



Goodmayes Medical Centre 4 Eastwood Road, Goodmayes, Ilford, Essex IG3 8XB

Thursday 6th July 2017

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Service Provider	Goodmayes Medical Centre 4 Eastwood Road, Goodmayes, Ilford, Essex IG3 8XB
Contact Details	Practice manager- Sumathi Sundarrajan
Date/time of visit	Thursday 6 th July 2017, 10.00am -12.00pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Elaine Freedman Neil Adie Sarah Oyebanjo (staff support)
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 Goodmayes Medical 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 6th July 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 programme¹ 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: http://www.legislation.gov.uk/ukpga/2007/28/section/221

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 Standard². 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 1st 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 thus meaning that she was unable to read it.

² https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-upd-july-15.pdf

NHS England reviewed the Accessible Information Standard during January-March 2017. Their subsequent report³ 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.

³ 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 surgery does not have a website.

Results of the visit

Observations made outside the premises:

- The name of the practice is written in gold on a black background and the font is small/medium size, which may be difficult for someone with a visual impairment to see from a distance.
- There is no accessible parking near the GP practice.
- There is level entrance to the surgery thus meaning that a ramp/lift is not necessary.

Observations made inside the premises:

- The reception area can easily be identified once inside the surgery.
- On arrival, a Deaf representative approached the reception desk to inform the receptionist about the visit. The receptionist had the monitor in front of her which made it difficult to lip-read.
- The staff member was also moving around and looking away from the representative which made lip reading harder.
- The coffee table in the middle of the waiting area was identified as a hazard due to the lack of contrast with the rest of the furniture. It could be difficult for someone with a visual impairment to notice that the table was there.
- Another trip hazard identified was the stairs. This was due to the carpet being grey. This might be difficult for someone to know where the next step was.
- The fire alarms do not have flashing lights.
- The fire exit sign was above the door but this is not visible to patients sitting in the waiting room. It would be useful to have signage in the waiting room to direct patients in an emergency.
- There was no information upstairs about the fire exit.
- There was a small picture in front of the accessible toilet.
- The noticeboard was cluttered which made notices difficult to read.
- The complaint/ compliments procedure was available on the noticeboard and there were leaflets in the reception area to take away. The poster and leaflet were written in a small font. There was no mention of availability in alternative formats such as large print.
- There was a small hearing loop sign on the glass window in reception. This is not very visible to someone speaking to the receptionist as it is in the corner.
- Staff told the representatives that there is a portable hearing loop, which is often used by the doctor.
- There is an electronic screen in reception. When it is the patient's turn, it displays the patients name and the room that the patient needs

- to go to. It does not call out the patient's name but makes a beep sound when it is the person's turn.
- A representative witnessed a doctor coming out to call a patient's name when it was his turn.
- On the noticeboard, there was some information about the Accessible Information Standard which asked patients to inform staff of their communication support needs.

Speaking to the practice manager

- The manager said that patients are asked about their communication needs when they register with the surgery. There is a section on the registration form that asks for this information.
- The manager mentioned that the surgery currently has 180 patients with communication impairments.
- In terms of existing patients, staff make a note of their additional support needs if they find out that the person needs support.
- This information about the person's needs is recorded on the database so that it is easy to share with clinicians. The database has a 'pop up' which flags a patient's needs. The system used by the practice is EMIS-Web⁴.
- The manager said that the doctor/nurse are made aware of the patient's needs because it is flagged up on their system as well.
- There is a portable hearing loop, which is not available in the reception but doctors use it in the consultation room.
- The manager mentioned that only the doctors know how the hearing loop works because they are the only people who use it.
- After talking to the manager, we went to try out the hearing loop system and the staff present did not know how it worked but the Deaf representative was able to show them.
- Staff have not been provided with specific training for deaf awareness, communication and easy read training. However, they have received general communication training, which covered these topics briefly.
- The manager said that information is available in different formats for patients depending on their needs. People with hearing impairments are provided pictures or sign language interpreters, people with visual impairments are provided with large print while people with learning disabilities are provided with easy read information.
- Staff are able to access British Sign Language interpreters, signalong and Makaton. They can book it if necessary but there has not been a need for it yet.

⁴ EMIS-Web is an electronic patient health record system used by many GPs

- The practice manager said that they use Big Word⁵ for these services.
- The manager was unaware of what the communication book was and said that they have some pictures available but not the whole book.
- They are able to provide information for the next of kin/carer in an accessible format and this will be recorded on the system,
- The manager mentioned that she is keen to provide staff with training around the accessible information standard.

Speaking to other staff (receptionists)

Representatives spoke to two members of staff during the visit.

- Both members of staff said that they were aware of the Accessible Information Standard.
- They said that they have not been provided with training on how to support patients with visual impairments, hearing impairments and learning disabilities.
- Staff members said that patients' needs are flagged up on the computer system.
- A patient with a hearing impairment would be notified about their appointment using the LED screen or the staff will let the person know when it is their turn.
- Both staff members said that there is no hearing loop in the surgery.
- Reception staff said that they are unaware of how information should be provided for people with hearing impairments but one staff member was able to provide information on how to provide accessible information for someone with a visual impairment and learning disability.
- Staff mentioned that for people with learning disabilities, the information is often relayed to their carers.
- Staff said that there is no communications book.
- The fire alarm does not have a flashing red light.
- In the event of a fire, a staff member will assist the Deaf person out of the building. There is no policy for this so this relies on the staff initiative.
- A fire drill has not been conducted so no problems have been highlighted with the evacuation process.
- Staff are keen to take part in training to learn about sign language, learn how to support people with communication needs and they would also like a communications book.

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⁵ https://en-gb.thebigword.com/

Speaking to patients

Representatives spoke to four patients during the visit.

- Of the four patients that the representatives spoke to, only one patient had communication impairment.
- All four patients said that they were not asked about their communication needs when they registered at the surgery.
 Unfortunately, the patient with the impairment was called to the consulting room so the questionnaire was not completed.

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®⁶) especially for people with visual impairments.

Provider Response:

We are in the process of having surgery website. However, in surgery NHS choices website we have mentioned the service regarding accessible information to people with communication impairment.

2. A Communications handbook⁷ with basic images of common BSL and Makaton symbols should be available in the reception thus enabling staff to communicate more effectively with patients who have communication impairments.

Provider Response:

Communications Handbooks with basic BSL and Makaton Symbols for our Reception team have been ordered and we await delivery.

3. Although we understand that people with communication needs often attend the visits with their carers, staff should reduce reliance on

⁶ https://www.texthelp.com/en-gb/products/browsealoud/

⁷ Example of a standard hospital communication book can be found at: http://www.uhs.nhs.uk/Media/SUHTInternet/PatientsAndVisitors/Learningdisabilities/Thehospitalcommunicationbook-part1.pdf

carers, family and friends to relay information to the individual. This is because it compromises a patients' right to privacy and dignity.

Provider Response:

We have protocol in place which helps us to understand the needs of the patient with carers so that we can have a direct support with these cohort of patients. This will help reduce our reliance on the carers, family and friends both for the medical and physical needs as well as their privacy and dignity.

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.

Provider Response:

We are in the process of arranging training relating to visual impairment and deaf awareness for all staff.

5. Staff should be trained on how to provide information in an easy read format for patients with learning disabilities.

Provider Response:

There is a folder available in reception on "How to provide Information" in an easy read format for patients with learning disabilities and all the staff are aware of this.

6. The surgery should consider changing the fire alarms so that there is a flashing light as well when the alarm sounds.

Provider Response:

We are in the process of changing the fire alarm and hope to have them done shortly.

7. The surgery should provide information on complaints/compliments in a variety of formats such as large print for patients.

Provider Response:

We have already displayed information on complaints/compliments in a large print format for patients.

8. Posters and leaflets in the waiting area should be simple to understand and accessible for people with communication needs. It would be useful to have the information about Accessible Information Standard on a large A3 paper so that it is more visible.

Provider Response:

We are currently still in the process of producing large print posters and leaflets and hope to have them available shortly.

 It would be useful to reduce the amount of information on the wall and noticeboard, as this makes it difficult for patients to notice important information.

Provider Response:

All important information on the notice board is regularly updated and monitored. The old information is removed on a regular basis.

10. The surgery should provide training for staff members on how to use the hearing loop.

Provider Response:

We are in the process of arranging training for all staff on the Hearing Loop System.

11. The sign for the hearing loop should be enlarged and placed in a visible position.

Provider Response:

We have displayed the enlarged sign for the hearing loop and placed in a visible position.

12. The surgery should consider putting yellow strips on the stairs to make it more visible for people with a visual impairment.

Provider Response:

We are booking appointments for all the visual impairment and disability patients on the ground floor, not on the first floor consulting room. However, we will take your recommendation into consideration to put yellow strips on the stairs to make it more visible for patients with visual impairment.

13. The surgery should consider fitting a standalone sign in front of the surgery because the current sign is small and difficult to see from a distance.

Provider Response:

We will contact the signage company to process the current sign outside in larger size to enable patients to view from a distance.

14. It would be useful to put a sign on the table so that visually impaired patients are aware that the table is there.

Provider Response:

We will provide a sign on the table so that visual impairment patients are aware that the table is there.

15. Staff should be provided with the necessary procedure for assisting Deaf people out of the building in the case of a fire.

Provider Response:

Training will be provided for all staff for assisting deaf/disabled patients out of the building in case of fire.

16. The surgery needs to put a procedure in place to identify communication needs of existing patients.

Provider Response:

We have displayed a poster in reception area asking patients to make reception staff aware of any communication impairment they may have.

Service Provider Responses

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

Distribution

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

Appendix 1 - Website accessibility checklist

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

Appendix 2 - Observation sheets

GUIDANCE For Enter & View to GP Surgeries Re: Acces	Re: Accessible Information	Signs in various formats including pictures (e.g. on	Yes No
Observation Checklist		tollet doors - are they clear/contrasting/pictures)	Comments:
Name of Surgery:		Interaction between staff and service users; are	Yes No
Name of Authorised Representative		they facing service user whilst talking to them using	, amount
		communication, is plain language - is plain	collinears.
Date:		language used	
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	Comments		
		Are the noticeboards cluttered, and are the notices	Yes No
		easily legible	
There is accessible & sufficient parking available	Yes No		Comments:
	Comments:		
		Is there a hearing loop sign?	Yes No
A ramp/uncts available, or there is a working assistance hell - Edge of ramp highlighted to keen	001		Comments:
	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	
		colour are the screen and writing - does it show	
-	Comments:	room no. Doctor name - is it audio as well as visual	
Fire exits clearly signed in various formats.	Yes No		
Words		Further Comments:	
S	Comments:	Please provide any relevant information about accessible information	
Within the premises:			
Are there trip hazards/sharp edges/furniture in pathway (both permanent & temporary)	Yes No		
	Comments:		

Appendix 3 - Questions for lead staff

Yes No Comments Yes No Comments	Comments Comments	Yes No Comments Yes No	Comments	Comments		within 20 cessary.			
15. Are you able to access: • BSL (British Sign Language) interpreters • \$\frac{1}{2}\text{ignal}\text{ong}\text{ (based on BSL)} • MAKATON (a language programme using signs	and symbols to help people to communicate) 16. Where/which organisations might you access the above if you use them?	17. Do you have a communication book? NOTE FOR REPS: If they have one, please ask to see it and comment on what you have seen 18. If the next of kin/carer of the patient had any	communication needs, is information provided to them in a format that is accessible to them?	19. How would you know this and would it be on the patients records? 20. Is there anything you would like to share with	Healthwatch Kedbridge?	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.			pro
		Comments Yes No Comments	Last date of training	Yes No Yes No Yes 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 are in the surgery are aware of their communication needs before they start to interact with them?	8. Is there a hearing loop in the surgery, if there is what type of loop is it? • Fixed/Portable/Both 9. Have staff been provided with training on how to use it?	10. Are patients made aware that a hearing loop is available?	11. What training is provided to support all staff to communicate effectively with patients?	Deaf awareness training Communication training Dementia awareness Easy read training	40 11 - 4 - 1 - 4 - 4 - 4 - 4	12. How often do you have this training? 13. Is information available in different formats to Yes make it accessible to all patients and are patients aware of this? For example: large print, Comments easy read, Braille, Audio.	NOTE FOR REPS: Please ask to see examples of this if possible and comment on what you have seen 14. What format do you provide for people with:	a. Hearing impairment b. Visual impairment c. Learning disabilities	64
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 Authorised Representatives: Date:	Are patients asked about their communication needs when they first register at the surgery? For example: Are they asked if they have difficulties with	sight/hearing? • Are they asked if they have a learning disability?	What have you put in place for existing patients to ensure that you are aware of their communication needs?	How are these needs recorded if they have any! Comments	NOTE FOR REDS: If the manager seems unsure you can prompt them with the following questions: Are they recorded on a database? Or by any other means?	4. When a patient presents at reception, is there a 'pop up' which flags their needs? Fives. what system do you use?	6. If there is no system in place can you explain the Comments reasons for this?	

Appendix 4 - Questions for other staff

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Comments		Yes Comments	Yes Comments	Yes Comments			Yes No	Comments			Comments	Yes	Comments	Comments
 6. Is there a hearing loop in the surgery, if there is what type of loop is it? • Fixed/Portable/Both 	Are you aware of the ways that information should be provided for people with:	 hearing impairments 	 visual impairments 	Learning disability? If we what are then?	NOTE FOR REPS: If the member of staff is struggling to give some examples you can prompt them. • Hearing impairments -British sign language, exhibites on TV	 Visual impairments - Large print or audio Learning disabilities - Easy Read 	8. Do you have a communications book?	NOTE FOR REPS: If they have one, please ask to see it and comment on what you have seen	 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, 	can you snow us: • Flashing red light	10. In the event of a fire, what is the procedure for evacuating those who are Deaf or Blind?	11. Has there been a fire drill and if yes, did it flag up any problems?		12. Is there anything you would like to share with Healthwatch Redbridge?
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rgery		Vec	Comments		Yes Comments	Yes		Yes	Comments	Yes	Comments			Comments
Questions for STAFF in GP Surgery	Name of Authorised Representatives:	Dates:	Standard (Al5): 2. Have you been provided with training on how to support patients with:	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-line Face to face Both	Hearing impairments: profoundly deaf & hard of hearing	On-ture Forth face Community for the Community f	In aming Disabilities	On-line Face to face	3. Do you feel that you would benefit from any other training with regard to AIS?	4. How would a patient that has a specific need be identified? i.e. had hearing impairments, visual	 Mould it be flagged up on the computer system 	 Electronic system A card provided by surgery they show to staff on 	5. How would a patient with a hearing impairment know that they had been called for their appointment?

Appendix 5 - Questions for Patients

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Please explain	res no	Comments		Comments			Yes No	Please explain								
help you effectively according to your communication needs?	iurses are able to nelp ng to your	communication needs: 6. If not, how do you feel this could be improved?		anything can be done to improve the mation is provided to you? For	example: • large print, • audio (spoken/recorded information)	easy read	8. Has there ever been a time when your communication needs have not been met?	For example, when being called for an appointment or provided with written	information	9. Is there anything else you would like to talk	to us about?					
at Or Surgery		Vec	ments	Yes No Comments	Yes No Comments			Yes No	Comments - Please state			Yes No	Please explain	Yes No	Please explain	

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