



QUICK REFERENCE GUIDE

Improving GP Communication with Disabled People



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EVIDENCE SUMMARY

This is a review of the literature of the relevant topic area. In the literature that is identified, where GRADE certainty of evidence is available, this will be presented. Systematic review evidence is presented where possible.

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Introduction (by Brain Donohoe, IRN)

The Inclusive Research Network (IRN) is made up of people with an intellectual disability who carry out their own research on issues that matter to them. The IRN was delighted to be given the opportunity to be represented on the Steering Group developing this guidance, by IRN Secretary, Brian Donohoe (National Federation of Voluntary Providers). In November 2019 the IRN published their findings of a research study entitled '[Doctors and Us](#)' which was carried out to find out what it was like for a person with an intellectual disability to attend a GP in Ireland.

Being part of the group developing this guidance has given the IRN a very welcome opportunity to ensure that the findings of their research are reflected in practice. The *Doctors and Us* study indicated the importance of overcoming barriers to ensure that people with a disability can understand the language used by GPs, are spoken to directly by the GP, and are provided with accessibility in both the information provided and the setting in which the consultation takes place.

The feedback from the IRN on the development of the document has commended the group on listening to the voices of the people with intellectual disabilities. This is fully in line with the findings of the *Doctors and Us* report and is a hugely positive and welcome step to improving the experience of people with a disability attending their GP.

General measures to consider when communicating

- Ask the person with a disability if they would like assistance; do not assume that help is needed until you ask.¹
- Not all disabilities are visible – some are not immediately obvious (hidden or invisible disabilities).²
- In the majority of cases there is no need to raise your voice. Speak in a normal tone of voice as you would talk to anyone else.¹
- Speak to the person directly rather than to an accompanying person.^{1,3}
- Ask the patient how they would like to be addressed. Some people prefer the term “Disabled people”, while many people prefer the term “People with a disability, or people with a learning disability”.³
- Take steps to ensure that effective communication strategies are used. e.g. sitting or standing at eye level with the patient and making appropriate eye contact.¹

Proactive Considerations (Table 1)

PRACTICE PREMISES	PRACTICE STAFF	PRACTICE SYSTEMS
Building is accessible (see Appendix 1/ HSE guidance) ⁴	Welcoming and aware of additional needs of people with disability (Appendix 2). ⁴	Consider a register of people with disabilities. ⁴ Proper coding in the patient chart will improve information sharing. ⁵
Appropriate waiting area (see Appendix 1) ⁴	Ensure communication is appropriate to the person's needs so that the person can receive and understand information around appointments, repeat prescriptions and other requests. ⁴	Consider completing the " Welcome to your GP practice " (see Appendix 3) document. ⁶
		Accessible preventative and screening programmes e.g. flu vaccines, cervical smears ⁴
		Audit how accessible your practice is to disabled people in your community

*A positive measure introduced in the UK has been an automatic annual check-up for patients with an intellectual disability – this is considered good practice.⁴

Before an appointment

- Ask the patient/Disabled Person if they could identify particular issues they want to discuss during the appointment, for example, complete the "My Health Check"⁷ or any "[Health Passport](#)" document.⁸
- Social stories and easy read information are useful aids for patients to familiarise themselves with attending an appointment at the clinic. This information can be filled in by the practice, with photographs, and be sent to them before an appointment (see Appendix 3).⁶
- Check that the appointment time is suitable for the person.^{4,9} For instance some people might need extra time to get ready or have a personal assistant (PA) that comes at certain times and so a later appointment time might suit best.
- It is possible that the final appointment of the day will be suitable as it may allow for extra time if needed.^{4,9}

During an appointment

- Treat the person with respect and speak to them directly.³
- Avoid rushing and if possible dedicate extra time to the appointment.^{4,10}

- Listen and speak at a reasonable pace, avoid jargon. Reduce the amount and complexity of the language you use.¹⁰
- Use communication aids such as photos to help communicate certain ideas.¹⁰
- Ask the Disabled person if they have a [Health Passport](#).⁶
- Are investigations/ treatments tailored to meet the needs of people with disabilities?⁴ (See table 2).¹
- Some people will have a PA or interpreter with them for support.⁴
- Consider if the person with a disability is treated on the basis of the clinical condition they present with. There can be a risk that symptoms of an illness are attributed to the person’s disability rather than to another condition, this is known as diagnostic overshadowing.¹¹
- Check with the patient if there is an appointment time that is more suitable for them, taking into account their needs or supports, and ask if they would like a note attached to their file to indicate same for future appointments.⁹

After an appointment

- Consider providing patient information leaflets (easy read version) or links to accessible videos.⁴
- Record on the patient’s file any timing or other accommodations that should be borne in mind for future appointments.⁵ This may be particularly useful if there are locum staff attending who are not familiar with the person’s needs.

Considerations for specific disabilities ¹

Table 2.

Mobility Limitations	<ul style="list-style-type: none"> • Consider the personal space of a person with a disability, which includes the person’s wheelchair, scooter, crutches, walker, cane, or other mobility aid. • Speak at the persons eye level (consider wheelchair users). • Ask before providing any assistance. • When giving directions to people with mobility limitations, consider distance, weather conditions, and physical obstacles such as stairs, curbs, and steep hills.
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Visual Impairment	<ul style="list-style-type: none">• Identify yourself when you approach a person who has low vision. Introduce anyone with you to the person with vision impairment.• If the person uses glasses, ensure that they are readily available to the person and that they use them.• Touch the person's arm lightly when you speak so that they know to whom you are speaking before you begin.• Face the person and speak directly to them. Use a normal tone of voice (avoid shouting).• Explain when you are leaving the environment.• When you offer to assist someone with vision loss, allow the person to take your arm. When assisting the person to a chair, place the person's hand on the back or arm of the seat.• Never pet or otherwise distract a canine companion or service animal unless the owner has given you permission to do so
Hearing Loss	<ul style="list-style-type: none">• Ask the person how they prefer to communicate.• Eliminate or minimize background noise and distractions.• Ensure any assistive hearing device (hearing aid), is available.• If you are speaking through a sign language interpreter, pause occasionally to allow the interpreter time to translate completely and accurately.• Talk directly to the person who is assisted by a sign interpreter, not to the interpreter.• Visual (wave) or tactile signals (light touch) can be used to get the person's attention before speaking.• If the person lip reads (speech reads), face the person and keep your hands and other objects away from your mouth. Maintain eye contact. Do not turn away or walk around while talking.• Consider that written English may not be the primary language for some people with disabilities and make appropriate accommodations in communicating with them.• Anticipate that only 30% of lip reading (speech reading) will be understood because of its level of difficulty; be prepared to repeat information or questions.• Ask the person for feedback or to repeat what you have said to assess understanding.• If you do not understand something that is said, ask the person to repeat it or to write it down.• Do not pretend to understand if you do not.

Speech Difficulties	<ul style="list-style-type: none">• Use your regular tone of voice without shouting.• Be patient because it may take the person extra time to communicate. Do not speak for the person or complete the person's sentences.• Eliminate background noise and distractions.• If the person uses a communication device, such as a communication book or electronic communication device, ask the person the best way to use it.• Do not pretend to understand if you do not.• Repeat what you understand and note the person's reactions, which can indicate if you have understood correctly.• Develop a specific communication strategy that is consistent with the person's abilities: nod of the head or blink to indicate agreement or disagreement with what you have asked or said.• To obtain information quickly, ask short questions that require brief answers or a head nod.• Avoid insulting the person's intelligence with oversimplification.
Intellectual or Cognitive Difficulties	<ul style="list-style-type: none">• Treat adults with intellectual, cognitive or developmental disabilities as adults.• Adjust your method of communication as necessary depending on the individual's responses to you.• Use simple, direct sentences or supplementary visual forms of communication, such as gestures, diagrams, or demonstrations, if indicated.• Be prepared to repeat the same information more than once in different ways.• Give exact instructions. For example, "You will see the nurse at 10:30".• Avoid giving too many directions at one time, which may be confusing. Eliminate distractions and minimize background noise if possible.• Avoid auditory processing overload by providing information gradually and clearly.• Provide information in written or verbal form if that is the person's preference.• Recognize that the person may need to have directions repeated and may take notes to help.• Do not presume the person will be able to read well. Some may not read at all.

Suggestions for audit

- Is the building accessible? (e.g. ramps, elevators)
- Is the waiting area appropriate? (e.g. space for wheelchairs, clear pathways, leaflets within reach)
- Are staff trained and aware of the additional needs of people with disabilities?
- Are appointments or repeat prescription systems adapted to suit people with disabilities?
- Is there a Register of people with disabilities?
- Is there proper coding in the patient chart? Does it flag appropriate supports the patient needs?
- Are Health Passports offered to patients who attend?
- Are communication aids available in the practice? e.g. photographs or leaflets with easy read information
- Knowledge of access to interpreters (if available through HSE).

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Appendix 1: Is your premises physically accessible to people with disabilities? ⁴

1. If there is a stairs is there an alternative e.g. can be seen in a downstairs consulting room?
2. Is there accessible parking close to the entrance?
3. Is there a pathway from the entrance to the parking area?
4. Is the main road free from obstructions or steps?
5. Is there clear external and internal signage with large well-lit signs so that people can find their way easily to the building and around the building?
6. If you have an intercom system at the entrance to the GP surgery or health centre, is it usable by someone seated in a wheelchair, by someone who has a visual impairment and by someone who is hard of hearing or Deaf?
7. Is there a ramp if the entrance is not level? Wheelchair users cannot negotiate steps, whereas people who walk but with some difficulty generally prefer a small number of steps to a ramp.
8. Is there a handrail to assist people who are not steady on their feet?
9. Is there a hearing loop? If so, are people who use hearing aids routinely informed that it is available? Alternatively, consider a portable hearing loop or listening device that can be taken from one treatment room to another.
10. Is there an accessible toilet located at the entrance level and signposted?
11. Is the receptionist desk at a height where someone who is seated can transact their business?
 - ~ Is it possible to put a chair at the reception desk for someone who has a walking difficulty to sit down, if needed?
 - ~ When a person is seated, do they have an unblocked view of the receptionist?
12. Is there sufficient space in the waiting room for a wheelchair user to turn around, and also so that the person can sit in the main waiting area next to a seated companion?
13. If your premises is not physically accessible to someone, are you prepared to arrange an appropriate alternative; for example, provide a home visit?
14. In the case of an emergency, is there an appropriate plan in place for the safe evacuation of everyone? Has consideration been given to safe evacuation of those with disabilities; for example, people who are Deaf, blind, hard of hearing or who have mobility issues?

Top Tips

- If there is no fixed ramp, services might consider if it is possible to provide a mobile ramp or provide the option of both steps and a ramp.
- If there is a loop system or a portable listening device, check that it is tested regularly and that staff know how to use it.

Waiting Room

- Ensure ticket systems/ leaflets can be reached from a wheelchair.
- Inform people of how they will be called.
- In the absence of a visual display unit in the waiting room, make sure that people with impaired vision or those who are Deaf or hard of hearing are informed when it is their turn to be seen.
- If your reception desk is not at an accessible height, be prepared to meet a wheelchair user away from the reception desk, in a place which will enable them to discuss their requirements with the same degree of privacy afforded to others.
- A person with a walking difficulty or balance problems may need assistance sitting or standing. People with impaired vision may need assistance in finding a seat in the waiting room or a consultation/treatment room.
- Offer to guide someone to the treatment room if this is needed; for example, someone with impaired vision or who is unsteady on their feet.
- Some people with disabilities may find it difficult to wait in a crowded reception or waiting area without becoming agitated or anxious. Where possible, provide a quiet place for people who are distressed or anxious to sit, away from bright lights and noise.

From [HSE webpage](#)

Appendix 2: Communicating with disabled people ⁴

- Communicate directly with the person, rather than their family member, carer or interpreter.
- Ask what their preferred method of communication is to enable two-way communication with the service; e.g. orally, in writing, by e-mail or otherwise.
- Ensure that communication is appropriate to the person's needs so that the person can receive and understand communication around appointments or referrals, a diagnosis, prescribing medications, exercises etc.
- Record their preferred method of communication on their file and ensure that:
 - ~ Relevant staff, such as receptionists who make appointments, are aware of it and
 - ~ A system is in place to alert other relevant staff who may have contact with the patient or service user as part of their care plan.
- Where the person has a significant disability, family members or carers may be able to offer guidance on how best to communicate.
- If possible, give the patient or service user relevant information to take away, clearly typed and in plain English. A service may take steps to translate the information into other languages where necessary; however, this should also be written in a style which is easy to understand.
- It may be necessary to provide additional time or communication support to enable a person to understand the treatment and possible outcomes and to ask questions. A service may take steps to translate the information into other languages where necessary; however, this should also be written in a style which is easy to understand.
- General principles of good communication include:
 - ~ Face the person you are communicating with
 - ~ Maintain eye contact
 - ~ Never carry out another task when listening to someone
 - ~ Speak clearly, concisely and slowly
 - ~ Use straightforward language
 - ~ Ask one question at a time and do not interrupt unless necessary
 - ~ Give the person time to respond and ask questions
 - ~ Repeat what you have said when a person is having difficulty understanding and verify that they have understood; and
 - ~ Phrase questions in a way that a person can give a simple 'yes' or 'no' answer
- Explain the procedures you will undertake, step by step.
- For a patient who is unable to see, go through each procedure or test before you do it. Tell them what parts of their body you will examine and where you will touch. If you are giving an injection or a needle prick, explain where you will put the needle or, if you are taking blood pressure or using a stethoscope, explain the procedure.
- Some patients or service users may need extra time to understand what is being said to them and to ask questions (for example, a person who is unable to speak or

to hear, who has difficulty processing or retaining information or who cannot read, or a person who has an intellectual disability, an acquired brain injury or dementia). Use very simple language. As they may have difficulties processing or remembering information, take it slowly, step by step.

- Do not overload the patient or service user with information. Where appropriate, use pictures, signs and symbols.
- If someone has difficulty in hearing, face them directly and make sure your face is in the light, to enable them lip-read. Speak clearly, do not exaggerate your mouth movements and do not cover your mouth. Use gestures and diagrams and provide information in writing to reinforce what you are saying.
- If you have difficulty understanding what a person is saying, tell them in a respectful way. The person may be able to respond with a gesture to questions that require just a “yes” or “no” answer.
- If requested by a Deaf person, book an Irish Sign Language interpreter in advance of an appointment. Take all reasonable steps to ensure that a Deaf person can access a qualified Irish Sign Language interpreter of their choice. The absence of a professional interpreter can result in misdiagnosis, clinical risk and compromise safety. Where there is an unplanned visit or an emergency, you may be able to communicate through a remote sign language interpreter via video link. This requires a wifi-enabled computer with a camera, microphone and speakers, as found on modern laptops.
- Be sensitive to the stress it may cause if someone has difficulty in communicating clearly or in understanding information. Facilitate them in giving it extra time and in explaining as clearly as you can, using gestures and diagrams to supplement the spoken word.

From [HSE webpage](#)

Appendix 3: Welcome to your GP practice ⁶

A Microsoft Word version of this appendix can be found online [here](#).



Welcome to your GP practice

Your local GP practice is called *[name]*.

[You may want to insert a photo of the practice here]

Our address is *[address]*.

[You may want to insert a photo of the street here]

At the GP practice we have doctors and nurses who can help you to be healthy.

[You may want to insert a photo of the staff team here]

If you have any questions you can call us on *[phone number]* or talk to someone at our reception desk.

[You may want to insert an image of the reception desk here]

We are open at these times *[list opening days and times]*.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

How to make an appointment to see a doctor

To make an appointment you can call us or go to the GP practice in person
[also mention online booking if available at your practice].

To make an appointment you can call at *[time]* on *[phone number]*.

[You may want to insert an image of a clock pointing at the time here]

We might be busy so you might have to wait or try calling again. If you are really worried or you need to speak to someone urgently you can call xxx. If the practice is closed you can listen to the phone message to hear details about the out of hours service.

[You may want to insert an image of a telephone here]

You can also go to the GP practice in person and speak to someone at the reception desk.

[You may want to insert an image of the reception desk here]

We might be busy so you might have to wait.

When you speak to us, please tell us that you would like to make an appointment to see a doctor.

We might ask you why you want to see a doctor, this is to find out how long you need.

We might not be able to give you an appointment for that day. We will talk to you and make an appointment that is good for you.

When you have an appointment confirmed we will *[text/email you]* to confirm it
[and send a reminder text/email closer to the appointment time].

Your trip to see the doctor

When you get to the doctor's for your appointment, you will go to the reception desk to tell them you have arrived.

[You may want to insert an image of the reception desk here]

The receptionist might ask you for your last name and date of birth. This is to find your appointment.

You will then sit down and wait.

[You may want to insert an image of the waiting area here]

The waiting room may have other people, including children, waiting to see the doctor. You can bring your ear defenders or other equipment to help.

You might have to wait a bit longer than planned. This is ok, sometimes the doctor is busy.

When it is your turn to see the doctor, someone will call your name and show you where to go.

Talking to the doctor or nurse

When you get into the doctor's office you will sit down.

[You may want to insert an image of the doctor's office here]

You might talk to a nurse instead of a doctor. Or you might have to speak to a nurse before you see the doctor. This is ok, the nurse is there to help you.

[You may want to insert an image of a nurse here]

The doctor or nurse will ask you some questions. This is ok and it is important you answer them honestly.

The doctor or nurse might want to do a test or a procedure. This is ok and you can ask them to explain it to you.

The doctor or nurse might give you advice or prescribe medicine. This is ok and you can ask them to explain it to you. They will give you a prescription if you need medicine.

[You may want to insert an image of a prescription here]

If you don't understand anything you can ask them to explain it again or give you the information in a different way. You can ask for a leaflet or information about support groups to find out more. They might want to talk to someone who supports you.

The doctor might want you to see another doctor or go to a hospital. This is so that a specialist can help you.

When you have finished talking to the doctor or nurse you will leave.

If you have a prescription you might have to go to a pharmacy to get the medication.

You might be asked to make another appointment before you leave. This is ok and you can talk to the receptionist about this.

[You may want to insert an image of the reception desk here]

