

Hospitals should consistently provide 'reasonable adjustments' for disabled patients

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Getting Things Changed

‘I don’t want special. I just want appropriate...but that means listen to people and communicate with me.’



About the research

There are over 13 million disabled people in the UK, all of whom have different impairments and needs. The Equality Act 2010 entitles disabled people to the provision of ‘reasonable adjustments’ when accessing public services. Reasonable adjustments are changes to services that disabled people may require which remove or ameliorate any disadvantages they face compared with non-disabled people, e.g. wheelchair access to a building, the provision of information in an accessible format or a longer appointment time. Such adjustments should be both anticipatory and patient-specific.

Hospitals in England have been experiencing significant pressures to provide effective healthcare for all patients (NHS, 2017), with considerable media attention about the difficulties faced by staff and patients alike. This potentially places disabled

patients requiring reasonable adjustments at even greater disadvantage; the untoward outcomes of this can be poorly managed health and premature death (Heslop et al., 2013; Tuffrey-Wijne et al., 2014)”.

This research explored how hospitals are providing reasonable adjustments for disabled people and how disabled people experience hospital care. Data was collected from an audit of Care Quality Commission hospital inspection reports; Freedom of Information requests to Clinical Commissioning Groups and hospital trusts; surveys of health professionals and representatives; interviews with disabled people; and workshops for professionals and disabled people.

Policy implications

Hospital Trusts

- NHS Trust policies require strengthening to ensure that hospitals are meeting their legal obligations under the Equality Act 2010. Such policies should describe arrangements for the identification, recording and provision of reasonable adjustments for disabled people, so that hospital staff are clear about their responsibilities.
- NHS Trusts must also listen to and involve disabled people in the shaping of hospital services, to ensure that reasonably adjusted care is being provided.
- The establishment of a national database would help enable hospital staff to share examples of how they are effectively providing reasonable adjustments for disabled patients.

Clinical Commissioning Groups

- Clinical Commissioning Group assurance processes need reviewing, to ensure that those they contract to provide a service are doing so within the legal framework of the Equality Act 2010, and such provision is appropriately audited.

Care Quality Commission

- Care Quality Commission inspection reports of hospitals require a standardised way of documenting the adequacy of reasonable adjustments for disabled people, as well as the responsiveness of services to disabled people's needs.

Key findings

Our findings contribute to concerns about the gap between Equality Act 2010 legislation and its practical application 'on the ground' in NHS hospitals.

- Only eight of 186 Clinical Commissioning Groups provided evidence about how they ensured reasonable adjustments were provided for disabled patients. Seventy-six of 132 hospital trusts were able to provide the number of patients with learning disabilities using inpatient, outpatient or A&E at the hospital.
- Disabled people reported inconsistent processes to identify and 'flag' their needs. *'Some people seem to have a record of it when I go in, and other people don't'*, one person reported.
- Ambiguity exists between the concept of good quality care that any patient should be able to expect, and the concept of 'reasonable adjustments' that provide support for disabled people to be able to receive a similar quality of care.
- There were positive examples of reasonable adjustments, but these often relied on individual staff members who noted the importance of effective collaboration in being able to provide effective reasonable adjustments. There appeared to be a lack of consistent hospital-wide strategies which were endorsed and led by senior staff and managers, and that supported hospital staff.

Further information:

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<http://www.bristol.ac.uk/sps/gettingthingschanged/about-the-project/>

Email: gtc-sps@bristol.ac.uk

Heslop et al. (2013). Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD). <http://www.bris.ac.uk/media-library/sites/cipold/migrated/documents/fullfinalreport.pdf>.

NHS (2017). Next steps on the NHS Five Year Forward View <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>

Tuffrey-Wijne et al. (2014). The barriers to and enablers of providing reasonably adjusted health services to people with intellectual disabilities in acute hospitals: Evidence from a mixed-methods study. *BMJ Open*, 4(4). doi:10.1136/bmjopen-2013-004606.

UK Equality Act 2010: <https://www.legislation.gov.uk/ukpga/2010/15/contents>



I booked in, and they're absolutely great, you know. I mean if necessary, if you don't know your way around, they (staff) will take you to, you know, where you have to wait and everything. But it's all perfectly adequately signposted. And large signposts, you know. If I did happen to be walking with a crutch, I've got no fear, because they've got hand rails on the walls...Which are brilliant, you know, you can hang on. And they're a different colour as well. And it's non-slip flooring. It's all been done beautifully. **(Patient in hospital)**

