

# Fair For All- Disability Response to Scottish Executive Consultation on Draft Quality Standards for Adult Hearing Rehabilitation Services

## 1. Introduction.

Fair For All-Disability is funded by the Scottish Government's Health Directorates and from April 2007 is now based within NHS Health Scotland. Fair For All- Disability was established under Fair For All- The Wider Challenge and is part of the Scottish Government's equality and diversity agenda. Our aim is to promote disabled people's access to the NHS in Scotland. To further this aim we offer health practitioners general advice on the Disability Equality Duty, and specific guidance on complying with the Disability Discrimination Act (DDA) 1995, particularly with respect to Part 3, which prohibits discrimination against disabled people in accessing goods, facilities or services.

As of October 2006 we published guidance for Health Boards which shows them how to not just meet the requirements of the DDA 1995 Part III, but which allows them to go beyond merely complying with the law. This guidance is entitled 'Achieving Fair Access: positive action, real change' and can be down loaded from our web site at [www.fairforalldisability.org.uk](http://www.fairforalldisability.org.uk)

NHS Health Scotland is Scotland's health improvement agency and is a national Board within NHS Scotland. NHS Health Scotland's overall aim is to provide leadership and work with partners to improve health and reduce health inequalities.

Fair For All-Disability in partnership with NHS Health Scotland welcome the opportunity to respond to the consultation on Draft Standards for Adult Hearing Rehabilitation Services. Fair For All-Disability will frame its response on the issues that it feels are pertinent to disabled people and thus will not necessarily answer all the questions set in the review paper.

## 2. Legal Context

### Disability Equality Duty

The disability equality duty became law in December 2006. The Duty is divided into six parts:

- the need to eliminate discrimination
- the need to eliminate harassment of disabled people
- the need to promote equality of opportunity between disabled and non-disabled people
- the need to take steps to take account of disabled people's disabilities, even where that involves treating disabled people more favourably than other people
- the need to promote positive attitudes towards disabled people
- the need to encourage participation by disabled persons in public life.

NHS Boards and other public bodies have a specific duty to prepare and publish a Disability Equality Scheme setting out how they will meet these duties under the Disability Discrimination Act 1995 as amended. They will have to produce action plans each year detailing the specific steps they intend to take to achieve the duty. This includes setting out how they will monitor and assess the impact their policies and procedures will have on promoting disability equality. They will also have to report annually on what steps they took and what change they have achieved. In essence, the duty requires public authorities to design out discriminatory practices at the start of any policy planning process. This will have clear implications for the development of quality standards to govern the provision of adult hearing rehabilitation services.

## 3. Evidence of discrimination in sector

There is a wealth of evidence indicating that disabled people experience discrimination when accessing health services. The DRC has published the findings of a Formal Investigation in England and Wales into the physical health inequalities experienced by people with mental health problems or learning disabilities. Findings from this investigation show that people with learning disabilities, especially more severe learning disabilities, have much lower rates of cervical screening, mammography and other routine tests than other citizens. Over half of those who responded to the DRC consultation said that as people with a mental health problem or learning disability they faced difficulties when trying to use the service provided by their health centre or doctor's surgery. A small number reported not being registered or being struck off a GP's list, for instance for being 'too demanding'.

In addition FFA-D undertook a baseline survey of all Scottish Health Boards in 2004, to ascertain what extent of knowledge existed within the NHS in Scotland of Part 3 of the DDA 1995, which prohibits discrimination against disabled people with respect to the provision of goods and services. The results from this survey indicated that knowledge of the DDA 1995 was poor. It can therefore be assumed that this lack of knowledge of the DDA has resulted in disabled people experiencing difficulties when accessing health services, and as a consequence FFA-D have published guidance for the NHS in Scotland on mainstreaming disability.

#### 4. Fair For All- Disability Response

Fair For All- Disability is pleased to provide the following general and specific comments on the consultation paper.

The document acknowledges the prevalence of hearing loss within adults in the Scottish population and recognises that as an aging population the proportion of the population with hearing loss is likely to increase. As hearing loss will affect more and more people and as it is such a debilitating condition which in many cases can be easily overcome, audiology services should be given greater priority within NHS planning and spending.

It is recommended that references to the word 'handicapped' which are found throughout the document, be removed from the paper as this is outdated terminology which is almost certain to cause offence to many.

There is no reference in the paper to any policies with respect to the provision of hearing aids to blind or partially sighted people. In the past there has been a policy that visually impaired people who require a hearing aid receive two hearing aids from the NHS even if the hearing impairment only occurs in one ear. It is recommended that the document clarify what the policy is now to be with respect to visually impaired people receiving two hearing aids as a matter of course.

It does not appear that to date, the draft standards have been equality impact assessed. It is recommended that a full equality impact assessment is conducted.

It is uncertain as to what extent service users have been involved in the compilation of these draft standards. It is recommended that service users of adult rehabilitation services be involved in the final development of these standards. The Disability Equality Duty requires public bodies to involve disabled people in developing and delivering services and such involvement could be carried out during the equality impact assessment process.

#### Standard 1a and 1b

The standard refers to waiting times for audiology services as being the same as any other specialism. The document should set out exactly what the expected waiting time is to be between GP referral and audiology appointment and patients should be guaranteed an appointment within this time period.

#### Standard 1c

The waiting times in this standard on access to hearing aid repair and battery replacement clinics are welcome, but it is questioned whether NHS Boards are able to meet this standard without

devoting extra resources to audiology services. The standard should contain guidance on the mechanisms Boards should put in place to allow service users to contact the repair clinics to book appointments. To ensure that contact methods are fully accessible to a range of people it is recommended that service users should be able to make appointments for the repair service in person, by phone, by text message or text phone or in writing. The standard should include a reference to Boards putting these contact methods in place.

## Standard 2

The criteria within this standard is welcome. However the criteria could be more explicit with respect to making reference to written information that is accessible. It is recommended that examples are provided of accessible formats of written information within this standard which could include written information reproduced in British Sign Language (BSL) in print and on dvd, in large print and Braille.

## Standard 5

Standard 5b, iii, indicates that 98% of existing service users, who need and are clinically suitable, will be offered bilateral hearing aid fitting within 3 years. While this is encouraging three years is a long time for a service user to wait for an additional hearing aid when it is recognised that they would benefit from using a hearing aid in both ears.

Standard 5c, I, states that hearing aid users are to be advised that a review appointment will be offered to all hearing aid users following hearing aid fittings within three years, and that interim support is available upon request. Interim support should be defined as it is uncertain whether this comprises an audiology appointment, an ENT appointment or if this refers to the hearing aid repair clinic. If interim support is defined as an audiology appointment then the standard should stipulate how service users are to go about obtaining an appointment and the waiting times

service users should anticipate between requesting an appointment and receiving one.

## Standard 7

Standard 7 which outlines competencies for audiology staff and volunteers should include a requirement for all staff, not just frontline staff, to receive disability awareness training which includes details of how to communicate with both hearing and visually impaired people as well as all other disabled people. It is particularly important that practitioners understand the communication needs of hearing and visually impaired people as many patients presenting at audiology services will experience dual sensory loss and thus will have both of these impairments.

## Quality Rating Framework Standards

The section on the Quality Review Framework would benefit from giving greater explanation of how the standards in this section are to be used. The paper does state that these standards are for practitioner's self- assessment but it is questioned whether there is a mandatory requirement for practitioners to conduct this self- assessment and if this is the case, then who collates the information gained from Boards' self assessments?

## 5. Conclusion

The draft quality standards for adult hearing rehabilitation services are very positive and welcome. They would however benefit from involving service users in the final development of the standards and from a full equality and diversity impact assessment being conducted.