



**Enter & View
Report**

**Clayhall Clinic
14 Clayhall Avenue,
Ilford, Essex
IG5 0LG**

Thursday 31st 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

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Service Provider	Clayhall Clinic 14 Clayhall Avenue, Ilford, Essex IG5 0LG
Contact Details	Practice Manager- None at present
Date/time of visit	Thursday 31st August 2017, 10:30am – 12:00pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Elaine Freedman Naina Thaker
Contact details	Healthwatch Redbridge 1st Floor, 103 Cranbrook Road, Ilford, Essex IG1 4PU 0203 874 4120

Acknowledgements

Healthwatch Redbridge (HWR) would like to thank the staff and patients at Clayhall Clinic for their contribution to the Enter & View programme.

Disclaimer

Please note that this report related to findings observed during our visit made on Thursday 31st 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.

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:

- It is difficult to see signage to the premises from the road. 'NHS Surgery' is written in large letters with the phone number but the name of the surgery is written in a small font size on the glass in the front door.
- Accessible parking is available in the driveway. There are no yellow lines on the road so patients can park/drop off patients there.
- There is a slight slope but the edges are not highlighted for people with a visual impairment. There is an assistance bell but there is no label on it to inform patients of what it is.

Observations made inside the premises:

- At the entrance, there is a lip on the door which could be a trip hazard for someone with a visual impairment.
- There is no glass screen separating staff from patients.
- Signage in the surgery is available in a variety of formats including pictures. There are signs showing patients the directions to the areas of the surgery. The signs were written in white font on black background.
- The noticeboards were cluttered. The posters were not adequately spaced out and some were overlapping. Most of the posters were written in a small font.
- The complaint/compliments procedure was available on the noticeboard. It was written in a small font and was difficult to notice due to the amount of information on the noticeboard. There is no mention of its availability in other formats.
- The procedure was laminated. The glare from this could make it difficult for someone with a visual impairment to read the information.
- There is no poster informing patients about the Accessible Information Standard.
- There was a hearing loop sign in reception.
- There is no electronic screen in reception to inform patients when it is their turn. Clinicians call the patients from the waiting room.
- The fire alarm does not have flashing lights as well as sound.
- The fire exit is clearly signed with pictures and words.

Speaking to the GP

- The GP said that she is aware of the Accessible Information Standard.
- She has accessed training using Blue Stream online system and this is mandatory for all staff members.
- Patients are asked about their communication needs when they first register at the surgery.
- Patient's needs are recorded on the EMIS database⁴.
- Doctors are informed of a patient's need because this information is flagged up when the patients name is entered into the database.
- The GP said that there is a hearing loop in reception but doctors can use it as well.
- Staff have been provided with training on how to use the hearing loop.
- For people with a hearing impairment, they can access a BSL interpreter. There is a code from the CCG and the surgery also has a hearing loop.
- The GP was unable to provide examples of the different formats that information should be provided for someone with a visual impairment and learning disability.
- The surgery does not have a communications book.
- The surgery is able to record the communications needs of the next of kin/carer.

Speaking to the reception manager

- The reception manager said that patients are asked about their communication needs when they first register with the surgery. Representatives were shown the registration form and there was no question about communication impairments.
- Patient's needs are recorded on the EMIS database.
- When a patient presents at reception their communication needs are flagged up.
- The doctor/ nurse is informed of the person's communication needs on the database.
- There is a fixed hearing loop system but this does not work in the consulting rooms. A representative checked the hearing loop and it was working.
- The hearing loop was last checked 3-4 months ago.

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

- Staff have been trained on how to use the hearing loop.
- Patients are informed about the availability of the hearing loop by the sign in reception.
- Staff have not been given any training on Deaf awareness, communication and easy read training.
- The reception manager said that she was unsure about availability of information in different formats such as large print.
- The reception manager was unsure whether the surgery has access to BSL interpreter, signalong and Makaton.
- The surgery does not have a communications book.
- The surgery is unable to provide information in another format for the next of kin if they have a communication impairment.

Speaking to patients

The representatives spoke to four patients during the visit.

- Two patients said that they were unsure whether they had been asked about their communication needs.
- One patient said that he was not asked about his communication needs.
- One patient said that she was asked about her communication needs.
- None of the patients had any communication needs so they were unable to provide any more information.

Other information

- Representatives did not note any lighting on the driveway which may cause difficulty in the winter months for patients coming to the surgery.
- This surgery is merging with Roding Lane surgery in a few months.

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®⁵) especially for people with visual impairments.

Provider Response:

We are currently in process of creating new website following merger of Clayhall Clinic and Roding Lane surgery. Our surgery's new name will be 'Clayhall Group Practice'. Our website will include your recommendations.

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.

Provider Response:

We have ordered two communication handbook from 'The Clear Communication People Ltd' which includes BSL and Makaton symbols. We have 'The hospital communication book' at the reception in the meanwhile.

3. Although we understand that people with communication needs often attend appointments with their carers; staff should reduce reliance on

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>

carers, family and friends to relay information to the individual. This is because it compromises a patients' right to privacy and dignity.

Provider Response:

We as a practice make every attempt to communicate directly with the patient unless the patient indicates otherwise and request us to talk to the carers. We have written letter of consent from patients if this is the case.

4. Staff should receive training on AIS.

Provider Response:

All staff have done AIS training in blue stream, since your visit.

5. 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.

Provider Response:

We are in the process of organising training for Deaf/blind awareness for our staffs.

6. Staff should be trained on how to provide information in an accessible format for patients with learning disabilities.

Provider Response:

Our staff are currently trained on using communication book to communicate with learning disabled patients. We are in the process of updating their training regarding communication with Learning disabled People.

7. The surgery should consider changing the fire alarms so that there is a flashing red light as well when the alarm sounds. This will allow Deaf people to know when the fire alarm goes off.

Provider Response:

We have currently purchased fire alarms for both sites which has flashing lights as well as sound and this will be installed by the end of November at the latest.

8. Information on the noticeboard should be spaced out adequately so that patients can see the information clearly.

Provider Response:

Our notice boards at both sites have been re-organised to ensure that the information leaflets are displayed in a orderly way with suitable spacing.

9. The complaints/compliments procedure should be available in a variety of formats for patients.

Provider Response:

Our complaints and Practice procedures are available in various formats and staff know to ask the Practice Manager for large print and various languages.

10. 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.

Provider Response:

New Jayex board has been fitted. However, we are waiting for the software to be downloaded. Unfortunately this is in the remit of IT department at CCG and we have very little influence over the time line.

11. The surgery should display a poster about the Accessible Information Standard on the noticeboard. If possible, this information should be available on an A3 poster.

Provider Response:

AIS posters have been displayed on reception at both sites.

12. Staff members should be provided with information of the organisation for booking BSL interpreters.

Provider Response:

Staff members are aware of how to book BSL interpreters through 'Big Word' and a poster explaining this is already in the reception area. This was reinforced in the practice meeting prior to your visit and this is in the minuted staff meeting.

13. The surgery should include a question about communication needs on the registration form.

Provider Response:

Reception staff and clinical staff are trained to recognise communication difficulties in patients and have conversation about meeting their needs. The good practice at Clayhall clinic were the communication needs will be added as message alerts, which will come as pop up alert when staff access records has been shared with Roding lane surgery . This structured approach is followed at both sites.

14. The surgery should consider 'highlighting the edge of the ramp to ensure that people with visual impairments are able to see it.

Provider Response:

We will be highlighting the edge of the ramp as per recommendation at Roding Lane site.

15. 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.

Provider Response:

Staff are aware how to organise a booking for BSL interpreter. This is done by 'BIG WORD' and a poster for access code unique for the practice has always been displayed in the reception office. The information for patients regarding this service is clearly signposted in the waiting room of both practices.

Service Provider Responses

'We have formulated one response and action plan for both Roding Lane Surgery and Clayhall Clinic, as we have successfully merged as 'Clayhall Group Practice' from 02/10/2017.'

*Dr. Sangeetha Pazhanisami
GP Partner*

Distribution

- Clayhall Clinic
- 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	
<i>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?</i>		
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	

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	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	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 Communication training Dementia awareness Easy read training	Last date of training	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. <i>NOTE FOR REPS: Please ask to see examples of this if possible and comment on what you have seen</i>	Yes	No
14. What format do you provide for people with: a. Hearing impairment b. Visual impairment c. Learning disabilities	Comments	

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	No
	Comments	Comments
16. Where/which organisations might you access the above if you use them?	Comments	
17. Do you have a communication book? <i>NOTE FOR REPS: If they have one, please ask to see it and comment on what you have seen</i>	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.

1

2

3

Appendix 4 - Questions for other staff

Comments	Yes	No
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
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? <p>NOTE FOR REPS: If the member of staff is struggling to give some examples you can prompt them.</p> <ul style="list-style-type: none"> Hearing impairments - British sign language, subtitles on TV Visual impairments - Large print or audio Learning disabilities - Easy Read 	Yes Comments	No
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
12. Is there anything you would like to share with Healthwatch Redbridge?	Comments	

Questions for STAFF in GP Surgery

Name of Surgery: _____

Name of Authorised Representatives: _____

Dates: _____

Yes	No
Yes Comments	No
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
<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
<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
3. Do you feel that you would benefit from any other training with regard to AIS?	Yes No
4. How would a patient that has a specific need be identified? i.e. had hearing impairments, visual impairments or learning disability? <ul style="list-style-type: none"> Would it be flagged up on the computer system Electronic system A card provided by surgery they show to staff on arrival 	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? Please ask staff member to describe this	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	No Comments
2. How were you asked about this?	Yes Comments - Please state	No Comments
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"> • 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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