



Heathcote Primary Care Centre Heathcote Avenue, Ilford, Essex IG5 0QS

Thursday 3<sup>rd</sup> August 2017

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www.healthwatchredbridge.co.uk

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Service Provider	Heathcote Primary Care Centre Heathcote Avenue, Ilford, Essex IG5 0QS
Contact Details	Practice Manager – Lynn Howlett
Date/time of visit	Thursday 3rd August 2017, 10:00am- 12:00pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Anne Bertrand Bushra Tahir
Contact details	Healthwatch Redbridge 1st Floor, 103 Cranbrook Road Ilford, Essex IG1 4PU
	020 3874 4120

# Acknowledgements

Healthwatch Redbridge (HWR) would like to thank the staff and patients at Heathcote Primary Care Centre for their contribution to the Enter & View programme.

# Disclaimer

Please note that this report related to findings observed during our visit made on Thursday 3<sup>rd</sup> August 2017.

Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time of the visits.

# What is Enter & View?

Part of the local Healthwatch programme<sup>1</sup> is to carry out Enter & View visits. Enter & View visits are conducted by a small team of trained volunteers, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises.

#### Enter & View is the opportunity for Healthwatch Redbridge to:

- Enter publicly funded health and social care premises to see and hear first-hand experiences about the service.
- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives through evidence based feedback by observing the nature and quality of services.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made with the service provider, or, if certain circumstances dictate, as 'unannounced' visits.

Enter & View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what a service does well.

Section 221(2) of The Local Government and Public Involvement in Health Act 2007: <a href="http://www.legislation.gov.uk/ukpga/2007/28/section/221">http://www.legislation.gov.uk/ukpga/2007/28/section/221</a>

# Introduction

Healthwatch Redbridge (HWR) is conducting Enter & View visits to all GP practices across Redbridge as part of our work programme during July to October 2017.

Last year, Healthwatch Redbridge organised a series of workshops for practice managers across Redbridge, Havering, Barking and Dagenham to inform them about the Accessible Information Standard<sup>2</sup>. These visits are an opportunity for HWR to discover if the standards have been implemented across the borough.

# Accessible Information Standard

This standard aims to ensure that people who have a learning disability, communication impairment or sensory loss are provided with information that they can understand. They should also be able to receive support so that they can communicate effectively with health and social care services.

From 1<sup>st</sup> August 2016, all organisations that provide NHS or social care must follow the standard by law. For organisations to effectively implement the standard, they need to consider their policies, procedures, human behaviour and where applicable, electronic systems.

# Purpose of the visit

The visits were planned to evaluate whether GP practices across Redbridge are implementing the standards thereby ensuring that the needs of people with communication impairments are being met.

In addition to the workshop organised for practice managers, HWR also ran workshops for people with communication impairments. The feedback continues to show that people are not receiving information in a way that they can understand.

An example of when a patient's need was not met was when she asked her GP practice to provide information in large print but they continued to give her regular font. On one occasion, she missed her appointment because the letter that the surgery sent to her was not in the right font meaning that she was unable to read it.

<sup>&</sup>lt;sup>2</sup> <u>https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-upd-july-15.pdf</u>

NHS England reviewed the Accessible Information Standard during January-March 2017. Their subsequent report<sup>3</sup> found that many participants felt that the standard could have a significantly greater impact than it has done to date. This suggests that monitoring its compliance is necessary.

These visits will identify any areas where improvements could benefit patients. There is also an opportunity for Healthwatch to share examples of good practice found in GP surgeries across Redbridge. It is hoped that our findings will support practices in improving their services and making reasonable adjustments to meet patients' health care needs.

#### Strategic Drivers:

- Part of Healthwatch Redbridge's work plan 2017-18
- Implementation of NHS Accessible Information Standards
- Seldom heard groups and the way in which they are supported to communicate are of particular interest to local Healthwatch.

# Methodology

Each Enter & View visit was announced. All 46 GP practices were informed about the visit and given about three weeks' notice of the time period that the visit will take place. The practices were not given the specific time and date but rather given a two week time frame. Information provided prior to the visit included a brief summary of the visit and the role of the attendees.

Prior to the visit, HWR staff members worked with authorised representatives to prepare questions that will be used during the visit. There were three separate set of questions: one for lead staff member, one for other staff members and one for service users.

Each visit involved observing the external and internal areas of the surgery. Representatives had the opportunity to identify any issues or challenges that someone with an impairment might face when using the facilities in the surgery.

Where possible, the representatives spoke to the practice manager, other staff members such as the receptionist and nurses and service users. Due to the specific nature of the visit, it wasn't always possible to speak to patients with communication impairments.

<sup>&</sup>lt;sup>3</sup> https://www.england.nhs.uk/wp-content/uploads/2017/07/accessible-Info-std-review-report.pdf

At the end of the visit, staff members were informed that a draft report would be sent to them. A draft report was sent to each GP practice and they were given 20 working days to respond with their comments.

## **Reviewing website accessibility**

In addition to visiting the GP practices, all the practice websites were checked to find out whether they are accessible for people with communication impairments.

Three volunteers assessed each website using a checklist (Appendix 1) devised by HWR staff members. Two of the volunteers who reviewed the website had communication impairments; one of the volunteers was Deaf and the other volunteer has Asperger's Syndrome.

# **Results of website review**

The practice does not have a website.

# Results of the visit

Observations made outside the premises:

- Signage to the premises is clear and unobstructed.
- Street parking is available near the surgery. There are no designated accessible parking spaces.
- There is level entrance to the surgery meaning that a ramp/lift is not necessary.

#### Observations made inside the premises:

- There is no glass screen in reception which can make it easier for a person with a hearing impairment to communicate effectively.
- Staff members told the representatives that they have a good relationship with their patients and know them personally so they are able to remember any needs that they have.
- No trip hazards or sharp edges were identified.
- Signage on the toilet had both words and pictures.
- The stand with the leaflets was overcrowded but posters on the information board were adequately spaced out.
- The complaints procedure was not available on the noticeboard. An authorised representative asked for the complaints procedure and a copy was provided. The complaints procedure was available in a regular font size and there was no mention of its availability in other formats such as large print.
- There are two hearing loop signs in the waiting area; one was located near the door whilst the other is near the reception desk.
- The surgery does not have an electronic screen. Staff explained that the surgery is small and the doctor comes out to inform patients when it is their turn.
- The fire exits were clearly signed in pictures and words.
- The fire alarms do not have a red flashing light as well as sounds.

#### Speaking to the practice manager

- The manager said that patients are asked about their communication needs when they first register at the surgery. Representatives were shown the registration form and there was a question about the patient's communication needs.
- Patient's needs are recorded on the EMIS<sup>4</sup> patient record system.

<sup>&</sup>lt;sup>4</sup> EMIS is an electronic patient health record system used by many GPs

- When a patient presents at reception, information about their communication needs is flagged up by the computer.
- The doctor and nurse are informed about the patient's communication needs on the computer system.
- There is a portable hearing loop in the surgery. On 20<sup>th</sup> September, a representative checked the hearing loop and it was working.
- Staff have not been provided with training on how to use the hearing loop.
- Patients are made aware of the hearing loop because of the signs available in the waiting area and reception.
- Staff have not been provided with training on how to support patients with communication impairments.
- They have not received training on Deaf awareness, communication training and easy read training.
- The surgery is able to provide information for patients in different formats such as large print but there is no easy read.
- The manager said that if the next of kin/carer requires large print information then they are able to provide this.
- The next of kin/carer's information will be recorded on the EMIS system.
- The surgery can access BSL interpreters on request.
- The manager was not aware of the organisation that provides this service.
- There is no communications<sup>5</sup> handbook.
- The manager said that the surgery does not currently have any patients with communication needs.

#### Speaking to other staff

Representatives spoke to one other member of staff during the visit

- The staff member had a vague idea of what the Accessible Information Standard is about.
- She said that she has not received training on how to support patients with visual impairments, hearing impairments and learning disabilities.
- A patient with a specific need would be identified on the EMIS system.

<sup>&</sup>lt;sup>5</sup> Example of a standard hospital communication book can be found at: <u>http://www.uhs.nhs.uk/Media/SUHTInternet/PatientsAndVisitors/Learningdisabilities/Thehospitalcommunicationbook-part1.pdf</u>

- If the patient with a hearing impairment is waiting for their turn, the doctor will come out to inform the person.
- There is a portable hearing loop.
- She was unsure of how to provide information for people with a hearing impairment, visual impairment and learning disability.
- There is no communications handbook.
- The fire alarm does not have flashing red lights.
- In the event of a fire, staff will take patients out of the building. There is no fire marshal in the surgery.

#### Provider Response:

We were not asked about fire marshals, our fire marshal is Philip Soares and we have two deputies Lesley Martin and Lynn Howlett.

• There was a fire drill in the last month and no problems were identified.

#### Speaking to patients

Representatives spoke to one member of staff during the visit.

• The patient registered in 1969 and said that she was not asked about her communication needs. She does not have any additional communication needs so she was unable to provide any more information.

# Recommendations

1. The surgery should consider having a website so that patients can access any necessary information on there. This website should be accessible to people with communication impairments.

Patients should be able to:

- Change the size of the text; some people with a visual impairment need information in a large font size.
- Change the colour of the background; some people cannot read text if there is insufficient contrast between text and background.
- Navigate the whole website without a mouse; some people who are blind/partially sighted with mobility impairments rely on the keyboard.
- Access website information via screen readers and translation software (such as Browesaloud®<sup>6</sup>) especially for people with visual impairments.

#### Provider Response:

We will look into the possibility of getting a website that is accessible to people with communication impairments.

2. A Communications handbook<sup>7</sup> with basic images of common BSL and Makaton symbols should be available in the reception enabling staff to communicate more effectively with patients who have communication impairments.

Provider Response:

We will try to obtain a communications handbook.

3. Staff should receive training on AIS.

Provider Response:

We will look into training courses available for staff.

<sup>&</sup>lt;sup>6</sup> <u>https://www.texthelp.com/en-gb/products/browsealoud/</u>

<sup>&</sup>lt;sup>7</sup> Example of a standard hospital communication book can be found at:

http://www.uhs.nhs.uk/Media/SUHTInternet/PatientsAndVisitors/Learningdisabilities/Thehospitalcommunicationbo ok-part1.pdf

- 4. Visual impairment and deaf awareness training should be provided for all staff members as an annual roll on programme. This would enable staff to know how to communicate better with a deaf/blind person.
- 5. Staff should be trained on how to provide information in an accessible format for patients with learning disabilities.
- 6. The surgery should have a complaints/compliments procedure displayed on the noticeboard and this should be available in a variety of formats such as large print for patients.

Provider Response:

The complaints procedure is in the waiting room and is available in large print.

7. It might be useful for the surgery to consider having an electronic screen to inform patients when it is time for their appointment. The screen should also have audio information for people who have a visual impairment.

Provider Response:

We can make enquiries regarding having an electronic screen in the waiting room but would also need permission from NHS property services.

8. The surgery should put a poster about Accessible Information Standard on the noticeboard. If possible, this information should be available on an A3 poster.

Provider Response:

We will see what posters are available.

9. The surgery needs to put a procedure in place to identify communication needs of existing patients. Some patients acquire communication impairments after registration or as they become older; reviewing a patients needs every few years would be good practice.

#### Provider Response:

Communication needs of patients are regularly reviewed and updated on our computer system as and when they arise. 10. Staff should be provided with training on how to use the hearing loop. The hearing loop should also be checked regularly to ensure it is working.

Provider Response:

All staff were familiarised with the hearing loop when it was purchased and it has been tested and is checked on a regular basis.

11. The surgery should consider installing a fire alarm with flashing lights. This will allow Deaf people to know when the fire alarm goes off.

Provider Response:

We can pass the recommendations regarding the fire alarm on to NHS property services as it is them that have installed this in the clinic.

12. The surgery should consider appointing fire marshals.

**Provider Response:** 

We have a fire marshal and two deputies.

# Service Provider Responses

We would like to thank Heathcote Primary Care Centre for the responses made and Healthwatch Redbridge has incorporated them within this report where appropriate.

#### Distribution

- Heathcote Primary Care Centre
- Redbridge Clinical Commissioning Group
- Barking, Havering and Redbridge Quality Surveillance Group
- Care Quality Commission
- Healthwatch England

### Appendix 1 - Website accessibility checklist

Questions			
Can you change the text size?	Yes	No	
	Comments		
Can you change the colour of the background?	Yes	No	
Buckground.	Comments		
Does the website have a "sitemap"	Yes	No	
button?	Comments		
Are there keyboard shortcuts? / Can you navigate the website without a	Yes	No	
mouse?	Comments		
Does the website have audio content?	Yes	No	
	Comments		
Is the website content written in "plain English"?	Yes	No	
_	Comments		
Additional comment			

### Appendix 2 - Observation sheets

Observation Checklist		נסוובר הססוס - מוב נוובל בובמי בסוונו מזרווופל לוברתו בזל	Comments:
Name of Concerns			
		Interaction between staff and service users; are they facing service user whilst falking to them using	Yes No
Name of Authorised Representative:		body language to communicate as well as verbal	Comments:
Date:		communication, is plain language - is plain	
		ומוופטמפר טיכט	
Observations/Questions		Complaint/compliments procedure information is	Yes No
Getting to the Service:		available in alternative formats - for patients &	
nises	Yes No	relatives - is it on the noticeboard	Comments:
being visited: signs are clear, unobstructed and easily readable C	Comments:		
		Are the noticeboards cluttered, and are the notices easily legible	Yes No
ole	Yes No	3	Comments:
<ul> <li>drop off point directly</li> </ul>			
outside the entrance	Comments:		
		Is there a hearing loop sign?	Yes No
	Yes No		
unp highlighted to keep			Comments:
people off uneven surface	Comments:		
		Does the surgery have an electronic screen to	
Fire alarms have a light as well as sound	Yes No	inform patients of their appointment - if so what	
0	Comments:	colour are the screen and writing - does it show room no. Doctor name - is it audio as well as visual	
Fire exits clearly signed in various formats.	Yes No		
Words		Further Comments:	
35	Comments:	Please provide any relevant information about accessible information	
Within the premises:			
Are there trip hazards/sharp edges/furniture in Y pathway (both permanent & temporary)	Yes No		
0	Comments:		

Yes No	ments	Yes No Comments	Yes No	Comments	Comments		Yes No	Comments	Yes No	um ante	comments	Comments		Commonte					hin 20	sary.						
<ol> <li>Are you able to access:         <ul> <li>BSL (British Sign Language) interpreters</li> <li>Y</li> </ul> </li> </ol>		Signationg (based on BSL)     C.     C.	• MAKATON (a language programme using signs		16. Where/which organisations might you access Co	the above if you use them?	-	NOTE FOR REPS: If they have one, please ask to see it and comment on what you have seen	oatient had any	8	unem in a format that is accessible to them:	v this and would it be on	the patients records/	20 le there southing our would like to choos with $C$				Information for Manager when leaving	Inform them that we will send a copy of the report within 20	working days for your comments & corrections if necessary.						
Yes No	Comments			Comments		res No	ments	Yes No	Comments	l act data of	sı uaur training	Yes No	Yes No Voc No	Vec No		Comments	Comments	Yes No	Comments				Comments			
7. Is there a process in place to ensure that the doctor/nurse dealing with the patient whilst they		communication needs before they start to interact with them?		<ol> <li>Is there a hearing loop in the surgery, if there is what type of loop is it?</li> </ol>	<ul> <li>Fixed/Portable/Both</li> </ul>	9. Have staff been provided with training on how to Yes use it?		10. Are patients made aware that a hearing loop is available?		11. What training is provided to support all staff to		ing Communication training	8				12. How often do you have this training?	lats to	make it accessible to all patients and are	easy read, Braille, Audio.	NOTE FOR REPS: Please ask to see examples of this	if possible and comment on what you have seen	provide for people with:	a. Hearing impairment b. Visual impairment	c. Learning disabilities	2
RGE at							Yes No	Please explain				Comments			Comments						Yes No	Comments	Comments	Comments		
Questions for MANAGER/PERSON IN CHARGE at	GP Surgery	Name of Surgery:	Name of lead manager:	Name of Authorised Representatives:	Date:			needs when they first register at the surgery! For example:	<ul> <li>Are they asked if they have difficulties with</li> </ul>	sight/hearing?	<ul> <li>Are they asked if they have a learning disability:</li> </ul>	ng patients	to ensure that you are aware of their	communication needs:	3. How are these needs recorded if they have any?		NOTE FOR REPS: If the manager seems unsure you can prompt them with the following questions:		Are they recorded on a database? Or human other means?	כווניסוון זסווט עונג על וע	tion, is there a	'pop up' which flags their needs?	5. If yes, what system do you use?	6. If there is no custem in place can voir evolain the Commants	reasons for this?	P4

### Appendix 3 - Questions for lead staff

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CUIIIIIIIII		Yes	2001	Comments	Yes Comments				Yes No	Comments			Comments	Yes	Comments	Comments	
<ul> <li>a. Is unere a rearing toop in the surgery, in there is what type of loop is it?</li> <li>Fixed/Portable/Both</li> </ul>	<ol> <li>Are you aware of the ways that information should be provided for people with:</li> </ol>	<ul> <li>hearing impairments</li> </ul>	- tinta turnations and a		<ul> <li>Learning disability?</li> </ul>	If yes, what are they?	<ul> <li>NOTE FOR REPS. If the member of staff is struggling to give some examples you can prompt them.</li> <li>Hearing impairments -British sign language, subtitles on TV</li> </ul>	<ul> <li>Visual impairments - Large print or audio</li> <li>Learning disabilities - Easy Read</li> </ul>	8. Do you have a communications book?	<u>NOTE FOR REPS</u> : If they have one, please ask to see it and comment on what you have seen	<ol> <li>If there was a fire or emergency do you know if there is an appropriate alarm for those with hearing impairments? If yes, what is it? If possible,</li> </ol>	can you show us? <ul> <li>Flashing red light</li> </ul>	<ol> <li>In the event of a fire, what is the procedure for evacuating those who are Deaf or Blind?</li> </ol>	<ol> <li>Has there been a fire drill and if yes, did it flag up any problems?</li> </ol>		<ol> <li>Is there anything you would like to share with Healthwatch Redbridge?</li> </ol>	
			۶				°N	Ŷ		Ņ	2	Ŷ					
gery			Yes Comments				Yes Comments	Yes	comments	Voc	Comments	Yes Comments	Comments			Comments	
Questions for STAFF in GP Surgery Name of Surgery:	Name of Authorised Representatives:	Dates:	<ol> <li>Are you aware of the Accessible Information Standard (AIS)?</li> </ol>	<ol><li>Have you been provided with training on how to support patients with:</li></ol>	NOTE FOR REPS: If they answer yes, please ask what	type of training it was and tick the appropriate box	Visual impairments: blind & partially sighted On-tine Face to face Both	<ul> <li>Hearing impairments: profoundly deaf &amp; hard of hearing</li> </ul>	On-tine Face to face		Learning Disapitutes     On-line     Face     Both     Comparison	<ol><li>Do you feel that you would benefit from any other training with regard to AIS?</li></ol>	<ol> <li>How would a patient that has a specific need be identified? i.e. had hearing impairments, visual</li> </ol>	<ul> <li>Impairments or learning disability?</li> <li>Would it be flagged up on the computer system</li> </ul>	<ul> <li>Electronic system</li> <li>A card provided by surgery they show to staff on arrival</li> </ul>	5. How would a patient with a hearing impairment know they had been called for their	appointment: Please ask staff member to describe this

### Appendix 4 - Questions for other staff

ise explain	Yes No	Please explain Comments		Comments			Yes No	Please explain							
	nurses are able to help ng to your	communication needs: 6. If not, how do vou feel this could be		7. What, if anything can be done to improve the (	way information is provided to you? For example:	<ul> <li>large print,</li> <li>audio (spoken/recorded information)</li> <li>easy read</li> </ul>	er been a time when your		information	9. Is there anything else you would like to talk	to us about?				
			No	ON N		No		No				No		No	
5 at GP Surgery				Comments Yes No	iments	Yes No Comments		Yes No	Comments - Please state			Yes No	Please explain	Yes No	Please explain

## Appendix 5 - Questions for Patients

## Healthwatch Redbridge

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