



Cranbrook Surgery 465 Cranbrook road, Gants Hill, Essex IG2 6EW

Thursday 28th September 2017

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Please contact us for more details.

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Service Provider	Cranbrook Surgery 465 Cranbrook Road, Gants Hill, Essex IG2 6EW
Contact Details	Practice manager- Karen Wilson
Date/time of visit	Thursday 28 <sup>th</sup> September 2017, 10.00am - 11.30pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Fiona Cooke Athena Daniels Miranda Peers (staff support)
Contact details	Healthwatch Redbridge  1 <sup>st</sup> Floor  103 Cranbrook Road Ilford, Essex IG1 4PU  020 3874 4120

# Acknowledgements

Healthwatch Redbridge (HWR) would like to thank the staff and patients at Cranbrook 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 28th September 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.

### 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 thus meaning that she was unable to read it.

<sup>&</sup>lt;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.

<sup>&</sup>lt;sup>3</sup> 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

- It is not possible to change the size of the text on the website.
- The colour of the background cannot be changed.
- The images have text descriptions explaining what the image is about.
- The website does not have a "sitemap" button.
- It is not entirely 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:

- The name of the surgery is written on a board above the entrance to the surgery; it is written in a black font on a white background.
- No accessible parking space is available. There are two parking spaces for staff members.
- There is a graduated pathway without handrails.
- Some trip hazards were identified outside the building. There was one loose paving stone. The pathway is quite narrow and not straight due to flowerbeds. This could make it difficult for someone with a wheelchair to navigate to the surgery.

#### Observations made inside the premises:

- Inside the building the entrance hall is narrow and there were two
  prams at one side, which were partly blocking the stairs to the
  consultation room upstairs. This could be a trip hazard for someone
  with a visual impairment.
- The counter is high up and there is a glass screen. The receptionist is sitting down side on and would have to stand to speak to patients. It would make lip reading communication more difficult if the receptionist did not stand. The representatives observed the receptionist stand up when speaking to patients.
- There is a lot of information on the wall. This makes it difficult to identify signs. Signage to the consultation room was placed amongst other posters.
- The toilet door only has words and no pictures.
- The noticeboard was cluttered. All the different posters were mixed up.
- The complaint/ compliments procedure was available but it was difficult to identify it due to the information overload. It did not mention its availability in other formats such as large print.
- There are a lot of posters on coloured paper (bright red, green and yellow). These may not be suitable for people who are colour blind.
- There was no fire alarm but only a smoke alarm.
- Fire exits were clearly signed in words and pictures.
- There is no hearing loop sign.
- An electronic screen was not available. The doctor comes out to inform patients when it is their turn. The receptionist mentioned that the surgery is planning to get one.
- A poster informing patients about Accessible Information Standard was available on the noticeboard.

#### Speaking to other staff (receptionists)

- Both staff members said that they are aware of the Accessible Information Standard.
- There is a question on the registration form to find out whether the patient has any communication needs. Two representatives were shown the registration form.
- Staff members have received online training on how to support patients who have visual impairment, hearing impairment and learning disabilities. This took place about three weeks ago using Blue Stream Academy.
- One staff member said that she would benefit from additional AIS training.
- If a patient has a specific communication need, this is noted on the database and it would be flagged up on the computer system when the patient visits the surgery.
- When asked how a patient with a hearing impairment would know that they have been called for their appointment, both staff members said that staff would assist the patient to the consultation room.
- There is currently no hearing loop.
- For patients who have a hearing impairment, they have access to BSL interpreters and they also attend with their friends.
- When prompted by a representative, the receptionist said that they are able to provide information in large print.
- With regards to providing information for people who have a learning disability, staff members said that they usually come to their appointments with their care workers.
- Representatives were shown a folder containing information about communicating with patients. However, this was not a communications book. There was a leaflet explaining the different types of support appropriate for people with different communication needs.
- In the case of a fire, staff will escort patients outside the building.
- Both staff members were unsure of whether a fire drill had been conducted recently.

### Provider Response:

Our staff were not apparently asked about when the last fire drill was. One member of staff explained that they had only just joined us but was able to explain the fire drill and show the visitor where the evacuation point was. Our last Fire Drill was 2/11/17 - previous one was in April.

### Speaking to patients

Representatives spoke to two patients during the visit.

• Both patients said that they do not have any communication needs. The first patient said that he registered many years ago whilst the second patient said that the information was sent from his last GP.

### 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; 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®<sup>4</sup>) especially for people with visual impairments.

#### Provider Response:

We have contacted our website provider with the suggestions made for the website, we are awaiting a response as to whether or not they can accommodate.

2. A Communications Handbook<sup>5</sup> 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 already contacted Healthwatch Redbridge regarding how to acquire a "communications handbook" for another surgery following an enter and view.

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.

<sup>&</sup>lt;sup>4</sup> https://www.texthelp.com/en-gb/products/browsealoud/

<sup>&</sup>lt;sup>5</sup> Example of a standard hospital communication book can be found at: <a href="http://www.uhs.nhs.uk/Media/SUHTInternet/PatientsAndVisitors/Learningdisabilities/Thehospitalcommunicationbook-part1.pdf">http://www.uhs.nhs.uk/Media/SUHTInternet/PatientsAndVisitors/Learningdisabilities/Thehospitalcommunicationbook-part1.pdf</a>

#### Provider Response:

We have communication information available in easy read format for those with learning difficulties, this is held in the same folder on the computer as the information in large print.

4. The complaints/compliments procedure should be available in a variety of formats such as large print for patients.

#### Provider Response:

We now advertise that the complaints procedure is available in large print format.

5. The surgery should get a hearing loop system and provide training for staff members on how to use the hearing loop.

#### **Provider Response:**

We have a hearing loop in the surgery with signage.

6. 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:

The electronic screen has now been installed.

7. The surgery should consider reducing the amount of information on the wall.

### Provider Response:

We have re structured the information available on the walls

### **Service Provider Responses**

We would like to thank Cranbrook Surgery for the responses made and Healthwatch Redbridge has incorporated them within this report where appropriate.

#### **Distribution**

- Cranbrook 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	
Can you change the text size?	Yes No
dan you dhango dho toxe shaoi	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

SUIDANCE For Enter & View to GP Surgeries Re: Acce	Re: Accessible Information	Signs in various formats including pictures (e.g. on	Yes No
Observation Checklist		tollet doors - are they clear/contrasting/pictures)	Comments:
Vame of Surgery:		Interaction between staff and service users: are	Yes No
Name of Authorised Representative:		they facing service user whilst talking to them using body language to communicate as well as verbal	ments:
Jate:		communication, is plain language - is 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:
outside the entrance	Comments:		
		Is there a hearing loop sign?	Yes No
A ramp/lift is available, or there is a working	Yes No		Commonter
assistance bell - Eage of ramp nignlighted to keep 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:	colour are the screen and writing - does it show room no. Doctor name - is it audio as well as visual	
Fire exits clearly signed in various formats.	Yes No		
Words Pictures	Comments:	Further Comments: Please provide any relevant information about	
Within the premises:			
Are there trip hazards/sharp edges/furniture in pathway (both permanent & temporary)	Yes No		
	Comments:		

## Appendix 3 - Questions for lead staff

ge) interpreters .)	and symbols to help people to communicate)  (6. Where/which organisations might you access the above if you use them?	17. Do you have a communication book?  NOTE FOR REPS: If they have one, please ask to see it comment on what you have seen  18. If the next of kin/carer of the patient had any Yes No	communication needs, is information provided to them in a format that is accessible to them?	19. How would you know this and would it be on Comments the patients records?  20. Is there anything you would like to share with Comments Healthwatch Redbridge?	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.	***
15. Are you able to access:  • BSL (British Sign Language  • Signalong (based on BSL)  • MAKATON (a language or	and symbols to help peor	17. Do you have a communication E NOTE FOR REPS: If they have one, ple and comment on what you have seen 18. If the next of kin/carer of the p	communication them in a forma	19. How would you know the patients records? 20. Is there anything you w	Information for Ma Inform them that a working days for y	
Yes No Comments		Comments Yes No Comments	Last date of training	Yes No Yes No Yes No Yes No	Comments Yes No Comments	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?	8. Is there a hearing loop in the surgery, if there is Comwhat type of loop is it?  • Fixed/Portable/Both  9. 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? Comments 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, 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 c. Learning disabilities
HARGE at		For Please explain	ç <sub>i</sub> ,	ts Comments  Comments  Comments	a Yes No Comments	Comments he Comments
Questions for MANAGER/PERSON IN CHARGE at  GP Surgery  Name of Surgery:  Name of lead manager:	Name of Authorised Representatives:  Date:	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?	What have you put in place for existing patients Comments to ensure that you are aware of their communication needs?     How are these needs recorded if they have any?	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?	5. If yes, what system do you use?  6. If there is no system in place can you explain the Comments reasons for this?

## Appendix 4 - Questions for other staff

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Comments			Yes	Comments	Yes Comments	Yes	Comments					Yes No	Comments			Comments	Yes	Comments	1	Comments	
<ul> <li>6. Is there a hearing loop in the surgery, if there is what type of loop is it?</li> <li>• Fixed/Portable/Both</li> </ul>	<ol><li>Are you aware of the ways that information should</li></ol>	be provided for people with:	<ul> <li>hearing impairments</li> </ul>		<ul> <li>visual impairments</li> </ul>	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	<ul> <li>Visual impairments - Large print or audio</li> <li>Learning disabilities - Easy Read</li> </ul>	D		NOTE FOR REPS: If they have one, please ask to see it and comment on what you have seen	<ol><li>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,</li></ol>	can you show us:  • Flashing red light	10. In the event of a fire, what is the procedure for evacuating those who are Deaf or Blind?	11. Has there been a fire drill and if yes, did it flag	up any problems?	40 le ble ann ann abh an 18 le ble ann ann ann ann ann ann ann ann ann ann an	12. Is there anything you would tike to share with Healthwatch Redbridge?	
				ę	Τ			S		2	2		£		£						_
Surgery —				Yes	Collille			Yes	Comments	Š	Comments		Yes	Comments	Yes	Comments				Comments	
Questions for STAFF in GP Sur	Name of Authorized Depresentatives	haire of Authorised hepresentatives	Dates:	1. Are you aware of the Accessible Information	Standard (AD): 2. Have you been provided with training on how to cannot patient with:	outper of the second se	NOTE FOR NEPS: If they arower yes, preuse as what type of training it was and tick the appropriate box	Visual impairments: blind & partially sighted	On-tine Face to face	Hearing impairments: profoundly deaf & hard of hearing	On-tine	Face to face		On-line	3. Do you feel that you would benefit from any other training with regard to AIS?	4. How would a patient that has a specific need be identified? i.e. had hearing impairments, visual	impairments or learning disability?  Would it be flagged up on the computer system	Electronic system	<ul> <li>A card provided by surgery they show to staff on arrival</li> </ul>	5. How would a patient with a hearing impairment know that they had been called for their appointment?	appointments

## Appendix 5 - Questions for Patients

Yes Please expla Yes	Please expla Comments	Comments		Yes No	Please expla	_			
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:	<ul> <li>targe print,</li> <li>audio (spoken/recorded information)</li> <li>easy read</li> </ul>	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?			
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Questions for PATIENTS at GP Surgery of Surgery: of Authorised Representatives:	Yes No Comments	ments	Yes No Comments		Yes No Comments - Please state		Yes No	Please explain	Yes No Please explain

### Healthwatch Redbridge

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