
Disabled people's experiences of accessing reasonably adjusted hospital care

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Getting Things Changed



Overview

- “Getting Things Changed” project
- Provision of reasonable adjustments
- Research methodology
- Research findings
- Points for discussion



‘Getting Things Changed’ programme

Programme focuses on researching five areas of disabling practice and making changes to improve the situation:

1. Conversations between disabled people and support staff.
2. Disabling practices for university students and staff.
3. Reasonable adjustments in hospitals.
4. Supporting parents with learning disabilities.
5. User-driven commissioning (with Disability Rights UK).

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Strand 3: Reasonable adjustments in hospitals

- Our focus is to explore the provision of reasonable adjustments for disabled people in hospitals.
- What hospital services do well, and how they can improve their provision of reasonable adjustments.
- Thinking about bridging the gap (where necessary) between what should happen and what actually does happen.

What are reasonable adjustments?

- Reasonable adjustments are the changes that organisations need to make for disabled people, so that disabled people are not disadvantaged in receiving a service.
- Organisations have a legal responsibility under the Equality Act 2010 to anticipate and provide the changes or 'adjustments' that disabled people might require.



What hospitals are required to do under the Equality Act 2010

- **Changes to the way things are done** - Changing ways of doing things so that it is less difficult for disabled people to access care
- **Changes to a physical feature** - Altering a physical feature of a building or other premises so that it is easier for a disabled person to access or use it.
- **Provision of extra aids or services** - Provision of particular equipment or services to help a disabled person to access or do something.

Hospitals must provide ‘anticipatory’ adjustments, as well as those which are tailored to an individual patient’s needs.

Good care versus reasonably adjusted care

- **Good quality care** – This is care that we would all expect to receive (e.g. be comfortable, have access to food, the bathroom).
- **Reasonably adjusted care** – This is where good quality care is enhanced or developed to ensure that disabled people are not disadvantaged from accessing support.

Good quality care for disabled people should not necessarily be viewed as reasonably adjusted care.



Methodology

1. Audit of Care Quality Commission hospital inspection reports.
2. Freedom of Information request to hospital trusts.
3. Online survey for hospital staff and Healthwatch representatives.
4. Interviews with disabled people about their experiences of accessing reasonably adjusted hospital care.
5. Workshops for health professionals and disabled people in Bristol and Leeds, in March/April and October 2017.

We are focusing on the interview findings in this presentation.

Methodology

- Semi-structured interviews were completed with disabled people from across England.
- Inclusion criteria: People who self-identify as disabled, and who had experience of hospitals within the last two years.
- Participants spoke about their experience of receiving reasonably adjusted care from one hospital, and shared their recommendations for change.
- Interviews were completed Nov 2016 – Jan 2017, either face to face or via telephone.
- All interviews were recorded, transcribed, anonymised, and analysed using thematic analysis.

Findings

21 interviews were completed with disabled people:

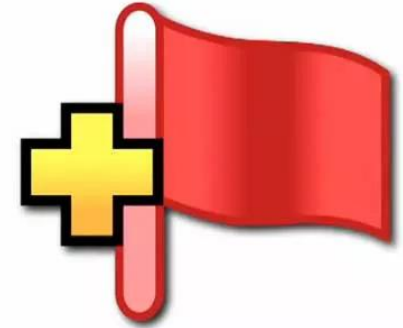
Twelve women; eight men; and one collaboratively with a couple, both of whom identified as disabled.

Impairment was not asked about during interviews, though participants shared that they had experience of a range of impairments e.g. physical, sensory, mental health conditions and learning disabilities.



Findings: Identification or ‘flagging’ of needs

- Lack of clarity about whether their needs were ‘identified’ or flagged.
- Identifying or flagging needs did not necessarily translate into reasonably adjusted care.
 - Participants described how the hospital staff may not necessarily read their records or enact reasonable adjustment requests e.g. receiving inaccessible information despite raising this multiple times with staff.



Findings: Responding to a patient's needs

- Disabled people shared positive examples of how staff had understood their individual needs, and provided reasonable adjustments accordingly:
 - Attention to their individual needs e.g. pre-admission support, carers being able to stay with them.
- But this was not always the case, some participants described feeling blamed or the cause of problems when requesting reasonable adjustments.



Suggestions for action now

- ✓ Be aware of how you identify and record reasonable adjustments for disabled patients
- ✓ Ensure that disabled people's views are central
- ✓ Ensure that you know whether the reasonably adjusted care provided is effective

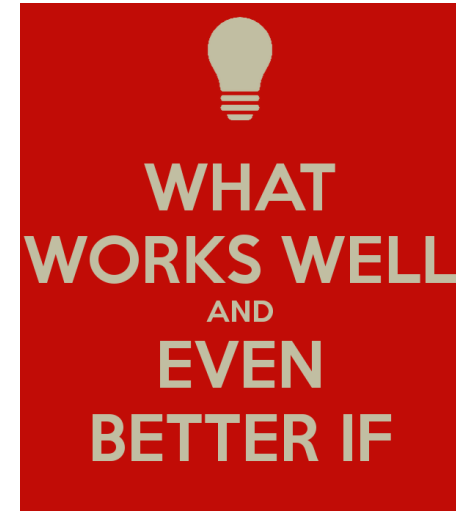
Disabled people's reasonably adjusted care needs may not be obvious, or may require some creative thinking.

Recommendations



Concluding remarks

- Our research highlights that gaps exist between the policy requirements of the Equality Act 2010, and how hospitals are providing reasonably adjusted care.
- Learning from positive examples of where reasonable adjustments have been effective is helpful, as well as understanding where improvements are needed.



Discussion

- There seems to be a perception that reasonable adjustments are more familiar/embedded within learning disability care, rather than for people with other impairments. Is this true, and why do we think this is?
- How can we share and learn from good practice examples?
- How can good practice examples be embedded in usual practice?



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