

PROMOTING DISABILITY EQUALITY IN PRIMARY CARE IN WALES

DISABILITY ACCESS SELF ASSESSMENT AUDIT TOOLKIT

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Section 1 – Introduction

EquiP Cymru aims to promote understanding of the Social Model of Disability throughout primary health care services in Wales. The Statutory Code of Practice on ‘The Duty to Promote Disability Equality’ produced by the Disability Rights Commission states that the Social Model is ‘based on an understanding that the poverty, disadvantage and social exclusion experienced by disabled people is not the inevitable result of their impairments or medical conditions but rather stems from environmental barriers, nonetheless powerful for being unintentional’. Within the Social Model, people are ‘disabled’ through lack of access to buildings, information, communication or personal support or by the attitudes of others. The term ‘access’ for the purposes of this audit is defined in its broadest sense and includes any environmental, physical or attitudinal barriers that disabled people may experience in accessing primary health care services.

In order for information gained as part of this audit to be used meaningfully to inform future action, it is important that organisations engage in the assessment process accurately and honestly. The effectiveness of self-assessment relies upon the objective measurement of your current practice. Information presented in the assessment will not be subject to any external scrutiny and permission to include examples of good practice will be sought prior to the publication of any information on the EquiP Cymru website.

You are asked to complete all sections of the audit tool. Sections two, three, four and five require you to respond to a series of statements by ticking the box in the right hand column which most accurately reflects the action you have taken to improve access to your services for disabled people. Section six asks a series of questions which are intended to provide feedback on your experience of using this toolkit and to gain your agreement to share any examples of good practice on the EquiP Cymru website.

The statements listed throughout the toolkit are numbered to assist with the completion of each section. The number assigned to each action is not intended to represent any hierarchy and therefore no single action is considered to be more important than any other. The actions are all complementary and considered to be of mutual benefit in the context of promoting disability equality.

An Action Plan Template is provided in Appendix 1. The template is offered as guidance only and may be used or adapted to reflect each organisation's particular needs and circumstances. Further advice and guidance on implementing and monitoring the action plan may be provided through the Equip Cymru project.

Organisations are requested to forward a copy of their assessment to **Equip Cymru c/o RCGP Wales, Regus House, Falcon Drive, Cardiff Bay, Cardiff CF10 4RU**. The purpose of this request is to highlight good practice and obtain feedback to evaluate the effectiveness of the toolkit from a user's perspective.

This toolkit has been produced in large print using Arial font size 14 to reflect best practice and ensure that it is available in an accessible format. The toolkit will be made available in alternative formats, including Braille, audio tape or disc, on request.

Section Two – Staff Training and Development

		N/A	Yes	No	Identified in Action Plan
1	All staff understand the Disability Discrimination Act 1995 and their roles and responsibilities in respect of legal compliance.				
2	All staff understand the duty under the Disability Discrimination Act 1995 to make reasonable adjustments to policies, procedures and features of premises.				
3	Induction training for all new staff includes basic disability equality training.				
4	All staff have received awareness training to understand the importance of promoting disability equality in the context of employment and patient delivery.				
5	All staff understand the social model of disability and recognise that disability equality is about meeting individual and different needs.				
6	All staff understand the concept of institutional discrimination and how this can arise from policy and practice.				
7	Appropriate staff have received impairment specific training to ensure that disabled patients are treated in an appropriate and sensitive way.				
8	All staff are required as part of their personal objectives to promote equality and not discriminate unfairly against other members of staff or patients.				

		N/A	Yes	No	Identified in Action Plan
9	<p>Appropriate measures have been put in place to ensure staff know how to access communication support, and communicate effectively with disabled patients. For example, communication support for deaf people, including:</p> <ul style="list-style-type: none"> • British Sign Language Interpretation Services, equipment including: <ul style="list-style-type: none"> • Type Talk • Minicom • Loop systems • Pen and Pad • Respectful and appropriate communication with people with learning disabilities and mental health problems • Access to a range of advocacy services, as appropriate <p>Production of information in alternative formats, including:</p> <ul style="list-style-type: none"> • Braille • Large and clear print, “plain language”, audio cassette • Any other - please state 				

Comments:

Section Three - Employment

		N/A	Yes	No	Identified in Action Plan
1	There is a written Equal Opportunities Policy or statement which recognises the rights of disabled staff and patients.				
2	An agreed grievance procedure is available for any employee who believes they have been unfairly treated on the grounds of a disability or for a reason related to their disability.				
3	Staff involved in the appraisal of others have been trained in disability equality issues.				
4	The practice has in place a comprehensive training programme based on the results of a training needs analysis.				

Comments:

Section Four – Improving Access

		N/A	Yes	No	Identified in Action Plan
1	The practice has undertaken a disability access audit, including: <ul style="list-style-type: none"> • service provision • workplace • physical environment to ensure compliance with the Disability Discrimination Act 1995.				
2	The practice has an action plan to improve access for disabled patients.				
3	The practice registration process identifies and records the access needs of all new patients.				
4	Measures are in place to ensure that the access needs of patients are recorded in a confidential and sensitive manner.				
5	The practice has assessed its complaints procedure to ensure that it meets the needs of disabled patients.				

		N/A	Yes	No	Identified on Action Plan
6	<p>The practice has taken steps to improve access for disabled patients including:</p> <ul style="list-style-type: none"> • contrasting colours/tones used in external and internal decoration (eg between walls and doors) • accessible toilets • drop counters in reception • signage that is accessible and easy to read • induction loops in reception area and consulting rooms • the provision of disability equality training for staff to promote positive attitudes and behaviours towards disabled patients and a respect and understanding of the needs of each individual patient • accessible parking • ramp at entrance, instead of, or as an alternative to steps • hand rails inside and outside buildings • disability sensitive and effective procedures for communication throughout the surgery • provision of a BSL interpreter on request • extra space for wheelchairs in reception area and consulting rooms 				

	<ul style="list-style-type: none"> • provision of accessible lift as an alternative to stairs consulting rooms on ground floor for patients who are wheelchair users or have limited mobility • provision of a quiet area • Any other – please state 				
7	<p>The practice has taken steps to ensure that disabled patients are provided with information in an accessible format including:</p> <ul style="list-style-type: none"> • audio tape recording and playback • braille translation • induction loop • minicom systems • large and clear print • text with pictures to help understanding of the text • videos and CD Rom 				
8	<p>All standard correspondence and information, including headed paper, compliment slips, appointment cards etc, is provided in plain language, 14 point arial font minimum, with good colour contrast.</p>				
9	<p>The practice has taken steps to make patients aware of the facility to provide information in alternative formats.</p>				

		N/A	Yes	No	Identified in Action Plan
11	Patients are aware that they may contact the practice and book appointments by: <ul style="list-style-type: none"> • Letter • Telephone • Email • Fax • TypeTalk • Text phone 				
12	Patients are aware that they may be accompanied at appointments by a carer and/or advocate and/or assistant.				
13	Extended appointments can be requested by patients who require them and patients are aware of this.				
14	The appointments system is flexible enough to plan appointments with sufficient time to address any particular needs, including communication.				

Comments:

Section Five – Action Planning

		N/A	Yes	No	Identified in Action Plan
1	The practice has an annually updated action plan which identifies clear objectives and actions to be undertaken by a designated individual within a specified time frame.				
2	The action plan addresses the following issues: <ul style="list-style-type: none"> • Staff training and development • Employment • Improving Access • Action Planning 				
3	The action plan is regularly reviewed and updated, and progress monitored.				
4	A report is written annually to measure progress against key objectives, and inform of further developments.				

Comments:

Section 6 – Evaluation and Feedback

1. How easy was the toolkit to use?

Very easy **Easy** **Not very easy**

Comments:

2. How useful was the toolkit in identifying actions to improve services for disabled people?

Very useful **Useful** **Not very useful**

Comments:

3. Could you please provide details of the service areas identified by assessment as being in need of improvement.

4. Do you have any examples of good practice, ie what do you think you do well? If so, could you please provide details.

5. Are there any service improvements you have been unable to achieve because of barriers or constraints? If so, could you please provide details.

6. Are you in agreement for any examples of good practice you have provided to be included on the EquiP Cymru website good practice page?

Yes

No

7. Are you in agreement for any examples of barriers or constraints you have identified to be included on the EquiP Cymru website?

Yes

No

**Thank you for completing the audit tool. Could you please forward a copy to
Equip Cymru
c/o RCGP Wales, Regus House, Falcon Drive, Cardiff Bay,
Cardiff CF10 4RU**