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SHARED TRAINING

**Disability Access Project
Enter & View Report**

**North Middlesex University Emergency
Department, Thursday 18th February 2016**



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Report Details

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Service Provider	North Middlesex University Hospital NHS Trust
Contact Details	Matt Fitzpatrick- Managing Director Nicola Grech- ED Matron Paul Reeves- Director of Nursing
Date/time of visit	Thursday 18 th February 2016 10am- 12:00pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Ann Hart Colleen Daniels Debra Edwards Lorna Reith (Healthwatch Enfield) Mable Kong-Rawlinson (Healthwatch Haringey) Sarah Oyebanjo (Project Coordinator)
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Acknowledgements

Healthwatch Enfield and Healthwatch Haringey 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 18th February 2016. 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 2016¹. 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 communication². 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 Essex³ 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 people⁴. 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.

Prior to the visits, several volunteers shared their experiences of accessing healthcare and identified several barriers that they experienced. Some of the 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 would help the hospitals to identify the reasonable adjustments that need to be made to increase access and meet all patients' health care needs.

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> accessed on 11th April 2016.



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 people⁵

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

- The signs in the reception area were clear and easy to read. They provided the information in three different languages.
- The waiting area was bright and staff were sitting behind a glass screen. This coupled with a large monitor in front the staff made it difficult for the Authorised Representatives to clearly see the reception staff to lip read.

Trust Response

This is under review to ensure that staff can clearly visualise patients presenting at the desk and facilitate lip reading by patients with sensory impairment.

- When someone with a sensory impairment presents at the emergency department (ED), the receptionist makes a mental note of who the patient is then lets the staff know who it is when it is the person's turn. They do not have a pager or buzzer that alerts the patient in the ED. However, they thought that it was due to be introduced shortly.

Trust Response

This has been introduced into the Outpatients Department with success.

- The waiting room does not use visual displays to call the next patient but relies on a member of staff calling out a name. This makes it easier for those who are deaf to miss their turn.

Trust Response

The hospital have informed us that they are looking at alternative methods including the feasibility of visual displays to ensure patients who are deaf have visual cues.

- They mentioned that those with a visual impairment or learning disability are brought straight through to the assessment area after they have been identified and a member of staff stays with them. Those with learning disabilities are put straight through to triage as a category 2.



- Staff use tablets/phones with pictures to explain procedures to patients with sensory impairments.
- There was a lack of clarity about the level of training that staff had on sensory/ deaf awareness. The matron and managing director said that disability awareness is incorporated in the general induction for all staff members when they start working in the hospital.
- The Trust has a confidential flagging system on the Patient Administration database that pops up when there is a patient with a communication need (deaf, visual impairment, learning difficulties, and dementia) and this information is available to all members of staff that come into contact with the patient.
- Staff said that they communicate with deaf patients by writing things down. Also, they access interpreters by issuing an urgent request for an interpreter across the hospital.

Communication Support

- North Middlesex University Hospital does not have an in-house communication support team. They have a part-time specialist nurse who supports those with learning disabilities however there is no one to support those with sensory impairments. This nurse works 9am-5pm and so there is no one available when she leaves.

Trust Response

Staff are trained to care for patients with a learning disability.

- The matron said that patients who come in the evening usually have care workers, thus meaning that they rely on them for support.

Trust Response

Staff rely on care workers because they will have individualised knowledge of their client.

- The Authorised Representatives asked how they would support someone who has BSL as their first and only language. Staff said that they assess the person's needs then see what needs to be put in place to support that person. If they do not have the specific support available then they would try to source it from within the hospital.
- A site team is available 24/7 who are responsible for co-ordinating patient flow through the hospital. For those who are partially sighted,



they are brought through into a cubicle straight away. The ED has two regular attenders and always ensure that their needs are catered for.

- Staff engaged in the visit seemed unsure of how to support someone with a sensory impairment. They kept saying that each patient is treated individually however they couldn't provide any specific information.
- There is no written policy for supporting those with a sensory impairment when they present at ED. No information was provided on the way that the staff get informed consent from the patient.
- In terms of out-of-hours policy and support, the staff said that there is a Trust policy and those with sensory impairments do not have to wait any longer than others. However, this is questionable because there are no specialist staff available out-of-hours. Also, they were not able to provide any clear information on how they access external support.

Trust Response

The hospital is currently developing a policy to ensure that these issues are addressed.

Impairment Awareness

- The staff receive disability awareness as part of their general training when they start working in the hospital. They receive training in areas such as learning disabilities and dementia awareness. Receiving deaf awareness training as part of the general training might not be sufficient enough for staff to know how to support these patients when they present at A&E.

Healthwatch Response

We would not recommend training provision that includes a session merely as an 'afterthought'. For example, Deaf Awareness training should only be provided by qualified Deaf trainers.

- The Trust keeps records of the number of people with sensory impairments that visit the ED. They have an audit of the specific number of people with each sensory impairment.



Fire & Emergencies

- In ED, there are flashing lights available in the corridor for those deaf patients. The nurse in charge is responsible for ensuring that all the patients evacuate the building. The nurse and fire marshals check the toilets as well in the case of an emergency.
- There is no flashing fire alarm available in the waiting area because the staff in reception ensure that everyone leaves the building. Every part of the fire system is tested every week.

Patient Pathways to Scans

- When asked about how they support those with sensory impairments during a CT scan or MRI, staff were unclear and said that they had a great team and patient care was individualised.

Other Comments and Observations

- The staff seemed well intentioned but there were no clear procedures in place. The staff mentioned several times that they were ‘taking extra care/time’ with patients who had communication barriers however, there was no contract in place for booking BSL interpreters.

Trust Response

There is an advanced booking system of 2 weeks so not suitable for the Emergency Department situation. The hospital does not have a contract for a Video Link service. This is an issue that is currently being remedied and the Trust’s contractor for interpreting services has been asked to provide these essential components.

- Staff were aware that those with sensory impairments require double time appointments.
- Staff acknowledged that there is room for improvement and that they are willing to learn.
- The Trust is working on renewing the signage and decorations to have better colour contrasts. They showed the Authorised Representative concept boards that have been created to increase accessibility for patients. Areas for improvement include the colour coding on the floor and larger signs for the toilets.



- The pathway from the main reception to ED was unsafe. The path was undulated and we observed someone nearly fall over. This can also be hazardous for those who are partially sighted as they might not notice the dips. The path was also too narrow for an electric wheelchair user to pass other pedestrians and could easily result in the wheelchair becoming stuck in the mud in the flower bed (we witnessed this happen).

Trust Response

The pathway from the main reception to ED outside of the PFI building described as 'undulated' is in fact original from the days of the PFI being built - it forms part of the car park and allows access from the disabled parking bays onto the pathway that runs in front of the PFI main hospital building. The path has a number of drop kerbs to assist both wheelchair/mobility issues. The Trust is aware that there is a counter suggestion that the drop kerbs do not help partially sighted attendees.

As a result, the Trust has undertaken a risk assessment which has assessed that the pavement meets DDA requirements and requires no modification. This will be reviewed by the Trust's Health & Safety manager to ensure that it is fit for purpose and assess if modifications are required to ensure patient and visitor safety and accessibility.

- A new service, which involves doctors assisting in the ED had started the previous day. This was to take the pressure off the Emergency staff. However, they do not treat the patients but rather refer them to an appropriate service.
- Given that there is the possibility that a patient might initially arrive at the main entrance (if they were unaware that the ED entrance was elsewhere) the intercom to contact staff out of hours would not be of use to someone who is deaf. It is also set too high for a wheelchair user to reach.

Trust Response

The Trust is aware of this and there will be additional signage provided to assist patients who are deaf and consideration given to relocating the intercom to meet the needs of wheelchair users.



Recommendations

1. Frontline and clinical staff members should receive deaf awareness and visual impairment awareness training.
2. A contract is put in place with a BSL interpreter provider (as there is locally for GP practices). This would clearly be of most use for appointments and elective surgery.
3. A contract with a video link BSL service is available for use for emergency attendees (both at A&E and at Maternity).
4. A reduction in relying on care workers to support the patients, as this can compromise the quality of information conveyed and this is also invasion of privacy.
5. Pagers are rolled out into the ED, to alert deaf patients when it is their turn.
6. In the waiting area, use visual display with patients' names to avoid possibility of them not hearing their name being called or not recognising it (if pronounced differently)
7. Develop a policy and procedure for supporting those with sensory impairments when they present at ED.
8. Produce a set of procedures for patients with a sensory impairment undergoing an MRI scan or similar procedure.
9. Urgent action to deal with the assessment of the undulating pathway from main entrance to A&E.
10. Review intercom arrangement at main entrance.

Healthwatch Response

We are pleased that the Trust has sent some responses to our findings however, we would appreciate if you could include some timelines. This would be useful for when we come to review the changes. We believe that a reasonable amount of time for a majority of the changes is six months and would appreciate if the Trust could commit to this.



Service Provider Response

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

Distribution

- North Middlesex University Hospital
- Enfield Clinical Commissioning Group
- Haringey Clinical Commissioning Group
- Enfield Health and Wellbeing Board
- Haringey Health and Wellbeing Board
- Enfield Health Scrutiny Committee
- Haringey Health Scrutiny Committee
- 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.







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