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TX: 25.03.03 – DOCTORS, DENTISTS AND OPTICIANS ARE DISCRIMINATING AGAINST DISABLED PATIENTS SAYS NEW REPORT

PRESENTER: WINIFRED ROBINSON

ROBINSON

If one national institution was exemplary in its treatment of people with disabilities it surely would have to be the National Health Service. But not according to Leonard Cheshire - the charity that helps organise care for people with disabilities. It claims many disabled patients still face discrimination when they visit the GP, the dentist or the optician. Four years ago the Department of Health asked NHS managers to organise disability equality training for all staff. But a survey carried out by Leonard Cheshire suggests that most primary care trusts - the people that oversee the GPs, the dentists and the opticians - haven't done anything about it. Bad attitudes can be very damaging - the charity sights the case of Sue Reardon, from Bournemouth, she uses a wheelchair and she had problems when she went to a new dentist for the first time.

SUE REARDON

I needed some urgent dental treatment and I spoke to the receptionist who immediately saw that I had an assistance dog who helps me and I was immediately refused treatment because they "don't have dogs in a sterile environment". When I tried to explain that this was an assistance dog, it was very similar to a guide dog, she wouldn't listen to me, I was standing on crutches because I couldn't use my wheelchair to get up the steps, so I was in a lot of pain anyway and she made me stand and wait while she dealt with other people. And really the whole attitude was really quite wrong. In the end she went and asked advice from one of the dentists who came out and inspected the dog's coat and said yes I was allowed in after all. And the only way that we got round it in the end was I arranged to send the dentist practice a sticker for their door but people really do have to understand what it's like to have a disability and be aware of it and perhaps if they would talk to people like myself or other people and ask us what we need then we could overcome this and work together.

ROBINSON

A few months ago Boots the Optician paid £2,000 to another wheelchair user - Mark Walmersley - he'd complained to the Disability Rights Commission about the attitudes of staff in his local Boots branch.

WALMERSLEY

I'd forewarned Boots that I was unable to leave my wheelchair when I phoned and made the appointment for a sight test and a contact lens consultation. And when I got there I found that the actual equipment for doing the contact lens test was inaccessible, though I'd been assured on the phone it was accessible. I was then told by the optometrist that it didn't really matter anyway because he didn't feel that I'd be able to manage contact lenses, although I'd not - he didn't ask me to demonstrate that at all and that they wouldn't sort of allow me to have contact lenses anyway, even if I could have got to the equipment. I told him I'd had contact lenses in the past. I was also told though that even if they did get the equipment now that once I'd had the test I'd have to have my personal assistants, who I employ, my employees, sign a consent form on my behalf to say that they

wouldn't let me have the contact lenses in when I was on my own. I'm 35 years old and I've been managing my own affairs since I was 16 basically.

ROBINSON

Mark Walmersley. Jo Campion is from Leonard Cheshire, she's here - she was the author of the report. And so is Dr Michael Dixon, he chairs the NHS Alliance - it represents the primary care trusts.

Dr Dixon do you accept that this disability equality training isn't happening?

DIXON

Well I accept there's a problem. I think this is a very important report, in fact an excellent report and we want to look at it positively and see if we can't work with the Leonard Cheshire fund, perhaps my organisation, at improving the quality of care given in primary care trusts. And also I suppose it depends a bit whether we see the cup half full or cup half empty.

ROBINSON

It's not half is it because it's 90 per cent - 9 out of 10 - of the trusts who bothered to reply to the survey and it wasn't very many - I think it's 23 per cent - haven't done any of this training at all.

DIXON

Well 50 per cent are giving disability training of some sort, which is a good start. After all primary care trusts have only been going for less than a year, so they've got to start somewhere.

ROBINSON

So that's another figure is it from the report - the 50 per cent Jo?

CAMPION

Thirty seven per cent are giving voluntary disability equality training but attendance was very low. But only 10 per cent were giving mandatory disability equality training, which is obviously what's necessary if attendance is going to be low on the voluntary schemes.

ROBINSON

If people have negative attitudes towards people with disabilities do you think this training really makes very much difference?

CAMPION

Absolutely and there is some very good practice going on within primary care trusts.

ROBINSON

I mean how do you know that? If someone is so negative towards somebody with a disability that they even suggest to Mark Walmersley that the people he employs will have to sign a consent form on his behalf, do you think training will change that?

CAMPION

Well this is what training - exactly what training does do - it raises awareness of people's disability and how their attitudes and behaviours can effect simple changes.

ROBINSON

How?

CAMPION

Well basically disability equality training focuses a lot on the social model of disability and ...

ROBINSON

You've lost me there.

CAMPION

Sorry - it focuses a lot on how society's attitudes and behaviour actually affects disabled people's experiences. So it's usually conducted by a disabled person themselves and they give simple guidance on how they can change very simple things - like background lighting and background noise and clear signage. But it's an understanding of the experiences a disabled person is having. And then people can make changes that will help them.

ROBINSON

Where does the law stand on all of this?

CAMPION

Well all primary care trusts - primary care services will be covered by the DDA in October 2004 but that mainly concentrates on the physical aspects. However, it's unclear what will happen with the law come 2004 because case law will dictate what happens.

ROBINSON

So bad attitude - you don't actually know whether that's covered by the law?

CAMPION

Well it will depend on case law and if someone chooses to take - I mean basically they can't provide a lesser service to a disabled person than they would a non-disabled person and clearly that is happening at the moment. So we would think that once the changes have been introduced then case law will dictate that that will also be a legal ...

DIXON

I think mandatory things and training can only go so far, I think what you're implying is you've actually got to get a culture change. And the great thing about primary care trusts is they are owned by the local people and professionals.

ROBINSON

But you know what training's like, don't you, in the office, if you're offered training you're too busy, if someone says you have to go then you go.

DIXON

That's true, on the other hand if you can help local disabled people to get their case across to the professionals and local people, especially if they're patients in the surgery or people in the town, that could be far more effective I think than any amount of mandatory requirements. It's about, if you like, almost shaming us as a profession when we're in surgery into making sure that we've got the right facilities. And I think primary care trusts are going to be very good at doing that when we have patients' forums coming on line later on this year, the trouble is that we haven't yet, if you like, properly engaged local people. When that happens I think things will change.

ROBINSON

Because it's very hard, isn't it, for individuals like the ones we heard from to challenge people and change cultures?

DIXON

Absolutely, expressed in the present circumstances. But with the new GP contract and other changes we're going to see people like that invited to become critical friends of practices, invited to sit on patient forums and their voice will be much louder and people will have to listen to what they say.

ROBINSON

Could you give us an undertaking about when this training will actually be carried out?

DIXON

I can't really no because at the moment primary care trusts have so many priorities at the moment - they've got national targets on heart disease, on respiratory disease and the like and of course there are no performance indicators in terms of disabilities ...

ROBINSON

Ah so it's not a target so you don't have to hit it?

DIXON

I'm afraid to some extent that's true and of course that's decided by the Government.

ROBINSON

Dr Michael Dixon, Jo Champion, thank you both.