



Rothschild House Group

Making Reasonable Adjustments for Disabled People

We recognise our duty to make reasonable adjustments for disabled people when accessing our services.

The [Equality Act 2010](#) places a duty on us to make reasonable adjustments for disabled people to ensure they are not disadvantaged compared with non-disabled people.

When does the reasonable adjustment duty apply?

This arises in situations that place a disabled person at a substantial disadvantage compared with people who are not disabled. These are where:

- A provision, criterion or practice is applied by or on behalf of the employer.
- A physical feature of premises occupied by an employer and service provider.
- There is a lack of equipment provided (i.e. insufficient auxiliary aids or services – such as a reader, sign language interpreter or support worker).

In such cases we take such steps, as is reasonable, to take in all the circumstances to avoid that disadvantage; we make 'reasonable adjustments' for our staff or patients using our service.

Physical and mental conditions which might be treated as a disability under the Equality Act depending on the effect they may have on an individual's daily life are, for example:

- Problems with sight or hearing.
- Conditions where the effects vary over time or come in episodes, such as osteoarthritis, rheumatoid arthritis, fibromyalgia, Myalgic encephalomyelitis (ME).
- Progressive conditions such as motor neurone disease, muscular dystrophy and forms of dementia.
- Conditions which affect certain organs such as heart disease, asthma, and strokes.
- People with a learning disability.
- Learning difficulties such as dyslexia and dyspraxia.
- Autistic spectrum disorders.
- Mental health conditions – for example, depression, schizophrenia, bipolar affective disorders, eating disorders, obsessive compulsive disorder.
- Impairments due to injury to the body or brain.
- Epilepsy.

What is meant by 'reasonable'?

Adjustments can be:

- Physical changes to a building.
- Providing extra services.
- Changing a policy or procedure.

When deciding whether an adjustment is reasonable, we consider issues such as cost, practicality, health and safety factors, and whether the adjustment will achieve the desired effect.

If making the reasonable adjustments for disabled people would lead to us breaking a different legal obligation, we may not be required to do it.

Reasonable adjustments for:

People with a learning disability

This includes an annual health check and an action plan to address issues in the health check.

We may involve a learning disability nurse from the community learning disability team who are specifically trained in enabling people with learning disabilities to access health care. This is part of our enhanced service for people over 14 years of age with a learning disability.

We can provide longer appointments for people with a learning disability.

People with physical impairment

People can be disadvantaged by physical features in and around our buildings. Reasonable adjustments include providing:

- Ramps and stairway lifts.
- Wider doorways.
- Automatic doors.
- More lighting and clearer signs.
- Disabled wide-door accessible toilets with low basins.
- Communication support.
- A hearing loop.

People with sensory impairment

We make reasonable adjustments for those with sensory impairments (someone who is blind, visually or hearing impaired, or with communication needs) so they can access our services to meet their individual needs.

For example, when patients in the waiting room are called to their appointment we undertake this by calling out their name, displaying appointments on an electronic screen or escorting them to the treatment room.

We use sign language interpreters.

Reasonable adjustments to communication

For those with a disability, impairment or sensory loss, where possible we provide information in a format they can easily read or understand and get support so they can communicate effectively with health and social care services. This covers patients, family and carers.

We:

- Identify/ask people if they have any information or communication needs.
- Find out how to meet their needs.
- Record those needs in a clear and consistent way in the Patient's medical record.
- Share people's information and communication needs with other providers of NHS and adult social care, when we have consent or permission to do so.
- Make sure people receive information they can access and understand. They receive communication support if they need it.

We are here to listen and learn

We encourage patients with disabilities (and their families and carers) to discuss with us any specific needs, or how we may improve our service to them by making reasonable adjustments.