healthwatch Shropshire

Albrighton Medical Practice

Enter and View Report

Visit date: 19th April 2018

Publication date: 16th May 2018

Contents

About Healthwatch Shropshire

Healthwatch Shropshire is the independent health and social care champion for local people.

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

What is Enter & View?

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being provided. These visits are called 'Enter and View', and can be 'announced', 'semi-announced' or 'unannounced'.

The responsibility to carry out Enter and View visits was given to Healthwatch in the **Health and Social Care Act 2012.**

Enter and View visits are carried out by a team of specially trained and DBS checked volunteers called Authorised Representatives. They make observations, collect people's views and opinions anonymously and produce a report.

Enter & View visits are not inspections and always have a 'purpose'.

Details of Visit

Service	Albrighton Medical Practice, Shaw Lane Albrighton, Shropshire WV7 3DT
Commissioner	Shropshire Clinical Commissioning Group / NHS England
Date of visit	Thursday 19th April 2018 - 10.00 am – 12.30 pm
Visit Team	Two Healthwatch Shropshire Enter and View Authorised Representatives

Purpose of Visit

To engage with service users and staff to understand:

- the practice's compliance with the NHS Accessible Information Standard
- the practice's approach to delivering primary care services and any barriers they face

Our aim was to:

- identify examples of good working practice
- observe patients and relatives engaging with the staff and their surroundings
- capture the experience of patients and relatives and any ideas they may have for change

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and said to us at the time.

The Context of the Visit

By law, from 1st August 2016 onwards, all organisations that provide NHS care and / or publicly funded adult social care must follow the **Accessible Information Standard** in full. The Standard directs and defines a specific, consistent approach to identify, record, flag, share and meet a person's information and communication support needs, where these needs relate to a disability, impairment or sensory loss (e.g. sight, hearing).

During January-March 2017 NHS England led a review of the Standard and some of the key themes that came through were:

- There is widespread support for the aims of the Standard, although some organisations have concerns about costs
- Patients, service users, carers and patients are clear that receiving accessible information and communication support is essential if they are to receive safe, high quality care, to maintain their privacy and dignity, and to be involved in decisions about their care and treatment
- Implementation of / compliance with the Standard is variable across and within organisations
- Similarly, the impact of the Standard on individual patients / service users and on organisations differs. Where organisations have implemented the Standard they and their patients have noticed benefits.
- Many people felt that the Standard could have a significantly greater impact than it had done to date, suggesting that national monitoring / enforcement be put in place
- The most common challenges related to difficulty in recording and flagging needs and producing information in alternative formats, lack of awareness / the need for improved communications about the Standard and competing demands on staff time

Accessible Information Standard: Post-Implementation Review – Report
NHS England, July 2017

Since it was set up in 2013, Healthwatch Shropshire has received comments from members of the public about their experience of GP and primary care services. As a result of these comments and following the post-implementation review of the Accessible Information Standard we decided it was time to visit a number of practices across the county to speak to patients, carers and staff about their experiences; to find out how the Standard has been implemented, any challenges and its impact locally so far.

We aimed to visit a range of practices. The practices we have visited were chosen based on their location, size and whether or not we had previously received any comments, positive and negative. We also chose practices with a range of Care Quality Commission (CQC) ratings from 'Outstanding' to 'Requires Improvement'.

The current CQC rating for this practice can be found on the CQC website:

http://www.cqc.org.uk

Visits were announced and the Senior Partner / Practice Manager were told the date and time of the visit so they could promote it within the practice and encourage people to talk to us.

What we did

Before the visit

- We contacted the practice's Patient Participation Group (PPG) to explain what we were doing, asked them to help promote it among the patients and invited them to complete a questionnaire.

During the visit

- The Authorised Representatives (ARs) on the visit team made an observation of the environment and completed a checklist.
- The ARs spoke to patients / carers in the waiting room and asked them if they were happy to complete a questionnaire. They were told that their answers would be recorded anonymously and they would not be identifiable in the report.
- The ARs spoke to any staff in the practice who were free and happy to comment.

On our visit to Albrighton Medical Practice we spoke to

- Fourteen patients / carers
- Two staff
- Two Patient Participation Group (PPG) representatives

What we found out

Practice information

The practice has more than 8,300 patients including families of personnel from nearby RAF Cosford (RAF personnel are looked after by the RAF practice).

There is a large team of health professionals including nine GPs, four practice nurses, two healthcare assistants, a pharmacy technician and two dispensary staff. The practice is managed by a practice manager, supported by a practice manager's assistant, senior receptionist, five receptionists, a systems manager, a data coder/summariser, two medical secretaries, a nurse admin support and a care co-ordinator.

The practice and dispensary are open between 8am and 6pm Monday to Friday. The practice offers a late night surgery on Mondays between 6.30pm and 8.45pm. Urgent appointments are available on the day of booking. However patients are advised that they may have to wait, especially if the duty doctor has to go on an urgent call. An estimated wait time is given to patients when booking in.

Clinics are available for long term conditions including chronic respiratory disease, asthma, diabetes and high blood pressure. Childhood immunisations are offered, as well as Help to Change lifestyle advice on weight loss and help to quit smoking. There is also a 'social prescriber'[1] who comes in once a week to work with vulnerable people who may be at risk of developing health problems. The PPG representatives told us that there was a battery exchange clinic for people with hearing aids.

[1] The King's Fund states: 'Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.'

- **The website**

Before the visit we saw that the practice has a well presented and detailed website which includes a section called 'Accessibility Information'. However the title of this section does not help people understand that it is about communicating with patients. The information on the website page says;

- "We want to get better at communicating with our patients. We want to make sure you can read and understand the information we send you. If you find it hard to read our letters or if you need someone to support you at appointments, please let us know.
- We want to know if you need information in braille, large print or easy read. We want to know if you need a British Sign Language interpreter or advocate.
- We want to know if we can support you to lipread or use a hearing aid or communication tool."

There is also an accessible information form on the website, which patients can fill in if they need to let the practice know about any of the above.

Observation

The building was easily identified with clear signs on approach. The practice was situated along a residential street with a small car park for patients at the front and staff parking at the back. The car park was full when we arrived and we saw many cars parked in the street. There were two disabled spaces near to the entrance and a covered patient drop-off area.

The area leading to the entrance door was flat for easy access and the doors opened automatically into a foyer where pushchairs and wheelchairs could be parked out of the way. Another door opened automatically into the reception area. There were a few seats in the reception area available for patients waiting for transport. An electronic check in screen was positioned in a side area for patients, with a notice asking patients to use it when a receptionist was not free at the desk.

The general appearance of the interior throughout was welcoming, clean, bright and uncluttered. There was one spacious waiting room and another smaller one. In the small waiting room there was a small office with glass surround and a walk through area. This led to a pharmacy dispensary with serving hatch and then through to a corridor with doctors' rooms. Hand gel was positioned at entry and exit points of each waiting room and reception area. The reception desk was open. However a sign asked patients who were queuing to stand back to respect privacy.

Fire exits were clearly identified with words and symbols. We saw one accessible toilet with a clear sign and disabled symbol on the door. None of the doctors' or nurses' rooms had picture signs, but they were clearly labelled with the name of the staff member.

We noticed a portable hearing loop on the reception desk which was clearly visible to patients. The lights were lit on it, indicating that it was working. There were also at least six hearing loop signs positioned at reception, by doors to rooms, at the electronic check-in area and outside the main entrance door.

We saw several notice boards in all the waiting and reception areas, including photos of the staff team. Most of the information was neatly arranged and was not cluttered. Some notices produced by the practice were in large print. Some from outside organisations had small print. There was a table in the large waiting room with several different sorts of leaflets and a wall display with several more. We did not see any notices to patients explaining what the accessible information standard (AIS) is about, or asking patients to tell the staff about their communication needs.

Interaction between staff and patients was pleasant and courteous. We noticed staff facing patients when they spoke to them. One staff member had a name badge which was difficult to read as it was scratched.

We observed a patient arrive at reception when there was no receptionist present at the desk. The patient was heard to say 'Oh well, I'll have to ring up from home' and they left the building.

We observed patients being called by doctors and nurses to their appointments from a doorway of the large waiting room. We noticed there was no eye contact from a doctor to an elderly patient with hearing loss as their name was called. We observed the carer respond to the call. The elderly patient struggled to get up with the aid of the carer and we saw the doctor come over to help the patient up

onto a frame. We saw another younger vulnerable patient being called through by a clinician from the doorway.

What patients told us

We spoke to 14 patients in the large waiting room who agreed to complete a questionnaire. Patients we spoke to had been registered with the practice for anything from two months to 50 years. Half of the patients we spoke to had been at the practice for at least 20 years. Three had been there for 50 years.

Of the 14 we spoke to, six told us they had communication needs.

Most patients told us they had not been asked at registration whether they had any communication needs such as a hearing or sight problem, learning disability, speech/language difficulties or problems in understanding. One patient who had registered a year ago said that they had been asked if they had hearing or eyesight problems and one who had registered two months ago said that they were not asked about this. A few patients could not remember being asked. All the patients we spoke to with communication needs had either hearing or sight problems.

Two patients told us that they had been asked if they had caring responsibilities. The others either said 'no', or couldn't remember. One patient said they cared for a spouse, but that they had not been asked about this.

All patients told us that the practice communicates with them by either letter, telephone, text, or a combination of these. No patients said they receive emails. Four patients said that they had been asked how they preferred to receive information from the practice. When we asked the same question, four said by telephone, five said text, two said telephone or letter, one preferred to receive information by letter due to deafness and the others had no preference. One said that reception had asked patients' preferences as part of a survey.

Everyone we spoke to said that they had no suggestions for improvement in how the information was received, or they were happy with it as it was. One patient said that if it was a serious matter, then it would help to speak face to face.

Patients we spoke to who had communication needs all felt that the staff were all aware of their needs and could not think of any ways to improve this. However, one said that their needs had not been met when their eyesight had deteriorated so badly and they were due to have cataract surgery. They could not read any letters sent to them and their spouse had to read them out. The letters were in 'normal' print size.

Of those who had been referred from the GP to other services such as hospital, most said that the hospital was aware of their needs. Two were confident that the practice would notify the hospital and in another case the carer accompanied the patient so that the hospital was aware.

Overall the comments received about the practice were positive:

- 'Very good. Everything. They care. Keep us well informed. You won't get a better practice than this one.'
- 'So far very happy, as I can get an appointment on the same day. I used to have to wait up to an hour at my old practice. Today I've been told it is seventeen minutes as mine is urgent, but usually only ten minutes for a routine one.'
- 'Very happy here. No complaints whatsoever.'
- 'Very helpful. Always helped me when I need it.'
- 'Very good. Quite happy. Like to see the same doctor, but if not available, they always seem to fit in. They were very good when my wife had a heart attack. Car parking is lousy.'
- 'Probably the best practice in the area, but not as good as it used to be because you can't always see the doctor you want to see. Have to wait a month or six weeks otherwise. Quality of care varies between doctors.'
- 'Receptionists rude. Never very pleasant, otherwise everything is fine.'
- 'Missed an appointment, nurse rang to ask where I was. She realised I was unwell and talking nonsense. The nurse sent the doctor to my house, who saved my life.'
- 'Not aware of a hearing loop – not sure if mother would use it.'

What the patient group told us

Prior to our visit, the chair of the patient participation group (PPG) was sent a questionnaire which they responded to:

- All information regarding the AIS was shared with the group by the practice manager.
- The practice has automatic doors on entry. There is a toilet for disabled use.
- In response to the AIS, information is available from the practice and on the website. Reception staff are aware of those with needs.
- There are special appointments with a trained doctor for all patients with a learning disability and special documents for these patients, i.e. pictures rather than words.
- Reception staff are trained, and monitor patients while they are waiting to see the doctor.
- Medical staff collect patients from the waiting room rather than just calling them in.
- The practice is receptive to the PPG but they have not been asked to be involved in the implementation of the AIS.
- Signage could be clearer, but reception staff are very helpful.
- Notice boards are updated, but with so much information it is difficult to always be fresh.
- The surgery does not use email to communicate with patients.
- The PPG organises surveys, which are distributed to most patients, but we do not know if any of these patients have communication needs, unless the patient tells us.

What staff told us

The practice manager told us that the practice has a Communication Standards policy which was amended in October 2016 to include the Accessible Information Standard (AIS). We were given a copy of this document. Since this amendment, new patients are asked to fill in whether they have any communication needs when registering with the practice.

Any patients already registered who have communication needs have 'alerts' recorded in the electronic patient records (EMIS). We were told by the practice manager that all healthcare staff were aware of flagging patients' needs and that it was "embedded in the organisation to flag and we know our patients". Within the communication standards policy, we noted that the practice could not 'work backwards' in identifying communication needs in existing patients, but that it would be done 'opportunistically'.

We asked if the Patient Participation Group (PPG) was aware of the AIS and the practice manager said that one of the members of the group was on the Healthwatch board, so would know about it.

The practice manager told us that there is a designated lead doctor who oversees the care of patients with learning disabilities. There are 28 patients on the register who all have annual checks. There are pictures next to the text on the annual check forms to aid communication. We were given a copy of this form produced by the Black Country Partnership NHS Foundation Trust.

We asked about whether it is recorded if a patient has a carer. The practice manager told us that every new patient is asked if they have a carer. We asked if the carer was identified as having communication needs. We were told that they wouldn't be, as the carer of a patient, but they would be if they were a patient at the practice, or if they filled in a registration form as a new patient themselves. All carers are given a carer's pack and are asked to make themselves known to the practice team. They are given the opportunity to discuss how they are coping as a carer.

The practice does not keep a database of patients with communication needs, as this may vary with individuals and over time. An example was given by the practice manager of a patient who lost the sight of an eye, but who had no difficulties in reading.

We were told that receptionists were aware of patients who had communication needs when they booked in, as an 'alert' would be flagged up on the computer screen. The receptionist could pass on a message to the doctor or nurse if necessary to let them know before the appointment. Doctors and nurses would also see an alert on their computer screen in the patient records.

We asked the practice manager whether patients were asked for consent to share their communication needs with outside services such as hospitals. We were told that all new patients are asked if they are happy to share. They are given the

choice to opt out if they are not happy with this. It was not known whether hospitals let the practice know about any new communication needs discovered in their patients.

The hearing loop is a portable one which is kept on the reception desk. The practice manager said that it has not been used in the six years that she had been at the practice. She thought that an audit of those who wear hearing aids might be useful. No training is given to staff in the use of the hearing loop. However there is an instruction manual with it. The patient representatives said they were unaware of the existence of the hearing loop.

Training is provided for staff to support effective communication with patients. Blue Stream Academy e-learning is annual training that all staff complete. This includes modules on equality and diversity, communication and a new module on AIS. Staff also read the communication standards policy. A trainer visited the practice to talk to staff and the PPG about dementia awareness. Other training for medical staff has included how to identify patients at risk of developing dementia. The management hold weekly meetings which cover training in clinical governance, palliative care and emergency training for 'significant events' (e.g. a patient collapsing) with a 'traffic light' system to record all information relating to the event.

The practice manager said that the practice has a very robust significant event system in place. They communicate about vulnerable patients as a team so that everyone involved in the care of these patients is well informed. The practice manager said: "We are a dementia friendly practice."

We asked whether information was given in different formats to make it accessible to all patients. We were told that the practice staff do not send emails due to security and confidentiality issues with certain servers which are located outside of the UK. Texts are sent routinely to remind patients of their appointments. Doctors and nurses know how to print information in large font for patients if requested, or in another language. As far as the practice manager is aware, Braille has never been requested. They could provide this if asked, however. Pharmacy staff are aware that they should not stick labels over Braille on medicine packets. There is also an audio facility online with the downloadable leaflets which gives the user the option of listening to the leaflet contents. The practice manager said that for those not computer literate, staff would be happy to read leaflets to blind patients if necessary. An interpreter can be called upon through the Clinical Commissioning Group (CCG) to help with language difficulties.

There is an online appointment booking system and repeat prescription ordering service which patients and staff can use. Staff give patients access codes and advice on how to use online services it if they find it difficult.

The practice manager told us that their practice area has very few patients whose first language is not English. However they have had some families from Saudi Arabia living at RAF Cosford. Usually there are family members who will speak English. We were told there have never been requests for deafblind interpreters, video relay communication, electronic/manual note takers, speech-to-text reporters or telephones; or MAKATON (a language programme using signs and symbols to communicate). The practice manager said that the staff are aware that some patients rely on reading a person's lips to understand so they make sure they are facing the patient and speaking clearly.

An additional service which the practice manager described was offered by a Social Prescriber who attended the practice once a week to give advice and to work with vulnerable people who might be at risk of developing poor health or long term conditions. The practice also has a number of patients from the travelling community who may have particular needs which the staff are aware of.

A staff member we spoke to was asked if they were aware of the AIS and what it is. They said that they knew about it and that it was 'how to assess what a patient needs'. 'Our communication is really good. We have alerts on the screen and know our patients quite well, or know when to tell other staff.'

We asked if the staff member would know how they would identify a patient who had a communication need. We were given an example of a real situation: The staff member noticed that a patient wasn't looking at them when they arrived. They typed the name into the computer and a screen alert flagged up that the patient had a communication need. The staff member spoke directly to the patient and also told the doctor that the patient was here. The staff member said that the codes for the alerts were kept up to date by the office manager.

We wanted to know how information about a communication need was shared outside the practice. The staff member said that it would be by letter with additional information included. The medical secretaries type and send the letter.

We asked about training on how to support patients with visual and hearing impairments, learning disabilities and autism. We were told by the staff member that this was done by outside trainers during protected learning time once a year. Training about problems with communication related to stroke was given by one of

the doctors at the practice. The staff member gave an example of when support was put into practice. This occurred when the staff member witnessed a patient having a stroke at reception. The emergency skills learned were put into action. The staff member told us that they were "very impressed by how it all worked so well" when they raised the alarm.

We were told by the staff member that they had received AIS training as an e-learning module and they felt that they would benefit from further training on AIS, as "the more information the better" and "there's always something new to learn".

We wanted to know about the hearing loop and whether the staff member was aware of it. They knew it was a portable one, as they were responsible for charging it up every morning and making sure it was working. They also told us about the location of the hearing loop signs.

We wondered if a patient with a hearing impairment would be able to hear the fire alarm. The staff member told us that they didn't know, but that the patient would be aware that there was a drill by the way the staff were organising everyone and escorting them out of the building. The practice has a register of patients and staff have a set route round the building to check if everyone was accounted for. They also have wheelchairs available to assist patients to exit if necessary. We were told that the practice has regular fire drills and that the last one was carried out without warning. There were no problems flagged up as a result.

The staff member was keen to share with us their enthusiasm for the practice and all that it offered patients: "I think they offer them (patients) so much – all the outside support and carer support. There are management meetings every month where we look at good practice as well as significant events."

Additional Findings

The practice manager told us that Albrighton Medical Practice is one of 17 practices in Shropshire involved in a pilot project called The Prime Ministers Challenge Fund. This allows patients to go to any GP practice in Shropshire for a routine appointment with a GP if there are none available at their usual practice when they ask for it. This can include weekends and evenings until 8pm. All practices will be required to extend opening times from 1st October 2018. The practice carried out a survey of 20 patients asking them if they would travel after 6pm to see a doctor at another practice and all the patients asked said 'no'.

In the last CQC Inspection Report in February 2016, it was recommended that the practice made sure all the fire points were working and that the smoke alarms and emergency lighting was checked and maintained regularly. The practice manager told us that following the recommendation the fire alarms are tested once a week. Previously they had only checked one test point, but now all the test points are tested in rotation. They have regular fire drills and 'what went well' is always recorded. Emergency lights are tested twice a year and three fire wardens do visual inspections of the fire extinguishers.

Summary of Findings

- The practice has a large team of medical and administrative staff who see a variety of patients including families from RAF Cosford (not personnel), vulnerable groups and people from the travelling community.
- Appointment availability has been increased during the Prime Ministers Challenge Fund pilot, although a survey of patients found that they would not be prepared to travel to another surgery after 6pm.
- There are a number of clinics offered to patients with long term conditions, a medical lead for learning disabilities and a social prescriber who manages vulnerable groups.
- The car park was very small for the size of practice and patients were having to park on a residential street.
- The building was easily accessible and layout well organised and uncluttered.
- It included a dispensary which was open during practice hours.

- Notice boards displayed a range of information. However we did not notice any information for patients about the AIS or signs asking patients to let the practice know if they or someone they care for has a communication need.
- There were many hearing loop signs displayed and a fully charged portable hearing loop placed in view of patients booking in. No patients had asked to use the hearing loop in over six years.
- Patients we spoke to were very happy with the way their communication needs were met and were satisfied with the practice and the way they were treated. The majority of patients liked to receive texts, although one with hearing loss said letters would be best.
- The practice management and staff were aware of AIS and had incorporated it into their Communication Standards policy. Staff training on AIS was provided through a Blue stream Academy e-learning module, although staff were keen to know more and felt more training would benefit them.
- Annual training for staff was provided by visiting trainers during protected learning time to help them support patients with communication, learning disability and dementia needs.
- The practice uses the EMIS electronic patient record system which allows 'alerts' to be added to patient records to inform staff that they have a communication need.
- New patients registering with the surgery are asked if they have communication needs and whether they have a carer. They are also asked for consent to share their communication needs with an outside healthcare organisation.
- Carers are asked to make themselves known to the practice and receive a carer's pack.
- There is no database kept of patients who have communication needs.
- There is a register of patients with learning disabilities.
- The staff team hold regular meetings to share information about vulnerable patients and the Practice manager said they considered they are a "dementia friendly practice". We did not notice any dementia friendly signs or pictures on doors, apart from a disabled symbol on the accessible toilet.
- There have not been requests from patients for information in different formats, although this can be arranged.
- Annual health check forms for patients with a learning disability include pictures to aid communication.

- There is an audio facility on the website for blind patients who wish to hear the contents of downloadable leaflets.
- Following recommendation by the Care Quality Commission in 2016, fire points are now tested every week in rotation and emergency lighting and smoke alarms are checked and maintained regularly.
- Although the PPG have been made aware of the AIS, they have not been asked to help to put it into practice, or to suggest ways of improving the service to patients with communication needs.
- PPG reps were not aware of the hearing loop.
- We observed two patients being called to their appointment from the doorway with no eye to eye contact, despite one patient having a hearing loss and being accompanied by a carer.
- There was a page called 'Accessible Information' on the practice website and it described clearly what was available for patients with communication needs. It did not include the word 'communication' in the title which would make its relevance more obvious to the members of the public.

Recommendations

We suggest that the practice considers:

- Displaying information for patients about the Accessible Information Standard (AIS) on the notice boards.
- Involving the PPG in undertaking a survey of awareness of the AIS with patients, to include the communication needs of all patients not just newly registered patients.
- Providing additional AIS training for staff and PPG group members
- Placing a hearing loop sign prominently by reception to encourage patients to ask for the hearing loop if they need it.
- Contacting patients with hearing loss, e.g. people who attended hearing aid battery exchange, and promote use of the hearing loop.
- Reviewing the title of the 'Accessible Information' section on the practice website to make it more obvious to members of the public that it is about communication needs.

Service Provider Response

Healthwatch Shropshire has received the following information from the Practice Manager in response to our recommendations / suggestions:

We suggest that the practice considers:

Displaying information for patients about the Accessible Information Standard (AIS) on the notice boards

We will produce some posters for the notice boards. This will be overseen by the Practice Manager and completed by June 2018.

Involving the PPG in undertaking a survey of awareness of the AIS with patients, to include the communication needs of all patients not just newly registered patients

An agenda item has been added to the next PPG meeting. This will be overseen by the Practice Manager and completed by the end of June 2018.

Providing additional AIS training for staff and PPG group members

All staff training is ongoing and will be completed by March 2019.

Training for the PPG will be considered at the next PPG meeting at the end of June 2018.

Placing a hearing loop sign prominently by reception to encourage patients to ask for the hearing loop if they need it

As noted in the report there are already six notices in reception so we are not planning any more.

Contacting patients with hearing loss, e.g. people who attended hearing aid battery exchange, and promote use of the hearing loop

This will be done opportunistically by all staff. Patients requesting ear irrigation are being recorded and audited and any hearing aid / hearing loss is being added to the patient record. This will be overseen by the Practice Manager and completed by March 2019.

Reviewing the title of the 'Accessible Information' section on the practice website to make it more obvious to members of the public that it is about communication needs

We will rename the title on the website from 'Accessibility Information' to 'Communication Accessibility Information'. This will be overseen by the Practice Manager and completed by the end of May 2018.

Acknowledgements

Healthwatch Shropshire would like to thank the practice, patients, carers and staff for their contribution to this Enter & View.

Get in Touch

Please contact Healthwatch Shropshire to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.

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