

INFORMATION SHEET : 3

Lighting and accessibility: Ensuring access to healthcare

This brief guidance is intended to help people who are having problems accessing healthcare due to the artificial lighting in the premises. For people who are sensitive to, or disabled by, certain forms of artificial lighting, it can be difficult to access the medical care they need themselves and to visit and care for friends and family in healthcare environments.

What's the problem?

Lighting has changed fundamentally in recent years. Incandescent and halogen light sources have been banned and replaced by new technologies – first new forms of fluorescent lighting (including curly CFLs - 'Compact Fluorescent Lights') and now mostly 'LED' ('Light Emitting Diodes', also known as 'solid state lighting'). People with certain health conditions can find their symptoms are made worse by some forms of lighting technology, particularly fluorescent and LED. These conditions include:

Migraine and headache - The Migraine Trust has produced specific guidance on accessing healthcare. Visit their website: migrainetrust.org/news/migraine-and-light.

Autistic spectrum disorders - The National Autistic Society has produced detailed information for health professionals treating autistic people for other reasons. Visit their website: www.autism.org.uk/advice-and-guidance/professional-practice.

Light-sensitive skin conditions such as Lupus and photosensitive seborrheic eczema - Lupus UK has produced information about meeting the needs of light-sensitive patients in healthcare settings. Lupus UK has a section on their website called 'eclipse' with useful information around light sensitivity: www.lupusuk.org.uk/eclipse.

Photo-sensitive epilepsy - According to the Epilepsy Society, 3% of people with epilepsy suffer seizures when exposed to flashing or flickering lights.

Other people without any previous health conditions find they are unable to tolerate the newer forms of artificial lighting. Symptoms reported include eye pain, migraine, headaches, skin burning and rashes, dizziness, fits, fainting and vomiting, as well as difficulties in focusing and thinking clearly, anxiety and sensations of unease and discomfort.

For all of the above groups, symptoms which last for an extended period and have a severe adverse impact on everyday life can mean that the person concerned meets the definition of "disabled" set out in the Equality Act 2010, which means that employers and service providers may have specific duties to make reasonable adjustments for them.

Access to primary healthcare (GP, pharmacy, dentist, optician services)

Use your LightAware card

LightAware has produced a wallet-sized card for people to carry, explaining that this is an accessibility issue. It can be an invaluable aid for easier communication when requesting lighting to be altered or switched off.



Give the practice advance warning

Contact the receptionist or practice manager prior to your appointment to ensure they are aware of the issue. If possible, arrange an informal trip prior to actual treatment or ask someone to visit on your behalf. Negotiating with the practice in advance gives an opportunity for forging good relations and agreeing a plan of access, particularly where practices and receptionists are unaware of the issues and of the changes in lighting technology.

Get support from friends, family, or advocacy services

Have someone accompany you if possible. Negotiations can be difficult and emotionally exhausting. Lighting is not yet widely acknowledged as an accessibility issue, and often staff at health care premises simply do not know what type of lighting they have installed.

If there is an advocacy service in your area, they may be able to help you communicate better with your health provider.

Choose natural light

Wherever possible, choose a GP practice or dentist with good natural lighting so that overhead lights may be able to be switched off.

Ask for the lighting you need

The practice or premises should understand that you need lights switching off, or appropriate lighting, all the way from the front door to the surgery or treatment room. Ask whether they can switch lights off and whether there is adequate natural light. If not, ask if it is possible for them to change bulbs or install lamps with appropriate bulbs where practicable.

While you wait - You may be able to wait outside in daylight and have a member of staff identified to collect you when the health professional is ready. If the appointment is likely to be delayed for a long time, you may wish to leave the building completely and return at a later agreed time to minimise exposure to lighting while waiting. It may be possible for the practice to phone you outside to come back in when they are ready for your appointment.

If this isn't possible, ask if there is a small side room where you can wait with the lights switched off.

Timing of appointments

Ask for the first appointment of the day so that you are not hanging around the practice under artificial lighting. In winter, request an appointment during daylight hours.

Dental practices

Dental visits can be difficult as dentists use bright and focussed light to illuminate the mouth and teeth. You can request that these are only switched on during examination and treatment. Practice managers are often qualified dental nurses and may understand where problems arise, how they might be overcome or effects mitigated. Orange glasses may provide some protection (staff use these when light-curing fillings so they may be readily available). Some private dental practices and some NHS community dental services offer home visits.

Hospitals and specialist services

Access to hospitals may be difficult as many newer hospital buildings used the cheapest fluorescent or LED lighting available at the time, and the NHS is now committed to converting all premises to LED lighting.

If attending hospital, you can contact a Patient Advice and Liaison Service (PALS) and explain the nature of your problem with the hospital lighting. Again, having the LightAware card can help. Once a plan is in place, it is important to have it attached prominently to your records. In a hospital setting it may be possible to get a 'health passport', which outlines your needs and explains the plan that is in place.

