



SCOTTISH EXECUTIVE

Health Department
Directorate of Service Policy and Planning

Primary Care Division
St Andrew's House
Regent Road
EDINBURGH
EH1 3DG

Dear Colleague

DISABILITY DISCRIMINATION ACT (1995): ALLOCATION OF FUNDS TO PROMOTE 'GOOD PRACTICE' IN PRIMARY CARE WITH REGARD TO THE NEEDS OF DISABLED PATIENTS

Summary

1. This circular provides details of an allocation of £1.5 million available to promote good practice by Primary Care contractors in the promotion and fulfilment of the requirements of the Disability Discrimination Act 1995 (DDA) as announced by the Minister for Health and Community Care, Malcolm Chisholm, on 2 December 2003.

Background

2. By 1st October 2004, service providers, including Primary Care contractors, will have to change or make reasonable adjustments to their premises or the way that they provide services so that they are not unreasonably difficult for disabled people to use in order to comply with the requirements of the Disability Discrimination Act (1995). A commitment to compliance was made by the Scottish Executive Health Department in *Our National Health – A Plan for Action a Plan for Change*.

17 December 2003

Addresses

For action
Chief Executives,
Primary Care NHS
Boards and Trusts

Enquiries to:

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Our ref: AUR/1/18



3. In order to:

- a. increase awareness amongst NHS Boards and independent contractors of the needs of disabled people when accessing Primary Care services and,
- b. encourage the adoption of constructive strategies to address these needs,

an Awareness Seminar, sponsored by SEHD, was held at Edinburgh International Conference Centre on 2 December 2003 at which the Minister for Health and Community Care, Malcolm Chisholm MSP, announced that £1.5m was being made available to help Primary Care contractors make reasonable adaptations to the needs of disabled patients.

Detail

4. The accompanying Annex gives details of the allocation of the funds now being made available. Funds are provided to specifically target awareness amongst contractors of, and address the access needs of, disabled patients in Primary Care and are to be ring-fenced for that purpose. The funds are being made available for a two year period starting financial year 2004/5.
5. Addressing the requirements of the DDA poses different challenges to different contractors and NHS Boards/Trusts. Whilst compliance with physical aspects should be designed into new buildings, most existing premises have needed, or will still need, some adaptation to meet the requirements of the Act. Creative thinking of how to improve the journey for disabled patients is needed. The majority (2/3rds) of these pump priming funds are therefore being made available as **capital** to augment other available funding to enable exemplar solutions to generic problems to be progressed locally.
6. However, a clear message to emerge from the Seminar was that significant improvements can be made to improve service access for disabled people in ways they themselves appreciate, by so called 'beyond the doors and ramps' thinking. Those emerging as common themes from the Awareness Seminar included:

- Awareness Training – to raise awareness amongst NHS staff and contractors not only of DDA requirements but also of how to meet the spirit of the Act in cost effective ways, e.g. by
 - improving signage,
 - providing hearing loops and ensuring that all staff know how to use,
 - improving décor to help the visually impaired,
 - enlarging font size for communications to patients to at least size 14 in a ‘sans-serif’ style (as for example in this Circular),
 - tagging patient records to identify any special access needs, etc.

If staff are made aware, they can often identify changes that can be made which are relatively inexpensive but which have maximum impact.

- Involvement of User Groups – these can provide invaluable information, feedback and advice. They may constitute patients, staff, charities, disability advisors, etc and can help prioritise what areas need addressed and what action would bring the most benefit to the most people.
 - Communication – the existence of a Disability Advisor within NHS Boards/Trusts helps aid communication by providing a point of contact, who in turn can contact interested parties and organisations including the Disability Rights Commission, thereby enabling effective partnerships delivering effective solutions that make a real difference to patients.
7. As a consequence, therefore, although capital to revenue transfers cannot be guaranteed NHS Boards who wish to do so may request a capital to revenue transfer for the capital elements identified in the allocations in the Annex to pursue any/all of these approaches in conjunction with their local contractor organisations. Requests for capital to revenue transfers should be made by 30 January 2004 to:

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8. Further information and useful links can be found on the SEHD DDA website at <http://www.show.scot.nhs.uk/hddda/>

Action

9. NHS Boards/Trusts should:

- ensure that this notice is brought to the attention of all appropriate staff within their organisation and all LHCCs and contractors,
- ensure that a copy of this letter is made available to the GP sub-committee of the Area Medical Committee, the Area Dental Committee the Area Pharmaceutical Committee and the Area Optometric Committee,
- involve all in disbursement plans for the funds now being advised in this Circular with a view to targeting investment in areas where optimal benefits to disabled patients can be achieved.

Yours sincerely



DR HAMISH WILSON
Head of Primary Care Division

