

# BETTER HEALTHCARE ACCESS FOR PEOPLE WITH VISUAL IMPAIRMENT



This document summarises a piece of work completed in Birmingham to help identify and break down barriers experienced by people with visual impairment when accessing GP healthcare services. Work was undertaken by Focus Birmingham and funded by the West Midlands Clinical Networks, NHS England.

## ○ AIM

The project aimed to improve sight loss awareness amongst National Health Service (NHS) staff, to make locations and systems more accessible and to help improve the overall patient experience for people with visual impairment (VI)<sup>1</sup>.

## ○ SUMMARY

- Visual Impairment (VI) is a mainly hidden disability and this leads to a lack of understanding amongst practice staff of the numbers of people living with sight loss.
- Some staff may be over confident in their ability to support people with sight loss.
- Despite recently introduced NHS standards there is widespread ignorance of ways to help improve communication with people with VI.
- Staff understand the challenges some people with VI have with safe movement, but there is less appreciation of other difficulties they may face when accessing primary healthcare.
- Training is needed to better inform staff of the prevalence and impact of sight loss.
- Short training sessions were shown to have a positive effect on staff members' ability to understand and offer useful help to support the needs of people with VI.
- Placing flags on patient's notes can help to highlight the individual needs of people who are not obviously visually impaired.

## ○ BACKGROUND

Changes that sight loss brings can have a significant impact on many areas of everyday life affecting a patient's ability to engage with their GP. We believe that people with sight loss face unintentional, but very real barriers when trying to access primary care. This may mean that people with VI:

- are more reluctant to attend routine appointments
- have poorer quality information to help them manage their health
- neglect support, meaning chronic conditions worsen unnecessarily.

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<sup>1</sup> We have used the term people with visual impairment as an all encompassing phrase that includes people registered visually impaired, having low vision or other significant sight loss

“When people say, there’s a seat over there – it might as well be on the moon”

Graham



### These barriers can include:

- **Physical Barriers:** difficulty travelling to the practice or navigating within the practice,
- **Communication Barriers:** inability to read written information,
- **Procedural Barriers:** inability to fill in forms, use computerised check-in etc.
- **Medical Barriers:** failing to recognise visual signs of illness,
- **Personal Barriers:** experiencing practice staff’s lack of awareness and understanding of how to support the needs of people with visual impairment.

## METHODS

### 1. TRAINING

Focus wrote, delivered and evaluated a series of sight loss awareness training seminars to enable primary care staff to have greater knowledge and appreciation of the issues surrounding sight loss and the ways to minimise difficulties for a patient who is VI.

The training sessions lasted approximately one hour and were delivered in 18 different GP practice settings to 124 participants. The training was open to all those working at the practice and featured the following specific learning objectives:

- Understand the key legislation and rights for people with sight loss.
- Understand the prevalence of people living with varying levels of sight loss.
- How to appropriately engage with people with VI.
- Better understand the range of communication needs and preferences.
- Offer better informed practical help to people with VI.
- To record communication preferences and use them effectively.
- To work towards having accessible systems for common practice tasks.

Course participants were actively encouraged to share their experiences, to ask questions and take part in practical exercises. They were asked to individually complete a short monitoring form at the start and end of each training session to establish existing levels of knowledge about sight loss and to determine the effectiveness of the training.

## 2. AUDIT OF PREMISES AND PROCEDURES

To identify the potential physical barriers for visually impaired users, an accessibility audit for each participating practice was arranged.

An audit tool was created with a written check list of questions to ask and observations to be made at each practice site.

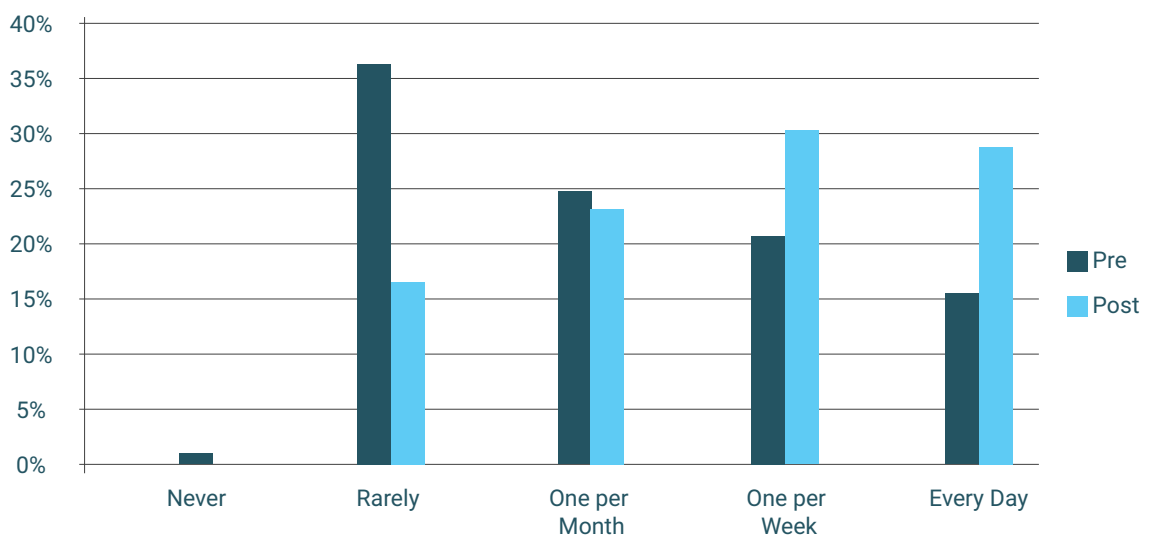
Audits were completed at 24 practices. The individual results were shared with the practice manager through verbal feedback and a written copy of the completed audit, which included recommendations for changes and their urgency.

## FINDINGS

**Staff under estimate the number of people with VI using the practice.**

The majority of people with significant sight loss may not present with any obvious signs of their disability (white cane, guide dog, ocular scarring etc). Consequently VI is a mainly hidden disability and this leads to a lack of understanding amongst practice staff of the numbers of people with living with sight loss.

Prior to and following the training, participants were asked:  
“How often do people with visual impairment use your practice?”



Graph 1: A graph to show practice staff's perceived frequency of visits by people with sight loss to their practice, prior to and following training intervention.

As can be seen from graph 1 prior to the training nearly 40% of staff felt that people with VI would never or only rarely visit the practice. 63.1% of participants felt a person with VI would visit the practice no more than once a month. Following training there was a more accurate understanding of the prevalence of sight loss.

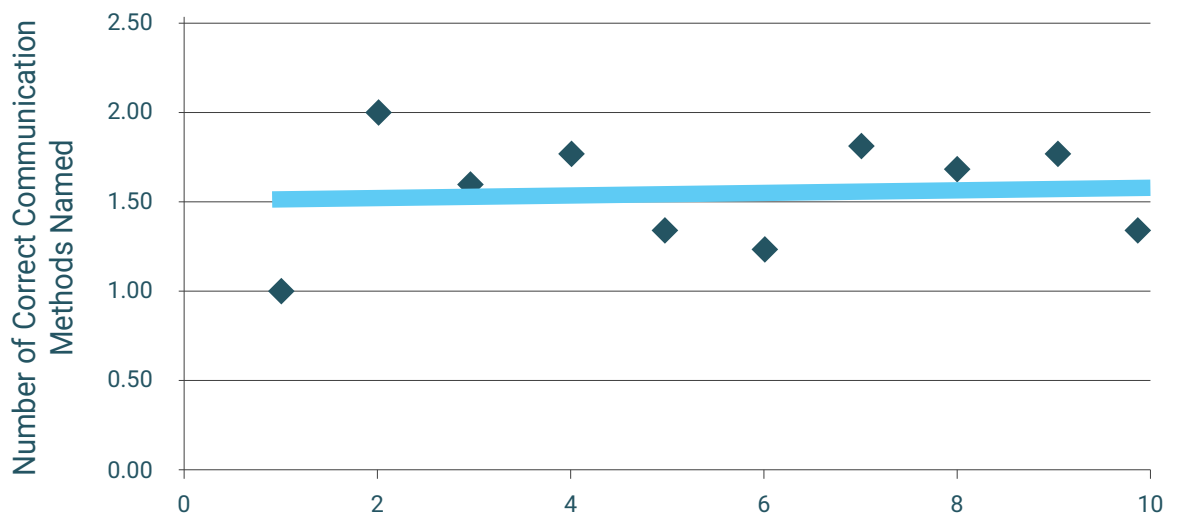
“Because I don't present with a cane or a guide dog they didn't understand my needs”.

Wayne

The RNIB Sight loss data tool<sup>2</sup> shows that in 2016 Birmingham had an estimated 27,570 people, or 2.4% of the population with visual impairment. These figures show that for every 1,000 patients registered at a practice in the city, 7 will be registered visually impaired and a further 18 will have significant sight problems. From these estimates, with no other confounding factors, at least 1 in every 40 appointments at each practice will be with someone with sight impairment.

**38% of front line staff felt people with VI visit their practice rarely or never. In reality, estimates show 1 in 40 patients will have a significant sight loss.**

**Some staff may be over confident in their ability to support people with sight loss.**



Initial Self Reported Confidence in Supporting the Needs of a Person with VI

Graph 2: Showing correlation of self confidence in supporting someone with VI and the ability to recommend useful communication methods for people with sight loss.

As can be seen from graph 2, the trend line is broadly flat showing that before any training there is no correlation between a staff member's confidence in supporting people with VI and their knowledge of relevant accessible communication methods. This leads to the concern that without training, some staff are overly confident in their ability to support the needs of people with sight loss.

Our data suggests that without training there is a gross underestimate of the prevalence of sight loss and this is coupled with some people's overestimation of their ability to support those with a need. This combination of factors shows a clear requirement to educate and train staff within practices to help them better identify and support the needs of their patients with VI.

<sup>2</sup> RNIB Sight Loss Data tool (accessed 10th February 2017)  
[www.rnib.org.uk/knowledge-and-research-hub-key-information-and-statistics/sight-loss-data-tool](http://www.rnib.org.uk/knowledge-and-research-hub-key-information-and-statistics/sight-loss-data-tool)

“What do people not understand about being partially sighted or blind. I can't see”

Linda

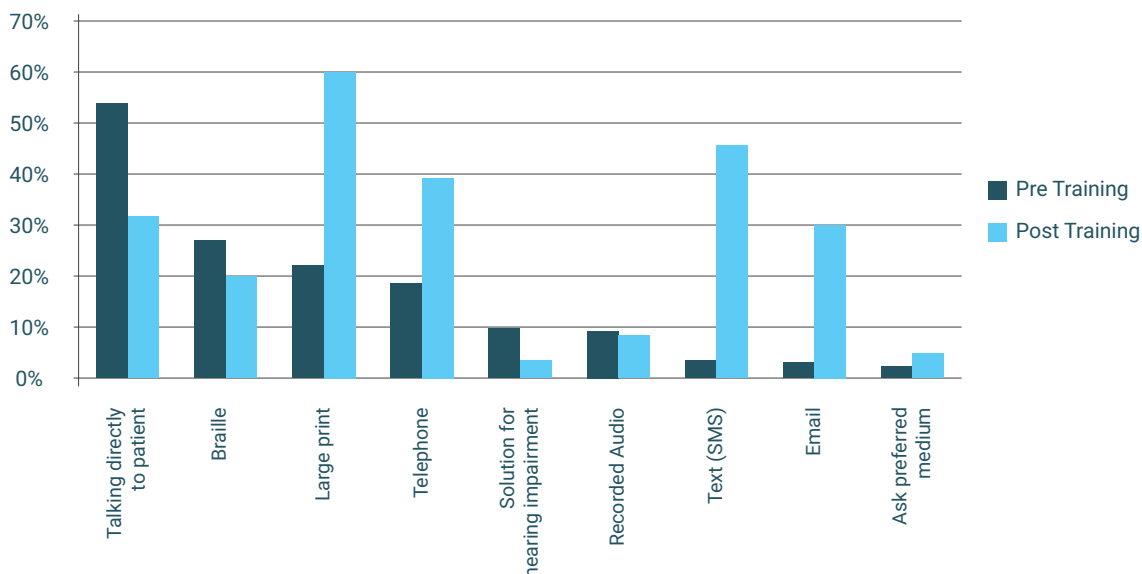


Training is needed to better inform staff of the prevalence and impact of sight loss. Training can allow staff to better identify and understand the ways they can support people with VI remain independent.

There is widespread ignorance of ways to help improve communication with people with VI.

Prior to and following training, participants were asked to:

“Name three ways to communicate practice information to patients who have poor or no sight”



Graph 3: A graph to show the impact of training on practice staff's ability to identify methods of communication suggested as appropriate for people with VI

Despite the wide use of technology by all members of society, Braille is still synonymous with sight loss and often seen as the main communication method used by people with VI. Prior to training, 28% of all respondents listed Braille as a method of communication appropriate for people with sight loss. Braille is a perfectly valid answer to the question posed and provides an experience as close as possible to sighted reading for people with profound VI. However the RNIB<sup>3</sup> estimate that only 1% of the people with sight loss in the UK can read or use Braille. Only 21% of respondents suggested large print and other IT solutions such as SMS or e-mail were only suggested by a small minority (3.2% & 2.4%).

Braille transcription is a specialised process which is very valuable in helping those people who need it. But it is postulated that the general perception about the use of Braille may inhibit staff offering simpler and readily available solutions that may help a much larger group of people with VI.

Worryingly the findings also show some confusion with different sensory impairments. Nearly 10% of respondents initially suggested a communication method that may help a person with hearing loss rather than sight loss, such as fax, speaking slowly & clearly or a loop system.

<sup>3</sup> RNIB (2012) Braille is spreading but who's using it?  
<http://www.bbc.co.uk/news/magazine-16984742> (accessed 5th May 2017)

When asked how to help communication with a person with VI, 10% of respondents suggested a method that may help a person with hearing loss, such as talking loudly or a loop system.

Table 1: Table to show responses to being asked if practice information is available in other formats

Media	Percentage of practices able to use this method if asked
Large Print	8%
Audio	0%
Braille	0%
SMS	100%
Email	79%

As part of each audit a member of reception staff was asked whether information could be made available to patients in a different format. The results above reflect the staff member's response rather than the actual availability or possibility of that format being produced. For example the data shows that although large print is easily produced, few practices have thought about its use to support their patients with low vision.

Following training there was a greater understanding about the breadth of formats that may be helpful to people with sight loss. This increase was particularly notable in the use of accessible technology such as e-mail or the facility of many mobile phones to read text or other information aloud.

Without training frontline staff may not be aware of simple adjustments which could aid communication for someone with VI.

The NHS Accessible Information Standard<sup>4</sup> reflects and understands the varied communication needs of people with disability. The standard requires practices to identify, record, flag, share, and act on the information needs of patients. Full and widespread implementation of this standards will significantly help people with sight loss, but sustainable implementation relies on staff having an understanding of the need and assistance that applying these standards can offer. From our findings, it appears there is little front line understanding of the need or the benefit of these standards for people with VI. The findings of this project demonstrate that increased training can help staff better understand the need for the NHS standard and may help to support its implementation.

<sup>4</sup> NHS England (2016) Accessible Information Standard  
<https://www.england.nhs.uk/ourwork/accessibleinfo/>

“The Doctor knows I can't see the board so he comes out to take me through to the surgery”

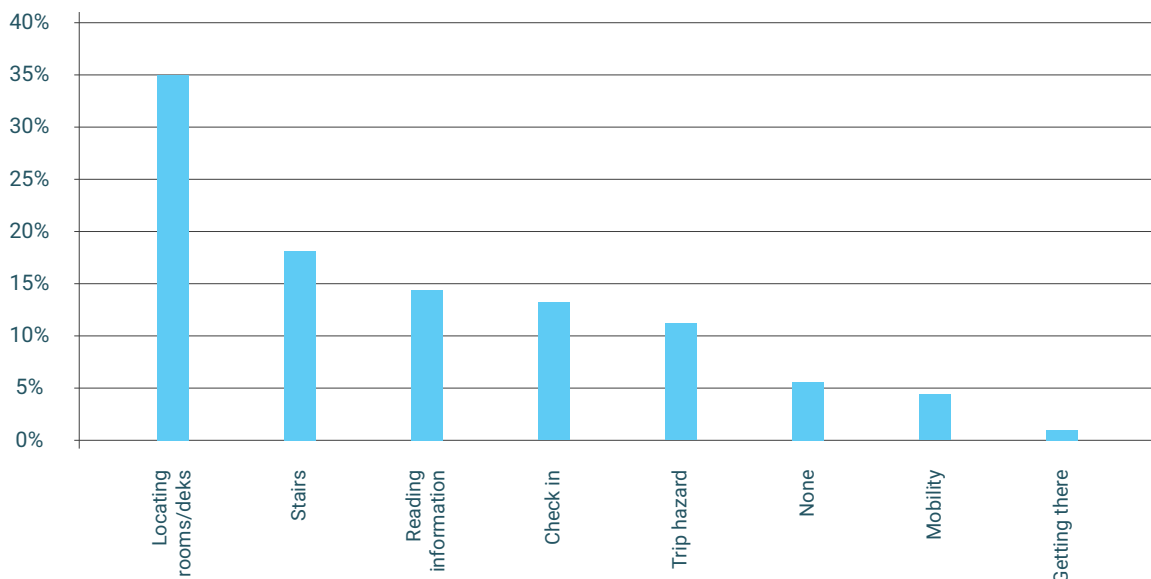
Molly





Staff understand the challenges some people with VI have with safe movement, but there is less appreciation of other difficulties they face.

Prior to training, staff were asked what difficulties would a person with visual impairment have using your practice?



Graph 4: A graph to show practice staff's perceived difficulties that a person with visual impairment have using their practice

As can be seen from graph 4 the majority of perceived problems centre around the challenges of movement and locating practice rooms, with much less consideration about procedural or information challenges that people with sight loss may encounter. This awareness of the need for mobility support was backed up in all training sessions with demonstration and tuition of sighted guiding methods. This skill can allow staff to assist a patient with VI who has mobility needs, allowing them to support movement safely and with dignity.

The access audits showed no major concerns about the physical access to the buildings, with many practices having level access throughout and all having shown consideration to remove trip hazards and allow free circulation space.

**Staff had a good understanding of the mobility issues facing some people with VI and practices appear to have been adapted to try and address this need.**

Table 2: Table to show the main recommendations from the access audit

Improved contrast walkways/seating areas	25%
Improved signage	58%
Location / layout of reception	13%
Improved contrast to entrance	29%
Lighting creating obvious glare	17%



The most frequent finding of the audit showed that many practices use homemade signs to communicate information to patients. These signs were often of poor contrast, print quality or size and would limit legibility to those with low vision. Better design and positioning of signs with key messages would allow patients with reduced but usable vision to come closer to better read information. There was no clear thought from the practices about how people with significant sight loss could access these messages.

Benefits could also be found in some practices by:

- Improving the colour contrast of chairs, walkways and areas around entrances.
- Reviewing either the quantity or quality of lighting to provide adequate illumination without producing glare.

Practices have responded to some of the barriers created by unsafe spaces. But a better understanding of the wider needs of people with VI may produce similar improvements in accessibility to information and processes.

## RECOMMENDATIONS

### Communication Action Points:

- The NHS Accessible Information Standard should be fully implemented to
  - a. Identify needs
  - b. Record needs
  - c. Flag needs
  - d. Share needs
  - e. Meet needs
- Training can help and support staff to understand that simple changes can enhance methods of communication with people with sight loss
- Support should be given to staff to allow safe ways of sharing electronic information.
- Where necessary time should be allowed to share and explain information verbally with patients.
- Practices should ensure that all written material/forms should meet RNIB clear print guidelines.

“ I can't see the notice boards so it's a big problem”.

Jenny



### Training Action Points:

- Sight loss awareness training should be a core training module for all practice staff.
- Training should include information to show:
  - a. prevalence of sight loss
  - b. communication needs of people with VI
  - c. wide range of ability and disability created by sight loss
  - d. obligations under current legislation
  - e. sighted guiding methods
- Training should be part of an induction programme
- Training should be refreshed at regular intervals
- To increase impact, training could be supported by visually impaired patients from the practice.

### Audit Action Points:

- General access to premises appeared good but needs to be reviewed and maintained.
- Consideration of contrast to highlight walkways and seating areas can help people with low vision navigate more easily.
- Consideration should be made by the practice as to how they can communicate information written in signage to their patients with varying levels of VI.
- Place alerts on patient's notes to identify those people with VI who need navigation or other support to access the practice.
- Sighted guiding training is required to allow people with VI to be supported safely and with more dignity.

"It would be helpful if all Doctors had the fact that you were visually impaired marked on your file so that they can accommodate my needs."

Graham



## CONCLUSIONS

Sight loss can be disempowering if people need to rely on others for help and support with many everyday activities. However simple, sensible and empathetic actions can allow people with sight loss to live fuller and more independent lives.

Our findings show that practice staff underestimate the prevalence of VI and may have an overestimate in their ability to support those with visual problems. This combination means that staff may be unaware of the barriers that people with VI face in accessing primary care services. This perception inhibits the need to act and make positive changes to improve accessibility.

Training and awareness programs can help frontline staff gain a better understanding of the prevalence and impact of sight loss. This information can empower staff to make some of the changes needed to help breakdown the barriers to healthcare facing people with VI. These simple interventions can provoke improvements which support people with VI to access primary care services on an more equal footing with other patients.

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## ABOUT FOCUS BIRMINGHAM

Focus Birmingham is a local charity supporting people with visual impairments and other disabilities, together with their carers, to live fulfilling and independent lives by providing services that reflect their wants and needs.



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