



The Broadway Surgery 3 Broadway Gardens, Monkham's Avenue, Woodford Green, IG8 OHF

Wednesday 30th August 2017

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www.healthwatchredbridge.co.uk

020 3874 4120

info@healthwatchredbridge.co.uk

Service Provider	The Broadway Surgery 3 Broadway Gardens, Monkham's Avenue, Woodford Green, IG8 0HF
Contact Details	Practice Manager – Margaret Scott
Date/time of visit	Wednesday 30 th August 2017, 10:00am – 11:30am
Type of visit	Announced visit
Authorised representatives undertaking the visits	Mike New Neil Adie Naina Thaker (staff support)
Contact details	Healthwatch Redbridge 1 st Floor, 103 Cranbrook Road, Ilford, Essex IG1 4PU 0203 874 4120

Acknowledgements

Healthwatch Redbridge (HWR) would like to thank the staff and patients at The Broadway Surgery for their contribution to the Enter & View programme.

Disclaimer

Please note that this report related to findings observed during our visit made on Wednesday 30th 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 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.

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 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

- It is not possible to change the size of the text on the website.
- The colour of the background cannot be changed.
- The image has a text description explaining what it is about.
- The website does not have a "sitemap" button.
- It is not possible to navigate the whole website without a mouse.
- There is no audio content on the website.
- Information on the website is written in plain English.

Results of the visit

Observations made outside the premises:

- Signage to the building is clear but there is only one sign and there are two entrances to the building. This means that a patient coming from the car park may not be able to see the sign.
- At present there is no marked accessible bay in the car park. Signage in the car park reads "staff parking only" however when the representatives asked the manager, she said that a disabled bay will be marked out soon. There is a single yellow line in front of the surgery so patients can be dropped off there.
- Both entrances have a ramp. One of the entrances has automatic sliding doors. There is an assistance bell but the representative with a visual impairment did not see it as it blended into the rest of the woodwork. There are no handrails on either ramp.

Observations made inside the premises:

- No sharp edges or trip hazards were noted however the corridor where the consulting rooms are was a bit dark and dimly lit according to the representative with a visual impairment.
- There was a glass screen separating the receptionist and the patients. The glass screen can create a glare making lip reading more difficult for Deaf patients.
- The representatives observed that staff were very good at supporting patients. The surgery was busy with patients requiring different services and the staff dealt with their needs adequately.
- On the toilet door, there was no picture but just words. The word was written on a gold background and the door was light brown. The representative with a visual impairment said that it was difficult to read this due to the lack of contrast.
- The noticeboards were cluttered making it hard for any information to stand out.
- The complaint/compliments procedure was available on the noticeboard. It was difficult to identify the procedure because there was a lot of information on the board. There was no mention of its availability in other formats.
- There is no poster informing patients about the Accessible Information Standard.

- There was no hearing loop sign in the surgery. The manager said that
 this is because the portable hearing loop was taken for servicing prior
 to the CQC visit. The hearing loop is due to be returned back on
 Friday.
- The surgery has an electronic screen which is written in a red font on black background to inform patients when it is their turn.
- The manager showed the representatives the red flashing fire alarm light. This was placed near the nurse consulting room door, which is round the corner from where patients sit. In the case of a fire, a Deaf person may not be able to see this from where they are sitting.
- The fire exits were clearly signed in words and pictures. However, a sign which reads 'Fire Action' was covered with a domestic waste sign.

Speaking to the practice manager

- The practice 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 asking patients about their communication needs.
- When the patient presents at reception, the receptionist will discuss further to address the amount of support that the patient requires. A different code is used for the type of impairment and this is noted on the patient's plan.
- With regards to finding out about existing patient's communication needs, if a patient has an impairment later in life, the doctor includes this information in the patient's notes and then this is included in the patient's plan.
- Patient's communication needs are recorded on the computer database called system One.
- When a patient presents at reception, the information is flagged up to inform staff about the patient's communication needs.
- The doctor/ nurse is informed of the patient's communication need when the patients name is entered into the database. The information is flagged up.
- The surgery has a portable hearing loop. It is usually placed in the reception area then taken into the consultation room when required.
- All staff members have been trained on how to use the hearing loop.

- Patients are usually informed of the hearing loop by the sign in reception however this has been temporarily removed because the hearing loop is not currently available.
- Staff have not been provided training on Deaf awareness, communication training and easy read training.
- The surgery is able to provide information in different formats such as large print for patients. The practice manager said that she is not sure about providing information in an easy read format but is happy to look into it.
- There is a text phone system to send text messages to patients with hearing impairments and they can reply to the messages as well.
- With regards to the format that information is provided for people with additional communication needs, staff would book a BSL interpreter for someone with a hearing impairment. For people with visual impairment, staff would read the information out for them.
- Double appointments are available for patients with learning disabilities, hearing impairments and visual impairments.
- If the next of kin/ carer has any communication needs, this will be recorded on the patient's plan and notes.
- The surgery is able to access BSL interpreters.
- The practice manager said that Redbridge CCG have a contract through London Borough of Redbridge and they are able to book an interpreter with 24hrs notice.
- There is no communications book.

Speaking to staff

Representatives spoke to two members of staff during the visit.

- Staff members were aware of the Accessible Information Standard.
- The receptionist said that the surgery has two blind patients who always come with someone.
- One staff member said that she has not been provided with training to support patients with visual impairment, hearing impairment and learning disabilities.
- The other staff member said that she has been provided with training on how to support patients with communication impairments.
- One staff member said that she would benefit from AIS training.

- Patient's communication needs are identified on the computer system. This information is put on the database when the patient first registers with the surgery.
- Patients are called using the electronic screen but in the case of a Deaf patient, reception staff will look out for the patient. One staff member said that patients with an impairment will be asked to sit at the right hand side of the waiting room so that the receptionist can see the patient when the doctor calls them in.
- There is a portable hearing loop but it has not been used in a long time.
- Staff said that they are aware of the different ways of communicating with people with communication impairments. For people with hearing impairments, they would use leaflets and check google. Information will be provided in large print for someone with a visual impairment.
- In the case of an emergency, the fire marshal will help everyone out of the building.
- One staff member said she was not sure if there had been a fire drill whilst the other staff member said that there had been a recent fire drill and no problems were identified.

Speaking to patients

Representatives spoke to four patients during the visit.

- Two patients said that they were not asked about their communication needs whilst two patients said that they could not remember if they were asked.
- One of the patients said that he registered recently but was not asked.
- None of the patients had any communication needs so they were unable to provide any more information.

Recommendations

- 1. To make the website more accessible, 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®⁴) especially for people with visual impairments.
- 2. A Communications Handbook⁵ 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.
- 3. Staff should receive training on AIS.
- 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 complaints/compliments procedure should be available in a variety of formats for patients.
- 7. Information should on the noticeboards should be spaces out adequately so that patients can read the information.
- 8. The surgery should display a poster about the Accessible Information Standard on the noticeboard. If possible, this information should be available on an A3 poster.

⁴ https://www.texthelp.com/en-gb/products/browsealoud/

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

- 9. The surgery should consider 'highlighting the edge of the ramp to ensure that people with visual impairments are able to see it.
- 10. The surgery should consider putting a sign on the second entrance.
- 11. The sign 'Fire Action' should be clear and visible to patients.
- 12. The surgery should consider putting a sign next to the assistance bell so that every patient can see it.
- 13. The lighting in the corridor should be brighter so that patients can see clearly.

Service Provider Responses

- 1. Our car park is for staff only, we are in process of having works carried out and when white lining installed (due 04/11/2017) it will be for one disabled space be that patient or staff member however entrance cannot change if patient they must access disabled entrance which is DDA complaint. Handrail has been ordered 18 week wait time due for delivery 01/12/2017.
- 2. During our works process we have increased the lighting within the corridor entrance to our GP rooms. Our noticeboards are regularly maintained and approved by our PPG group. Our glass screen is for the protection of our staff whom we do have a duty of care too, however as you have noted all our staff are extremely good at assisting any patient with needs. I am still awaiting the poster from your service so we may advertise.
- 3. Our hearing loop sign is back on front desk, also on our new notice board at new entrance for all to note. We have accessed large format and reception are able to provide if needed for anyone. AIS training was provided at our recent practice meeting.
- 4. We have passed on the recommendations to our website company to update.
- 5. We are working on the handbook for staff.
- 6. Our new handrail will be highlighted hence why the waiting time for delivery is so long due to custom made.

Margaret Scott, Practice Manager

Distribution

- The Broadway Surgery
- Redbridge Clinical Commissioning Group
- Barking, Havering and Redbridge Quality Surveillance Group
- Care Quality Commission
- Healthwatch England

Appendix 1 - Website accessibility checklist

Website accessibility checklist

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Questions	1	
Can you change the text size?	Yes No	
	Comments	
Can you change the colour of the background?	Yes No Comments	
Does the website have a "sitemap" button?	Yes No Comments	
Are there keyboard shortcuts? / Can you navigate the website without a mouse?	Yes No 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

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Observation Checklist		toilet doors - are they clear/contrasting/pictures)	Comments:
Name of Surgery:	1	Interaction between staff and service users; are	Yes No
Name of Authorised Representative:		they facing service user whitst tatking to them using body language to communicate as well as verbal	Comments:
		communication, is plain language - is plain	
		language used	
Observations/Questions		Complaint/compliments procedure information is	Yes No
Getting to the Service:		available in alternative formats - for patients &	
lear signage to the premises clear, unobstructed and	Yes No	relatives - is it on the noticeboard	Comments:
	Comments:		
		Are the noticeboards cluttered, and are the notices easily legible	Yes No
ple	Yes No		Comments:
close to the entrance - drop off point directly			
outside the entrance	Comments:		
		Is there a hearing loop sign?	Yes No
	Yes No		
imp highlighted to keep	Commonter		Comments:
people off uneven surface			
		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	
	Comments:	room no. Doctor name - is it audio as well as visual	
Fire exits clearly signed in various formats.	Yes No		
Words Pictures	Comments:	Further Comments: Please provide any relevant information about	
Within the premises:		accessing illustration	
iture in	Yes No		
pathway (both permanent & temporary)	Comments:		

Appendix 3 - Questions for lead staff

• SSL (British Sign Language) interpreters • Signalong (based on BSL) • MARKATON (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? Comments	19. How would you know this and would it be on the patients records? 20. Is there anything you would like to share with Comments Healthwatch Redbridge?	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.	m
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?	₽	10. Are patients made aware that a hearing loop is Yes No NO available? 11. What training is provided to support all staff to communicate effectively with patients? Comments Last date of training	on training Yes No Comments	13. Is information available in different formats to 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 if what format do you provide for people with: a. Hearing impairment b. Visual impairment c. Learning disabilities	N
Questions for MANAGER/PERSON IN CHARGE at GP Surgery Name of Surgery:	Name of Authorised Representatives: Date:	1. Are patients asked about their communication reeds 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?	2. What have you put in place for existing patients Comments to ensure that you are aware of their communication needs? 3. How are these needs recorded if they have any?	NOIE FUR REPS: 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 Yes No 'pop up' which flags their needs? Comments 5. If yes, 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

		S	:	2	S.									S.		
Comments		Yes	Comments	res 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 	 Leacoing disability? 	If yes, what are they?	NOTE FOR REPS: If the member of staff is struggling to give some examples you can prompt them. • Hearing impairments -British sign language, subtitles 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 show us: • Flashing red light	 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?		 Is there anything you would like to share with Healthwatch Redbridge?
			No				No ents	No.		ò		No	ents			ents
ırgery -			Yes				Yes Comments	Yes	3	Xes	Comments	Yes	Comments			Comments
Questions for STAFF in GP Surgery Name of Surgery:	Name of Authorised Representatives:		1. Are you aware of the Accessible Information Standard (AIS)?	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 ne to face	 Hearing impairments: profoundly deaf & hard of hearing 		n		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	 Would 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 mow that they had been called for their properties.

Appendix 5 - Questions for Patients

Yes No Please explain	Yes No	Please explain	Comments	Comments				Yes No	Please explain							
5a. Do you feel that the doctors are able to help you effectively according to your communication needs?	5b. Do you feel that the nurses are able to help you effectively according to your	communication needs?	If not, how do you feel this could be improved?	7. What, if anything can be done to improve the	way information 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?				
	ı		No	°Z		oN N			N _O	. 6			No	lain	No	lain
TS at GP Surgery				Comments Yes No	ments	Yes No Comments				Comments - Please state			Yes No	Please explain	Yes No	Please explain

Healthwatch Redbridge

1st Floor, 103 Cranbrook Road, Ilford, Essex IG1 4PU

0203 874 4124

<u>info@healthwatchredbridge.co.uk</u> <u>www.healthwatchRedbridge.co.uk</u>

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