



**Enter & View
Report**

**Eastern Avenue Medical Centre
167 Eastern Avenue,
Ilford, Essex
IG4 5AW**

Tuesday 25th July 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	Eastern Avenue Medical Centre 167 Eastern Avenue, Ilford, Essex IG4 5AW
Contact Details	Practice manager- Mukta Agrawal
Date/time of visit	Tuesday 25th July 2017, 11:00am – 12:30pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Ann Atkins Bushra Tahir Sarah Oyebanjo (Staff support)
Contact details	Healthwatch Redbridge 1st Floor, 103 Cranbrook Road Ilford, Essex IG1 4PU 020 3874 4120

Acknowledgements

Healthwatch Redbridge (HWR) would like to thank the staff and patients at Eastern Avenue Medical Centre for their contribution to the Enter & View programme.

Disclaimer

Please note that this report related to findings observed during our visit made on Tuesday 25th July 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.

Section 221(2) of The Local Government and Public Involvement in Health Act 2007:
<http://www.legislation.gov.uk/ukpga/2007/28/section/221>

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

The practice does not have a website.

Results of the visit

Observations made outside the premises:

- Signage to the premises is visible and easy to see from a distance. The sign is written in a blue font on white background but it does not say the name of the surgery. The sign says “Surgery”.
- There are four parking spaces in front of the surgery for both staff and patients. These are not designated accessible parking bays.
- There is level entrance to the surgery meaning that a ramp/lift is not necessary.

Observations made inside the premises:

- The reception area was brightly lit.
- No trip hazards and sharp edges were identified.
- There is no glass screen in reception separating the receptionist from the patients. This makes it easier for Deaf patients to communicate with staff in reception.
- The receptionist sits facing patients and the computer screen is not directly in front of her making it easy to lip-read.
- The fire exit is clearly signed with words and pictures. There were two fire exit signs; one was directly above the door and the other sign was directing patients towards the exit.
- Signage on the door to the consulting rooms could be larger for people with a visual impairment.
- There was no picture on the toilet door, only words.
- Information on the noticeboards were spaced out adequately and are legible.
- There was a complaints/compliments procedure on the noticeboard. It did not mention that patients can request the information in alternative formats such as large print.
- One of the representatives who has a learning disability said that the procedure had some jargon making it difficult for her to understand it.
- There was no hearing loop sign in the reception area.
- The surgery does not have an electronic screen. A TV screen was available in reception but it was not switched on.
- During the visit, the authorised representatives witnessed the doctor/nurse coming out to call the patients when it was their turn.
- There was no poster informing patients of the Accessible Information Standard or asking patients to inform staff about their communication needs.

Speaking to the Practice Manager

- The manager said that patients are asked about their communication needs when they first register at the surgery. Patients are able to include information about their disability on the registration form.
- When asked about what the surgery has in place for existing patients, the manager said that staff are always paying attention to existing patients to find out about their communication needs.
- Patients' needs are recorded on the database.
- The manager said that there is a 'pop up' system which flags up the patients' communication needs. The surgery uses the EMIS⁴ system.
- Doctors/nurses are informed of the patient's communication need via the 'pop up' system.
- The surgery does not have a hearing loop but would like to get one.
- The manager said that staff have not been provided with training to support patients with additional communication needs.
- Staff have not been provided with deaf awareness, communication or easy read training.
- The surgery does not provide information in different formats such as large print or easy read for patients. The manager said that she has been in contact with the CCG but is still awaiting a response.
- The surgery is able to access BSL interpreters through Big Word however they cannot access signalong or Makaton.
- The surgery does not have a communications handbook.
- The surgery is unable to provide any additional support for next of kin or carers with communication support needs.

Speaking to other staff (receptionists)

Representatives spoke to two members of staff during this visit.

- One staff member was aware of the Accessible Information Standard whilst the other was unsure.
- Both staff members said that they have not been provided with training on how to support patients with visual impairments, hearing impairments and learning disabilities.
- Both staff members said that they think training regarding AIS would be useful.
- A patient's communication needs are identified on the computer. The information will be flagged up.
- When asked about how a patient with a hearing impairment would know that they have been called for their appointment, both staff

⁴ EMIS is an electronic patient health record system used by many GPs

members said that the doctor would approach the patient to inform them that it is their turn.

- There is no hearing loop in the surgery.
- One staff member was unable to provide information about how to communicate with a patient who has any additional communication needs.
- The other staff member said that when communicating with someone who has a hearing impairment, she would write information down. She mentioned that people with learning disabilities often come with a family member or carer.
- The surgery does not have a communications handbook.
- The fire alarm does not have flashing lights as well as sound.
- In the event of a fire, staff will guide the patient out of the building to the assembly point.
- A fire drill has not been conducted recently. This only occurs once a year and no issues were flagged up during the last fire drill.

Speaking to patients

Representatives spoke to two patients during the visit.

- Both patients registered with the surgery over 15 years ago and said that they were unable to remember if they were asked about their communication needs.
- Both patients do not have any additional communication support so they were unable to provide any more information.

Recommendations

1. The surgery should consider having a website so that patients can access any necessary information on there. This website should be accessible to people with communication impairments.

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.
 - Use the sitemap button, as this will make it easier for people with communication impairments to find information on the website.
 - Access website information via screen readers and translation software (such as Browesaloud®⁵) especially for people with visual impairments.
2. A Communications handbook⁶ 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. The surgery needs to identify how it will support the carers and next of kin of patients if they have a communication impairment. The AIS is clear that the standard must be applied equally to carer and relatives with support needs.
 4. Although we understand that people with communication needs often attend appointments with their carers; staff should reduce reliance on carers, family and friends to relay information to the individual. This is because it compromises a patients' right to privacy and dignity.
 5. Staff should receive training on AIS.

⁵ <https://www.texthelp.com/en-gb/products/browsealoud/>

⁶ Example of a standard hospital communication book can be found at:

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

6. 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.
7. Although we understand that staff may have a good relationship with people who have communication impairments, it is important that there are formal procedures in place to support patients effectively. This is particularly important because when staff leave new staff members may not know about the needs of the patients.
8. Staff should be trained on how to provide information in an easy format for patients with learning disabilities.
9. The surgery should consider changing the fire alarms so that there is a flashing light as well when the alarm sounds.
10. Patients should be informed that they can get the complaints/compliments procedure in different formats such as large print and audio.
11. The surgery should get a hearing loop system and provide training for staff members on how to use the hearing loop. A portable system would also be useful within consultation rooms.
12. Signage to the premises should be large and clear. It would be useful to have the name of the surgery on the board.
13. It would be useful for the surgery to have an electronic screen to inform patients when it is time for their appointment. The screen should also have audio information for people who have a visual impairment.
14. The surgery should put a poster about Accessible Information Standard on the noticeboard. If possible, this information should be available on an A3 poster.
15. The surgery needs to put a procedure in place to identify communication needs of existing patients.

Service Provider Responses

- 1- Website for the surgery could be created in the near future.
- 2- All the recommendations that have been provided in the report are very apt for better patient care. But as discussed with the representatives during the visit, it is impossible to find information as to how to get all these ideas sorted. It is not only our practice but other practices as well who would find it difficult to get answers to all the points raised in the report. Such as - how can all of us get training

on AIS, how and where to find the information in easy format, how much will the cost be, visual impairment and deaf awareness training, how to get the complaints procedure in various different formats.

3- A new patient calling screen will be installed by end of September this month.

I would be very grateful if we could please get more information about how to get the training and the other recommended things sorted so that we can make a start towards proving better patient care.'

Distribution

- Eastern Avenue Medical Centre
- 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	Yes	No
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

GUIDANCE For Enter & View to GP Surgeries Re: Accessible Information

Observation Checklist

Name of Surgery: _____

Name of Authorised Representative: _____

Date: _____



Observations/Questions	Yes	No
Getting to the Service: There is sufficient and clear signage to the premises being visited: signs are clear, unobstructed and easily readable	Yes Comments:	No Comments:
There is accessible & sufficient parking available close to the entrance - drop off point directly outside the entrance	Yes Comments:	No Comments:
A ramp/lift is available, or there is a working assistance bell - <i>Edge of ramp highlighted to keep people off uneven surface</i>	Yes Comments:	No Comments:
Fire alarms have a light as well as sound	Yes Comments:	No Comments:
Fire exits clearly signed in various formats. Words Pictures	Yes Comments:	No Comments:
Within the premises: Are there trip hazards/sharp edges/furniture in pathway (both permanent & temporary)	Yes Comments:	No Comments:

Signs in various formats including pictures (e.g. on toilet doors - are they clear/contrasting/pictures)	Yes Comments:	No Comments:
Interaction between staff and service users; are they facing service user whilst talking to them using body language to communicate as well as verbal communication, is plain language - is plain language used	Yes Comments:	No Comments:
Complaint/compliments procedure information is available in alternative formats - for patients & relatives - is it on the noticeboard	Yes Comments:	No Comments:
Are the noticeboards cluttered, and are the notices easily legible	Yes Comments:	No Comments:
Is there a hearing loop sign?	Yes Comments:	No Comments:
Does the surgery have an electronic screen to inform patients of their appointment - if so what colour are the screen and writing - does it show room no. Doctor name - is it audio as well as visual		
Further Comments: Please provide any relevant information about accessible information		

Appendix 3 - Questions for lead staff

Questions for MANAGER/PERSON IN CHARGE at GP Surgery

Name of Surgery: _____

Name of lead manager: _____

Name of Authorised Representatives: _____

Date: _____

	Yes	No	
1. Are patients asked about their communication needs when they first register at the surgery? For example: <ul style="list-style-type: none"> • Are they asked if they have difficulties with sight/hearing? • Are they asked if they have a learning disability? 	Yes	No	Please explain
2. What have you put in place for existing patients to ensure that you are aware of their communication needs?	Comments		
3. How are these needs recorded if they have any?	Comments		
NOTE FOR 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 'pop up' which flags their needs?	Yes	No	Comments
5. If yes, what system do you use?	Comments		
6. If there is no system in place can you explain the reasons for this?	Comments		

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	Yes	No	
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?	Yes	No	Comments
8. Is there a hearing loop in the surgery, if there is what type of loop is it? <ul style="list-style-type: none"> • Fixed/Portable/Both 	Comments		
9. Have staff been provided with training on how to use it?	Yes	No	Comments
10. Are patients made aware that a hearing loop is available?	Yes	No	Comments
11. What training is provided to support all staff to communicate effectively with patients?	Last date of training		
Deaf awareness training	Yes	No	Comments
Dementia awareness	Yes	No	Comments
Easy read training	Yes	No	Comments
12. How often do you have this training?	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, easy read, Braille, Audio. NOTE FOR REPS: Please ask to see examples of this if possible and comment on what you have seen	Yes	No	Comments
14. What format do you provide for people with: <ul style="list-style-type: none"> a. Hearing impairment b. Visual impairment c. Learning disabilities 	Comments		

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15. Are you able to access: <ul style="list-style-type: none"> • BSL (British Sign Language) interpreters • Signalong (based on BSL) • MAKATON (a language programme using signs and symbols to help people to communicate) 	Yes	No	
16. Where/which organisations might you access the above if you use them?	Comments		
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	Yes	No	Comments
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?	Yes	No	Comments
19. How would you know this and would it be on the patients records?	Comments		
20. Is there anything you would like to share with Healthwatch Redbridge?	Comments		

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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.

Appendix 4 - Questions for other staff

Questions for STAFF in GP Surgery

Name of Surgery: _____
 Name of Authorised Representatives: _____
 Dates: _____

	Yes Comments	No Comments
1. Are you aware of the Accessible Information Standard (AIS)?		
2. 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		
<ul style="list-style-type: none"> Visual impairments: blind & partially sighted On-line <input type="checkbox"/> Face to face <input type="checkbox"/> Both <input type="checkbox"/>	Yes Comments	No Comments
<ul style="list-style-type: none"> Hearing impairments: profoundly deaf & hard of hearing On-line <input type="checkbox"/> Face to face <input type="checkbox"/> Both <input type="checkbox"/>	Yes Comments	No Comments
<ul style="list-style-type: none"> Learning Disabilities On-line <input type="checkbox"/> Face to face <input type="checkbox"/> Both <input type="checkbox"/>	Yes Comments	No Comments
3. Do you feel that you would benefit from any other training with regard to AIS?	Yes Comments	No Comments
4. How would a patient that has a specific need be identified? <input type="checkbox"/> had hearing impairments, visual impairments or learning disability?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Comments
5. How would a patient with a hearing impairment know that they had been called for their appointment? Please ask staff member to describe this	Comments	Comments

	Yes Comments	No Comments
6. Is there a hearing loop in the surgery, if there is what type of loop is it? <ul style="list-style-type: none"> Fixed/Portable/Both 	Yes Comments	No Comments
7. Are you aware of the ways that information should be provided for people with: <ul style="list-style-type: none"> 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.	Yes Comments	No Comments
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	Yes No	Comments
9. 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? <ul style="list-style-type: none"> Flashing red light 	Comments	
10. In the event of a fire, what is the procedure for evacuating those who are Deaf or Blind?	Comments	
11. Has there been a fire drill and if yes, did it flag up any problems?	Yes Comments	No Comments
12. Is there anything you would like to share with Healthwatch Redbridge?	Comments	Comments

Appendix 5 - Questions for Patients

Questions for PATIENTS at GP Surgery

Name of Surgery: _____
 Name of Authorised Representatives: _____
 Date: _____

1. When you registered at the surgery were you asked SPECIFICALLY if you had any: <ul style="list-style-type: none"> • hearing problems • problems with your sight • Or needed easy read information? 	Yes Comments Yes Comments Yes Comments	No Comments No Comments No Comments
2. How were you asked about this?		
3. Do you HAVE a communication need such as those mentioned above? <i>NOTE FOR REPS: If the patient answers yes, please 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."</i>	Yes Comments - Please state No Comments - Please state	
4. Are staff aware of your communication needs?	Yes Please explain No Please explain	
5. Do you feel that reception staff are able to help you effectively according to your communication needs?	Yes Please explain 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?	Yes Please explain Yes Please explain No Please explain	6. If not, how do you feel this could be improved? Comments
7. What, if anything can be done to improve the way information is provided to you? For example: <ul style="list-style-type: none"> • large print, • audio (spoken/recorded information) • easy read 	Comments	
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	Yes No Please explain	9. Is there anything else you would like to talk to us about? _____

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