- 2 Special Boards said they did not

WE ASKED – what issues does the Action Plan cover?

What did we find?

- 13 Area Boards and 3 Special Boards specifically mentioned physical access
 - 5 of the Area Boards said their action plan targets physical access as a priority
- 1 Special Board said it had still to develop an action plan
- 2 Area Boards said they are developing Joint Disability Strategies with Local Authority partners
- 3 Area Boards and 1 Special Board identified staff training as a priority
 - 1 board identified how funding was made available to develop the capacity of NHS staff to meet their duties under the DDA (1995)
- 1 Special Board mentioned employment issues only
- 1 Special Board said access to publications and training events was addressed in the action plan
- 1 Special Board said it was looking specifically at how to increase access to its service for people who are deaf, hard of hearing and speech impaired
- 1 Area Board and 1 Special Board said they have a policy to ensure that information is available in alternative formats

Recommendations:

1. The SEHD should review the guidance issued to NHS Scotland regarding access audits of NHS premises, and recommend how prioritisation in action planning should be managed across all services.
2. The SEHD should issue guidance to NHS Scotland to assist in the development of best practice in relation to improving disability access to services
3. The SEHD should review the information issued from the Scottish Executive Primary Care Division regarding access audits of NHS premises and establish a mechanism for monitoring progress
4. The SEHD should consider issuing advice to Boards building on wider definitions of access and how these should be incorporated into future impact assessment work
5. The Fair For All – Disability initiative should research and develop best practice examples in disability action planning that will enable Boards to address the barriers disabled people face in accessing health services

WE ASKED – Do you have a Communication Support Policy?

What did we find?

- 9 Area Boards and 4 Special Boards said 'Yes'
- 4 Area Boards and 3 Special Boards said 'No'

WE ASKED – Do you have clear procedures within your NHS Board area to enable staff to provide the services of Language Service Professionals¹? If, yes, how is this service funded i.e. which budget does it come from and how is it allocated?

- 10 Area Boards and 4 Special Boards said they did have procedures in place
- 2 Area Boards and 3 Special Boards said they did not
- 1 Area Board identified difficulties in accessing Language Service Professionals in a rural area with a relatively small population

In response to how the service is funded, the following responses were received:

- 1 Area Board funds this service from their Health Records budget
- 1 Area Board said this was funded by the Mental Health and Learning Disability Service
- 1 Area Board said it funds access to a 24 hour interpreters line
- 1 Area Board said this funding came through the disability department and Board endowment funding

Only 4 Health Boards indicated that funding is 'ring fenced' for this purpose or comes from a centrally held budget.

2 of the Area Boards said they had developed partnership agreements with other Local Authority partners to ensure the provision of Language Services Professionals¹ is made available

WE ASKED – Are text telephones available for all public contact points in your NHS Board e.g. public receptions, appointment services, helplines?

What did we find?

- 2 Area Boards and 1 Special Board said Yes, but responses suggest that access is restricted to a few service areas
- 11 Area Boards and 6 Special Boards said No
- 2 Area Boards said they planned to increase access to text telephones and that additional funding had been allocated for implementation of this change
- 1 Area Board said this will be part of investment plans for next year

Conclusion

Whilst there is a strong emphasis on physical access to buildings, there is a need for NHS Boards to consider how the provision of language services and aids and adaptations can address access issues for people with communication difficulties.

¹ Language Service Professionals are qualified communication supporters for disabled people. They include British Sign Language interpreters, lipspeakers, deaf/blind communicators and speech to text operators.

Recommendations:

- 1.** The SEHD should issue advice to all Boards supporting the need for Boards to have a Communication Support Policy across all NHS activity
- 2.** The SEHD should work with the Fair For All – Disability initiative, relevant partner agencies and disabled people to develop information for Boards on how to address the needs of people with communication difficulties
- 3.** The Fair For All – Disability team should work with the SHC and relevant special boards to develop Key Performance Indicators to ensure Boards address access to communication support within their policies and practices

WE ASKED – What funding is made available for making written and visual materials in your NHS Board area accessible for disabled people and how is this funding agreed?

What did we find?

Of the 13 Area Boards who responded

- 10 said they made funding available from departmental budgets
- 2 said they were currently trying to establish a discrete budget
- 1 said funding was dispersed across a range of budgets
- 1 said it used the patient and public involvement budget for this
- 1 had no dedicated budget

Of the 7 Special Boards who responded to this question

- 1 used individual department budgets
- 2 used a publishing budget
- 4 had no budget

WE ASKED – How do you inform members of the public that alternative formats and communication support is available?

What did we find?

All 13 Area Boards and 7 Special Boards responded to this question.

Responses identified a variety of mechanisms used to inform the public that alternative formats and communication support is available, including:

- all newly published information includes a statement about availability in alternative formats
- websites being developed to take into account access and accessible formats, including those for users of minority ethnic languages
- posters in public areas

2 Area Boards also told us that information accessibility was currently being addressed through specific projects, but no detail was provided.

1 Special Board said it has a ‘Positive about Disability’ award and this Board indicated that communication needs were noted during individual patient assessments.

WE ASKED – Is information on disability access reported publicly e.g. in the NHS Board’s Annual Report, on NHS Board’s public access website?

- 6 Area Boards and 4 Special Boards said ‘Yes’
- 7 Area Boards and 3 Special Boards said ‘No’
- 4 Boards specifically said they reported on this issue in their Annual Reports
- One of the Area Boards said that its Annual Report is based on the national Performance Assessment Framework (PAF) and that ‘disability access’ is not currently an indicator in PAF
- 1 Special Board said it reports on Diversity issues and intends to ensure that disability access is picked up in future reports

Recommendation:

The SEHD should issue guidelines to Boards on reporting on disability access work

Section 5: Summary of Recommendations

- 1.** The SEHD and the Scottish Health Council (SHC) should establish a mechanism for ensuring disability equality is monitored through the PAF and ensure Boards are required to report on and publish their approach annually
- 2.** The SEHD should issue guidance to NHS Scotland to assist in the development of best practice in relation to improving disability access to services
- 3.** The SEHD through the Fair For All – Disability initiative, should issue general information on the broad range of barriers faced by disabled people in accessing health services with the aim of enabling Boards to consider disability access in it's broadest context
- 4.** The Fair For All – Disability initiative should work with SEHD to ensure the EQIA incorporates information that will lead to disability being central to all Equality Impact Assessment work in NHS Scotland
- 5.** The SEHD should review the guidance issued to NHS Scotland regarding access audits of NHS premises, and recommend how prioritisation in action planning should be managed across all services
- 6.** The SEHD should review the information issued from the Scottish Executive Primary Care Division regarding access audits of NHS premises and establish a mechanism for monitoring progress

- 7.** The SEHD should consider issuing advice to NHS Boards building on wider definitions of access and how these should be incorporated into future impact assessment work
- 8.** The Fair For All – Disability initiative should research and develop best practice examples in disability action planning that will enable Boards to address the barriers disabled people face in accessing health services
- 9.** The SEHD should issue advice to all Boards supporting the need for Boards to have a Communication Support Policy across all NHS activity
- 10.** The SEHD should work with the Fair For All – Disability team, relevant partner agencies and disabled people to develop information for Boards on how to address the needs of people with communication difficulties
- 11.** The Fair For All – Disability initiative should work with the SHC and relevant Special Boards to develop Key Performance Indicators to ensure the NHS address access to communication support within their policies and practices
- 12.** The SEHD should issue guidelines to Boards on reporting on disability access work

Section 6: Partnership working

WE ASKED – Are the requirements of disabled people specifically addressed in your Community Planning, Community Health Partnerships (CHPs) and Joint Futures work?

What did we find?

- 9 of the 13 Area Boards said ‘Yes’
- 2 Area Boards said ‘No’
- 1 Area Board did not respond to this question
- 1 Area Board did not know

Of the 7 Special Boards responding only 1 said ‘Yes’. They indicated needs were identified in the Local Health Plan.

Additional information provided in response to this question includes:

- Area Board said each of its Locality Joint Futures teams are developing a Disability Strategy and Sensory Impairment Plan
- 2 Area Boards said sensory impairment had been highlighted as a key issue for development in their joint Community Care Plans
- 1 Area Board said the requirements of disabled people were addressed via specific strategy groups such as Joint Futures and Children’s Services
- 1 Area Board said this requirement was the responsibility of senior officers, but did not expand on what this meant in practice

- 1 Area Board said that currently the requirements of disabled people were not addressed through community planning initiatives in their area

Conclusion

There is a clear indication that most Boards are aware of the need to involve disabled people in wider partnership planning. However, although some examples of how this may be achieved were given, there is insufficient information available to determine whether the methods being employed are inclusive and consistent across NHS Scotland

WE ASKED – What assistance from external agencies and or partners do you receive to enable you to deliver ‘best practice’ in relation to disability equality? Briefly list the main agencies and partners and the contribution they make?

What did we find?

12 Area Boards and 7 Special Boards responded to this question

Of those who responded, a number of their partner organisations were listed. These include:

- Local Authority services such as Social Work and Housing
- Specialist ‘volunteers in disability’ – called ‘local champions’ in 1 Area Board
- Specialist National organisations such as RNIB, RNID, Scottish Council on Deafness, SAIF and the DRC
- The Involving People Team (Scottish Executive Health Department)

- A wide range of local voluntary organisations that supported work on specific projects (for example, 1 Area Board mentioned a Wheelchair Users Group and Access Panel)
- 1 Special Board said it did not work with any partner organisations

Conclusion

Although the Health Boards listed many partner organisations who assist them they did not give specific information about what contribution these organisations made or how these partnerships enabled them to develop and deliver best practice.

WE ASKED – Are disabled people involved in Partnership working within your NHS Board area?

- 11 Area Boards said ‘Yes’
- 2 Area Boards did not respond

In the Area Boards who responded most of the groups listed focused on specific disability issues. These included:

- disabled people as members of both area wide and local ‘DDA’ groups
- including a service user with a sensory impairment on a joint physically disabled and sensory impairment working group
- ‘Health-Fit’ events which have included representation from disabled people
- ‘Health and Happiness Group’ which is run by adults with learning disabilities
- disabled people involved in the annual review of clinical standards

- disabled people involved in the development of signage in GP premises

Of the 8 special Boards that responded to this question

- 5 Special Boards said 'Yes'
- 2 Special Boards said 'No'
- 1 did not respond

The Special Boards who responded also identified disabled people's involvement in the following initiatives

- Recent re-design of transport
- Disabled people as part of a pool of lay people who work with a Special Board on lay reviews of health services
- Individuals who are deaf, deafblind, hard of hearing, blind or partially sighted are involved in various projects and advisory groups

Conclusion

It would appear from the findings that the involvement of disabled people is generally limited to those issues and themes which are considered to be of interest or to have a direct impact on disabled people

Recommendations:

- 1.** SEHD should consider providing guidance to NHS Boards on their role in ensuring disability is proactively included in wider planning forums and partnership work
- 2.** The Fair For All – Disability initiative should work with the Scottish Health Council (SHC) to develop methods for monitoring the outcomes of work undertaken by NHS Boards to involve disabled people in decision making at policy and practice levels, including the impact of this involvement on service planning

Section 7: Staff Support and Development

WE ASKED – Does your NHS Board have a disability training policy?

What did we find?

Of the 13 Area boards who responded to the survey

- 4 said 'Yes'
 - 1 said it was currently developing a diversity training programme to encompass disability issues
- 6 said 'No'
- 1 did not know
- 1 Board said it was consulting on it's learning plan
- 1 provided no information

Of the 7 Special Boards who responded

- 3 said 'Yes'
 - 1 said their disability training policy is linked with the race equality and FFA training and awareness raising policy
- 4 said 'No'

WE ASKED – Are all staff provided with mandatory disability training as standard?

What did we find?

- 5 Area Boards said 'Yes'
 - 1 of these said that a mandatory programme was in place and it was expecting all staff to complete the training by the end of 2005
- 8 Area Boards said 'No'
- 4 Special Boards said 'Yes'
- 2 Special Boards said 'No'
- 1 Special Board said this question was not applicable to them

WE ASKED – Is disability a standard component of your staff induction package?

- 10 Area Boards said 'Yes'
 - 1 stressed the content of this training was minimal
 - 1 indicated it was part of 'customer awareness' training
- 2 Area Boards said 'No'
- 1 did not respond
- 4 Special Boards said 'Yes'
- 2 Special Boards said 'No'
- 1 did not respond

WE ASKED – Can you describe briefly the criteria you apply when identifying suitable training organisations and trainers for the above training?

What did we find?

- 13 Area Boards responded to this question
- 7 Special Boards responded

The responses ranged from very brief (“expertise in this area”) to more detailed information. In summary, Health Boards apply a wide range of criteria, including

Trainers who:

- have a high profile in the disability field
- have a good track record and reputation
- can demonstrate they have delivered training to other statutory sector bodies
- are appropriately accredited (respondents did not say with whom)
- have appropriate knowledge or skills
- are able to comply with work practice/standards
- have links with national disability fora
- can provide flexible programmes of study
- have some knowledge of the local environment
- involve disabled people as trainers and facilitators

1 Area Board said it has developed training which is delivered by people with learning disabilities, but stated they were struggling to provide training on disability 'more widely'.

1 Area Board also said it would be useful to have a national training programme 'template'

1 Special Board said it would expect trainers to apply the 'social model' of disability

Recommendation:

SEHD should consider undertaking a review of the range of approaches currently being used in NHS Scotland to develop and deliver disability training and make recommendations on

- i) the criteria used to identify suitable training providers
- ii) the content of training packages
- iii) the development of a training framework suitable for use by staff at all levels in NHS Scotland

WE ASKED – Describe briefly the arrangements in place to monitor the provision of disability training for staff in Contracted Services

What did we find?

Of the 9 Area Boards responding to this question

- 4 said they did not have any arrangements in place
- 2 said monitoring is still to be addressed
- 3 said they did not know

6 Special Boards responding to this question said this was not applicable to them

WE ASKED – Describe briefly the activity being undertaken and/or plans in place to use the funding made available to NHS Boards to promote good practice in Primary Care with regards to the needs of disable people? Refer to HDL 2003 (64) issued 17/12/03.

What did we find?

Of those Area Boards responding to this question

- 7 said they used the funding to carry out Access Audits and to develop action plans from this work
- 1 indicated they had a 10 year capital programme in place
- 1 said it had circulated the DRC booklet “You can make a difference”
- 1 said it used the funding to pay for training staff and a technical officer
- 1 said it was not aware of this funding

7 Special Boards who responded said this was not applicable to them.

Conclusion

Findings suggest that SEHD funding to Primary Care Services appears to have been largely used for access audits. The findings from Section 5 also suggest funding has been used in different ways by the Boards.

The findings from this section also indicate that of the NHS Boards who responded to the survey, few appear to be taking a strategic approach to integrating disability equality training into their staff development programmes. In addition, Boards who are committed to including disability equality and access matters in staff training programmes do not appear to be undertaking a shared methodology in regard to the planning and provision of this training.

Recommendations:

- 1.** The FFA Disability initiative should work with the SEHD Diversity Task Force to assess how disability is being addressed within NHS Scotland National training initiatives. This assessment should involve current providers of disability awareness and disability equality training in Scotland
- 2.** The SEHD in discussion with NHS Education (NES) should consider developing a standard criteria (including baseline standards) that can be applied by Health Boards in commissioning and providing appropriate training

Section 7: Summary of Recommendations

- 1.** SEHD should consider undertaking a review of the range of approaches currently being used in NHS Scotland to develop and deliver disability training and make recommendations on
 - i) the criteria used to identify suitable training providers
 - ii) the content of training packages
 - iii) the development of a training framework suitable for use by staff at all levels in NHS Scotland

- 2.** The FFA Disability initiative should work with the SEHD Diversity Task Force to assess how disability is being addressed within NHS Scotland National training initiatives. This assessment should involve current providers of disability awareness and disability equality training in Scotland

- 3.** SEHD, in discussion with NHS Education (NES) should consider developing a standard criteria (including baseline standards) that can be applied by Health Boards in commissioning/providing appropriate training

FINAL CONCLUSIONS

This baseline study was undertaken to determine what work is currently being progressed in NHS Scotland in relation to disability equality and the priorities for the FFA Disability initiative in supporting NHS Scotland to meet its duties in relation to Part III of the DDA 1995.

From the responses received there is an indication of where good practice is currently being developed and where further effort is required to meet the requirements of the DDA 1995.

There remains substantial work to be taken forward in NHS Scotland in order to fully understand and implement good practice in relation to disability access.

The findings of this baseline survey will enable guidance to be developed which supports NHS Scotland to move beyond compliance to the development of good practice across NHS Scotland.

The Scottish Executive Health Department and the **Fair for All - Disability** project will use these survey findings and recommendations to inform future planning and develop a work programme designed to assist NHS Scotland to improve access to services for disabled people in all NHS Scotland services.

CHALLENGES

There are a number of challenges facing NHS Scotland in preparing the organisation to meet its duties in relation to the DDA 1995 and DDA 2005.

These include:

- Supporting the NHS to understand the implications of these Acts
- Identifying and sharing good practice across Scotland
- Achieving disability equality for all NHS service users
- Preparing NHS Scotland for Disability Equality Duty action planning by December 2006
- Ensuring integration of disability equality with an SEHD approach to employment/workforce issues **and** access to services

OPPORTUNITIES

Focussing on disabled people's access to health services provides an opportunity for NHS Scotland to be ahead of other public services in responding to the changing legislation in this area.

Through funding a specific equality initiative, **Fair For All - Disability** there is an opportunity for the NHS to develop best practice and to become an exemplar public service.

In addition, support to NHS Boards from the Fair For All - Disability initiative will provide opportunities for Boards to understand and plan for meeting their duties in relation to the DDA (2005) Disability Equality Duty.

IMPLICATIONS FOR THE FUTURE OF FFA DISABILITY WORK PROGRAMME

Section 2: Evidence of Need

- The Fair for All (FFA) Disability initiative should work with SEHD to consider how population profiling and data collection work in the NHS can appropriately address disability and health issues
- The FFA Disability initiative should establish a best practice exchange with appropriate representation from NHS Scotland, to facilitate learning and sharing of good practice
- The FFA Disability initiative should support NHS staff to understand and develop approaches in policy and practice that mainstreams disability
- The FFA Disability initiative , as a core principle of the approach, will work with local and national networks of disabled people to enable them to contribute to all aspects of health service planning, development and evaluation across NHS Scotland
- The FFA Disability initiative should support disabled people's involvement in NHS Scotland research activities through the provision of training and information.

Section 3: Strategy and Policy Planning

- The FFA Disability initiative will provide guidance to NHS Scotland on the implications of disability equality legislation for NHS Services
- The FFA Disability initiative will provide guidance to NHS Scotland on the key policy documents they require to consider in planning for disability equality
- Following SEHD's evaluation of EQIA, FFA Disability will work to influence the inclusion of disability equality in future drafts of the EQIA toolkit
- The FFA Disability initiative will support NHS Boards to understand how the use of EQIA can assist them in mainstreaming disability equality
- The FFA Disability initiative will provide NHS Scotland with access to relevant and accurate information of the requirements of the DDA 1995 and DDA 2005
- The FFA Disability team will meet with each Board area to establish a more detailed analysis of current disability equality initiatives, and how these initiatives impact on improving access to health services for disabled people
- The FFA disability team will identify what training is offered at a local level currently and make recommendations for a co-ordinated national approach which integrates with other equality training in NHS Scotland.

Section 4: Involving Disabled People

- The FFA Disability initiative will provide support to NHS Scotland in implementing good practice guidance on involving disabled people by working at both national and local level
- The FFA Disability team will, through the Disability Equality Network (DEN) support NHS Boards to integrate disability policy into a wider equality and diversity approach across NHS Scotland
- The FFA Disability initiative will, in partnership with SEHD and NHS Boards, establish mechanisms for exchanging best practice in relation to making reasonable adjustments in NHS facilitated public engagement exercises
- The FFA Disability initiative will identify and develop approaches to sharing research and relevant publications that support NHS Scotland to meet their duties under the DDA (1995)

Section 5: Disabled people and access to services

- The FFA Disability initiative should consider piloting the use of strategic and practical guidance in 4 NHS Board areas and report on the findings
- The SEHD working in partnership with the FFA Disability initiative should provide advice and support to Boards to ensure disability equality is mainstreamed into the Boards' approaches to equality impact assessment (EQIA)
- The FFA disability initiative recommends that SEHD consider undertaking research into access requirements in relation to the provision of communication services and auxilliary aids in NHS Scotland
- FFA Disability should work with the Scottish Health Council (SHC) to develop appropriate indicators for disability equality which fit with the Performance Assessment Framework (PAF) indicators used for monitoring performance in NHS Scotland

Section 6: Partnership working

- The FFA Disability initiative will work with NHS Boards to assess how guidance on addressing disability equality and access can be integrated into new and existing partnership arrangements
- As part of it's piloting work, the FFA Disability initiative should work with community planning partners in an identified Board in order to identify examples of good practice across community planning structures and share the learning from this across Scotland
- The FFA disability initiative will work with NHS Boards to develop approaches to disability equality best practice in partnership work

SECTION 7: Staff Support and Development

- The FFA Disability initiative will work with SEHD to consider how NHS Scotland is supported to deliver a national equality and diversity approach to training and development which includes disability
- The FFA Disability Initiative will consider, in partnership with SEHD and other equality initiatives, mapping current providers of training on disability issues in relation to health service provision and make this information available to NHS Scotland
- The FFA Disability initiative will work with NHS Boards to encourage an approach to training that ensures integration into existing mechanisms and established training e.g. induction, manual handling training, fire evacuation training

Following the consultation period for the strategic and practical guidance the FFA Disability team will review and update the guidance to take account of the disability equality duty (DED) to be introduced in 2006

APPENDIX

Copy of Letter that was sent to Health Board Chief Executives



SCOTTISH EXECUTIVE

Health Department

St Andrew's House
Regent Road
Edinburgh EH1 3DG

Dear Colleague

Fair for All: The Wider Challenge

Implementing the Disability Discrimination Act 1995

Purpose

I write to you in my capacity as Chair of the newly established SEHD Equalities Forum. (The annex attached to this letter outlines for you the role and remit of the forum.) The forum provides a strategic overview to the development of an equality and diversity approach at all levels of the SEHD and NHSScotland.

As part of this strategic approach, this letter seeks information on where NHS Boards are in relation to implementing the requirements of Part III of the Disability Discrimination Act (DDA).

Background

The White Paper 'Partnership for Care' commits NHSScotland to improving the experience of people with a disability, both as service users and employees. The Disability Rights Commission (DRC) has agreed to work in partnership with us to achieve this. This partnership which will be known as Fair for All - Disability will, initially, focus on improving access to health services for disabled people under Part III of the DDA.

You will be aware that the NHS Reform (Scotland) Act 2004 placed a duty on NHS Boards to promote equal opportunities and so supports the requirements of the DDA. The Fair for All – Disability project has been established to support Boards implement these responsibilities.

The purpose of the enclosed questionnaire is to establish a snapshot of where your Board is in relation to implementing the requirements of Part III of the DDA. The Fair for All – Disability Project Team have tried to collate the questions in such a way that they will also assist you in collating the evidence you will be required to gather for the Performance Assessment Framework (PAF) later this year. The findings from the questionnaire will identify where good practice exists and where support may be required.

Action

Chief Executives are asked to arrange for the enclosed questionnaire to be completed and return it to the Fair for All - Disability team by 29 November 2004 at:

Fair For All – Disability Project Team
Disability Rights Commission
Riverside House
502 Gorgie Road
Edinburgh EH11 3AF

Should you require assistance with completing the questionnaire please contact the Project Team at Fairforall@drc-gb.org or by phone at **0131 527 4000**

Yours sincerely

A handwritten signature in black ink, appearing to be 'M Butler', with a long horizontal stroke extending to the right.

MARK BUTLER
Chair of Equalities Forum (SEHD)

Fair for All – Disability Baseline Questionnaire

AIM

The aim of this Baseline Questionnaire is to provide the **Disability Rights Commission's Fair For All Disability team** with a baseline of the current awareness and understanding of disability equality and the provision of reasonable adjustments² for disabled people throughout the NHS in Scotland.

The data gathered from completed Questionnaires will be used by the Fair For All Disability team to propose, develop and deliver solutions for all levels of the NHS service. These solutions will aim to ensure that disabled people receive equal access to health care and that NHS staff are aware and equipped to deliver this.

Further information about the Disability Rights Commission (DRC) and the Disability Discrimination Act 1995 is available at www.drc-gb.org. The Code of Practice Part III Access to Goods, Services and Facilities (available to view on the website) explains the duties of the health service and other service providers not to discriminate against disabled people and the requirement to make reasonable adjustments. The Code describes what is meant by disability and who is covered by the Act.

² Reasonable adjustment – reasonable adjustments are defined by the Disability Discrimination Act 1995. The duty to make reasonable adjustments means that the service provider i.e. the NHS Board must either take steps to change the policy, practice or procedure, provide auxiliary aids or services or make changes to any physical features such as buildings which prevent a disabled person having equal access to the service.

Completing the Questionnaire

Please answer the questions as honestly as possible. It is important that the information collated provides a full picture of the current strengths and weaknesses of NHS Boards in relation to disability equality matters.

A copy of the Questionnaire may be sent to divisions within your Health Board to assist with collation of Board wide data. It will be necessary for the office of the Patient Focus Public Involvement (PFPI) Designated Director, or other lead person, to determine which questions will be answered centrally and which will be disseminated.

A single collated response should be submitted for the whole Board. This should incorporate data supplied by individual divisions or teams.

Wherever possible multiple choice questions or yes/no responses are offered. Where the Questionnaire asks for further information or comment please provide brief descriptions. Following the collation of Questionnaire responses, the DRC Fair For All Disability team plan to approach a sample of NHS Boards for further information.

The Questionnaire should be completed and returned by Friday 29th November to the DRC Fair For All Disability team at;

fairforall-disability@drc-gb.org

Hard copies or discs can be sent to;

Fair For All Disability Team, Disability Rights Commission, Riverside House, Gorgie Road, Edinburgh EH11 3AF

The questionnaire has been compiled using the (draft) Equality Impact Assessment Tool.

The Questionnaire has been formatted so that each answer box or comment box will expand to provide space for your answer.

What Happens Next

The information supplied by each NHS Board will be treated in strictest confidence and no individual Board will be named (without prior agreement) in any subsequent reports produced. The information you supply will not be shared with or monitored by any other function (including the legal section) of the Disability Rights Commission for any purpose other than that stated.

The responses received from across NHS will be collated and analysed by the DRC Fair For All Disability team. A copy of the report will be sent to each NHS Board.

Further research will be undertaken (see page 1) based on the data provided by this baseline Questionnaire. A report of the findings will be produced illustrating current good practice and highlighting areas where further development of practice or policy may be required. The data will be used by the DRC Fair For All Disability team to develop and deliver solutions that support and enable NHS Boards deliver a health service for disabled people which is 'Fair For All.'

SECTION 1: INFORMATION ABOUT THE NHS BOARD

1.1 Name of NHS Board

1.2 Details of Chief Executive Officer

Name of Chief Executive	<input type="text"/>
CEO address	<input type="text"/>

1.3 Details of PFPI Designate Director

Name of PFPI Designate Director	<input type="text"/>
PFPI Designate Director Office address	<input type="text"/>
PFPI Designate Director telephone number	<input type="text"/>
PFPI Designate Director textphone number ³	<input type="text"/>
PFPI Designate Director fax number	<input type="text"/>
PFPI Designate Director email address	<input type="text"/>

³ Textphone – textphones are used by deaf and hard of hearing people to communicate on the telephone. A small keypad and screen enable two people with textphones to type to each other. Where only one person has a textphone, calls can be routed via an operator who relays the spoken words to the deaf person by text.

1.4 Details of NHS Board Disability Advisor

Name of Disability Advisor	
Disability Advisor office address	
Disability Advisor telephone number	
Disability Advisor textphone number	
Disability Advisor fax number	
Disability Advisor email address	

1.5 Details of person who collates the Questionnaire

Please note: If a number of people have responded on behalf of individual divisions please supply details for each person and division.

Name	
Address	
Telephone number	
Textphone number	
Fax number	
Email address	

SECTION 2: EVIDENCE OF NEED

2.1 Profiling general population

List the key sources of data employed by your NHS Board to profile the general population in your geographical area. For each document please supply the title, source (author and organisation, if known) and date of the research.

2.2 Profiling disabled population

2.2.a. Does your NHS Board have a current profile of the disabled population within the NHS Board area?

- Yes (go to 2.2.b.)
- No (go to 2.2.c.)

2.2.b. If yes, what specific type of information does the profile contain to support your planning activities?

2.2.c. If no, please give details of any plans your NHS Board has to begin profiling the disabled population within the Board area?

2.3 Mainstreaming disability into new research

When you commission research or data analysis do you ensure that disabled people and disability equality issues are taken into account specifically?

2.4 Training

Is training or similar support given to researchers and managers to ensure they are equipped and enabled to identify, design, produce and analyse research that is inclusive of disability equality issues?

Yes

No

Don't know

SECTION 3: STRATEGIC POLICY PLANNING

3.1 Policy and legislation drivers

What, if any, are the key policy documents that your NHS Board is currently responding to which aim to ensure disability equality is addressed?

Please list up to 5 key documents including their title and source and, if applicable, which particular divisions are responding.

3.2 Mainstreaming disability equality

Briefly, how do you aim to mainstream disability equality throughout policy planning on issues that are not explicitly about disability or disability equality e.g. estates management, finance planning, health education initiatives?

3.3 Guidance and toolkits

What, if any, are the main guidance documents and toolkits that your NHS Board currently uses to support policy planning activity in relation to disability equality?

3.4 Involving disabled people in policy planning

Briefly describe, how, if at all, you include disabled people in your policy planning programme?

3.5 Disability policy

3.5.a. Do you have a disability policy in your NHS Board?

- Yes (if yes, please attach a copy and go to 3.5.b)
- No (if no, go to 3.6)
- Don't know (if no, go to 3.6)

3.5.b. If yes, how have you promoted the policy to the following groups?

Staff	
Patients	
The wider community	

3.6 Disability equality initiatives in your NHS Board

Briefly list the key disability equality policy initiatives currently underway in your NHS Board. For each example, please outline the key aims.

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SECTION 4: INVOLVING DISABLED PEOPLE

4.1 Disability Forum

4.1.a. Does your NHS Board have a disability forum or similar?

- Yes (if yes, go to 4.1.b. to d.)
- No (if no, go to 4.2)
- Don't know (if don't know, go to 4.2)

4.1.b. If yes, what is the membership profile of the forum?

4.1.c. If yes, please provide details of the remit/terms of reference of the forum, name of the Chair and contact details.

4.1.d. If yes, is this forum included in all consultation exercises or just those relating to disability matters?

4.2 Patient Focus Public Involvement

Are you using the principles outlined in 'Patient Focus Public Involvement' documentation as a means by which to consult with disabled people?

Yes

No

Don't know

Please comment briefly.

4.3 Making consultation accessible

4.3.a. When consulting with members of the public what steps are taken to ensure reasonable adjustments are made in order to make consultation accessible to people with various disabilities/ impairments?

4.3.b. Do you monitor the effectiveness of the reasonable adjustments identified above and user satisfaction with these adjustments?

Yes (If yes, please complete box below)

No (If no, go to 4.4)

Don't know (If don't know, go to 4.4)

Please describe briefly how you monitor this.

4.4 Funding

Is funding available for making reasonable adjustments for disabled people so that they can access the consultation process? What is the source of this funding? Please comment.

SECTION 5: DISABLED PEOPLE AND ACCESS TO SERVICES

5.1 Making services accessible

What, if any, key procedures have you put in place to ensure that all health services offered by your NHS Board are made accessible to disabled people?

5.2 Impact Assessments

Do you undertake disability equality impact assessments on current or planned services offered by your NHS Board?

- Yes (If yes, please complete box below)
- No (If no, go to 5.3)
- Don't know (If don't know, go to 5.3)

Please provide brief details of work undertaken or planned.

5.3 Access Audit

5.3.a. Did your NHS Board submit a completed Estates Accessibility Audit, as required by HDL 2002 (80), issued 01/11/02 and HDL 2004 (32), issued 11/06/04?

- Yes (if yes, go to 5.3.b.)
- No (if no, go to 5.4)

5.3.b. If yes, were all of contracted services in your NHS Board area included in the completed Estates Accessibility Audit? (This may not be appropriate for some Special NHS Boards which do not have contracted services.)

Yes (if yes, go to 5.3.c. and 5.3.d)

No (if no, go to 5.3.e.)

Don't know (if don't know, go to 5.4)

5.3.c. If yes (5.3.b), what were the issues that arose during the completion of the audits by contracted services? What supports would have helped with this process?

5.3.d. If yes (5.3.b), have reasonable adjustments and changes to policies, procedures and practices been identified as a result of the audit and have plans been put in place to progress action against these needs?

Yes (go to 5.4)

No (go to 5.4)

Don't know (go to 5.4)

5.3.e. If no (5.3.a), what were the issues or features that hindered completion of the audit in your NHS Board area or in contracted services? What supports, tools or resources would have helped your Board or contracted services to complete the audit(s)?

5.4 Action Plan

5.4.a. Do you have an Action Plan for improving and further developing access to services for disabled people?

Yes (if yes, go to 5.4.b)

No (if no, go to 5.5)

Don't know (if don't know, go to 5.5)

5.4.b. What issues does the Action Plan cover?

5.5 Communication support

5.5.a. Do you have a Communication Support Policy?

Yes (if yes, go to 5.5.b.)

No (if no, go to 5.5.b.)

Don't know (if don't know, go to 5.5.b.)

5.5.b. Do you have clear procedures in all areas within your NHS Board area to enable staff to provide the services of Language Service Professionals⁴?

Yes (if yes, complete comment box below)

No (if no, go to 5.6)

Don't know (if don't know, go to 5.6)

⁴ Language Service Professionals – LSPs are qualified communication supporters for disabled people. These include British Sign Language interpreters, lipspeakers, deaf/blind communicators and speech to text operators.

If yes, how is this service funded i.e. which budget does it come from and how is it allocated etc?

5.6 Text telephones⁵

Are text telephones available for all public contact points in your NHS Board e.g. public receptions, appointment services, and helplines?

Yes

No

Don't know

Funding for Communication support

What funding is made available for making written and visual materials in your NHS Board area accessible for disabled people and how is this funding agreed? (E.g. this could be making written materials available in Braille or on audio tape and subtitling and audio transcribing any videos or similar materials.)

⁵ Textphone – refer to description at footnote, Page 3

5.7 Informing the public

How do you inform members of the public that alternative formats and communication support is available?

5.8 Openness

Is information on disability access reported publicly e.g. in the NHS Board's Annual Report, on NHS Board's public access website etc?

Yes (if yes, complete comment box below)

No (if no, go to Section 6)

Please describe briefly.

SECTION 6: PARTNERSHIP WORKING

6.1 Addressing the requirements of disabled people

Are the requirements of disabled people specifically addressed in your Community Planning, Community Health Partnership (CHP) and Joint Futures work?

Yes (if yes, complete comment box below)

No (if no, go to 6.2)

Don't know (if don't know, go to 6.2)

If yes, describe briefly how this is achieved.

6.2 Partners' contributions

What assistance from external agencies and or partners do you receive to enable you to deliver 'best practice' in relation to disability equality? Briefly list main agencies and partners and the contribution they make.

6.3 Working in Partnership with disabled people

Are disabled people involved in Partnership working within your NHS Board area?

Yes (if yes, complete comment box below)

No (if no, complete the comment box below)

Don't know (if don't know, go to Section 7)

If yes, describe briefly in the comment box below.

If no, outline any known plans that your Board has to introduce this in the comment box below.

SECTION 7: SUPPORTING STAFF

7.1 Training Policy

Does your NHS Board have a disability training policy?

- Yes (if yes, complete comment box below)
- No (if no, go to 7.2)
- Don't know (if don't know, go to 7.2)

Outline briefly the content of the disability training policy in the comment box.

7.2 Training categories

7.2.a. Are all staff provided with mandatory disability training as standard?

- Yes
- No
- Don't know

7.2.b. Is disability a standard component of your staff induction package?

- Yes
- No
- Don't know

7.3 Training providers

Describe briefly the criteria you apply when identifying suitable training organisations and trainers for the above training.

7.4 Contracted services

7.4.a. Describe briefly the arrangements in place to monitor provision of disability training for staff in Contracted Services. (This question may not apply to Special NHS Boards.)

7.4.b. Describe briefly the activity being undertaken and/or plans in place to use the funding made available to NHS Boards to promote good practice in Primary Care with regards to the needs of disabled people. Refer to HDL 2003 (64), issued 17/12/03. (This question may not apply to Special NHS Boards).

SECTION 8: FURTHER INFORMATION

Please use this section to provide further information including any examples of good practice which you have not included above.

Thank you for taking the time to complete this Questionnaire.

USEFUL REFERENCES

- *Improving disabled people's access to health provision*
(Scottish Human Services Trust, 2003)
- *Service for all – making it happen*
(Scottish Human Services Trust, 2003)
- *Building Strong Foundations: Involving People in the NHS*
(Scottish Executive Health Department – Involving People Team)
- *Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services*
(Scottish Executive Health Department and NHSScotland, 2004)
- *beyond labels – from rhetoric to reality?*
(Scottish Executive Health Department, 2004).
- *Equality Impact Assessment Toolkit (SEHD)2005* at
www.scotland.gov.uk/equalityanddiversity/IAtoolkit
- Research Governance Framework for Health and Community Care
www.show.scot.nhs.uk/cso/ResGov/ResGov.htm
- Organising Accessible Events Guide at
<http://www.drc.org.uk/publicationsandreports/publicationdetails.asp?id=322§ion=access>
- Involving People Tool Kit
<http://www.show.scot.nhs.uk/involvingpeople/bsftoolkit.htm>