healthwetch Redbridge



The Forest Edge Practice Hainault Health Centre, 98 Manford Way, Ilford, Essex IG7 4DF

Monday 7th August 2017

This report is available to download from our website, in plain text version, Large Print, and can be made available in Braille or audio versions if requested.

Please contact us for more details.

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Service Provider	The Forest Edge Practice 98 Manford Way, Ilford, Essex IG7 4DF
Contact Details	Practice Manager – Robert Orange
Date/time of visit	Monday 7th August 2017, 10:00am – 11:30am
Type of visit	Announced visit
Authorised representatives undertaking the visits	Harbans Chahal Hyacinth Osborne
Contact details	Healthwatch Redbridge 1st Floor, 103 Cranbrook Road Ilford, Essex IG1 4PU
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Acknowledgements

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

Disclaimer

Please note that this report related to findings observed during our visit made on Monday 7th 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.

NHS England reviewed the Accessible Information Standard during January-March 2017. Their subsequent report³ found that many participants felt that

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

³ https://www.england.nhs.uk/wp-content/uploads/2017/07/accessible-Info-std-review-report.pdf

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.

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.
- There are no images that need to be explained.
- 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:

- There is a large standalone board with the name of the surgery however the hedge in front of it is blocking the board so patients arriving at the surgery would not be able to see the sign.
- Three accessible parking spaces are available in the side car park and two accessible parking spaces are available in front of the surgery.
- There is no ramp/lift but a slight slope leading to the surgery. There is no handrail available.

Observations made inside the premises:

- Staff in reception sit facing patients and there is no glass screen separating the receptionists from patients. This would make it easier for a Deaf person to lip read.
- No trip hazards/ sharp edges were identified.
- Signage across the surgery was clear and easy to read.
- Signage to the consulting rooms were clear and bold.
- The toilet only had pictures but no words.
- There was no signage in reception to inform patients about the location of the toilet.
- The noticeboards were not cluttered. Information on the noticeboards were adequately spaced out and easily legible.
- The complaints procedure was available on the noticeboard. It was available in a fairly large font size but did not mention its availability in other formats such as easy read.
- There was no hearing loop sign in the waiting area.
- The surgery has an electronic screen with red font on black background.
 When it is the patients turn, the patient's name appears on the screen with the doctor's name and the room that the person needs to go to.
 There is also a beep sound to alert the patient.
- The fire exits are clearly signed in both words and pictures. It may be useful to have bigger signs so that they are more visible.
- The fire alarm does not have flashing lights as well as sound.
- There is no poster with information about the Accessible Information Standard.

Speaking to the practice manager

- Patients are not directly asked about their communication needs when they first register at the surgery. They are often asked about this information when they have a health check with the nurse. A representative was shown a registration form and there was no question about the patient's communication needs.
- Staff members will be aware of existing patient's needs when they interact with them.
- Patient's needs are recorded on the Vision⁴ database system.
- The doctor and nurse are informed of the patient's needs by the flagging system on Vision database.
- The surgery is not currently using the hearing loop system; it is still in the box.
- Staff have not been provided with training on how to use the hearing loop.
- The manager said that when the hearing loop is sorted out, the stickers in the pack will be used to inform patients about the hearing loop.
- Staff have not been provided with training on how to support people with communication needs.
- They have not received training on Deaf awareness, communication and easy read.
- The surgery is not able to provide information in formats such as large print, audio and easy read for patients.
- Information is not provided in an accessible format for the next of kin/carer as this is not available for patients.
- The surgery is able to access BSL interpreters using Big Word.
- There is no communications⁵ book.

Speaking to other staff (receptionists)

Representatives spoke to one member of staff during the visit.

- The staff member was not aware of the Accessible Information Standard.
- She said that staff have not been provided with training on how to support people with visual impairment, hearing impairment and learning disabilities.

⁴ Vision is an electronic patient health record system used by some GPs

⁵ Example of a standard hospital communication book can be found at:

http://www.uhs.nhs.uk/Media/SUHTInternet/PatientsAndVisitors/Learningdisabilities/Thehospitalcommunicationbook-part1.pdf

- She said that she would benefit from AIS training.
- When a patient with specific needs presents at the surgery, the person's needs are flagged up on the computer system.
- When asked about how a patient with a hearing impairment would know when it is their turn, she said that the information will be written on a note for the doctor so that he is aware of the patient's needs.
- The surgery does not have a hearing loop.
- She said that she would provide someone with a hearing impairment information in a written format but she was unaware of the ways to provide information to someone with a visual impairment and learning disability.
- There is no communications book.
- The fire alarm does not have flashing lights as well as sound.
- In the event of a fire, staff will ensure that all patients safely evacuate the building.
- The staff member could not remember the last time that the surgery had a fire drill.

Speaking to patients

Representatives spoke to five patients during the visit.

- Two patients said that they do not remember whether they were asked about their communication needs because they have been in the surgery for a long time.
- Two patients said that they were not asked about their communication needs.
- One patient said that she was asked about her communication needs and this was on a form.
- Of the five patients that the representatives spoke to, one patient has a communication impairment.
- The patient has a hearing impairment. He said that the surgery referred him to King George Hospital so they are aware of his communication need.
- He said that the receptionists and clinicians are able to help him effectively according to his communication needs.
- When asked about if there was anything that could be done to improve the way information is provided for him, he said that his needs are currently been met.

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 because some people who are blind/ partially sighted with mobility impairments rely on the keyboard.
 - Access website information via screen reader and translation software (such as Browesaloud®6) especially for people with visual impairments.

Provider Response:

We have contacted our website provider, who are looking into the recommendations, we hope to make it more accessible in the near future, or we may need to change our website provider.

2. A Communications handbook⁷ 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.

Provider Response:

I have asked Healthwatch if they can recommend a suitable publication for this.

Healthwatch Redbridge Response:

We are happy to provide you with further resource information.

3. Staff should receive training on AIS.

Provider Response:

Staff will receive online training for this.

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

- 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 easy read format for patients with learning disabilities.
- 6. The complaints/compliments procedure should be available in a variety of formats such as large print for patients.

Provider Response:

We are preparing large print versions of various documents.

- 7. The surgery should put a poster about Accessible Information Standard on the noticeboard. If possible, this information should be available on an A3 poster.
- 8. The surgery should consider 'highlighting the edge of the ramp to ensure that people with visual impairments are able to see it.
- 9. The surgery should consider putting hand rails as there is a slight slope when entering the surgery.
- 10. The surgery should include a question about communication needs on the registration form.
- 11. The surgery needs to put a procedure in place to identify communication needs of existing patients.

Provider Response:

The registration form is being amended to include a question about communications needs.

12. The surgery should install the hearing loop system and provide training for staff members on how to use the hearing loop.

Provider Response:

This is now in place and staff have been trained in its use.

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

Provider Response:

We have passed the Healthwatch comments on to the landlords of the building and are awaiting their response.

Service Provider Responses

We would like to thank The Forest Edge Practice for the responses made and Healthwatch Redbridge has incorporated them within this report where appropriate.

Distribution

- The Forest Edge Practice
- 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? No Yes Comments Can you change the colour of the Yes background? Comments Does the website have a "sitemap" Yes button? Comments Are there keyboard shortcuts? / Can No Yes you navigate the website without a mouse? Comments Does the website have audio content? Yes Νo Comments No Is the website content written in "plain English"? Comments Additional comment

Appendix 2 - Observation sheets

GUIDANCE For Enter & View to GP Surgeries Re: Accessible Information	ssible Information	Signs in various formats including pictures (e.g. on	Yes No
Observation Checklist		collet doors - are they clear/contrasting/pictures/	Comments:
Name of Surgery:		Interaction between staff and service users: are	Yes
		they facing service user whilst talking to them using	
Name of Authorised Representative:		body language to communicate as well as verbal	Comments:
Date:		communication, 1s plain language - 1s plain language used	
+++			
Observations/Questions		Complaint/compliments procedure information is	Yes No
Getting to the Service:		available in alternative formats - for patients &	
There is sufficient and clear signage to the premises being visited: signs are clear, unobstructed and	Yes No	relatives - is it on the noticeboard	Comments:
easily readable	Comments:		
		Are the noticeboards cluttered, and are the notices easily legible	Yes No
There is accessible & sufficient parking available	Yes No		Comments:
close to the entrance - drop off point directly			
outside the entrance	Comments:		
		Is there a hearing loop sign?	Yes
A ramp/lift is available, or there is a working	Yes No		
assistance bell - Edge of ramp highlighted to keep			Comments:
people off uneven surface	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	
	Comments:	room no. Doctor name - is it audio as well as visual	
Fire exits clearly signed in various formats.	Yes No		
Words		Further Comments:	
Pictures	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

7. Is there a process in place to ensure that the doctor/nurse dealing with the patient whilst 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 Have staff been provided with training on how to Yes 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
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

Appendix 4 - Questions for other staff

		S	-	2	ջ									£		
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 	7. Are you aware of the ways that information should he provided for people with:	hearing impairments		Visual impairments	 Learning 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 snow us: • Flashing red light	 In the event of a fire, what is the procedure for evacuating those who are Deaf or Blind? 	 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?
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rgery			Yes Comments				Yes Comments	Yes		Yes	Comments	Yes	Comments			Comments
Questions for STAFF in GP Surgery Name of Surgery:	Name of Authorised Representatives:	Dates:	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 On-line Face to face Both	Hearing impairments: profoundly deaf & hard of hearing	On-time Face to face	• Learning Disabilities	On-tine Face to face	3. Do you feet that you would benefit from any other training with regard to AIS?	4. How would a patient that has a specific need be identified? Le had hearing impairments, visual impairments or learning disability.	Model in the state of the computer system Model is the flagged up on the computer system	 Electronic system A road provided by surgery they show to staff on arrival 	5. How would a patient with a hearing impairment know that they had been called for their appointment?

Appendix 5 - Questions for Patients

Yes No Please explain Yes No	Please explain Comments	Comments		Yes No	Please explain				
octors are able to cording to your urses are able to help ng to your	communication needs? 6. 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?			
	N _o	<u> </u>	2		°.		No.		oN c
urgery	Yes Comments	Yes Comments Yes	Comments		Yes Comments - Please state		Yes	Please explain	Yes Please explain
Questions for PATIENTS at GP Surgery Name of Surgery: Name of Authorised Representatives: Date:	When you registered at the surgery were you asked SPECIFICALLY if you had any: hearing problems	problems with your sight Or gooded over your disferention?			3. Do you HAVE a communication need such as those mentioned above? NOTE FOR REPS: If the patient answers yes,	prease continue with the questions, if they answer no, please say "we are here today to speak to patients with communication needs, so we don't need to keep you any longer. Thank you."	4. Are staff aware of your communication needs?		5. Do you feel that reception staff are able to help you effectively according to your communication needs?

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