Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill

Stage 2 Amendment on the provision of voice equipment: Call for Views

NHS Health Scotland

About Us

NHS Health Scotland is a national Health Board working with the public, private and third sector to reduce health inequalities and improve health. Our corporate strategy, A Fairer Healthier Scotland¹, sets out our vision of a Scotland in which all of our people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives. Our mission is to reduce health inequalities and improve health. To do this we influence policy and practice informed by evidence and promote action across public services to deliver greater equality and improved health for all in Scotland.

- **Key messages**
  - For those who need it, not providing voice equipment would put them at a substantial disadvantage when accessing the health service.
  - The amendment proposed strengthens the rights set out in the Equality Act by specifically creating the duty in primary legislation to provide voice equipment and also support to use it.
  - As the amendment proposed is aimed at addressing a structural inequality, we believe that it has the potential (if equitably provided) to reduce inequalities.
  - A legally enforceable Inclusive Communication Standard for Scotland would add significant value to the amendment proposed.

1. **The amendment in principle**

NHS Health Scotland welcomes the introduction of legislation which will establish a statutory right to (and the associated duty to provide) voice equipment when required and, the support in using that equipment, to any person who needs to use Augmentative and Alternative Communication (AAC).

2. **Impact on equality and health inequalities**

The Equality Act 2010 provides a legal framework to protect disabled people (and others) from discrimination in a variety of areas, including when accessing goods and services, such as the NHS. The Act also requires service providers to take reasonable steps to ensure that disabled people can

access services equally.\(^2\). Provision of communication support and voice equipment is one such adjustment.

For those who need it, not providing voice equipment would put them at a substantial disadvantage when accessing the health service. The Equality and Human Rights Commission’s code of practice on the Equality Act states that where disabled people would be put at such disadvantage, service providers must provide equipment that would remove this disadvantage, as a reasonable adjustment\(^3\). The code further explains in the context of what a ‘reasonable adjustment’ is, that “in all cases, it is important to use, as far as is reasonable, a means of communication which is itself accessible to disabled people\(^4\)”. It is our view that the amendment proposed is an important step to ensure the duties in the Equality Act are discharged. **We further believe that the amendment strengthens the rights set out in the Equality Act by specifically enshrining the duty in primary legislation (as opposed to relying on interpretation of the Code of Practise) to provide voice equipment and also support to use it. As such, NHS Health Scotland welcomes the amendment.**

In addition, there is evidence that structural interventions do more to reduce health inequalities than ‘downstream approaches’\(^5\). As this is a legal duty applying to the whole population and is aimed at addressing a structural inequality, **we believe that the proposed amendment has the potential (if equitably provided) to reduce health inequalities.**

### 3. Discharging the duty

To help ensure that the policy intentions are discharged we agree that voice equipment must be available, funded and provided. Given the potential of this amendment to reduce health inequalities, we would add that the duty should be discharged in a way that is:

- Timely
- Equitable, regardless of where you live, your age or why you need Augmentative and Alternative Communication (AAC)
- Person-centred, in line with the Quality Strategy for NHSScotland\(^6\). This could include considering provision of support for people to ‘voice bank’\(^7\).

“Voice banking is the recording of one’s natural voice for the possible eventuality of losing one’s voice\(^8\). Voice banking is considered by some

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\(^5\) MacIntrye, S; “Inequalities in health in Scotland: what are they and what can we do about them?”, MRC Social and Public Health Sciences Unit, 2007


people to be a very personal way of ensuring they can communicate, through equipment, without losing some of their identity. Ensuring this was an option, in conjunction with the provision of voice output communication aids, could be considered consistent with a person-centred approach.

- Accountable against quality outcome measures and indicators including those set out in the NHSScotland Quality Strategy.

4. A wider approach to inclusive communications

As highlighted above, communication support is crucial to people with communication support needs and ensures they can access health services equally, and can also help to reduce health inequalities. As such, we suggest that the Committee take this opportunity to also consider the broader communication support needs of disabled people, which goes beyond provision of equipment.

Some disabled people require an interpreter to access health services on an equal footing. It is therefore important to ensure that people can access interpretation, including British Sign Language (BSL) and speech to text support when using all NHS services. The Equality Act recognises the role of such interpreters and they are explicitly considered as a reasonable adjustment with codes of practice. Extending the provisions of the amendment beyond equipment to include access to interpretation support would be a significant step towards ensuring this support is available to disabled people when required.

People with learning disabilities experience significant health inequalities. We are pleased that the guidance notes specify that communication support can involve symbol systems and would encourage the committee to consider strengthening commitments on such support in the Act. One way to do this would be to create a legally enforceable Accessible Communication Standard in Scotland. We note that the NHS in England has developed one. The Accessible Communication Standard NHS England sets out requirements of all health and social care providers in England to; ask about communication needs, record them, make them clear on a person’s file, share (with permission) that information with other health and social care providers and ensure that people get information in an accessible way and with the support they need. We believe that a commitment to work with Disabled People’s Organisations and the public sector to develop a similar legally enforceable Inclusive Communication Standard for Scotland could add value to the amendment proposed and would further support inclusive and accessible communication in Scotland.

NHS Health Scotland


10 Tyrer F et al. J Intellect Disabil Res. 2007;51:520-7