

Draft letter responding to “Improving the Life Chances of Disabled People”

Improving the Life Chances of Disabled People

The British Medical Association’s Patient Liaison Group would like to make the following points in response to the consultation issued in January 2005 on “Improving the Life Chances of Disabled People.”

1. As a general point we welcome the ambitious vision and the four key areas of practical measures set out in the report.
2. The changing emphasis from incapacity to capability is essential, in our view, to convey a meaningful and relevant understanding of disability equality issues in order to promote consideration of the needs of disabled people as an integral part of both policy-making and/or decision-making processes.
3. The Report creates an approach to “shake-up” existing systems and potentially enhance employment opportunities for disabled people. We are particularly supportive of measures to support doctors with disabilities in this context as well as disabled people in the broader context of work.
4. The Report identifies reasons why many people fail to receive the appropriate help at the appropriate time with acknowledgement of the difficulties faced by GP’s/health service providers.
5. It aims to build improved information networks to bring together and disseminate key information relating to disability issues. Clear, widely available, accessible information is an essential tool to enable the needs of disabled people to be mainstreamed as a resource.
6. The endeavour to personalise services with a strong focus on delivering support tailored round individual needs is a vital process.
7. Initiatives such as the Pathway to Work pilot scheme with a focus on the active engagement of stakeholders, including GP’s, to appropriately and meaningfully support people to return to employment are instructive.
8. We welcome the aim to develop the role of GP’s in providing advice on fitness for work – with the intention of implementing this by 2007, although we are concerned that the proposals are largely subject to the availability of appropriate resources e.g. page 135 acknowledges that existing occupational health services/vocational rehab provision is poorly structured and weak. How will these funding issues be addressed?
9. Will the infrastructure and training be firmly in place to enable disabled people to make personal decisions and choices about taking up work rather than being urged into work which is inappropriate?

10. What is the rationale for enabling individuals to remain in work for longer when they are sick ref. p136 and how will this proposed culture work in practice?
11. Currently "GP's have little time to pay attention to work and contextual issues and may feel obliged to sign-off patients without helping with return to work plans. Some may even still see work as part of the problem rather than the solution" ref P135. This is a key issue of major concern and we urge that funding resources, training and provision of guidance is formalised to ensure that meaningful doctor/patient relationships are maintained and supported.
12. We are concerned about confidentiality issues (ref p135) in terms of an individual's health details and their private relationship with their GP given that there is an implication that such information should not remain private in terms of providing information to an employer
13. There are opportunities to develop new approaches as proposed in the report. Currently few GP's receive adequate occupational health training and this review may offer new training/skills opportunities to advance access to work as a component of good health. This is particularly relevant to the role of the GP as the patient's advocate in terms of linking with employers to effect vocational rehabilitation – how can this issue be best supported for the benefit of all involved?
14. There is mention of the training and support to be provided to employers and GP's by 2008 (p137) which includes a reappraisal of roles, competencies, deployment, training and workforce planning of health professionals for effective rehabilitation. We note that the Academy of Medical Royal Colleges will be asked to examine both the opportunities here and the implications and urge that they consult widely on this matter.
15. GP's are viewed as the "main guardians of the gateway to incapacity-related benefits – this medicalised approach is typically not appropriate". We note that p139 identifies the current problems faced by GP's and the existing initiatives to strengthen information and training for GP's.
16. We note that vocational advisers will be placed in healthcare settings from 2006 with rollout by 2008.

It is our hope that the changing emphasis across so many aspects of life for disabled people will deliver more creative possibilities and fairer choices for disabled people in terms of life opportunities.

We welcome appropriate developments to rethink how systems and support services can better enable disabled people to live and work, particularly in relation to the new duty on public bodies which will come into effect in December 2006, through the new Part 5A DDA.