Disability Access Project
Enter & View Report

Homerton University Hospital, Thursday 17th March 2016

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Please contact us for more details.

www.healthwatchredbridge.co.uk

020 8553 1236

info@healthwatchredbridge.co.uk

Report Details

Address	Emergency Department Homerton Row London E9 6SR
Service Provider	Homerton University Hospital Foundation Trust
Contact Details	Dawn Morgan (A&E Manager) Maeve Clarke (Matron) Nicola Radford (Consultant)
Date/time of visit	Thursday 17th March 2016 10am-12:00pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Ann Hart Colleen Daniels Elspeth Williams Amanda Elliot (Healthwatch Hackney) Sarah Oyebanjo (Project Coordinator)
Healthwatch Visit Lead	Healthwatch Hackney
Contact details	Healthwatch Redbridge 5th Floor, Forest House 16-20 Clements Road Ilford, Essex, IG1 1BA

Acknowledgements

Healthwatch Hackney would like to thank the Trust, patients and staff for their contribution to the Enter & View programme.

Disclaimer

Please note that this report relates to findings observed on Thursday 17th March. 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.

Introduction

13 Local Healthwatch's (LHW) and the British Deaf Association (BDA) in North, Central and East London worked together on a project to improve access for disabled patients across NHS trusts. In the first year this project focused on improving deaf inclusion and involving London's deaf community in the improvement of health and social care services.

Due to the success of the first year the project was further developed to include more hard to engage disability communities. A key part of the project involved recruiting and training people with communication impairments such as those who are d/Deaf, those with visual impairments, those with learning disabilities, people who have had a stroke or dysphasia and carers of people with communication impairments. This group of people were chosen to be involved in the project because they have first-hand experience and would be able to provide insightful, detailed feedback on areas that need improvement.

Nine volunteers were recruited and trained to become Authorised Representatives. Once trained, the 9 new volunteers conducted Enter & View visits alongside the existing volunteers looking at the barriers to inclusion across four London emergency departments: the Royal Free Hospital; Whipps Cross; North Middlesex and Homerton University Hospital, and one outpatient service, that at Newham Hospital.

NHS providers are legally required to fully implement the Accessible Information Standard by 31 July 2016[1]. Findings from these visits can be used to support the NHS Trusts to identify challenges that patients with communication impairments experience in accessing services, thus enabling them to provide solutions and make improvements. This also provides an opportunity to share good practice between the Trusts and local authorities in the North, Central and East London area.

This report captures findings and recommendations from visits to the emergency and outpatient departments. The findings from each hospital are presented separately to ensure ease of access for each Trust with summative conclusions and recommendations at the end of the report.

[1] Accessible Information Standard https://www.england.nhs.uk/ourwork/patients/accessibleinfo/

Accessible Information Standard

What is accessible information?

This is when information is presented in a way that can be read and understood by the individual for which it is intended. By 31 July 2016, all organisations that provide NHS or social care must follow the standard by law. The aim of the standard is to ensure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they might need.

Why is it important for information to be accessible?

Some people with learning disabilities, impairments or sensory loss find it difficult to understand the information provided in healthcare settings. They need the information to be presented in a range of easy to understand formats. This isn't always available, thus meaning that these people are unable to understand information that can be important for their health.

Health assessments were carried out on a sample of deaf adults to find out whether there is a link between their health status and issues they face in communication[2]. The findings showed that deaf adults had significantly higher rates of obesity and hypertension. Many of them were unaware of the health problems that they had and they were unclear about the implications of the problem.

Providing accessible information ensures that all patients are communicated with in a way that is readily understandable to them. This means that patients understand the procedures that they are undergoing and any other relevant information provided. Research by Healthwatch Essex[3] found that there were situations whereby disabled patients didn't understand the information provided by their GP and they felt scared due to the information overload. According to this

[2] http://www.deafstudiestrust.org/files/pdf/reports/Deaf%20Health-exec-final.pdf

[3] http://www.healthwatchessex.org.uk/wp-content/uploads/2016/02/Future-Focus-engaging-tomorrows-leaders2c-May-2014.pdf

standard, GPs would have to provide information in a way that each patient can understand.

The Accessible Information Standard also ensures that people with communication impairments receive the relevant communication support. For example, a BSL interpreter for deaf people, large print or audio for visually impaired and easy read information for those with learning disabilities.

Accessible information should be available to patients at all stages of the patient pathway. The outcomes of the Accessible Information Standard require that:

- The patients' needs are identified
- The information is recorded in the patient administration systems
- The needs are flagged using electronic flags or paper-based equivalents
- The needs are shared as part of the referral, discharge and handover process

What is Enter & View?

Part of the local Healthwatch programme 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 to find out how they are being run and make recommendations where there are areas for improvement or capture best practice which can be shared.

Enter & View is the opportunity for Local Healthwatch's 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.
- Observe the nature and quality of services.

- Collect evidence-based feedback.
- 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 between the Healthwatch team and 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 they do well from the perspective of people who experience the service first hand.

Purpose of the visit

The visits were planned to evaluate access for those with communication impairments to Emergency Departments (EDs) across North, Central and East London. This will involve asking staff member's questions about accessibility, observing the working practice, touring the department and if possible, engaging with service users.

Research shows that there are health inequalities for disabled people[4]. The access to health care services is somewhat limited for people with sensory impairments and this can lead to greater unmet health care needs. There are several barriers to accessing health services, which include lack of communication support, poor staff knowledge, poor staff attitudes and lack of effective systems for identifying patients with disabilities.

Many people with communication impairments have limited access to information and receive sub optimal treatment due to the lack of staff awareness of their specific needs. Hospitals need to have policies regarding supporting service users to ensure that they are supported accordingly throughout their visits.

[4] Health Inequalities & People with Learning Disabilities in the UK: 2012. http://www.options-empowers.org/wp-content/uploads/2013/02/Improving-Health-and-Lives-health-inequalities-and-people-with-learning-disabilities-in-the-UK-annual-report.pdf

Prior to the visits, several volunteers shared their experiences of accessing healthcare and identified several barriers that they experienced. Some of the Deaf Authorised Representatives who took part in this project reported that they missed their turn whilst waiting in reception, as they were unable to hear when their name was called out. The experiences shared justify the visits to the EDs, as this is a good opportunity to identify good practice and to assist peer learning between trusts.

An important aspect of this project is that the visits would identify areas of weaknesses/ strengths in disabled access and make recommendations for improvement. Also, the findings will help the hospitals to identify the reasonable adjustments that need to be made to increase access and meet all patients' health care needs.

Strategic Drivers

- The London Assembly Health Committee investigation into access for deaf patients
- NHS England's development of the Accessible Information Standard
- Compliance with the Equality Delivery System (EDSII) and NHS Trusts meeting the requirements of the Equality Act 2010
- LHW collaboration with The British Deaf Association to increase deaf inclusion in the work of Healthwatch
- Royal National Institute of Blind People (RNIB) research into the availability of health information for blind and partially sighted people[5]

[5] Accessibility of health information for blind and partially sighted people. https://www.rnib.org.uk/sites/default/files/accessibility_healthcare_information.pdf

Methodology

Each Enter and View visit was announced. The Emergency and Outpatient departments were given at least two weeks' notice of the time and date that the visit would be taking place. Each Trust was provided with brief information about the scope of the visit and the roles of the attendees.

Prior to the visit, the Authorised Representatives alongside the LHW staff members prepared questions to ask during the visit. These questions focused on identifying the key access, communication support and pathway challenges faced by those with communication impairments.

On arrival at the department, two volunteers informed the reception desk staff of their visit then requested to speak to the delegated staff member. In each visit one visually impaired and one deaf representative went to the reception desk, thus allowing them to test staff disability awareness and response. Unfortunately, in the case of Royal Free and Homerton University hospital staff approached the volunteers before they could test front line staff awareness and response.

In each hospital we were taken to an allocated private room to ask the staff members the appointed questions. After the Authorised Representatives asked the questions, staff took the team around the department. The volunteers had an opportunity to check out the signage around the hospital and identify any challenges that visually impaired, d/Deaf and those with learning disabilities would face when moving around the hospital. One of the goals during the tour was to speak to a patient with a communication impairment. Unfortunately, because there were none such patients present at the time, this was not possible during any of the visits.

At the end of the visit we thanked the staff members and told them that the draft report would be sent shortly. A draft report was sent to each trust and they were given 20 working days to respond with their comments.

Results of visit

Reception- Layout and Communication Access

- Signage in the reception area was clear and easy to read.
- The entrance was not easy to navigate for visually impaired people with a cleaning sign in the centre of the A&E entrance door and a temporary queue barrier at the reception desk.
- Authorised Representatives were unable to test the response of the receptionist as staff approached them before they got to the front of the queue.
- The staff who approached the group initially only addressed our group members who did not have an impairment suggesting a need for disability and sensory impairment training.
- Staff said that after identifying that the patient has specific needs, this is written on the card, which would then be passed on to other members of staff.
- There is no buzzer and pager system used in the waiting area.
- There was no communications tool kit available in reception. Staff had not heard or seen anything about this before it was mentioned during this visit.
- There are no visual displays in the waiting area to call the next patient. Based on the information provided, that the patient would be taken to a designated area, then the visual displays might not be necessary for deaf patients. However, it is questionable whether they are always able to take patients straight to the designated area especially during busy periods.

Trust Response

The visual displays might not meet the needs of all patients if non-English.

- Staff said that they are used to using a lot of tools to communicate with patients because a large number of A&E patients do not have English as a first language.
- Staff confirmed that since January, they had been told to avoid using advocacy/interpreters in light of hospital financial deficit.

Trust Response

Whenever any change occurs the message always filters through differently to a range of staff. Staff have not been told to avoid; the service is questioning the need for face to face support in a lot of circumstances in order to direct appropriate patients / appointments to telephone where this is suitable / more cost effective. A&E are low users of advocacy as the service is not set up to respond to emergency requests.

- Staff mentioned that when a blind patient presents at A&E, the patient is taken to a designated area (such as the cubicle) straight away. In the case of a deaf patient, they stay with them or give a description to the triage nurse so that the nurse can identify the patient in the waiting area. If the case is serious then they are taken into the cubicle straight away.
- Easy read information isn't currently available but this is something that would be available in the future.

Trust Response

We need to research about providing easy read information. Literature suggests easy read English may be better than other languages.

Healthwatch Response

We would be pleased to provide the Trust with some information about providing easy read information.

Communication Support

- The hospital is currently setting up training with the learning disability team at St Leonard's Hospital.
- There are two members of staff who have BSL training however this wasn't provided by the hospital. The level of training is unknown but one of the staff members has a family member who is deaf and uses it regularly.
- Staff said there is no standard written policy for someone with a sensory impairment who presents at A&E.
- When a patient with sensory needs presents at A&E, the receptionist record's the patient's information. The receptionist

turns the screen around so that they ensure the correct information is being inputted into the system. This is used when entering demographic information. After this, the receptionist leaves the desk and takes them to a designated area where the nurse can easily identify them and attend to them.

- Treatment is the most important priority so if the patient is unable to communicate, staff are able to carry out basic tests such as blood pressure check to ensure that the situation isn't critical.
- When dealing with someone that is deaf, if there is no interpreter available, staff use methods such as lip reading to communicate.
- In the case of a deaf person whose first language isn't BSL (i.e. from Eastern Europe), staff would try to get someone that speaks the same language or use a smart phone for translation. The Authorised Representatives mentioned that this might not always be suitable because the person might not be able to read and staff said that this would be a challenge for them.
- Staff also mentioned that they have a language book with simple phrases that they could use to communicate with the patient. However, this might not be detailed enough to convey the relevant information about what is happening.

Trust Response

The language book might not be useful for deaf patients. Visual clues/ symbols would be good for them.

- Staff said that they would support someone with a stroke by assessing them, writing questions down and possibly using pictures. They said that their priority is getting the patient the care that they need.
- Staff shared a scenario where there was a deaf blind patient. They contacted the advocacy team and ensured that the person was supported. Staff were not able to provide how they communicated with the person during the situation.
- For those with learning disabilities, they usually have a passport and this is very helpful. Staff think that a document like this could be useful for other disabilities.

- The information recorded on the system is available whenever the patient returns to A&E. However, the receptionist needs to check the notes, as it doesn't pop up. There will be a flag up system by April.
- Staff said that they ensure those with sensory impairments do not have to wait any longer than other patients but their overall time in the hospital might be longer because they need additional support.

Impairment Awareness

- Staff do not currently have any official mandatory training for deaf/ disability awareness however this would be available from July this year.
- Staff agreed that there is a need for training and would be happy to participate in any training available.

Fire & Emergencies

- The A&E does not have any flashing lights available. In the case of a fire, there is a buddy system. The nurses and doctors make an assessment to ensure that everyone is evacuated safely. The hospital has several fire marshals available to check the hospital and ensure that everyone has left the building.
- The AR asked about how they would deal with a deaf patient who is stuck in the toilet. Staff said that they would wait for the person until additional help is available.
- Staff reassured the ARs that there would always be a member of staff with the patient throughout their journey.

Patient Pathways to Scans

- In the case of a deaf patient having a MRI scan, staff said that they would make a plan with the patient beforehand. For example, they would tell the patient that when they tap them they need to hold their breath.
- Staff said they would stay in the MRI room with the patient to aid communication and provide reassurance when necessary.

Other Comments and Observations

- Although staff have a person-centered and caring approach, it is important that they have a policy to ensure that they are able to support the patient appropriately.
- Our visually impaired representative who has used the A&E service in the last year said staff were 'kind' but there could be a better process including arrangements for phoning ahead and meet and greet.
- There was an assumption among staff we spoke to that most people with a sensory impairment would arrive at A&E accompanied by a supporter/carer or family member.
- However this may not always be the case as many visually impaired or learning disabled people do not have personal supporters a social care services now place greater emphasis on people living independently without support.
- This assumption is based on the idea that by law, all universal services including hospital should be accessible under the Equality Act.

Recommendations

1. A communications board in reception displaying information in visual symbols and simple text for people with learning disabilities, limited literacy and English as a Second Language.

Trust Response

There are multiple areas in A&E that would need text boards. Plan to contact other AE's to see how they manage.

To liaise with the RNIB/RNID to ensure actions are relevant. The visual displays might not meet the needs of all patients if non-English. This would be completed by August 2016.

2. Provide user-led training for staff members. This involves a group of local people with impairments providing specific training for hospital staff – this training is available in Hackney.

Trust Response

We have a Trust action plan for involving service user trainers in 25% of our training programmes. In addition we are developing specific training for targeted staff round sensory impairment which will include A&E staff.

All staff have dementia awareness training. To be completed by 2016/2017.

3. The hospital should have an impairment accessibility desk so patients know where to go for help or can request assistance.

Trust Response

To be included in role of receptionist. To be included in No 2 training programme.

To be completed by October 2016.

4. The accessibility desk should include a 'meet and greet' for unaccompanied visually impaired patients and those with cognitive impairments/autism.

Trust Response

Explore user of non-clinical navigators

To be completed by August 2016.

5. The hospital should lift the moratorium on using BSL and other interpreters/advocates.

Trust Response

There is no change / reduction of use in BSL or for deaf/blind patients.

Bilingual advocacy is being reviewed. There are an agreed a number of actions for the acute service which will either see face to face interpreting for named services only or for all first appointments in the acute service. Telephone interpreting will be provided in all other circumstances.

To completed by November 2016.

An advocacy project group has been set up to look at both acute and the community service. The first meeting is 13th May.

Healthwatch Response

We are pleased that deaf patients are still able to access BSL interpreters. According to the Accessible Information Standards[1] which must be fully implemented by 31 July 2016, all health and social care systems must ensure that people with communication impairments receive the relevant communication support.

6. All staff including front line and clerical staff should have impairment awareness training including autism and user-led training.

Trust Response

Links to actions for No 2

Trust patient experience action plan 2016/ 2017.

7. The hospital should arrange several familiarisation sessions whereby disabled residents can tour the hospital so they know how to access the hospital's emergency services.

Trust Response

Hackney Refugee Forum have a guided tour arranged.

Speaking Up Group visited in 2014. To plan another visit with POhWER

To contact relevant groups such as ELVIS and Deafplus; Disability Backup through City and Hackney Healthwatch. To be completed by August 2016.

8. Information should be available in several formats such as easy read, large print and audio.

Trust Response

We have a Trust action plan for implementing the Accessible Information Standards (AIS) and will be compliant with the first stage by July 2016. This includes:

- Staff training on producing IS and AIS compliant leaflets

- All new information is now produced in standard, large print and plain text

- New leaflets are being developed for A&E including easy read, e.g. the PUCC leaflet is being reviewed.

9. A system should be introduced whereby a trained volunteer stays with sensory impaired patients until the nurse can attend to them.

Trust Response

To be included for all staff in training as part of action No 2 all staff are aware and able to provide support. It would not be possible to provide a volunteer for the 24 hour cover required in A&E.

10. A reduction in relying on family and friends to relay information to patients with impairments, as they might not want to share certain information and there is scope for translations to be inaccurate.

Trust Response

Link to action No 5

11. A&E should dispense the temporary queue barrier in front of the reception as this is inaccessible for visually impaired patients or wheelchair users.

Trust Response

There has been no negative patient feedback as to the system. Will explore a different system that will still maintain privacy and dignity for those at reception. To be completed by August 2016.

12. The Hospital should consider providing a 'phone ahead' number to enable non-accompanied blind or visually impaired patients to call ahead before presenting at A&E so reception can make staff or volunteers available to help.

Trust Response

To publish A&E reception number on website as well PALS number for during working hours. To be completed by June 2016.

13. Although the buddy system might be useful in the case of an emergency, having a flashing light is a safer way to ensure that the deaf person knows there is a fire.

Trust Response

There is a fire warden in A&E who is responsible for patient safety. Will investigate as part of contacting other A&Es. To be completed by August 2016.

14. A buzzer/ pager system would be useful for patients waiting in the reception so that they know when it is their turn.

Trust Response

Will ask patients for their mobile numbers and contact them when it is there turn.

Will explore as part of contacting other A&Es.

Service Provider Response

We thank Homerton Hospital Trust as the service provider for their responses and have incorporated them within this report.

Distribution

- Homerton University Hospital
- Hackney Clinical Commissioning Group
- Hackney Health and Wellbeing Board
- Hackney Health Scrutiny Committee
- Healthwatch Board
- Hackney London Borough Council
- Care Quality Commission
- Healthwatch England

Approval

- This report was approved by Healthwatch Redbridge on behalf of the project steering group for publication – 17th May 2016.

Contact Details:

Healthwatch Redbridge
020 8553 1236
www.healthwatchredbridge.co.uk

Healthwatch Camden
020 7284 6586
www.healthwatchcamden.co.uk

Healthwatch Newham
020 7473 9512
www.healthwatchnewham.co.uk

Barnet
020 8364 8400
www.healthwatchbarnet.co.uk

City of London
020 7820 6787
www.healthwatchcityoflondon.co.uk

Enfield
020 8373 6283
www.healthwatchenfield.co.uk

Hackney
020 7923 8188
www.healthwatchhackney.co.uk

Haringey
020 8888 0579
www.healthwatchharingey.co.uk

Tower Hamlets
020 8223 8750
www.healthwatchtowerhamlets.co.uk

Havering
01708 303300
www.healthwatchhavering.co.uk

Waltham Forest
020 3078 9990
www.healthwatchwalthamforest.co.uk

Islington
020 7832 5814
www.healthwatchislington.co.uk

Healthwatch Barking & Dagenham
020 8526 8200
www.healthwatchbarking&dagenham.co.uk