



Addressing Barriers to Healthcare

NHS Greater Glasgow & Clyde Mitigation Guide

September 2023

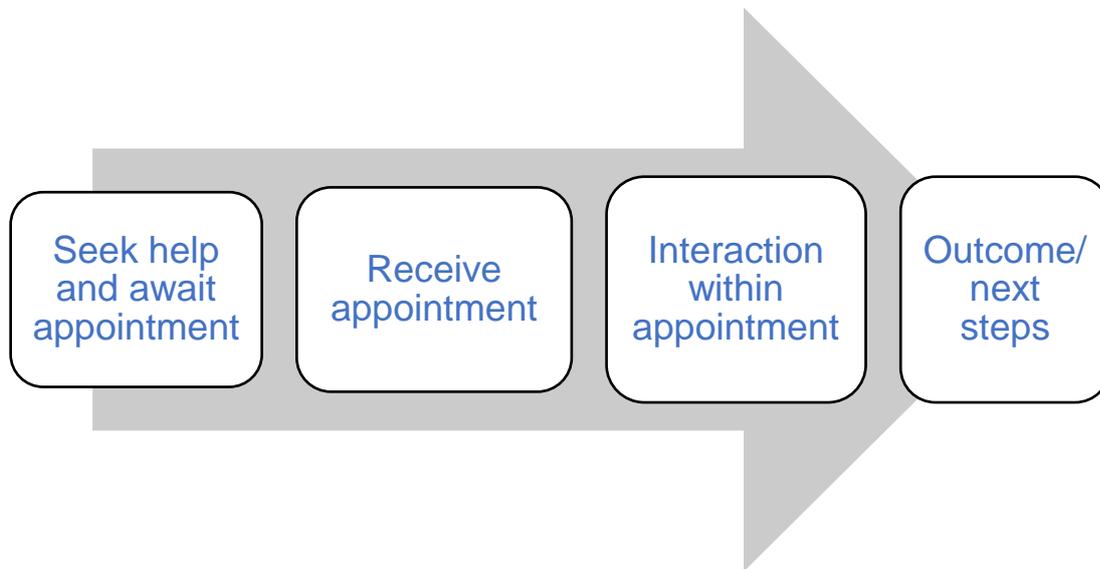
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1. Why do we need mitigation?

Many people perceive the route to attending health care appointments to be a straightforward one:

(Figure 1) **Route to Health Outcome**



However, for those defined under the equality legislation¹ as having 'protected characteristics' there are many barriers to accessing healthcare and healthcare appointments. Without mitigation, many people will experience a route to a health outcome which is often much less straightforward than that described above.

One such protected characteristic is disability. Under the 2010 Equality Act a person with a disability is defined as:

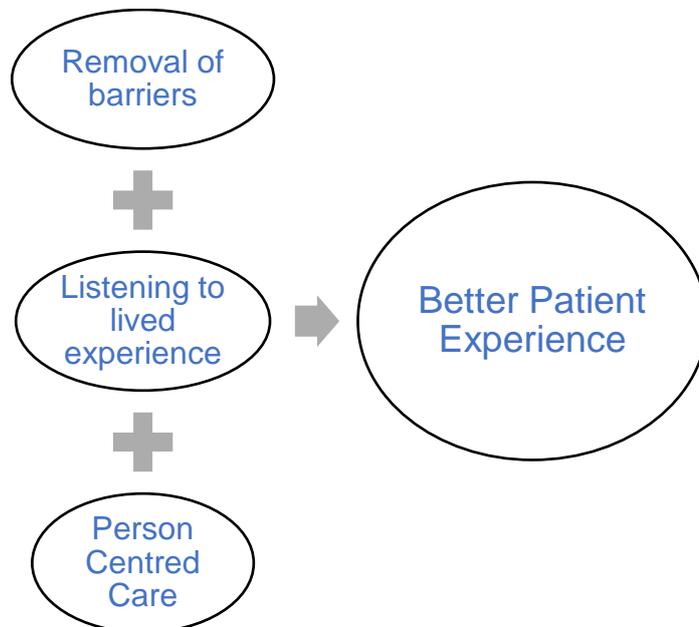
“Someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day”.

This definition is necessarily broad. There are many circumstances where a person requires fuller consideration of their needs to ensure the same level of access to the sites and services within NHSGGC as everyone else.

These ‘reasonable adjustments’ do not necessarily have to be large in scale - that may not always be possible or necessary. A more helpful approach can include the adoption of mitigations which may assist the access required for a given individual.

2. What is meant by mitigation?

Mitigation can be seen as a mixture of things leading to improved experiences:



The following sections provide guidance for supporting people with a range of disabilities. Like all person-centred approaches, focussing on the person rather than an impairment is of crucial importance. No two people will necessarily be the same in their access and support needs. The information outlined is intended to give an overview of what may help.

Always discuss with the person concerned whether they need assistance and what form such assistance should take. Be prepared to deliver services or enable access to services differently to achieve optimum patient experience wherever possible.

3. Mitigation Guidance

i. Autistic People

What is Autism? What is it to be Autistic?

“Autism is a lifelong developmental disability which affects how people communicate and interact with the world”.

National Autistic Society

“Autism is [not] a disorder... it [is] a neurological difference: one with a unique way of thinking and experiencing the world.

What is Neurodiversity & How Does it Relate to Autism?

The above quotes give some indication of the range of opinion which exists when seeking to define Autism or being Autistic. You may often hear the term Autism/Autistic spectrum. This is used to indicate that there is a range of ways someone can experience being Autistic - the experience is different for everyone. Some people will require very little/no support with their day to day life. Others may live in a supported environment and many more will have levels of support somewhere in between.

Commonly, Autistic people may have differences in relation to:

- ✓ Social communication/interaction
 - ✓ Over or under sensitivity to heat, light, sound etc.
 - ✓ Being highly focused
 - ✓ Anxiety
 - ✓ Overload: Meltdown - overwhelmed by current situation, reactions can be outwardly verbal/physical
 - ✓ Shutdown - overwhelmed by current situation, reactions are more passive e.g. going quiet/switching off.
- Information or appointment letters should use clear and simple language. Any medical terminology should be explained, as should any processes to be carried out at the appointment. It is important

to give as clear a picture as possible of what the person can expect to happen.

Information should, where possible, include routes to buildings, clinics etc. from point of arrival at the hospital.

- Where possible, offer the opportunity for a pre visit and additional information to enable an Autistic Person to reduce their anxiety levels about the experience. This will also aid your understanding of what that person needs as well as increasing their understanding of any processes and procedures to be undertaken.
- Any changes which need to be made should be clearly explained to the person as soon as possible. This may give time to enable an Autistic person to process the changes and feel more comfortable.
- Try to give an Autistic Person any outpatient appointments at less busy times of day. This may help reduce stress levels caused in such environments.
- If the entrance to the building noisy, busy or bright, try to offer an alternative way in or a quieter place to wait. For an Autistic Person, this may help reduce stress levels caused by busy environments.
- Speak clearly, give the Autistic person time to process information. If someone is non-verbal do not assume that they do not understand what is being said. Be clear in the language you use and check their understanding.
- Autistic People can be over or under sensitive to light, sounds and smells - give the fullest consideration to the potential sensory needs of an Autistic Person. For example, does the clinical room have adjustable lighting or blinds that can be adjusted? Limiting bright light and/or noise can help an Autistic Person process what is happening and feel more comfortable.
- Explain any examinations or processes to be undertaken during the appointment. If an Autistic Person has a carer, enlist their support but do not talk over the Autistic Person.
- Over-stimulation of an Autistic Person's senses may lead to "stimming". Stimming is a self-regulatory behaviour intended to soothe or steady an Autistic Person. This can take many forms

including humming, rocking, hand-flapping or twisting. It can also go unnoticed by others if it takes a less visible form.

A previously vocal person can also shut down when under stress, becoming less able to communicate.

Do not try to stop an Autistic Person's reactions.

- When the appointment or hospital stay is over, be clear regarding what will happen next, including any timescales and need for follow up.

ii. People with Visual Impairment

Visual impairment can develop at any point in someone's life. There are varying types and degrees of visual impairment and, for some people this can alter or increase over time. It is also worth noting that due to the spectrum of visual impairment, a person may not 'present' with expected visual cues such as dark glasses, a stick or a guide dog.

- Make sure any information required by the patient is in a format which is accessible to them. If you are not sure what this is, ask the person concerned. See also [Clear to All](#) and associated NHSGGC policies.

Actively inform patients of their entitlement to communication support and information in suitable formats.

- Bearing in mind that visual impairment can vary greatly, always ask a person if they require support and the best way to provide this.
- If you call a patient with a visual impairment in from a waiting room to a consultation, please wait for them and ask if they need assistance. Also, tell a person with a visual impairment when you are moving away from them or leaving the room.
- A Guide Dog can accompany patients to appointments. Please do not feed or give attention to the dog while it's working. See the [Assistance Dog Policy](#) for more information.
- Introduce yourself. People with sight loss may not recognise a uniform or badge – explain who you are and what your role is. Also explain any tasks you will be performing. If there is another person present explain why.
- If a person needs guiding, always ask them how they would like to be guided. As a general rule, don't hold the person's arm but, instead hold your arm by your side (held upward at the elbow) and let them hold your arm at the elbow. As you're walking you might tell them where you're going and what to be aware of (for example,

how to avoid any obstacles and when you're going up and down steps).

- When a visually impaired inpatient arrives, tell them about their surroundings so that they know where they are in a room and who/what is around them. Make sure all furniture around their bed and their possessions are kept in the same place so that they know where to find them.
- Make sure that a person with visual impairment is aware when food or drink has been placed in front of them and ask them if they need help. Check with the person if there are any particular methods which may help them e.g. some people may benefit from the 'clock' method (fish placed at 6 o'clock, potatoes/ rice at 12 o'clock and vegetables at 3 and 9 o'clock) or some people may benefit from the use of plates, cutlery and trays etc. in highly contrasting colours.
- Many people are happy to have an identifying symbol on their bed or on their notes so that staff are aware they have sight loss. Ask the person concerned what they would prefer.
- To assist visually impaired patients in getting the most from their medicines talk directly with the person to find a solution to any difficulties they may have to ensure they understand how to use the medications prescribed and the way they are intended to be taken.

iii. Deaf People, People with a Hearing Impairment and people who are Deafblind.

Please note that language can be a contentious issue. For example whilst the phrase “hard of hearing” is often used, many people would prefer the term “person with a hearing loss”.

Whatever level or type of hearing loss a person has, it will have a direct bearing on the barriers they need to overcome and the type and level of support they may require.

- Communicate with patients about their appointments in an appropriate format.
- Some patients may require a British Sign Language (BSL) Interpreter or other language support professional such as a note taker or lip speaker. It is the responsibility of NHS staff to book such support, as necessary.
- By law, we must ensure that our Deaf BSL patients have interpreting support.

You must **always** use a BSL interpreter for your Deaf BSL patient at the following stages –

- on admission - planned or unplanned
- on transfer - between wards or Acute receiving to in-patient ward
- on discharge
- at doctors’ rounds - every day
- at significant nurse interventions
- for pre and post-surgery
- for the entire period of labour in Maternity
- for all ED assessments - including triage

Your Deaf BSL patient must also have interpreting support available to speak to staff for a period of time every day during a hospital stay.

While a BSL Interpreter is present, it is vital that you talk to your patient and agree a plan for how best to communicate with each other at all other times.

This may include accessing BSL Online interpreting support or writing things down. This will be an individual choice. Some Deaf BSL users will not be comfortable with an online service and not all Deaf BSL users can read English - BSL is their first language

For more information on how to book interpreting support, go to the [Interpreting Service web page](#).

Deafness and Communication

- It is important to make sure you have face-to-face or eye-to-eye contact with the person you are talking to - don't move around or turn away.
- Even if someone is wearing a hearing aid it doesn't mean they can hear you - ask if they need to lip-read.
- If you are using communication support always remember to talk directly to the person you are communicating with, not the interpreter.
- Make sure you have the person's attention before you start speaking. If there are several people in a room, don't all speak at once.
- Speak clearly but not too slowly, and don't exaggerate your lip movements - try to articulate well.
- If you're talking to a deaf person and a hearing person, don't just focus on the hearing person.
- Find a suitable place to talk, with good lighting and away from noise and distractions. Don't stand in front of a light or window.

- Use plain language. Avoid jargon and unfamiliar abbreviations. Provide visual aids where possible.

Communication with people who are deafblind

- For further advice regarding communicating with deafblind people including working with Guide Communicators (one to one support for deafblind people) contact;

Deafblind Scotland 1 Neasham Drive, Lenzie, Kirkintilloch,
Glasgow G66 3FA Telephone 0141 777 6111 Mini com 0141 777
5822 Text 07715421377 Email us at info@dbscotland.org.uk

<https://dbscotland.org.uk/>

- Deafblindness can make communicating by speech and writing difficult so alternative forms of communication may be necessary. Speech and writing can still be used, however, depending upon the level of hearing and sight a person has.
- When communicating with deafblind people directly;
 - ✓ Make sure you have the person's attention before trying to communicate with them. Gently touching the top of the person's arm is a common way of attracting their attention without startling them.
 - ✓ It is also good practice to use vibration, for example tapping the floor, table or chair before offering touch.
 - ✓ For those who have some vision and hearing, you should always begin the interaction by first saying the person's name; this should be done at their level and within their visual field.
 - ✓ Clearly identify yourself/your role.

- ✓ Be aware of the environment and adapt the conditions to suit the individual you are communicating with. This will be different for different people, but may include avoiding noisy places with excessive background noise or environments that are visually busy or have poor lighting/overly glaring light, as these can effect concentration.
- ✓ Use gestures and facial expressions to support what you are saying. Repeat phrases or re-phrase the sentence, if necessary.
- ✓ Try writing things down. You might need to experiment with different sizes of letters and different coloured paper and pens. You can also use pictures, photos, drawings or objects in the environment as props to help explain or reinforce what you are saying. Tablets or phones are another good way of offering images to support communication.
- Whichever level or type of deafness a person has, record their language and communication needs (with their permission) so that the relevant information is clearly visible in the person's case notes and/or at their bedsides.

iv. People with a Learning Disability

A learning disability affects the way a person learns new things throughout their life. It can take many forms and is something a person can be born with or acquire later - the experience is different for everyone. Some people will require very little support with their day to day life whilst others may live in a supported environment and many people will have levels of support somewhere in between.

A person with a learning disability may have some difficulty with:

- ✓ understanding/processing information
- ✓ learning new skills
- ✓ looking after themselves or living alone

NHSGGC and other health boards have a legal obligation to ensure they make any necessary reasonable adjustments to services and processes to enable individuals with a learning disability access to health care.

Consider the following:

- Information and/or appointment letters should be in straightforward language. Any medical terminology which needs to be used should be explained, as should any processes to be carried out at the appointment. The idea is to give as clear a picture as possible of what the person can expect to happen.

Information should, where possible, include routes to buildings and/or clinics etc. from point of arrival at the hospital (use of images can help).

- Be flexible with appointment times. Some people with learning disability will find it easier to come to a health appointment at quieter times of the day.
- Many people find waiting for a long time very difficult. Consider more appropriate waiting areas - quieter, less stimulating areas can prevent anxieties.
- Prepare the patient for procedures/interventions. Explain and allow time for questions. Some people may require pre-appointment visits to help reduce any anxiety and to aid understanding. Also, any changes which need to be made should be clearly explained to the person as soon as possible. This may give time to enable them to understand the changes and feel more comfortable.
- Be clear and specific in what you say. For example, instead of saying "Please use the waiting area in reception" say "Please sit on the chair in the hospital reception and wait for the nurse".
- Allow more time to give any explanations of procedures and/or other information. Make sure that the person has understood. Having someone repeat information back to you is insufficient to do this. If, however, someone can explain the information in their own words this may be a better indication of understanding.

- Speak to the person directly (even if they are non-verbal). You can enlist the support or assistance of their support worker/carer but seek their permission before doing so.
- Identify stress triggers and try to avoid them. Use information from family/carers to interpret non-verbal signs.
- Be alert to sudden behaviour change indicating distress or pain. Communication difficulties are often misinterpreted as challenging behaviour.
- When the appointment/hospital stay is over, be clear regarding what will happen next, including any timescales and need for follow up.

v. Physically Disabled People

Ensuring access for people with a physical disability not just about wheelchair access. It is about improving access for people with a range of impairments.

The term “physical disability” is a broad ranging one which can refer to people with various impairments ranging in type and severity. Such impairments can be caused by a variety of conditions such as arthritis, spina bifida or cerebral palsy. They may also be acquired as a result of accident or illness.

There are also less visible but still mobility impacting conditions such as COPD or Chronic Pain. The level of impact may or may not require a person to use a wheelchair or other mobility aid but does mean they need other considerations when supporting their right to access healthcare services.

- Information regarding initial appointments/visits should include routes to buildings or clinics etc. from point of arrival at the hospital (use of images can help). It is vital that physically disabled people are aware of the route to their appointment and its accessibility – e.g.

- ✓ Is it wheelchair accessible?
- ✓ Can guidance or assistance be requested in advance?
- ✓ Are there resting points if a clinic is some distance from the entrance?

- Prepare the patient for procedures/interventions during their hospital stay or clinic appointment. For example:
 - ✓ If someone is to be without their wheelchair or other mobility aid, for some of the time, clear discussion should be had with them regarding how that is to be managed and for how long this may be the case. It is also vital, in such circumstances that electric wheelchairs should be plugged in to charge rather than be left to run out of battery power.
 - ✓ If someone experiences other barriers due to a physical disability, work with them to remove those barriers by listening to their experience and provide care accordingly.

4. Summary

Without mitigation, accessing healthcare and a positive patient experience is often much less straightforward for people with a protected characteristic. Equality legislation requires services to make “reasonable adjustments” to enable access and an equitable experience. Such adjustments do not necessarily have to be large scale or structural, but can be achieved through listening to and applying the lessons learned from patient experience.

5. Appendix

[The Equality Act 2010](#)

[National Autistic Society](#)

[What is Neurodiversity & How Does it Relate to Autism?](#)

[Clear To All – Accessible Information Guidelines](#)

[National Autistic Society – Autistic-friendly guides](#)

[NHSGGC Guidelines - Working with People with a Visual Impairment](#)

[NHSGGC Assistance Guide Dog Policy](#)

[Guiding a Blind or Partially Sighted Person](#)

[Useful Tips for Medication Management](#)

[NHSGGC Interpreting Services](#)

[NHSGGC Guidelines for People who are Deaf, have Hearing Loss or are Deafblind](#)

[What are reasonable adjustments?](#)

[Disability Info Scotland](#)

[Physical and Mobility Impairments](#)

[NHSGGC Powered Wheelchair Scooter Use Guidelines](#)

6. Resources

[How to Access Interpreting Support Wall Chart](#)

[Language Identification Poster](#)

[Tip Cards – Communicating with and supporting our diverse communities](#)

[Equality Law – a Manager’s Guide to Getting it Right in NHSGGC](#)

For more information, guidance and resources, visit www.nhsggc.scot/equalities

You can also contact the Equality & Human Rights Team at equality@ggc.scot.nhs.uk Tel: 07970 006 631