

## 9 – Environmental factors

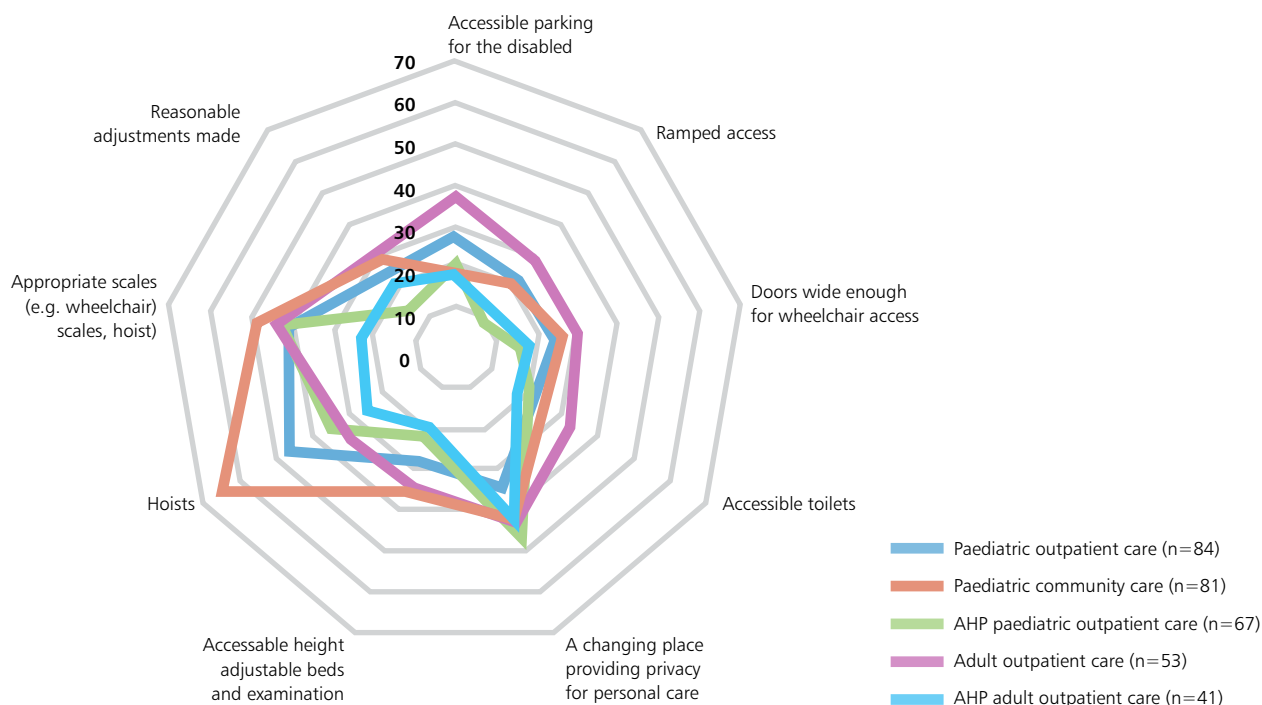
[Back to contents](#)

**Study Advisory Group question:** *Are services designed to aid easy access when attending appointments, including the provision of appropriate equipment across all settings?*

**Why is this important?** *The Equality Act 2010 protects disabled people from discrimination and states that a disabled person should be able to use the services of a healthcare provider as far as is reasonable to the same standard as a non-disabled person and that the service provider must make reasonable adjustments. Equality law recognises that bringing about equality for disabled people may mean changing the way in which services are delivered, providing extra equipment and/or the removal of physical barriers.*

Variations in reported problems in aspects of the outpatient environment and the inpatient environment as reported from different perspectives are shown in Figures 9.1 and 9.2. The scale represents the percentage of respondents and does not end at 100%.

One third to one half of all community paediatric, paediatric outpatient, inpatient and emergency care providers reported having no accessible scales to accurately weigh disabled patients.



**Figure 9.1 Problems with access to facilities in outpatient care**

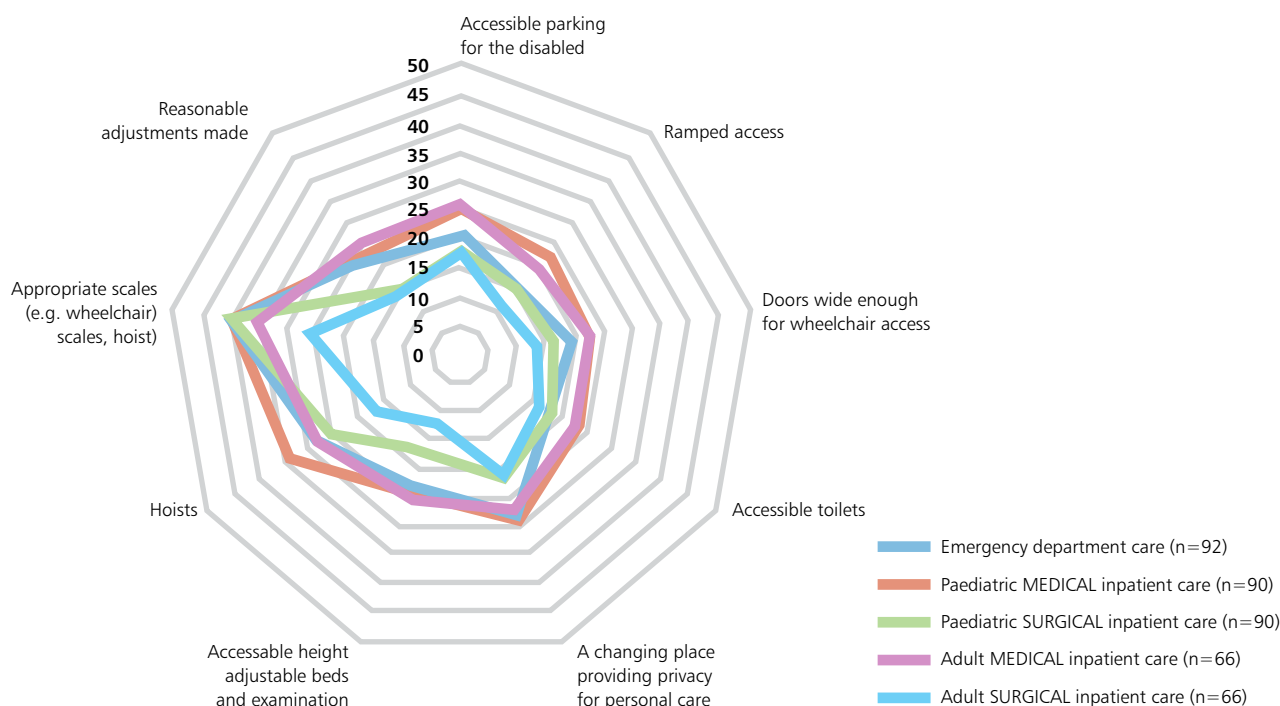


Figure 9.2 Problems with access to facilities in inpatient care

Free text comments given in the organisational questionnaires on environmental factors included:

- Quality of disability facilities not optimal
- Hoists and scales not available in every outpatient setting or child development unit
- Changing area not accessible for a hoist and in one setting was reported to be open so lacked privacy
- Some child development centres were reported to be located in old buildings with no access for the disabled and no specialist equipment
- A number of disability and community paediatric services reported having changing places for infants, but not for older young people or adults.

Variations in access to specialist occupational therapy services to assess the need for housing adaptations are shown in Table 9.1.

Table 9.1 Access to specialist occupational therapy

	AHP Paediatric inpatient	AHP Paediatric outpatient	AHP Adult inpatient
Yes	36	52	33
No	22	12	16
<b>Subtotal</b>	<b>58</b>	<b>64</b>	<b>49</b>
Not answered	5	3	3
<b>Total</b>	<b>63</b>	<b>67</b>	<b>52</b>

## Wheelchair services

Organisational data from paediatric allied health professionals indicated that wheelchairs were provided for children and young people from specialist paediatric services in 31/66 organisations, from private providers in 10/66 organisations, from general service (adult or paediatric) in 38/66 organisations and there is no service at all in 6/66 organisations. Organisational data from adult allied health professional reported that wheelchairs were provided for young adults from general wheelchair services in 35/40 organisations, from private providers in 4/40 organisations and there was no service at all in 5/40 organisations.

There was variation in access to wheelchairs and other equipment for inpatients and on discharge, as shown in Table 9.2.

Wheelchair services were reported by the allied health professional outpatient questionnaires, are shown in Table 9.3.

Wheelchair services were reported to be adequate for meeting the needs of the local population (where adequate meant timely assessment, easy access, high quality assessment and provision, clear pathways for maintenance and repair) in only 31/58 paediatric allied health professional outpatient organisational questionnaires and 22/32 for adults, but not by 27/58 for paediatrics and 10/32 for adults.

**Table 9.2 Access to wheelchairs at discharge**

	AHP Paediatric inpatient care		AHP Adult inpatient care	
	Whilst inpatient	On discharge	Whilst inpatient	On discharge
Yes	29	42	31	27
No	33	19	19	8
Other	NA	NA	NA	15
<b>Subtotal</b>	<b>62</b>	<b>61</b>	<b>50</b>	<b>50</b>
Not answered	1	2	2	2
<b>Total</b>	<b>63</b>	<b>63</b>	<b>52</b>	<b>52</b>

**Table 9.3 Wheelchair services available**

	AHP Paediatric outpatient	AHP Adult outpatient
	n=	n=
Maintenance/repair	58	32
Emergency out of hours service for maintenance/repair	24	17
Sports wheelchairs	4	4
Bespoke wheelchairs based on individual needs	48	28
Power wheelchairs	54	31
Other specialist wheelchairs	24	18
<b>Subtotal</b>	<b>58</b>	<b>34</b>
Not answered	2	1
<b>Total</b>	<b>60</b>	<b>35</b>

\*Answers may be multiple

## Other equipment

Organisational data for allied health professional outpatient care reported no access at all to a number of support services (Table 9.4),

Where such equipment was reported to be available, variation was reported between organisations in the availability in different settings, with lack of availability of equipment especially reported in inpatient paediatric settings, but the reverse for adults, where equipment was more likely to be available for inpatients but not in the community.

Issues with waiting times for services and equipment were reported in 40/61 paediatric allied health professional outpatient care questionnaires.

Analysis of the free text comments revealed the following themes:

- Delays (40 comments) due to:
  - o Capacity issues in the team assessing and prescribing equipment (19 comments)
  - o Complexity of the assessment and provision process (10 comments)
  - o Availability of local stock of equipment (15 comments)

- o Funding approval process (10 comments)
- o Delivery of equipment from manufacturers (5 comments)
- o Availability of therapist and or rep to fit equipment (4 comments)
- Competence of the assessors – generic rather than specialist (one comment)

Some respondents gave examples of the positive steps taken to improve equipment provision, including use of equipment toolkits, virtual clinical decision panels and stock recycling.

In the opinion of the case reviewers, adequate attention was given during admission to patient posture, mobility and safe transfers, with timely access to appropriate equipment as required on the ward for 178/245 (72.7%) patients, but not for 67/245 (27.3%). Adequate assessment for equipment needs in discharge from hospital was reported by 153/234 (65.4%) reviewers, but not for 81/234 (34.6%) patients. **10**

**Table 9.4 No access at all to specific equipment**

	AHP Paediatric outpatient	AHP Adult outpatient
	n=67	n=41
Standing frames	7	7
Walking frames/devices	4	2
Sleep systems for children and young people with cerebral palsies at GMFCS levels III-V (non-walkers) based on individual assessment	12	12
Orthoses	3	1
Hand splints	6	1
Low-tech communication aids	12	5
High-tech communication aids	27	12
Specialist seating	14	7
Equipment for self-care including bathing, dressing, mealtimes	16	3


Equipment and technologies reported by lead clinicians for inpatient care to be required to facilitate day to day care are shown in Table 9.5.

**Table 9.5 The patient required the following technologies/equipment for day to day care**

	n=	%
Gastrostomy or other feeding tube	231	81.9
Ventilation/CPAP	32	11.3
Hearing aid(s)	13	4.6
Hoist for transfer	122	43.3
Other	24	8.5
<b>Subtotal</b>	<b>282</b>	
Not answered	254	
<b>Total</b>	<b>536</b>	

\*Answers may be multiple

### Inpatient accommodation

Adult inpatient care organisational questionnaire data demonstrated variation in the type of accommodations and environmental adjustments available for young adults with cerebral palsies admitted for routine procedures or surgery, findings shown in Table 9.6. 

**Table 9.6 Ward facilities**

	Yes	No	Subtotal	Not answered	Total
Single room accommodation	21	21	42	24	66
En suite toilet facilities	18	24	42	24	66
Space for special equipment (wheelchairs/hoist etc)	32	10	42	24	66
Facility for parent carer to stay on-site/on the ward overnight if required (Adult IP2	36	10	46	20	66

### Emergency department environment

Children and young people were reported to have access to assessment facilities that was audio-visually separate from that for adults in only 78/92 emergency departments, but not in 14/92.

Disabled children and young people were reported to have access to cubicle accommodation with space for family members and equipment in 86/92 emergency departments, but not in 6/92. Cubicles with doors to allow privacy and confidentiality when young people were being seen were reported to be provided in emergency departments in 82/92 organisations, but not in 10/92. This replicates previous NCEPOD study findings. <sup>42</sup>

**Key Findings – questionnaire, case note review and organisational data**

- Easy accessibility was not available in 38/83 organisations providing paediatric outpatient care and 16/49 organisations providing adult outpatient care
- Hoists were not available in 38/83 organisations providing paediatric outpatient care and 16/49 organisations providing adult outpatient care
- Scales was not available in 38/83 organisations providing paediatric outpatient care and 16/49 organisations providing adult outpatient care
- Changing places were not available in 38/83 organisations providing paediatric outpatient care and 16/49 organisations providing adult outpatient care
- There was variation in terms of access to wheelchairs for both inpatients and at discharge
- Wheelchair services were reported to meet the needs of the population in 31/58 organisations providing allied health professional paediatric outpatient care, and 22/32 organisations providing allied health professional adult outpatient care
- Timely access to equipment for inpatients to ensure good posture, mobility and safe transfer was stated to be adequate in 178/245 (72.7%) cases reviewed
- Assessment of equipment needs on discharge was reported to be inadequate by reviewers in 81/234 (34.6%) cases reviewed
- Two thirds of organisational lead paediatric allied health professionals reported difficulties with equipment services and waiting times (40/61).

**SEE RECOMMENDATIONS****23 • 27 • 28 • 34**