**BCA Inform: April 2025 - Accessible Health Services**

On Tuesday, 1st April 2025, BCA Inform was held to discuss Accessible Health Services. BCA’s Senior Policy Officer, Jackson Reynalds-Ryan, led the session which provided a comprehensive exploration of how the seven core principles from BCA’s 2020 Policy Report - respect, access, safety, partnership, information, feedback, and privacy - can help shape a more inclusive healthcare experience for people who are blind or vision impaired. These principles were considered across all stages of the healthcare journey, from booking to post-discharge care and managing health at home.

The session opened with a focus on the pre-arrival phase, where attendees raised concerns about the accessibility of booking systems and the process of getting to appointments. One attendee emphasized that patients should be able to complete forms either electronically or in print, depending on their preference. Others highlighted the importance of healthcare worker training and the need for both public and private systems to consider people who are blind or vision impaired not only as patients but also as carers.

During the discussion about the on-site experience, participants addressed issues with pre-admission, wayfinding, and communication during treatment. Attendees shared experiences of inaccessible signage and difficulty locating wards or consultation rooms. Challenges around medication instructions, illegible prescriptions, and the need for accessible formats - such as emailed information or voiced instructions were also raised.

The discussion then moved to explore the potential use of identification tools such as wristbands or badges, while acknowledging the risks of visibility. The consensus was that staff training, especially for casual and third-party providers, was crucial, with an emphasis on directly engaging with patients to understand their needs.

In terms of intake and documentation, attendees stressed the value of including open-ended questions about accessibility needs, rather than limiting responses to predefined categories. Privacy and disclosure concerns were noted, especially when sharing disability related information during intake processes. It was also noted that advocacy for the inclusion of accessibility related details in quotes, invoices, and appointment reminders was needed.

Regarding the post discharge phase attention was brought to privacy, particularly the importance of not disclosing health information without consent. The need for accessible prescriptions, discharge summaries, and follow up information was also emphasized. One attendee spoke to the usefulness of having clear, accessible contact details in post care documents.

The session concluded with a discussion about managing health at home, including the inaccessibility of self-testing kits and health related apps. Participants called for more inclusive design in digital health tools and stressed the importance of accessibility in healthcare procurement and data systems.

Across all stages of the healthcare journey, it was evident that the seven policy principles could act as a framework for improvement, ultimately ensuring that healthcare is both inclusive and person centred. The need for clear recommendations, robust training, and accessible communication options were among the key takeaways.