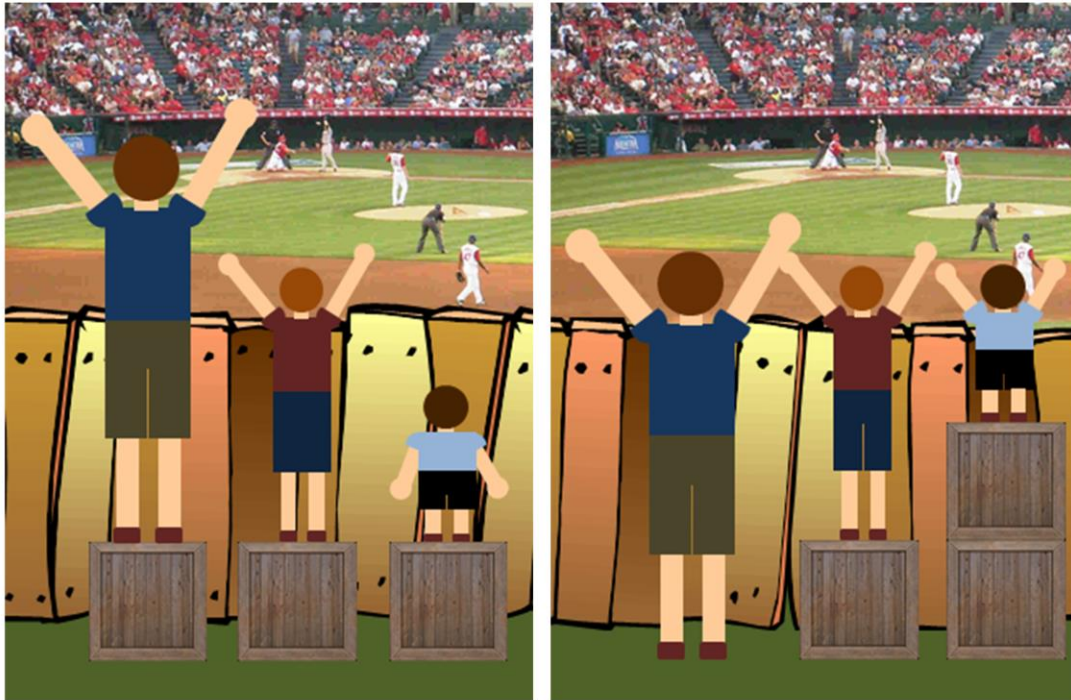


Dr Hannah Brown
Northumbria Primary Care
NHSE

Reasonable Adjustments



Equity not Equality

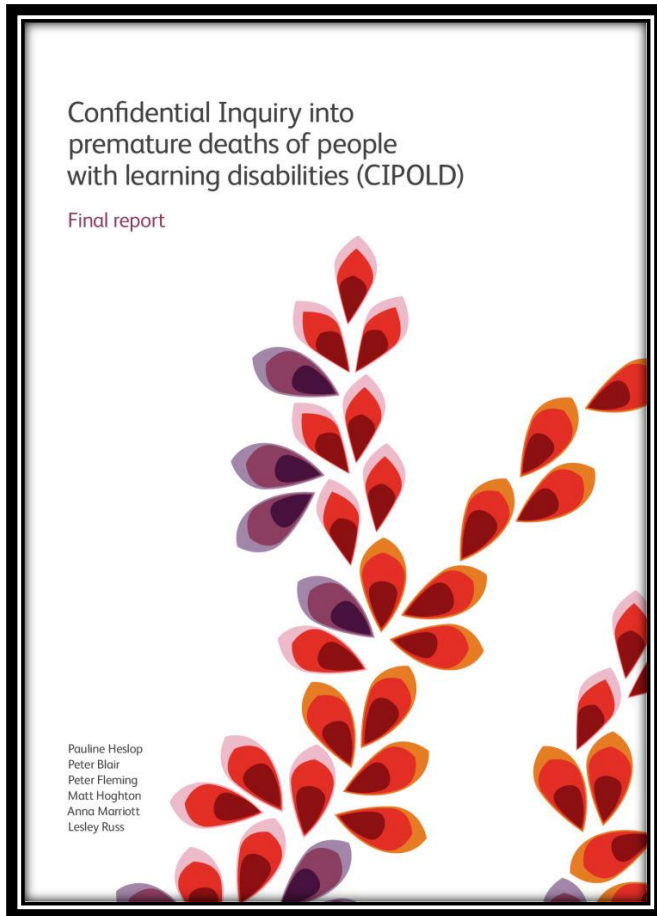


**“You have the right to receive care and treatment that is appropriate to you, meets your needs and reflects your preferences.”
(NHS Constitution)**

Reasonable Adjustments

- Under the Equality Act 2010, **all disabled people have the right to reasonable adjustments when using public services, including healthcare.**
- These adjustments remove barriers that disabled people would otherwise face in accessing these services.
- Making reasonable adjustments means ensuring disabled people have equal access to good quality healthcare

How do we know this is important?



2008 report called Healthcare for All

- Important numbers from this report:

- Men with learning disabilities died, average, **13 years sooner**
- Women with learning disabilities died, on average, **20 years sooner**
- **22% of people who died were under 50** when they died
- **38% of people with a learning disability** died from an **avoidable** death compared with **9%** in people without

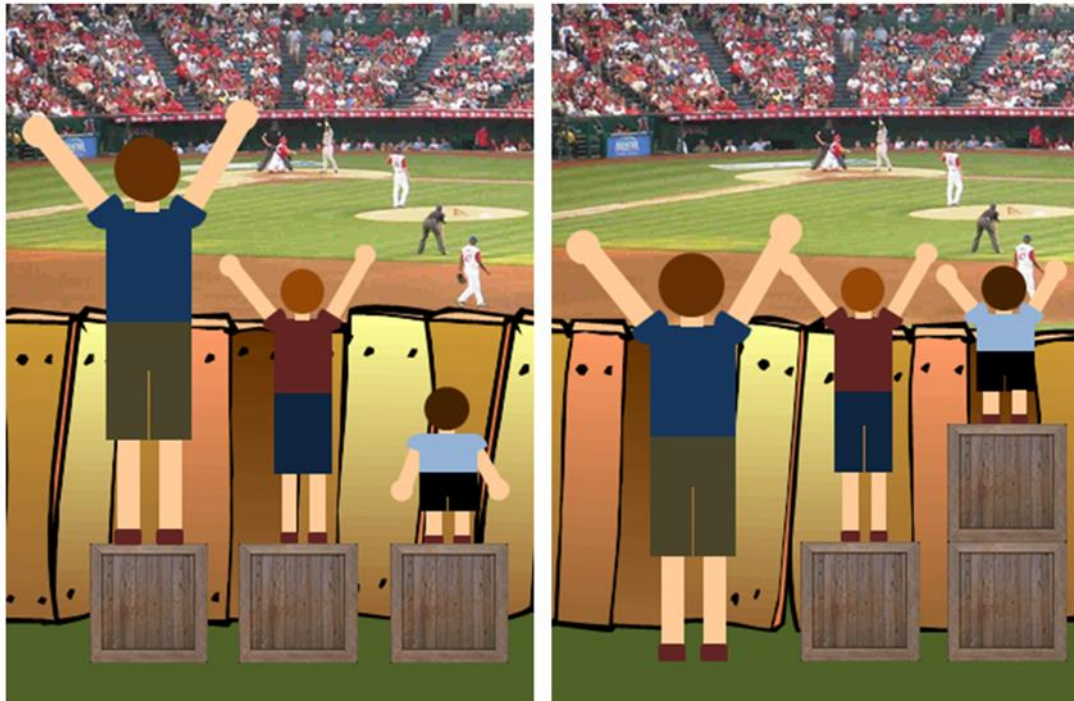
What Is the Government doing about this?

- The report was looked at by the government who released a document to explain how they intended to act on the findings

- There were 18 areas in which there could be improvement: the first two are about Reasonable Adjustments

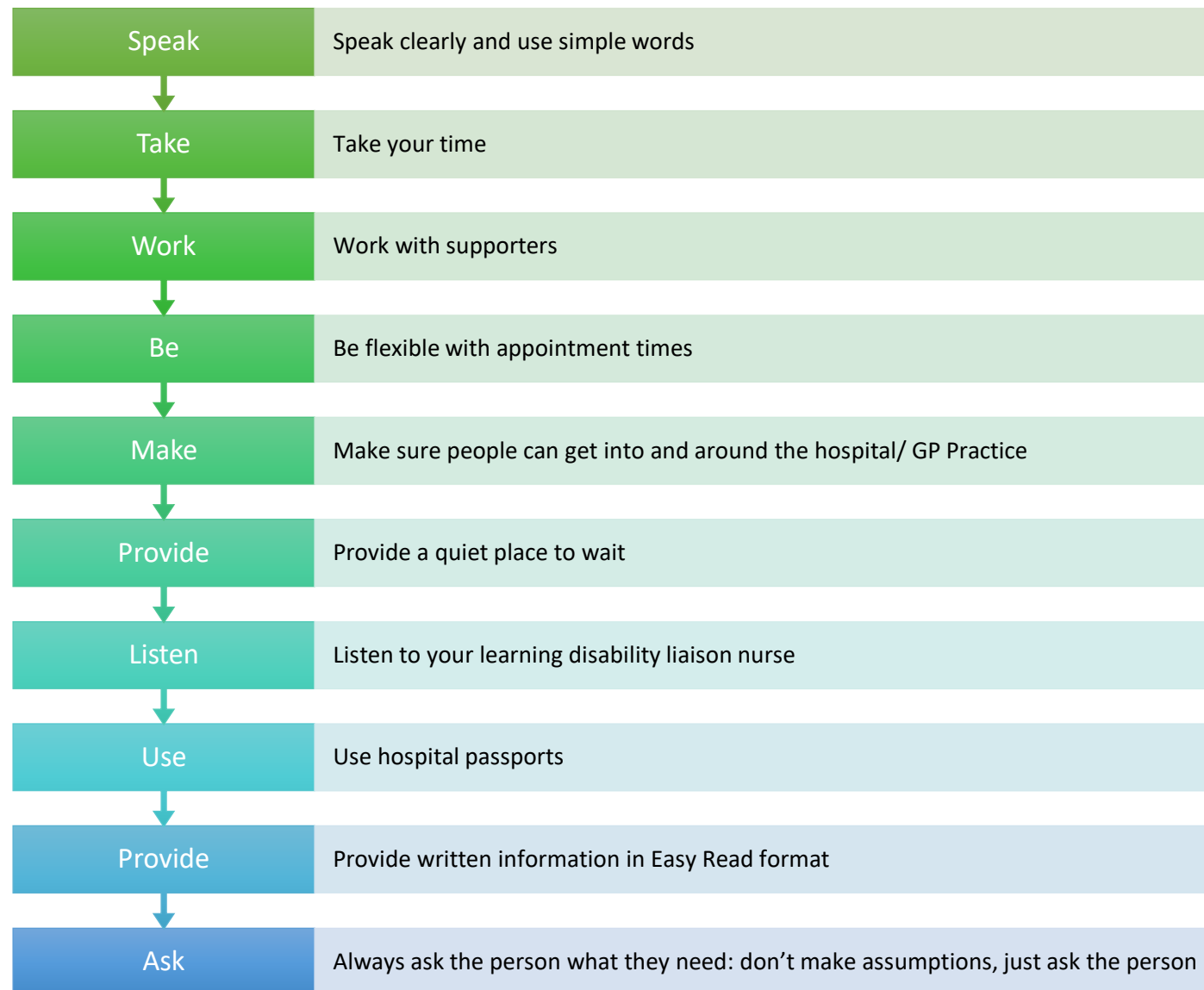


What are Reasonable Adjustments?



- Equity not Equality
- Reasonable Adjustments are needed depending on “impairment or disability”, a diagnosis is NOT needed
- They are there to make access FAIR – which can only be the case if make adjustments

Top 10 Reasonable Adjustments (Mencap)



How are we going to make this happen?



The Law

- The law called the **Equality Act 2010** means we **MUST** do everything we can to help make sure that people with disabilities or big difficulties can access care **more fairly**.
- It says we need to ask about and share Reasonable Adjustments **before** people access care



NHS Long Term Plan and Information Standard

- We have a plan on how to do this and a Standard has been published (a document that says what must be done)
- Flag on all records of patients to indicate they have a Learning Disability or are Autistic

What have we done so far to look at this?



We need to know what this really important information about people is and to **be able to see it every time** a person needs to get care, wherever they are



Reasonable Adjustments should be known about before people go for care, not much later. If we share this information properly, we can make sure that: **what one person knows → everyone knows.**



Since 2018 we have been working with teams across the country to test ways of gathering this information and sharing it so that people don't have to repeat it every time

Will this make a difference for MY patients or for ME?

Report



How many people will this really affect though?

28% people in England (ONS 2019)

2021 LeDeR (Learning from Life and Death Review)

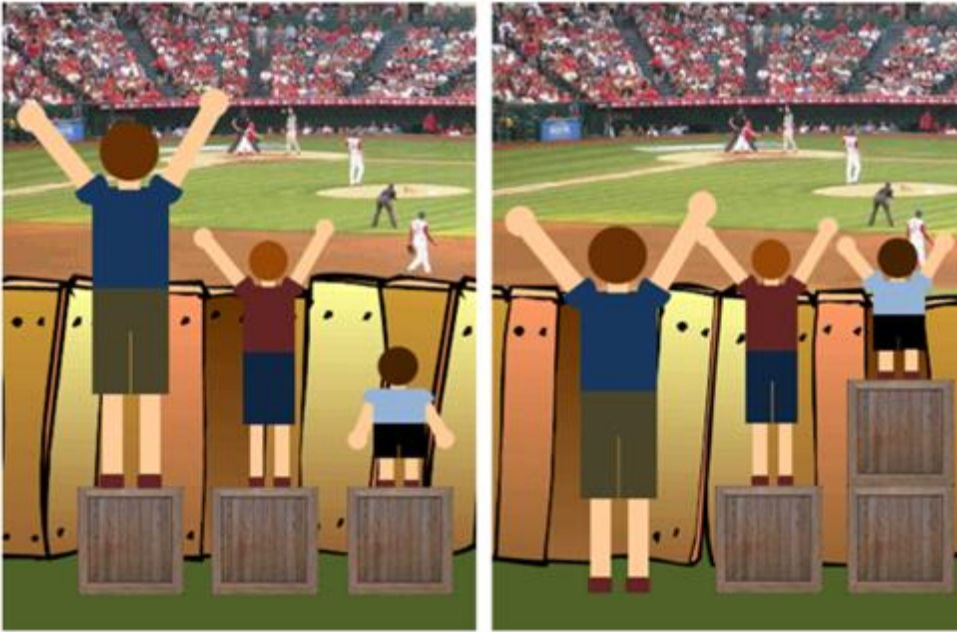
report :

- **6 out of 10** people with a learning disability died before they were **65** (1 in 10 in general population)
- **49% deaths avoidable** (compared with 22% in general population)

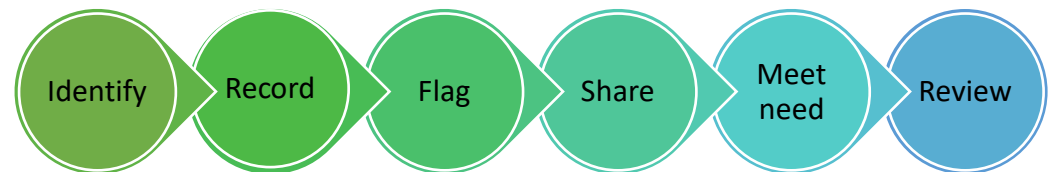
Will it really make much of a difference to my patients?

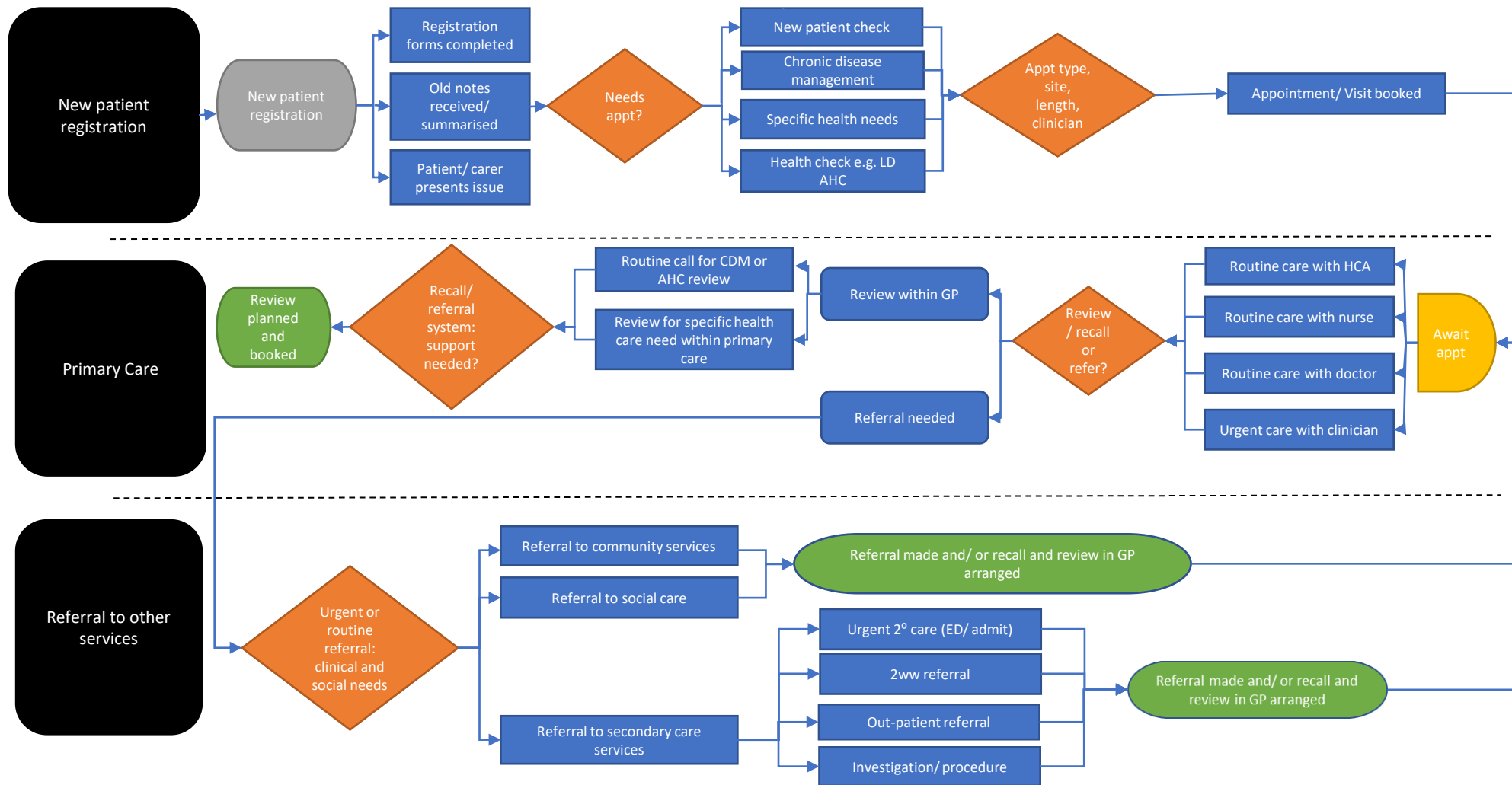


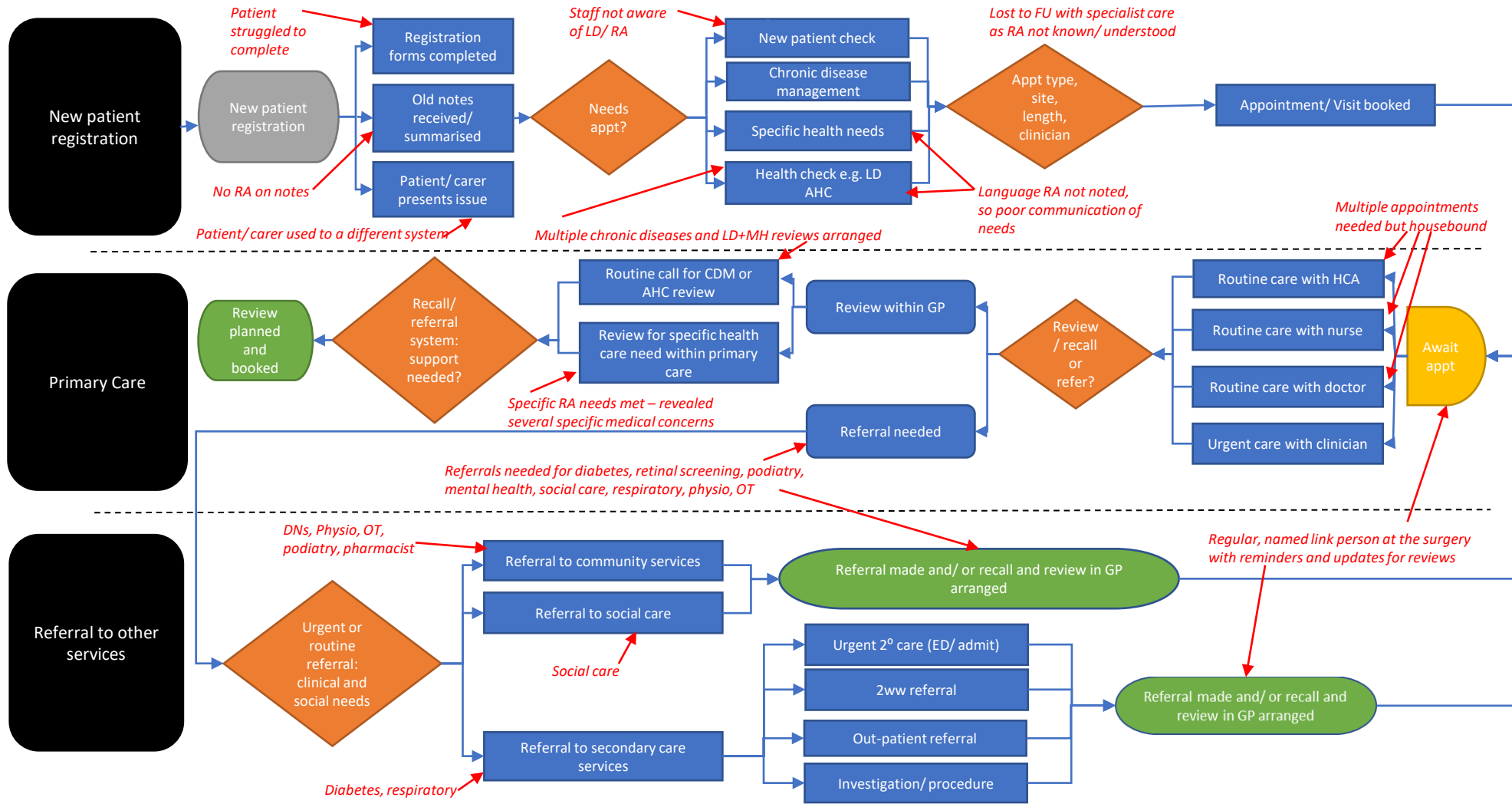
Case Study – navigating the system



- Patient B
- Lost to the system, not able to access care
- Was his access to care fair?
- What if we thought about Reasonable Adjustments and flagged these?







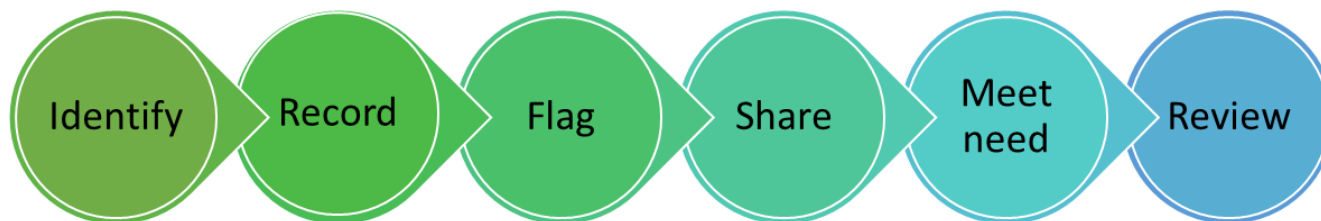
What will health and social care organisations need to do?

PHASE 1

Phase One

Working in **local** organisations with the patients *we know*

1. *Identify those who have disability or impairment (NB NEED not WANT)*
2. *Six step Reasonable Adjustment Process*



Phase	Expectation	Integration
One	Identify patients with disability and complete the 6-step process for Reasonable Adjustments within the organisation	Local implementation and sharing of information via currently available routes

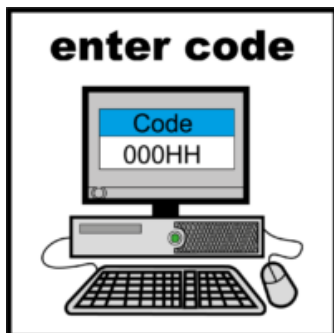
What will organisations need to do?



Firstly, we need to find the right people who might need adjustments, then we carry out the 6-step process

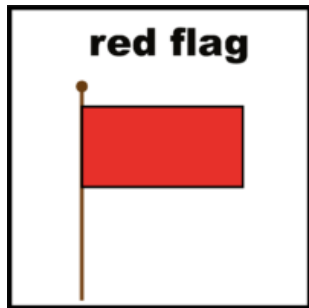


1. **Identify:** we need to ask people and their carers “what Reasonable Adjustments would help you?”

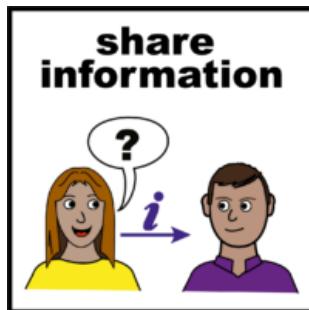


2. **Record:** we need to write it in the notes, and we need to use computer codes

What will organisations need to do?



3. Flag: We need a clear marker on records that is easy to see, so that everyone who might need to know understands and can try to make adjustments.

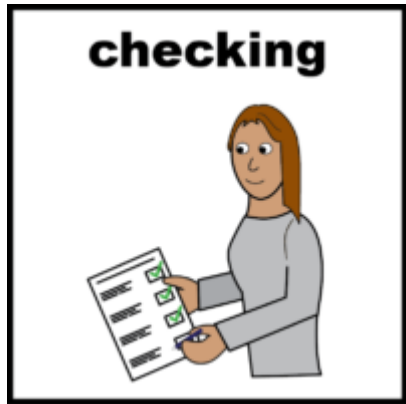


4. Share: we want to make sure that this important information is shared with everyone who needs to know.



5. Meet: we need to think about what changes we might need to make to try and meet everyone's Reasonable Adjustment needs

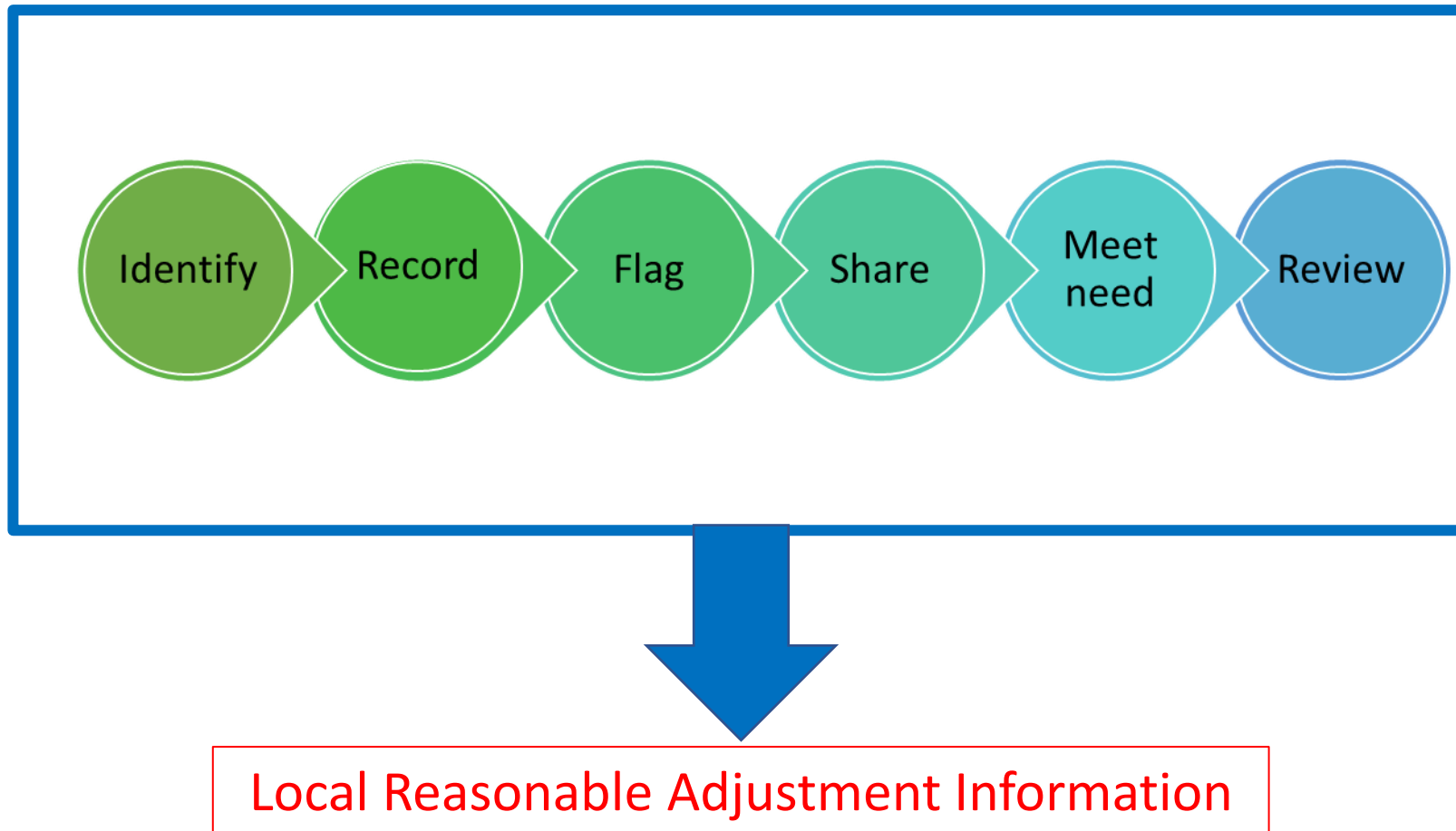
What will organisations need to do?



6. Review: We need to review what we have written in notes: people change so what they might need might change too

- **We need to check** that the adjustments on the Flag are what are needed *at this time, in this place*
- We need to make sure that if changes are needed, we make the changes to the Flag so that everyone else can see the most up to date adjustment information

So, we've worked with our patients and carers...
what next?

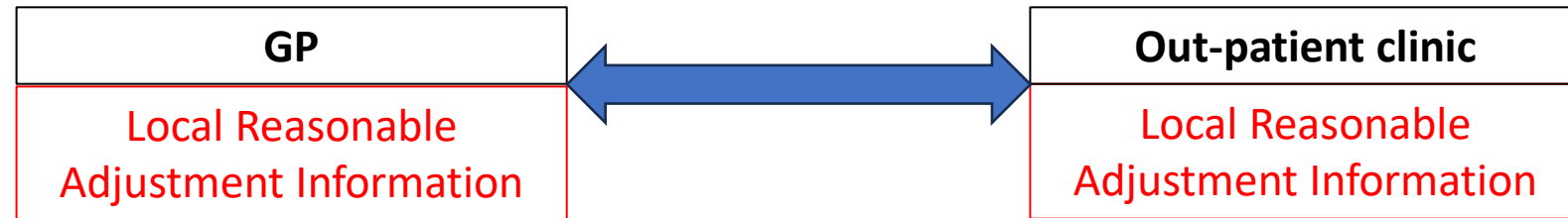


So we've worked with our patients and carers... what next?

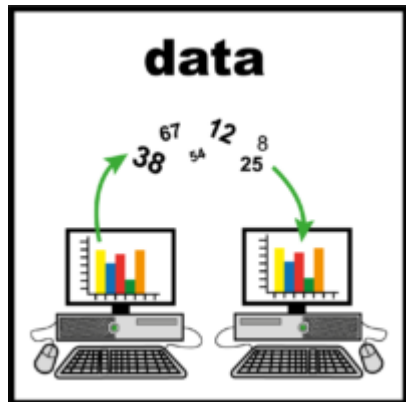
PHASE 2

Phase Two – sharing the information by using the computer system

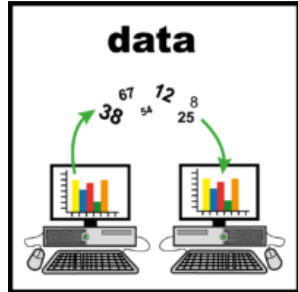
To do this properly, we need to share this really important information in an automatic way



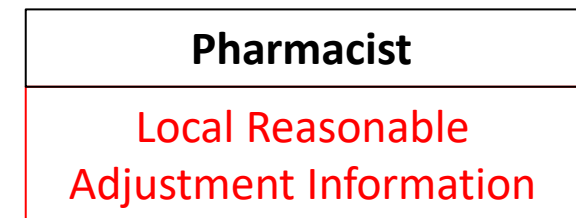
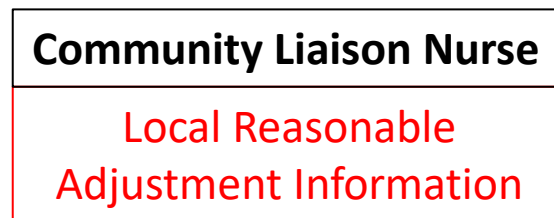
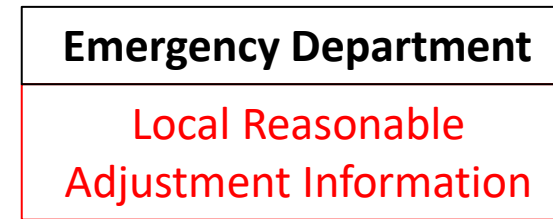
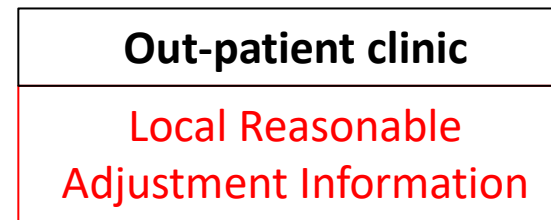
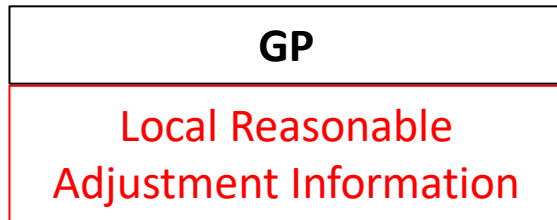
We need to share it on all the computers that all the health and social organisations use



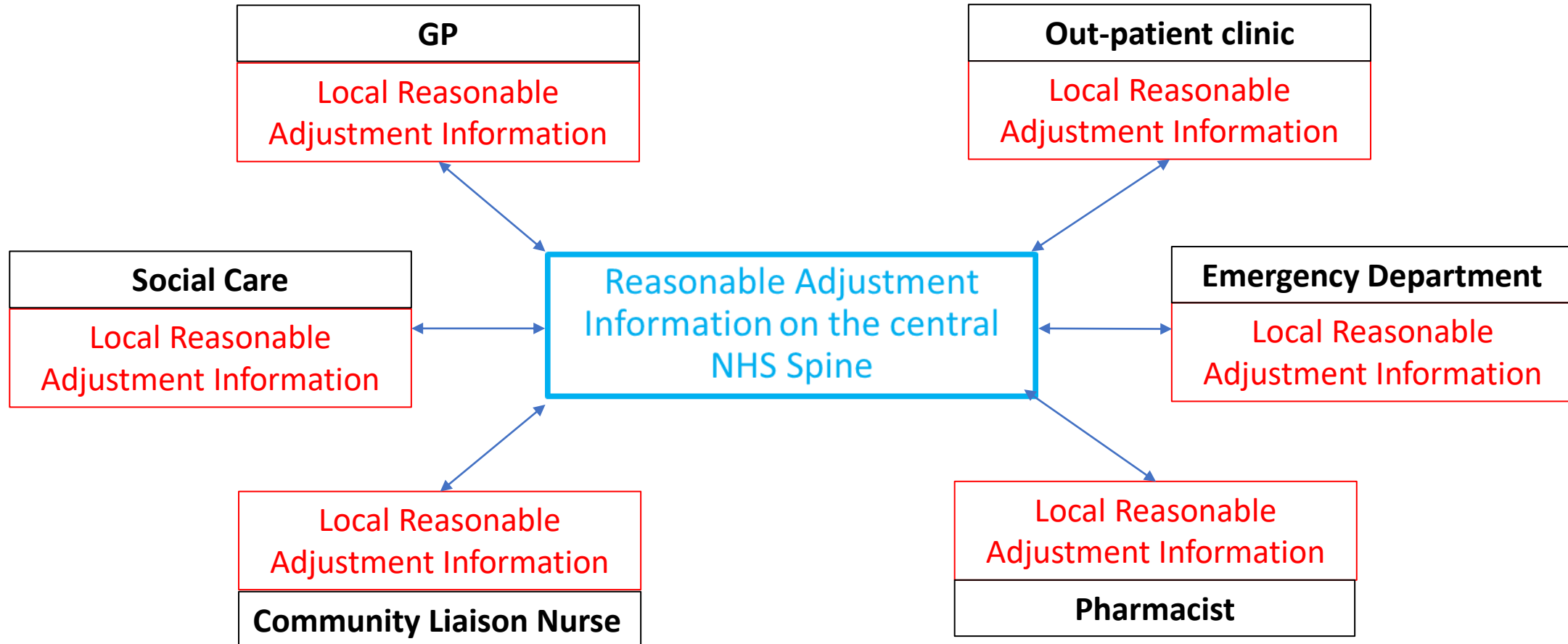
So we've worked with our patients and carers... what next?



Often there is a lot of information we could share, but we can't because the systems we use don't talk to each other very well



So, we've worked with our patients and carers... what next?



Sharing on the RADF – automatic linkage with your computer system: the hub and spoke model

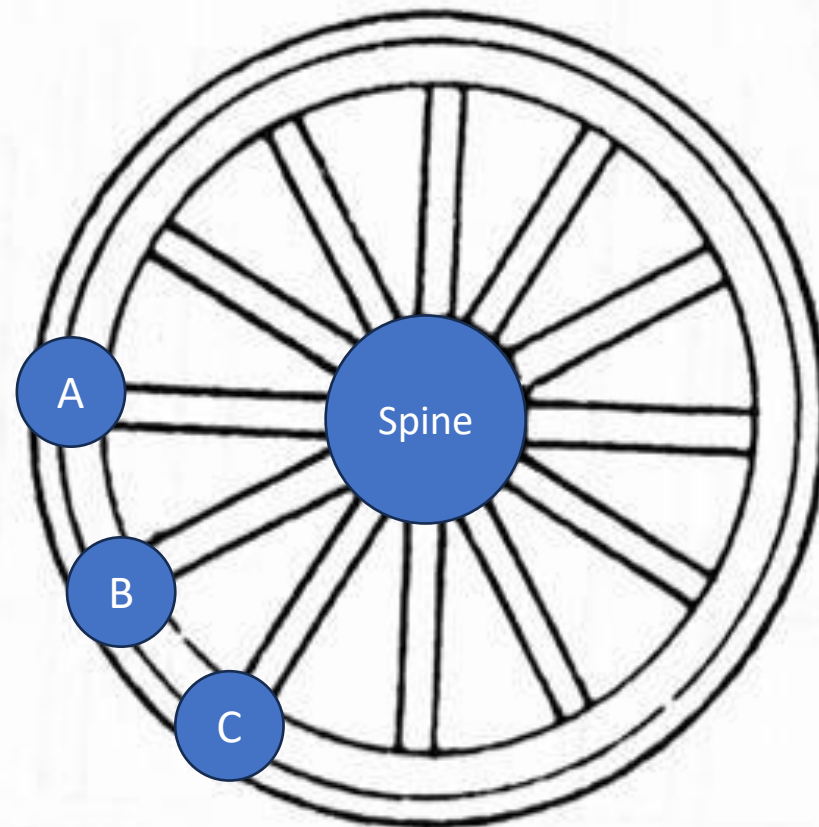


Think of the computer systems in health and social care as being linked like a hub and spoke model.

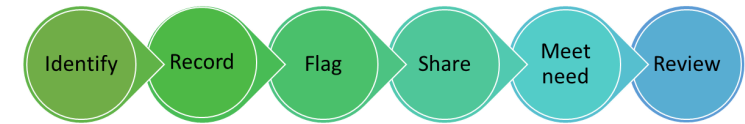
A, B & C represent organisations (e.g. a GP surgery, A&E, a dentist)

The centre is the national spine

Communication between the spokes and the hub occurs via a digital link called an API



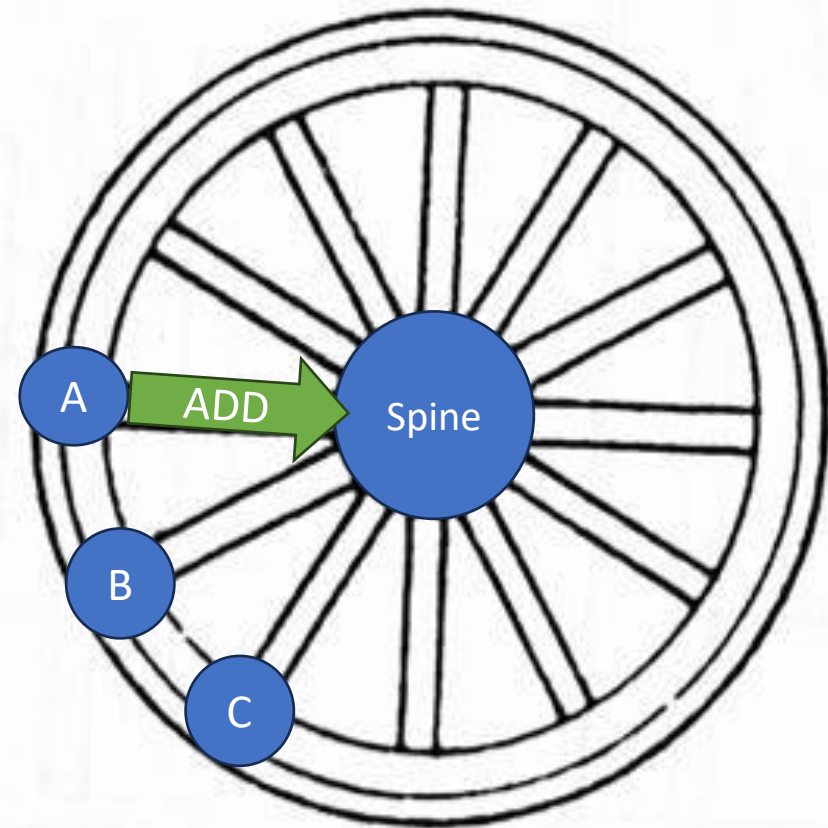
Sharing on the RADF: how the information is shared

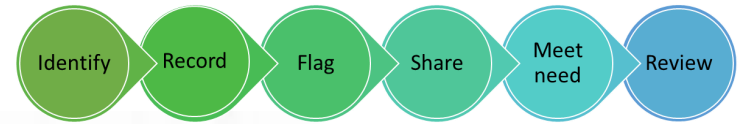


“ADD” function of the API

Organisation A realises the need for a reasonable adjustment

The ADD function allows them, with consent or by a best interest’s decision, to share this with the spine



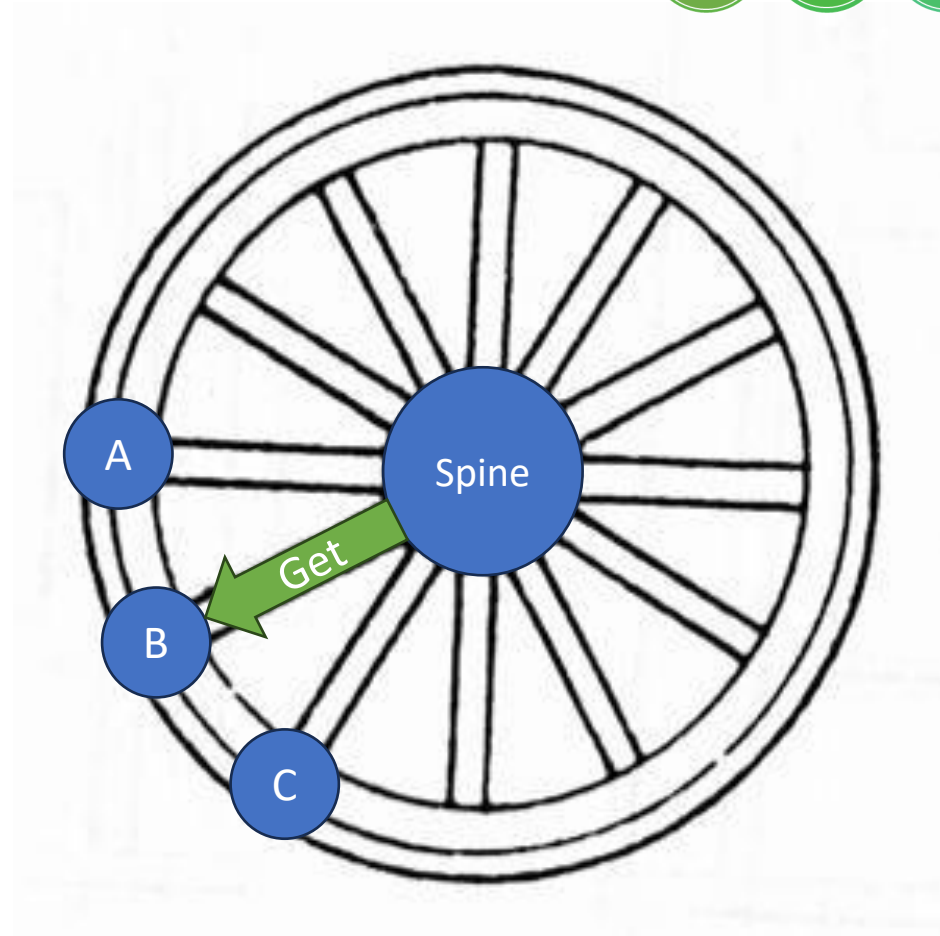


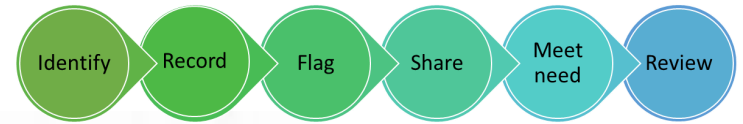
“GET” Function of the API

Organisation B is reviewing a patient, and the digital system checks the spine to see if anyone has recorded an adjustment.

This information becomes visible to a health or social care professional working at Organisation B, as a Reasonable Adjustment Flag, on their normal computer system

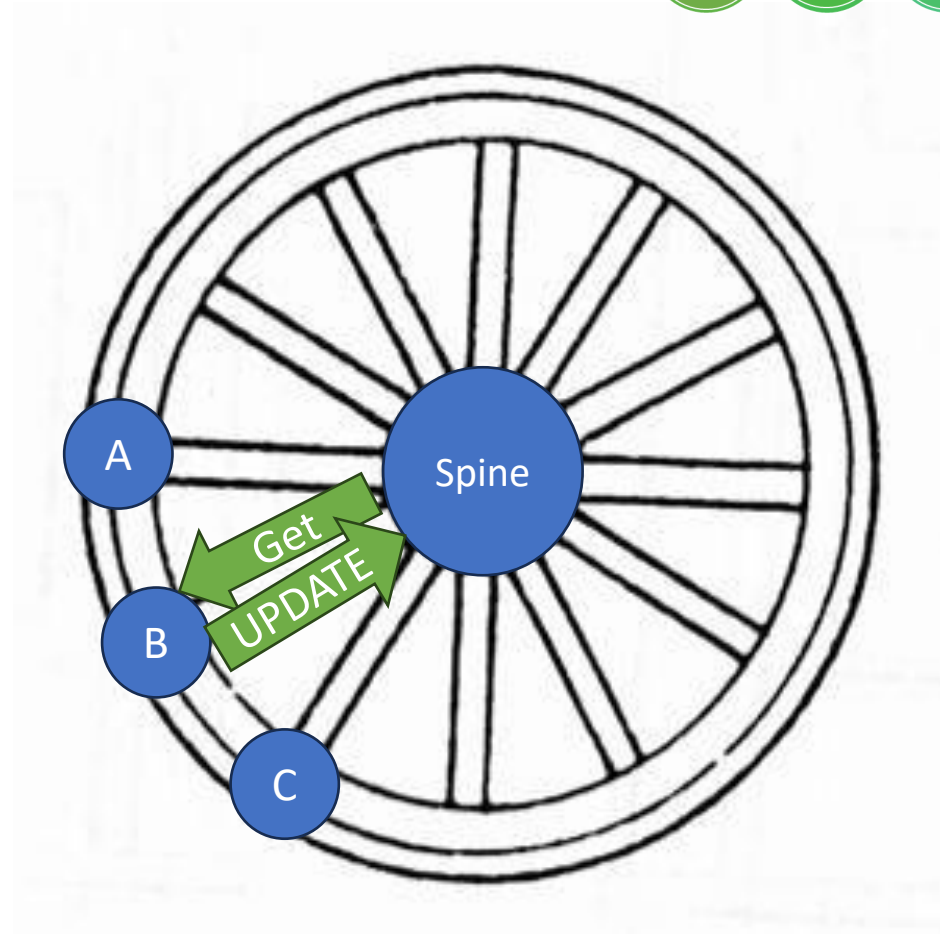
In this scenario organisation B will have the information organisation A added

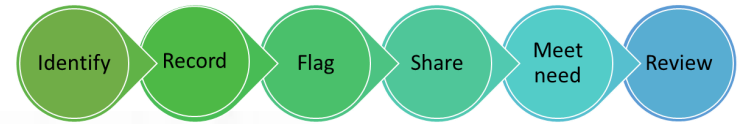




Update API

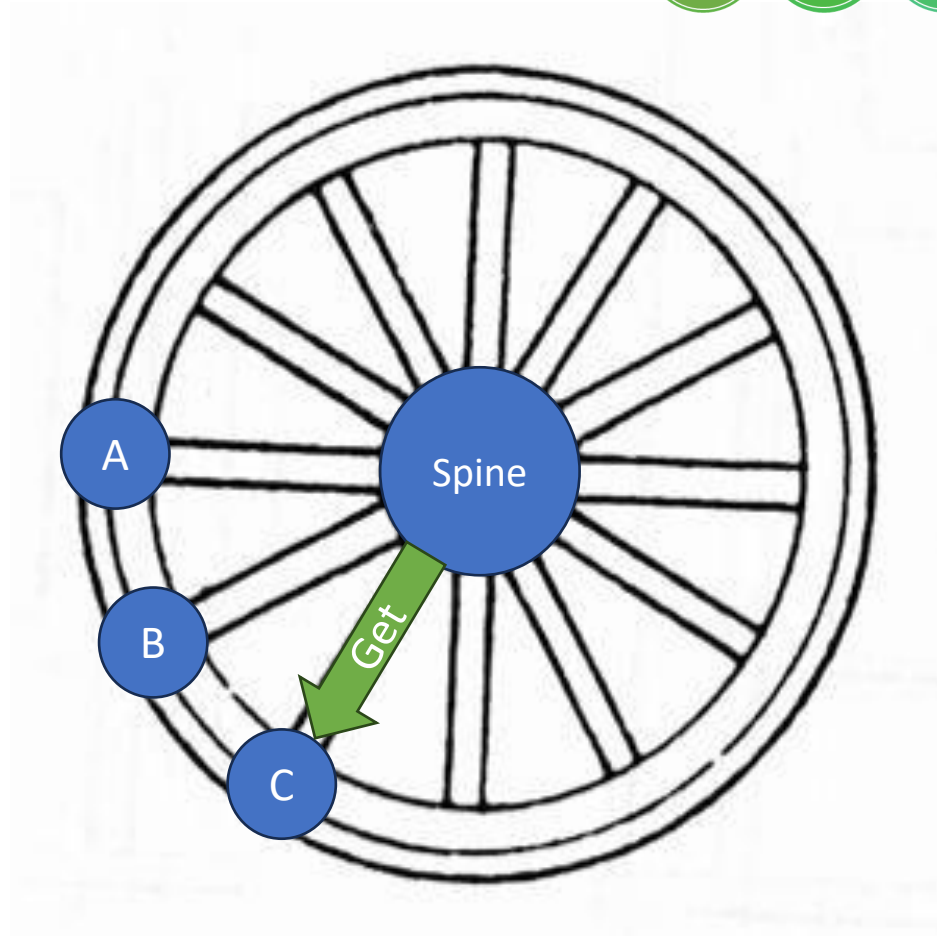
Organisation B realises there is an additional adjustment needed. The UPDATE function allows the central record to be updated with the additional detail or changes, so that the information on the Flag best meets the current needs of the patient



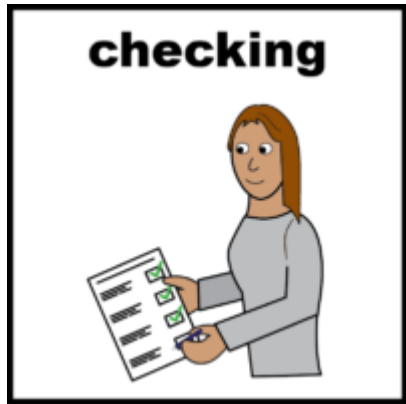


Summary

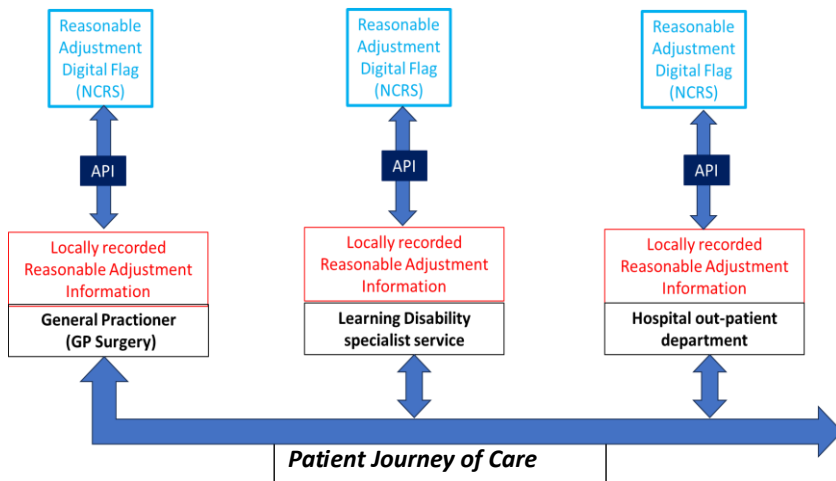
Organisation C now get the adjustments recorded by organisations A & B. This information will now be visible on organisation A, B and C's systems as a visible Flag



So we've shared that information on the Digital Flag...what next?



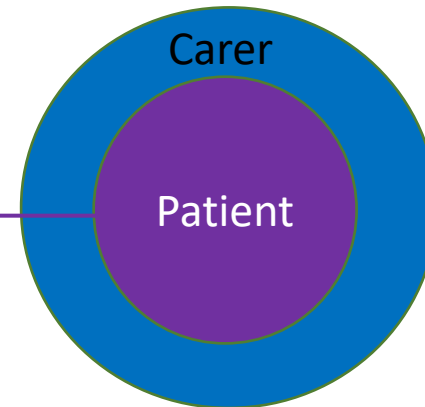
- The information will then be available to see and share in each place of care.
- The people working in each organisation will need to read it, check it and act on it. It is important to remember that it may need to be updated, new things added or maybe removed.
- We need to make sure we do this **each and every** time, just like we check dates of birth and allergies.



Impact for the **Person: the human at the centre**

Patients

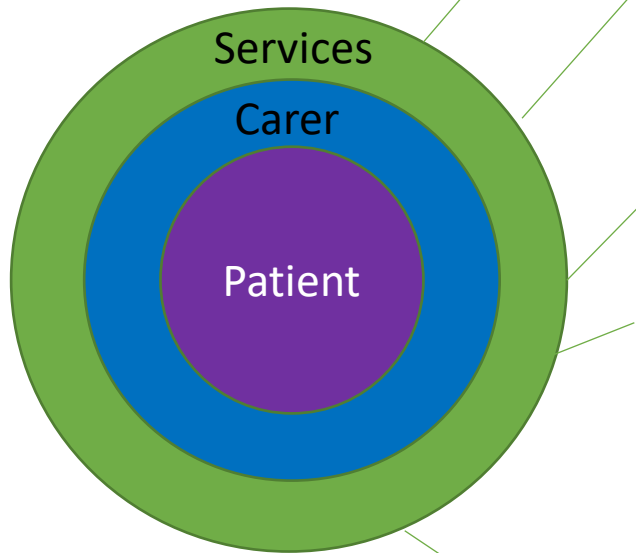
- **Equity not equality**
- **Seeing diversity not difficulty:** normalising RA
- **Visibility:** effectiveness and acceptance
- **Respect:** reducing the times each person has to tell their story
- **Quicker, easier:** no loss of time which should be spent on healthcare
- **Health equality:** making access to healthcare fair



Carers

- **Validating their voice**
- **Keeping respect, autonomy and dignity**
- **Acceptance and respect** “I don’t want to always have to fight for him”
- **Carer role reduction:** “being a mother, not just his carer”

Impacts for the **Service: a complex network**



- **A safer** NHS and social care system
- **A more efficient and effective** NHS and social care system
- **A more Responsive** NHS and social care system
- **A better led NHS** and social care system
- **A more caring** NHS and social care system

Impact for the Person: **the human at the centre**

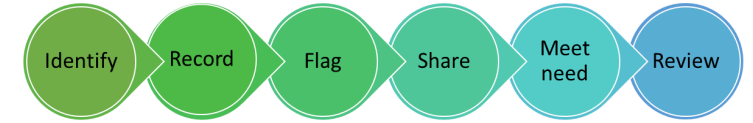
“Would make such a difference not to have to repeat the same, basic things to absolutely everyone “

“I just want him to be able to see the doctor without being scared or upset: is that too much to ask?“

“This would give us confidence that people will be aware of the simple things we need BEFORE we get there, and my child will have a more positive journey as people will be ready for them”

“What I would really hope for the future is that we would be recognised as a group of people that have needs and rights and are not “hidden” from the NHS”

Timeline



Conformance with the Standard is in 2 phases:

- Phase One by end March 2024 – organisations starting to record
- Phase Two by end June 2024 – organisations starting to share



March 2024

By end March 24: Phase 1

- organisations must have embedded a system to identify people who might need reasonable adjustments add, review and update reasonable adjustment information



Spring 2024

Phase 2

- eLearning expected to be available
- API testing expected to be complete
- Flags increasingly being populated and updated

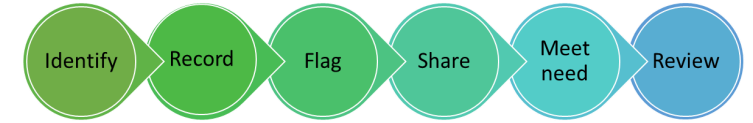


Later in 2024

By later in 2024: compliant with standard

- All organisations should be ready to get, add and update information to the Flag as appropriate for the setting

Potential Challenges



Consent

Opt-in, active consent

Mental Capacity Act and capacity rules apply

Review expected as part of Standard



Training

Variation could lead to further inequality

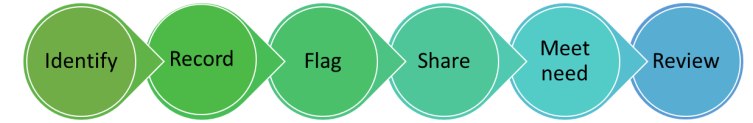


Technical Challenges

Multiple providers

Multiple systems

Potential Challenges (2)



Engagement

Information Standard mandates use across Health and Social Care

Need to ensure all those using the Flag and all those who could benefit from the Flag know who to speak to and how



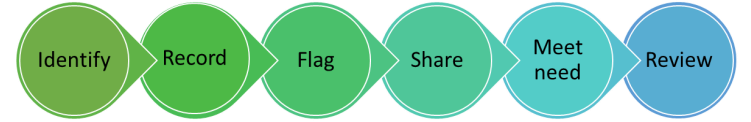
Communications

Communications programme

Must reach all areas: avoid worsening inequality gaps

Vital voice of stakeholders

What do I need to do?

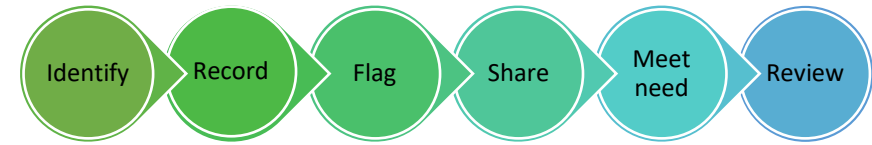


- Health and social care teams
 - Make sure your organisation is putting Phase One into action.
 - Get reasonable adjustments on your local records in coded form
 - Work with local partners to share where you can now









- Patients and carers
 - Ask your local health and care teams about the Flag
 - Ask to have your reasonable adjustment information recorded

Your Knowledge, Shared Nationally

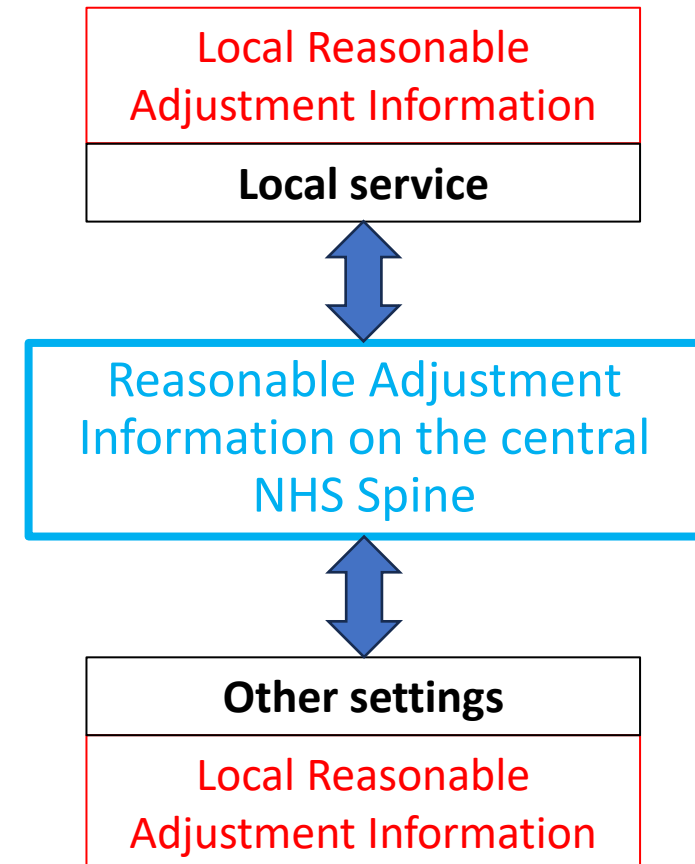


How often can you potentially save a life in a matter of minutes? In just six quick and simple steps...

What you know about YOUR patients:

-  **Identify** – **ASK** at every contact (every contact counts)
-  **Record** – Using agreed **CODES** (digital) or paper
-  **Flag** – So it can be **SEEN** where YOU work
-  **Share** – in **ALL** communications you use
-  **Meet** – make your best **EFFORT** to meet the adjustment
-  **Review** - **ASK** if any changes need to be made

Will remove barriers for them **WHEREVER** they go:

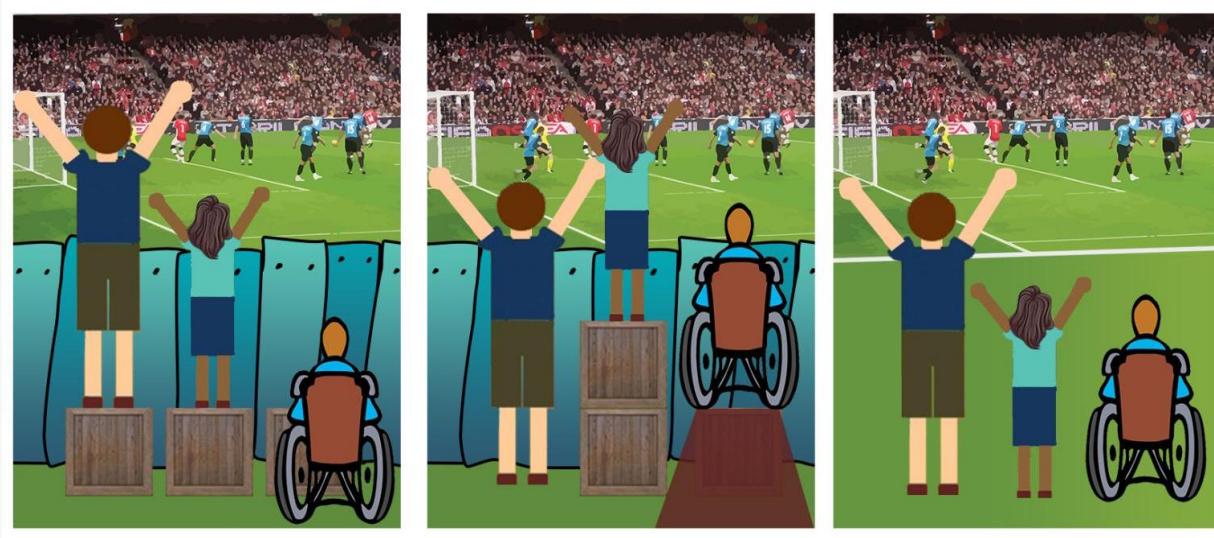


The Reasonable Adjustment Digital Flag



Equality v Equity v Fairness

Same (equal) treatment → Equitable treatment → Removing systematic barriers to care



It's the law, the Standard mandates its use, but it's also just about being... FAIR

Useful links



[Information Standard and Implementation Guidance](https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dapb4019-reasonable-adjustment-digital-flag)

<https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dapb4019-reasonable-adjustment-digital-flag>



[Further information on the Flag](https://digital.nhs.uk/services/reasonable-adjustment-flag)

<https://digital.nhs.uk/services/reasonable-adjustment-flag>

Thankyou

Dr Hannah Brown
Northumbria Primary Care
NHSE

Reasonable Adjustments

