



Getting Things Changed

Reasonable Adjustments in Hospitals



EASY
READ





We work at the University of Bristol. We have been doing some research with disabled people.



We have been finding out about '**reasonable adjustments**' in hospitals.



Some examples of reasonable adjustments are:

- giving a disabled person extra time with their doctor or
- making sure that they get information that is easy for them to read.



We wanted to understand how hospitals make reasonable adjustments for disabled people.

We did five things to help us understand this.



1) We read hospital inspection reports by the **Care Quality Commission**. Some of the reports told us the ways in which each hospital made reasonable adjustments.



2) We sent a **Freedom of Information request** to many hospitals in England.

We asked them how many people with learning disabilities came to hospital in the last year.

We also asked them how they could be sure they were making reasonable adjustments for people with learning disabilities.



3) We sent questions to hospital staff and people from **Healthwatch**.

We asked them what they thought about how the hospital made reasonable adjustments for disabled people.



4) We talked to disabled people about how they found their needs were met by hospitals.



5) We ran some workshops for health professionals and disabled people.

They shared some examples of where hospitals are making good reasonable adjustments.

What did we find out?



We found that some hospitals are making good reasonable adjustments for disabled people.

But this does not always happen.



Examples of good reasonable adjustments were when hospitals gave people easy read information or made changes to appointment times.

These made it easier for a disabled person to attend hospital.



Some disabled people said that their doctor or nurse had really understood their needs, and made changes to help them in hospital.



Not everyone had a good experience though.

Some hospitals said they did not know who had learning disabilities. This means that they would not know whether to make reasonable adjustments.



Some disabled people said that hospitals did not make reasonable adjustments very well.

For example, they thought that staff did not know they should have reasonable adjustments, or did not understand their needs very well.



Some hospitals were not very good at checking whether their reasonable adjustments were helping disabled people.

What needs to happen now?



Our research has given us lots of ideas about how hospitals could make things better for disabled people.



Hospital staff need to understand what reasonable adjustments are.

They need to understand why reasonable adjustments are important for disabled people in hospitals.



Hospitals could do better at finding out if disabled people might need reasonable adjustments.

They should make it clear in a person's notes what reasonable adjustments are needed.



Hospitals should tell everyone what they are doing well. This will help other hospitals to learn how to make good reasonable adjustments.



It is important that hospitals include disabled people in making changes.

Disabled people could help check how well hospitals are making reasonable adjustments.

Thank you!



Lots of people helped us with our work. We would like to thank you all.

We want to especially thank our Advisory group of disabled people - Bruce Abbott, Diana Frost, Eric Hayes, Sue Musyoki, Lynn Tatnell, and Juliet Williams.

Glossary

Care Quality Commission:

the inspectors who check things are OK for disabled people.

Reasonable adjustments:

the changes hospitals should make so disabled people can use them more easily.

Freedom of Information request:

a way that people can ask public organisations for information.

Healthwatch:

A local group in each area who listen to what patients say and make sure health services hear them.

**If you want any more information about
our work you can contact Stuart Read
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In memory of Dr. Sue Porter, 1953-2017.

