

Gants Hill Medical Centre

Practice Manager: Tahira Mughal

Authorised representatives: Sarah Oyebanjo (staff member) & Ann Atkins

Date of visit: 25 July 2018

Recommendations made in original report	Provider Response	Comments from Review
<p>1. To make the website more accessible, patients should be able to:</p> <ul style="list-style-type: none">○ 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.○ Use the sitemap button, as this will make it easier for	<p>We have updated our website and changed the font size, changed the colour of the background, which has improved the contrast and the text is easily readable.</p> <p>We are looking into ways to change the navigation of the whole website without a mouse, and the use of the site button. We are not allowed to download any other software on our system.</p>	<p>The practice manager informed the representatives that she renewed the website contract just before the visit took place last year. She is currently looking into another service provider who would accommodate for these accessibility changes to be made.</p>

<p>people with communication impairments to find information on the website.</p> <ul style="list-style-type: none"> ○ Access website information via screen readers and translation software (such as Browesaloud) especially for people with visual impairments. 		
<p>2. A Communications Handbook 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.</p>	<p>Communications handbook has been ordered.</p>	<p>Representatives were shown the communication book which is placed in reception.</p>
<p>3. Although we understand that people with communication needs often attend appointments with their carers; staff should reduce reliance on carers, family and friends to relay information to the individual. This is because it compromises a patients' right to privacy and dignity.</p>	<p>Patient are asked to be accompanied by carers only when it is absolutely necessary, e.g. patient with severe learning disability.</p>	<p>Staff members are trained on how to communicate effectively with patients who have additional communication needs. However, many of their patients with additional communication needs tend to attend the visit with their carers.</p>
<p>4. Visual impairment and deaf awareness training should be provided for all staff members as an annual roll on</p>	<p>We are looking into ways to provide structural visual</p>	<p>Training took place using Bluestream. There is also information available on the shared drive where staff can access</p>

programme. This would enable staff to know how to communicate better with a deaf/blind person.	impairment and deaf awareness training for staff.	information on visual impairment and deaf awareness whenever necessary.
5. Staff should be trained on how to provide information in an accessible format for patients with learning disabilities.	Staff will be trained on how to provide information in an accessible format for patients with learning disability.	This was discussed in a staff meeting where staff members were provided with information on the different ways to communicate effectively with patients who have learning disabilities.
6. The surgery should consider changing the fire alarms so that there is a flashing red light as well when the alarm sounds. This will allow Deaf people to know when the fire alarm goes off.	We have ordered a flashing red light for the fire alarm.	Representatives were shown the red flashing light however it has not yet been fitted because refurbishment is still underway.
7. The complaints/compliments procedure should be available in a variety of formats such as large print for patients.	We have already formatted the complaints/compliments procedure in large format.	Representatives were shown a large print copy of the complaints procedure.
8. The surgery should consider moving the hearing loop to a position that will allow people who need it to hear clearly.	Hearing loop will be repositioned and secured appropriately when the refurbishment starts, which is expected within the next few weeks. (Funding already approved by NHS England).	The hearing loop is now placed in a highly visible area in reception.

<p>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.</p>	<p>All staff have been trained to identify patient with communication needs opportunistically and systematically and code on the system. A register has been created for communication needs patients.</p>	<p>Patients are asked about their communication needs when they first register with the practice. For patients with additional communication needs, this information is recorded on a separate list. This information ‘pops up’ when the patient visits the surgery.</p>
<p>10. Staff members should be provided with information of the organisation for booking BSL interpreters.</p>	<p>During our last staff meeting we explained the organisation for booking BSL interpreters. At present we will be using our own member of staff who is a very senior administrator she has been self-training sign language. We have enrolled her for an online BSL course.</p>	<p>Please see the provider response column.</p>