



**Enter & View  
Report**

**The Fullwell Avenue Surgery  
272 Fullwell Avenue,  
Ilford, Essex  
IG5 0SB**

**Thursday 10<sup>th</sup> 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.

[www.healthwatchredbridge.co.uk](http://www.healthwatchredbridge.co.uk)

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<b>Service Provider</b>	<b>The Fullwell Avenue Surgery 272 Fullwell Avenue, Ilford, Essex IG5 0SB</b>
<b>Contact Details</b>	<b>Practice Manager – Rita Patel</b>
<b>Date/time of visit</b>	<b>Thursday 10th August 2017, 10:00am – 11:30am</b>
<b>Type of visit</b>	<b>Announced visit</b>
<b>Authorised representatives undertaking the visits</b>	<b>Chandra Patel Hyacinth Osborne</b>
<b>Contact details</b>	<b>Healthwatch Redbridge 1st Floor, 103 Cranbrook Road Ilford, Essex IG1 4PU  020 3874 4120</b>

## Acknowledgements

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

## Disclaimer

Please note that this report related to findings observed during our visit made on Thursday 10<sup>th</sup> 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 programme<sup>1</sup> 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.

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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 Standard<sup>2</sup>. 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 1<sup>st</sup> 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.

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<sup>2</sup> <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 report<sup>3</sup> 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.

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.

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

## 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 written in a red font on a white background. The board is large and easy to see from a distance but the board does not specify the name of the surgery.
- There is a smaller board near the entrance of the surgery informing patients about the opening times of the surgery. Information is written in a white font on black background.
- There is no accessible parking space available.
- A ramp with hand rail is available but the edges are not highlighted.

### Observations made inside the premises:

- There is a glass screen separating the receptionist from patients. This can make it more difficult for a Deaf person to lip read because of the glare.
- Staff sit facing patients and the monitor screen is not in the way.
- There were no trip hazards/ sharp edges identified.
- The noticeboards were cluttered. The complaint/ compliments procedure was not available on the noticeboard. A representative asked the staff for the procedure and she was provided with a copy of the leaflet. The leaflet was written in a regular font and did not mention its availability in other formats such as large print.
- The fire exits were clearly signed in pictures and words.
- The toilet door had pictures but no words on it.
- There was a hearing loop sign in reception.
- There is no electronic screen in the waiting area to inform patients when it is time for their appointment. During the visit, an authorised representative observed the doctor come out to call the patient when it was their turn.
- There is no poster informing patients about the Accessible Information Standard.



## Speaking to the practice manager

- Patients are asked about their communication needs when they first register at the surgery. The manager showed the representative the registration form and there was a question about the patient's communication needs on the form.
- There is no system in place for identifying the communication needs of existing patients.
- Patient's needs are recorded on the EMIS<sup>4</sup> database system.
- Patient's needs are flagged up when the patient presents at reception.
- Doctors/nurses are informed of the patient's communication needs via the 'pop up' system.
- There is a portable hearing loop available in the surgery. A representative checked the hearing loop and it was working.
- Staff have been trained in how to use the hearing loop.
- Patients are made aware of the hearing loop because there is a sign in reception informing them.
- 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 is able to provide large print information for patients however they cannot provide easy read, braille or audio.
- If the next of kin/ carer has communication needs which requires large print information then the surgery is able to provide this.
- The next of kin/ carer's communication needs will be recorded on the system.
- The surgery is unable to access BSL interpreters, signalong and Makaton.
- The surgery does not have a communications<sup>5</sup> handbook.

## Speaking to other staff

Representatives spoke to one member of staff during this visit.

- The staff member was aware of the Accessible Information Standard.
- The staff member has not been provided with training on how to support patients with visual impairments, hearing impairments and learning disabilities.

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<sup>4</sup> EMIS is an electronic patient health record system used by many GPs

<sup>5</sup> Example of a standard hospital communication book can be found at:

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

- The staff member said that 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, the staff member said that the doctor would approach the patient to inform them that it is their turn.
- There is a fixed hearing loop but it has not been used because no patient has needed it.
- The staff member said that she is able to support a Deaf patient due to her experience.
- She said that patients with learning disabilities usually attend their appointment with their carers/family members.
- There is no communications book.
- The fire alarm does not have flashing lights as well as sound.
- In the event of a fire, a Deaf or blind patient would be supported in the same way that other patients are supported.
- There was a fire drill three months ago and no problems were identified.

### Speaking to patients

Representatives spoke to two patients during the visit.

- One of the patients said that he registered over 30 years ago and was not asked about his communication needs.
- One patient said that she registered about a year and half ago and she was asked about her communication needs.
- Both patients did not have any communication needs 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.
  - Access website information via screen readers and translation software (such as Browesaloud®<sup>6</sup>) especially for people with visual impairments.
2. A Communications handbook<sup>7</sup> with basic images of common BSL and Makaton symbols should be available at reception enabling staff to communicate more effectively with patients who have communication impairments.
3. 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.
4. Visual impairment and deaf awareness training should be provided for all staff members as an annual roll on programme. This would enable staff to know how to communicate better with a deaf/blind person.
5. Staff should be trained on how to provide information in an accessible format for patients with learning disabilities.
6. The surgery should put the complaints/compliments procedure on the noticeboard and it should be available in a variety of accessible formats such as large print and audio for patients.
7. The complaints leaflet should be available in a variety of accessible formats for patients.

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<sup>6</sup> <https://www.texthelp.com/en-gb/products/browsealoud/>

<sup>7</sup> Example of a standard hospital communication book can be found at:

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

8. The surgery should put a poster about Accessible Information Standards on the noticeboard. If possible, this information should be available on an A3 poster.
9. The surgery needs to put a procedure in place to identify the communication needs of existing patients. Some patients acquire communication impairments after registration; reviewing a patient's needs every few years would be good practice.
10. The surgery should consider changing the fire alarms so that there is a flashing light as well when the alarm sounds.
11. The surgery should consider highlighting the edge of the ramp so that it is easier for people with visual impairments to notice it.
12. 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.
13. It would be useful to have the name of the surgery on the board outside.
14. Patients should have access to communication support such as a BSL interpreter. If this is not provided then patients' communication needs may not be met.

## Service Provider Responses

No response was received from The Fullwell Avenue Surgery.

### Distribution

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

## Appendix 1 - Website accessibility checklist

### Website accessibility checklist

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
<b>Getting to the Service:</b> 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:
<b>Within the premises:</b> 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		
<b>Further Comments:</b> 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: • Are they asked if they have difficulties with sight/hearing? • Are they asked if they have a learning disability?	Yes Please explain	No
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	
<b>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?</b>		
4. When a patient presents at reception, is there a 'pop up' which flags their needs?	Yes	No
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?	Comments	
8. Is there a hearing loop in the surgery, if there is what type of loop is it? • Fixed/Portable/Both	Comments	
9. Have staff been provided with training on how to use it?	Yes	No
10. Are patients made aware that a hearing loop is available?	Yes	No
11. What training is provided to support all staff to communicate effectively with patients?  Deaf awareness training Dementia awareness Easy read training	Comments Last date of training	Comments Yes No Yes No Yes No Yes No
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. <b>NOTE FOR REPS: Please ask to see examples of this if possible and comment on what you have seen</b>	Yes	No
14. What format do you provide for people with: a. Hearing impairment b. Visual impairment c. Learning disabilities	Comments	

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	Yes	No
15. Are you able to access: • BSL (British Sign Language) interpreters  • Signalong (based on BSL)  • MAKATON (a language programme using signs and symbols to help people to communicate)	Yes Comments Yes Comments Yes Comments	No Comments No Comments No Comments
16. Where/which organisations might you access the above if you use them?	Comments	
17. Do you have a communication book? <b>NOTE FOR REPS: If they have one, please ask to see it and comment on what you have seen</b>	Yes	No
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
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	

#### 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.

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## 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: <i>If they answer yes, please ask what type of training it was and tick the appropriate box</i>		
<ul style="list-style-type: none"> <li>Visual impairments: blind &amp; partially sighted</li> </ul> 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"> <li>Hearing impairments: profoundly deaf &amp; hard of hearing</li> </ul> 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"> <li>Learning Disabilities</li> </ul> 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? <i>Has had hearing impairments, visual impairments or learning disability?</i> <ul style="list-style-type: none"> <li>Would it be flagged up on the computer system</li> <li>Electronic system</li> <li>A card provided by surgery they show to staff on arrival</li> </ul>	Comments <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5. How would a patient with a hearing impairment know that they had been called for their appointment? <i>Please ask staff member to describe this</i>	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"> <li>Fixed/Portable/Both</li> </ul>	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"> <li>hearing impairments</li> <li>visual impairments</li> <li>learning disability?</li> </ul> If yes, what are they? NOTE FOR REPS: <i>If the member of staff is struggling to give some examples you can prompt them.</i> <ul style="list-style-type: none"> <li>Hearing impairments - British sign language, subtitles on TV</li> <li>Visual impairments - Large print or audio</li> <li>Learning disabilities - Easy Read</li> </ul>	Yes Comments	No Comments
8. Do you have a communications book? NOTE FOR REPS: <i>If they have one, please ask to see it and comment on what you have seen</i>	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"> <li>Flashing red light</li> </ul>	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	



## 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"> <li>• hearing problems</li> <li>• problems with your sight</li> <li>• Or needed easy read information?</li> </ul>	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
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?	Yes Please explain  No Please explain
5b. Do you feel that the nurses are able to help you effectively according to your communication needs?	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"> <li>• large print,</li> <li>• audio (spoken/recorded information)</li> <li>• easy read</li> </ul>	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?	

## **Healthwatch Redbridge**

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