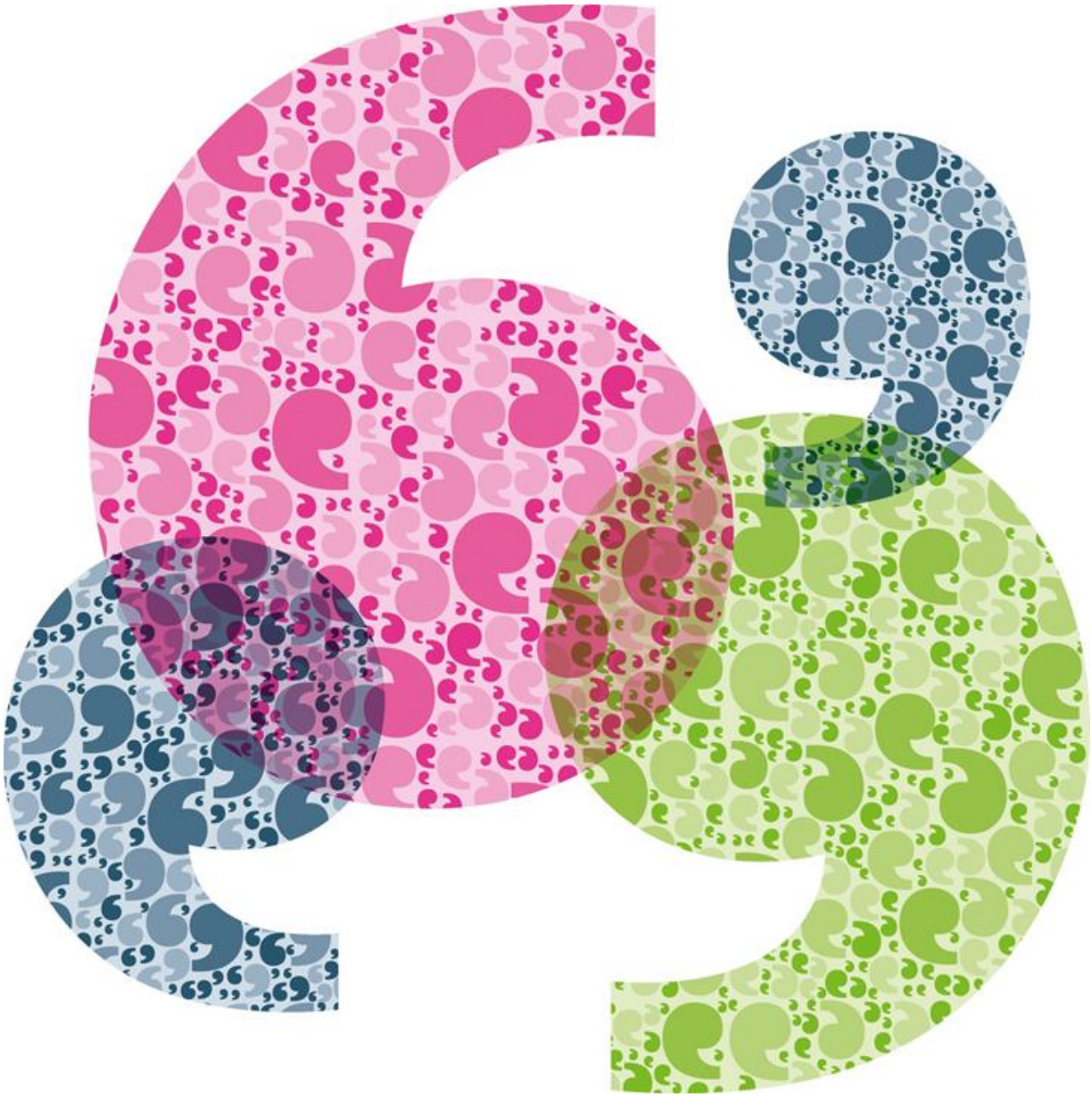
healthwatch Shropshire



The NHS Accessible Information Standard in GP Practices

Enter & View Summary Report

Published October 2018

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Executive Summary

The NHS Accessible Information Standard (AIS) became law from 1st August 2016 and applies to all NHS services and publicly funded adult social care organisations. The Care Quality Commission is now including the AIS in their inspections of services[1] (including hospitals, GP practices and dentists). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

NHS England led a review of the Standard in early 2017 and found that although the principles of the Standard were widely supported and there were proven benefits to people using services and their carers, compliance varied across and within organisations. In May 2017, Healthwatch Shropshire decided to visit a number of GP practices in the county to find out what progress had been made locally in implementing the Standard and any challenges the practices faced.

Between November 2017 and June 2018 Healthwatch Shropshire Enter & View Authorised Representatives (volunteers) visited nine GP practices and spoke to a total of 82 services users (patients, carers and Patient Participation Group members) and 23 staff, including Practice Managers and reception staff, to find out what they knew about the Accessible Information Standard and how it has affected them. Visit teams also made observations of the practice environment, including how easy practices were to find and access, e.g. for disabled people. They also looked at how information was shared with service users within the practices (e.g. notice boards, electronic screens, Tannoy systems, alarms) and through the PPGs and how effective these methods were.

All practices are encouraged to learn from the examples of good practice identified during our visits and collated in this report.

Please see the report for each practice available on the Healthwatch Shropshire website for the full details of each visit, including our findings and recommendations and the response we received. This report brings together our main findings from these reports and makes recommendations to all GP practices in Shropshire.

[1] https://www.cqc.org.uk/guidance-providers/meeting-accessible-information-standard

Main findings:

Some of our main findings were:

- Most patients, carers and Patient Participation Group members had not heard of the Accessible Information Standard at the time of our visit and did not know how it might affect them.
- Practice Managers had a varying degree of knowledge about the Standard and they were not all aware of the training module for staff on Blue Stream Academy.
- Six of the nine GP practices visited did not have an Accessible Information Policy.
- A large number of reception staff were not familiar with the term 'Accessible Information' or the five steps to meeting the Standard although some could talk about what their practice was doing to identify patients with a communication need and how this information was used internally and shared externally.
- Staff gave us conflicting information about whether practices could share information about a patient or carer's communication needs with other services without the patients consent.
- Most practices relied on patients / carers to tell them if they had a communication need, using posters and pages on their website to tell patients that they wanted this information. This approach did not appear to take into the account that people might not be able to read or understand the poster or have access to the internet and so the message might not reach those people with a communication need.
- Information for patients produced by the individual practices and externally (e.g. by NHS England) did not always meet the tips for printed communication provided by NHS England in 'Accessible Information: Implementation Guidance' (2015).
- Most practices had provided Dementia Awareness sessions or training for staff and some were considering repeating this on a regular basis and having a Dementia Champion. We saw and heard about the work being done in some practices to make them more Dementia friendly.

As a consequence of these findings, Healthwatch Shropshire makes the following recommendations to all GP practices in Shropshire.

Recommendations

All practices should:

- Review their approach to meeting the Accessible Information Standard and check that they are meeting the implementation criteria, including having an Accessible Information Policy (supporting information is available on the NHS England website[2]) and gaining the necessary consent from patients to share their personal information outside the practice.
- Ensure all staff are familiar with the term 'Accessible Information' and the five steps to meeting the Accessible Information Standard.
- Ensure that all staff complete Accessible Information Standard training and this is regularly reviewed.
- Develop a systematic approach to identifying if existing patients are carers and / or have a communication need and asking them how they prefer to be communicated with.
- Find a way to ask patients / carers if they have a communication need that does not rely on them being able to read a poster or access the 'Accessible Information' page on the website.
- Consider appointing a member of staff as Accessible Information Champion, so that someone in the practice is responsible for ensuring written information is accessible and the communication needs of all patients are met by the practice, including checking the hearing loop is working.
- Consider making the practice environment more learning disability / Dementia friendly[3]
- Consider involving the PPG in ensuring information is accessible for patients, e.g. letters, leaflets and posters are easy to read and understand.

[2] https://www.england.nhs.uk/ourwork/accessibleinfo/
[3] https://www.worcester.ac.uk/discover/health-centre-assessment-tool.html

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 Visits

Service	Nine GP Practices in Shropshire
Commissioner	Shropshire Clinical Commissioning Group / NHS England
Date of visit	All visits completed between November 2017 and June 2018
Visit Team	Two/Three Healthwatch Shropshire Enter and View Authorised Representatives completed each visit

Purpose of Visits

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

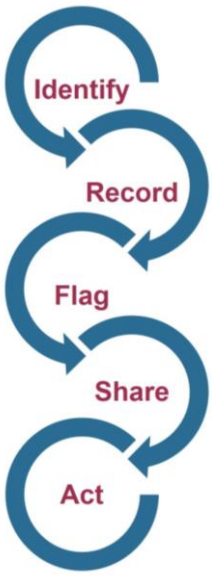
Our aim was to:

- 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 each visit. 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 Visits



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** (AIS) 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.

This covers the needs of people who are deaf/Deaf, blind or deafblind, or who have a learning disability. It includes interpretation or translation for people whose first language is British Sign Language (BSL). It can also be used to support people who have aphasia (difficulties with language and speech), autism or a mental health condition which affects their ability to communicate. It also applies to a person's carers and parents.

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 and carers 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 or those they care for
- 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 had been implemented, any challenges and its impact locally so far.

We aimed to visit a range of practices. The practices we 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 each practice can be found on the CQC website: http://www.cqc.org.uk

All 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. The report for each practice can be found on our website: http://www.healthwatchshropshire.co.uk/

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.

Visit details

		No of people spoken to		
Practice (Total number of registered patients)	**Visit date**	**Patients / Carers**	**+ PPG members**	**Staff**
Albrighton Medical Practice (8300)	19/04/18	12	2	2
Bishop's Castle Medical Practice (5300)	07/11/17	15	4	4
Broseley Medical Centre (4600)	14/03/18	13	0*	3
Brown Clee Medical Practice (3300)	25/04/18	7	1	1
Caxton Surgery, Oswestry (13250)	18/06/18	5	1	2
Portcullis Surgery, Ludlow (7950)	19/06/18	4	2	2
Radbrook Green Medical Practice (9400)	05/12/17	7	1	3
Westbury Medical Centre (2900)	20/02/18	3	0*	4
Worthen Medical Practice (2000)	18/04/18	5	0	2
Total number of patients spoken to			**82**	
Total number of staff spoken to				**23**

*Member of the Patient Participation Group not present on the day, or we were not able to speak to them during our visit, but a completed questionnaire was received by Healthwatch Shropshire and the response included in our report.

Part 1: Compliance with the NHS Accessible Information Standard

The environment

Healthwatch Shropshire followed guidance provided by Healthwatch England when deciding what would be included in our observation checklist for GP practices.

Our observation of each practice included:

1. Getting to the practice – signage, parking and access
2. Inside the practice
   - Fire exits and alarms
   - Signs and noticeboards

- Hearing loop and electronic displays
- Interaction between staff and service users

Key findings:

1. Getting to the practice

- **Signage to the practice**

Visit teams observed a lack of clear signs to five of the nine practices visited, including roadside signs. The Practice Manager at Brown Clee Medical Practice told us that this was on professional advice for security of the Dispensary on site.

- **Accessible parking**

Three practices had limited parking and patients sometimes had to park on the road. Caxton Surgery identified car parking as the main physical constraint of the practice. They had considered making all parking spaces disabled but this presented a problem for people with new or temporary mobility problems. Staff at this surgery do not use the car park. The Practice Manager at Caxton Surgery told us that patients had been able to use a supermarket car park next to the surgery but the store had blocked the walkway to prevent people doing this.

Most practices had two or three disabled parking spaces. At Radbrook Green and Portcullis patients use a public car park next to the building. Parking is free at Radbrook Green. There is a charge at Portcullis in Ludlow unless you have a disabled badge as it is one of the main car parks for the town.

- **Access to the main entrance**

All practices had either a flat, or gently sloping entrance, or a ramp.

At Brown Clee Medical Practice there were low kerbs to step over from the car park to a path, which could be a potential trip hazard. The original white markings had faded. In response to our report we were informed that the practice had obtained quotes to improve markings on the car park and remove the kerbstones.

The ramp at Westbury Medical Centre was found to be worn and uneven and markings had faded. We were told that the practice would look into this.

2. Inside the practice

- **Fire exits and alarms**

We saw green fire exit signs during our visits, which included words and pictures.

In most practices we were told that the fire alarm is very loud and it also has a flashing light. At Caxton Surgery we were told that the alarm is raised by lights flashing on a display panel to alert staff. The alarm makes no noise.

In those practices where we asked the question, staff told us that it is their responsibility to make sure all patients / carers are aware that the alarm has gone off and help them to leave the building. We heard that some practices hold fire drills or test the alarm. The Practice Manager at Portcullis Surgery explained that they test the alarm and hold fire drills for staff. These do not take place when the surgery is open because it can be upsetting for patients.

- **Signs and noticeboards**

On these visits we hoped to see clear easy to read signs and pictures to guide patients and carers to different parts of the practice, such as dementia / learning disability friendly signage.

The quality of signs and notices inside the practice varied in terms of how easy they were to see and read.

The majority of accessible toilets were clearly labelled in words and pictures. For example in Albrighton Medical Practice the accessible toilet has a clear sign and disabled symbol on the door.

Signs on consultation rooms varied greatly. In three practices we saw that these rooms were labelled with the name of the doctor / nurse using the room. In two practices we saw that there were no name plates but in both cases patients / carers were collected from the waiting area by the doctor or nurse so this was not an issue.

The Practice Manager at Caxton Surgery told us that there would be improvements made to the signage on consulting room doors as part of the refurbishment of the practice.

In all nine practices doctors and nurses were seen to come into the waiting area to call their next patient. This included practices using an electronic screen to call patients.

All practices had notice boards displaying information. Some common problems with these were:

- Being cluttered or very full so it was difficult to pick out information
- Notices being out of date
- Notices being written in a small text (font) making them difficult to read

Examples of good practice:

- In Albrighton Medical Practice the notice boards included photos and names of the staff team. Some notices produced by the practice were in large print.
- At Broseley Medical Centre the notice board was kept up to date by the PPG. Notices were grouped by theme and included community news and information about local services. Most notices were in large text.
- The Caxton Surgery noticeboard included a notice about the NHS Accessible Information Standard and an easy read document produced by NHS England explaining the Standard
- In Worthen Medical Practice there were five notice boards organized by topic, including a board focusing on communication and asking patients to let them know if they had a communication need. All were up to date.

The NHS Accessible Information Implementation Guidance gives 12 'tips for printed communication' and one of our key findings was that many of the posters and leaflets on display in practices including those produced by outside organisations, including NHS England) do not always follow these tips. For example, font size, choice of font, colour of font and background, type of paper and use of language and images / pictures to make them 'easier to read'.[4]

[4] NHS England Accessible Information: Implementation Guidance - Version 1 (03/07/15) p.16.

The Practice Manager at Caxton surgery commented on this saying that many general NHS leaflets do not meet the AIS fully and it was difficult to find those that did.

- **Hearing loops and electronic displays**

We did not see a hearing loop in all practices or any sign to say there was a loop available. The Practice Manager at Caxton Surgery explained the hearing loop had been removed when the practice was decorated seven years before. They were going to consider installing a loop as part of the upcoming refurbishment.

Several practices told us that they did not have any patients who required a hearing loop. For example, at Broseley Medical Centre there was not a loop at reception but there was one in a consulting room because the GP had a hearing impairment. The Practice Manager told us a loop would be installed in reception if a patient requested it.

Those practices which had a loop but no patients who were currently using it told us that staff would need to be trained to use it, check it was working and its coverage. These practices had hearing loop signs on display but visit teams observed that they were small and sometimes difficult to see, e.g. because of where they were. The Practice Manager of Radbrook Green Surgery explained that the signs are supplied by the company that provides the hearing loop and they had asked for a larger one.

Examples of good practice:

- At Albrighton Medical Practice 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 at least six hearing loop signs around the practice.
- In Worthen Medical Practice there was a portable hearing loop kept by the reception hatch and a sign saying it was available. Staff explained that the loop is tested by use and it had been used successfully within the last few weeks.

Four of the five smallest practices did not have an electronic check-in screen for patients to use when they arrived for their appointment. The Practice Manager at Worthen Medical Practice explained that they had had one but it was no longer used because some patients did not use it properly and so were not called through for their appointments. All patients now register at reception.

There was a check-in screen at Portcullis Surgery but patients were not seen using it, preferring to queue to speak to the receptionists.

At Albrighton Medical Practice, Caxton Surgery and Radbrook Green Medical Practice we saw patients using the check-in screen. In each case there were clear notices explaining how to use it and when, e.g. if the receptionist is busy. At Bishop's Castle Medical Practice a patient with some communication problems said that "the log-in system is easy to use – very quick".

In eight of the nine practices visit teams saw electronic information screens. In most cases these showed a series of slides including practice information, medical advice and adverts. In some practices the screen turned blue and gave the name of the next patient being called, the clinician and room number in either white or yellow text, followed by a beep.

At the time of our visit to Radbrook Green Medical Practice they were in the process of 'piloting a new media screen in collaboration with Public Health, to help with consistency of health promotion' as they had felt the old screen displayed 'inappropriate advertising'.

Some common problems noted by visit teams included:

- Some slides giving general medical advice on the electronic screens were not clearly laid out and text was small and difficult to read even when close to the screen. When we raised this with the practices they told us that these slides are provided by the company who supply the screens and only they can change the layout.

- The electronic voice giving the name of the next patient being called and accompanying beep was sometimes difficult to hear, particularly when there was a lot of background noise, e.g. music playing in the waiting area.

Examples of good practice:

- At Bishop's Castle Medical Practice and Broseley Medical Centre all the slides on the display were also available in an A4 folder if patients wanted to read them
- In several practices there was more than one screen so that the information could be seen from different areas of the waiting room.
- At Portcullis Surgery a slide appeared telling people that if they had not been seen within 30 minutes of the appointment time they needed to speak to the receptionists. Two patients said they were about to do that.
- At Worthen Medical Practice the visit team noted that there was plenty of time to read the information on each screen before the slides changed.

- **Interaction between staff and service users**

We wanted to see how staff meet the communication needs of all patients. The limitations of Enter & View meant that we could only observe staff interacting with patients and carers in the waiting area and wanted to be careful not to overhear confidential conversations.

We saw that in most practices staff wore name badges and uniforms making them easily identifiable. At Westbury Medical Centre staff do not wear badges but we were told that they know most of the patients and take care to introduce themselves to those they do not know.

One of the main problems we observed was a lack of privacy at reception. Some practices played music in the waiting area to prevent people overhearing conversations. This could be effective but at times the music was too loud and meant that the name of the patient being called in for their appointment was difficult to hear. Other practices displayed signs asking patients to wait a short distance away from the desk until called to provide privacy for other patients but we saw and heard that patients do not always do this.

Some examples of good practice:

- At Albrighton Medical Practice and Caxton Surgery we saw reception staff facing patients when they spoke to them, using both body language and facial expressions to help communication.
- At Bishop's Castle Medical Practice a receptionist spoke slowly and clearly to a patient with hearing difficulties.
- At Albrighton Medical Practice a clinician came to the waiting room to collect a patient who appeared not to have noticed their name on the electronic screen so had not gone in when called.
- At Westbury Medical Centre all patients were collected from the waiting room and the visit team saw a nurse speak clearly to a patient and be easily heard.
- At Brown Clee Medical Practice receptionists use a headset when speaking on the phone and what they said could not be heard from even a small distance away.

The Accessible Information Standard - What patients told us

At each practice members of the visit team spoke individually to patients in the waiting room, completing a total of 71 questionnaires.

We asked:

1. What practices had done to identify if patients and carers had a communication need / preference
2. How practices met the communication needs and preferences of patients and carers
3. If the practice had shared this information with other NHS providers, e.g. hospitals

Key findings:

1. What practices had done to identify if patients and carers had a communication need / preference

The majority of patients we spoke to were not aware of the Accessible Information Standard or what it meant for them.

A number of practices had added a page or section to their website for patients. These often include a request for patients to tell the practice if they have a communication need. Although website content is not covered by the AIS, we recommended to each of these practices that they consider what name they use for this section / page of their website. In our view, some members of the public are unlikely to be familiar with the term 'Accessible Information' or know that it concerns their communication needs.

We also saw notices displayed in some of the practices. A patient at Portcullis said they had seen information about the Accessible Information Standard on the electronic screen in the waiting room. A patient at Worthen could remember a sign on the practice noticeboard and electronic screen asking patients to let the practice know of their communication needs.

We did not find evidence of a systematic approach to identifying the communication needs of patients / carers during these visits. Patients within practices seemed to have had different experiences even when they had registered within a short time of each other.

Of the 71 people we asked:

- 19 told us that they had a communication need (27%)
- 5 could remember being asked if they had a communication need, e.g. due to sight loss or hearing impairment (7%)
- The majority had been patients at their practice for a number of years and could not remember ever being asked

At Albrighton Medical Practice the Practice Manager told us that they had amended their Communication Standards Policy to be in line with the AIS in 2016. One patient who had registered a year ago said they had been asked if they had hearing or eyesight problems. Another patient who had registered two months ago said they were *not* asked about this. One patient who was a carer said they had not been asked

about their caring responsibilities. Patients we spoke to who had communication needs all felt that staff were aware of their needs.

Seven patients at Bishop's Castle Medical Practice who could not remember being asked said that staff knew them well and always made sure they understood the information they were given. Six people who had a communication problem were confident it was recorded in their medical records.

At Broseley Medical Centre the three patients with hearing problems could not remember being asked if they had a communication need but said the staff knew them well and there were never any face-to-face communication problems. One older patient told us "The practice did ask me how I would like communications sent. I don't want texts, and I receive letters or phone calls."

None of the patients we spoke to at Brown Clee Medical Practice had a communication need but they said staff knew them well and always made sure they understood the information they were given.

At Portcullis Surgery we did not speak to anyone with a communication need but two people told us they had been asked if they needed help communicating. One had been asked by a member of staff and the other said they had filled in a 'questionnaire'.

At Radbrook Green, one patient remembered that they had been asked if they had a communication need when they registered at the practice and two recalled being asked by a member of staff. Seven out of the eight patients we spoke to could not remember being asked if they were a carer.

At Worthen Medical Practice we met a patient who had recently completed their registration. They had not been asked if they had a communication need. Another patient who had been a patient for some time said they had been asked.

2. How practices met the communication needs and preferences of patients and carers

Staff told us that practices communicated with patients in a number of ways, including:

- Face-to-face
- Letter
- Phone

- Email (not all practices)
- Text (not all practices)

None of the practices had been asked by patients /carers to provide information in Braille. At Albrighton Medical Practice we heard that staff are aware not to stick labels over braille on medicine packets when dispensing medicines.

The majority of patients told us that they had not been asked how they would prefer to receive information from their practice but they would like a choice. Even people who did not think they had a communication need said they would prefer it if the text on letters, information sheets and prescriptions was larger.

In some practices difficulties getting through by phone meant that patients often went into the practice to book an appointment.

A patient at Albrighton Medical Practice told us that their needs had not been met when their eyesight had deteriorated badly and they were due to have surgery. They could not read any letter sent to them. Letters were still in "normal size" print.

At Bishop's Castle Medical Practice a patient said "The staff are all very good and I let them know when I can't hear something. We manage OK but my sight has got worse. Larger print would help." Another patient with memory problems told us that staff give them information but they have to write it down themselves so they don't forget.

At Portcullis Surgery staff told us that the repeat prescription form had small writing and some patients preferred to telephone instead as they could not see which box to tick.

Some examples of good practice included:

- "I 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."
- Patients in many practices can have an access code to allow them to email their practice and / or book appointments on-line (Patient Access). Most practices have a member of staff who will show patients how to do this.
- Patients told us they had received reminders by letter or text, e.g. to have their flu jab or attend a routine check-up.

- One patient told us how sensitive staff had been when they became anxious in the waiting room, offering them a quiet place to wait away from the main area.
- The carer of an adult with learning disabilities said staff always talk to him face-to-face and are "always patient".
- "I collect my regular medication. They will put a note in the bag to remind me if I am due for a test, flu jab, etc."
- A patient with a hearing impairment said "All the staff are very good. They know to speak clearly on the phone when they ring me, and they know to face me when they speak."

3. If the practice had shared this information with other NHS providers, e.g. hospitals

Many patients / carers were not able to answer this question; either because they did not have a communication need or they were not aware of information being shared.

Some examples of good practice were:

- At Albrighton Medical Practice most patients told us that the hospital was aware of their needs when they went.
- Bishop's Castle patients who had been referred to hospital for treatment were aware the practice sent a detailed summary, which included information about their communication needs, with the referral letter.

The Accessible Information Standard - What the patient groups told us

We sent a letter to the Chair of each PPG inviting a representative to come in and speak to the visit team on the day of the visit and asking them to complete a short questionnaire.

We aimed to find out:

1. What information the PPGs had been given about the AIS
2. If the PPG had been involved in implementing the AIS in the practice and what had been done so far

We were able to speak to a member of the PPG and / or received a completed questionnaire from eight of the nine practices.

Key findings

1. What information the PPGs had been given about the AIS

The PPG members of seven of the eight GP practices were not able to tell us if the group had been involved in early discussions around the AIS in their practice.

The Chair of one PPG explained they had not been aware of the Standard until recently and the group had not been involved in sharing this information with patients to-date.

The Albrighton Medical Practice PPG had been given information about the AIS by the practice manager but they had not been asked to be involved in its implementation.

2. If the PPG had been involved in implementing the AIS in the practice and what had been done so far

None of the PPGs had been involved in implementing the AIS at the time of our visit, including telling patients about the AIS and what it means for them or giving their views on whether letters, information sheets or the practice website are easy to read and understand. The majority of members we spoke to thought it would be a good idea for their PPG to be involved.

Some patient group representatives were able to tell us what improvements had been made in their practice to address some of the needs of patients / carers with a disability.

For example:

- Automatic entrance doors
- New chairs in the waiting room of different heights and styles to help patients with mobility problems
- Accessible toilets
- Longer appointments for people with learning disabilities / cognitive impairment

We heard that some PPGs:

- Updated and refreshed practice notice boards and / or leaflet racks to make sure information was current and clear (Albrighton, Bishop's Castle, Radbrook Green)
- Produced patient information leaflets, including leaflets in larger print
- Organised events, e.g. on specific health topics such as dementia and diabetes (Broseley)
- Advertised supplementary services, e.g. a meditation group (Brown Clee)
- Used Facebook / online groups to communicate with a much broader range of patients (Brown Clee, Radbrook Green)
- Had set up a Compassionate Communities (CoCo)[5] Group, supported by Severn Hospice, to offer voluntary support to frail, vulnerable and isolated adults in the community (Brown Clee)
- Had been involved in planning practice refurbishment, including choosing art work, colour schemes and signage (Caxton)

The Accessible Information Standard – What staff told us

The Care Quality Commission (CQC) regulates all GP practices. They are now including the AIS in their key lines of enquiry (KLOEs) in all health and social care inspections. In GP practices it is part of 'person-centred care' and they are going to look at how practices approach the five steps of the Standard by:

- Talking to staff and people using the service.

[5] For more information about Compassionate Communities in Shropshire visit the website: https://www.severnhospice.org.uk/for-patients/care-at-home/co-co/

- Wherever possible, inspectors will review the assessment and care plan of at least one person using the service who is affected by AI
- The CQC will also ask how practices are meeting AIS through annual Provider Information Requests/Collections.

We planned to speak to the Practice Manager at each practice to find out what the practice had done so far to meet the AIS and hoped that this would help with their preparation for their next CQC inspection. The Practice Manager at Brown Clee Medical Practice was out at the time of our visit so a member of the visit team completed a telephone interview for consistency. We also spoke to any staff who were free and available to talk to us on the day.

We asked:

1. Does the practice have an Accessible Information Policy
2. How the practice identifies patients / carers with a communication need
3. How communication needs are recorded and flagged to staff
4. How information about communication needs is shared across services, e.g. with the hospital
5. What action practices take to meet the communication needs of patients / carers

Key findings

Although the NHS Accessible Information Standard became law in 2016 and is now included in CQC inspections:

- Work had not always been done to ensure new or existing staff were aware of the Standard, the term 'Accessible Information' or the duties placed on practices to identify and consistently meet the communication needs of all patients and carers.
- The approach to identifying people's communication needs was not consistent in practices.
- Early on in the visit programme it became clear that some practices did not view meeting all the criteria of the AIS as a priority and in some cases the approach taken appeared to be more like a tick box exercise rather than a concerted effort to provide the necessary support to a particular group of patients.

- Some Practice Managers told us that learning that we would be visiting their practice with the purpose of finding out what steps had been taken to implement the AIS, had prompted them to look at the Standard again and review what they had done.

1. Does the practice have an Accessible Information Policy[6]

Three of the nine practices told us they had an Accessible Information Policy or had amended their Communication Policy to include the AIS (Albrighton, Caxton, Portcullis).

In two of the six practices without a policy the Practice Manager was new in post; one had not been aware of the AIS until they received the visit letter from Healthwatch Shropshire and the second explained they had not yet spent any time looking at the AIS. The Practice Manager of one practice told us they were aware of the AIS and the process for gathering information from patients about their communication needs was written down but they did not have a formal policy. In another practice we were told that they "have never made an issue over Accessible Information Standards, but have just implemented it".

In several practices we were told the practice had been taking the communication needs of patients into account for years and "staff know most patients well". However it was not always clear if this was done consistently or if they knew or understood the full requirements of the AIS.

2. How the practice identifies patients / carers with a communication need

- **Patients**

In eight of the nine practices we were told that new patients are asked if they have a communication need when they register; this question is included on the registration form or new patient questionnaire.

The Practice Manager at Brown Clee Medical Practice told us that all new patients are offered an appointment with a member of staff to discuss their health and medication

[6] NHS England has produced a large number of resources and supporting documents for providers including a Policy Checklist and GP Toolkit. Available at: https://www.england.nhs.uk/ourwork/accessibleinfo/resources/

issues and any communication and other needs. At Caxton, Westbury and Worthen we also heard that new patients are invited to a New Patient Check-up with a GP or a nurse and this is another opportunity for staff to ask about any communication needs. At Broseley Medical Practice reception staff told us they would not feel comfortable about asking a new patient about their communication needs face-to-face as the reception desk is close to the waiting area. Instead they leave patients to share this information if they want to; "most patients will volunteer information of this sort".

The Practice Manager at Portcullis Surgery told us that new patients were originally asked to complete a form when they registered asking them about their communication needs but this was found to be inappropriate for some people and some patients were sensitive about being asked. As a result, information is now included in the New Patient Pack asking patients to make the practice aware of their needs.

- **Carers**

It was not clear from our findings if all practices routinely asked if people were carers and, if so, what their communication needs were.

At Albrighton and Portcullis we were told that carers were not specifically asked about their communication needs but they were asked in the same way as all other patients if they were registered at the practice. At Albrighton the Practice Manager told us that every new patient is asked if they have a carer.

The approach to identifying the communication needs of existing patients (registered before the introduction of the AIS) relied on staff asking them or picking up on a need when speaking to them.

For example:

- At Albrighton Medical Practice we were told that all healthcare staff are aware of identifying and flagging patients needs "opportunistically" and it was "embedded in the organisation to flag and we know our patients".
- At Portcullis Surgery we heard that staff are encouraged to identify if any existing patients have any communication needs and these are then recorded.

- Radbrook Green Medical Practice told us that staff might ask about a patient's communication needs and this could then be picked up by other staff from their records.
- Some smaller practices simply said that most patients were well known to staff and so the communication needs of existing patients are known. (Brown Clee, Westbury, Worthen)

3. How communication needs are recorded and flagged to staff

Staff in all practices told us that the communication needs of patients are recorded on the patient's electronic record.

Different needs are coded and when a patient attends for an appointment a pop-up flags their individual need to the member of staff. Staff look at the patient's record before calling them into their appointment and if for example they are flagged as having poor hearing staff will collect them from the waiting area.

On some visits we asked if practices could tell us the number of patients with a specific communication need and we were told that either they had chosen not to keep a database or the electronic patient records system (EMIS) could not provide this information. Worthen Medical Practice told us that staff could access this information from the computer system and Radbrook Green Medical Practice said that the Administrative Manager kept a record of the numbers of people with a communication need and what those needs were using the codes on EMIS.

Practices could tell us the number of patients with a learning disability as this is part of their contract with the commissioner.

4. How information about communication needs is shared across services, e.g. with the hospital

We heard conflicting information about whether or not practices could share information about a patient's communication needs without their explicit consent when referring them to other services such as hospitals.[7]

- The Practice Managers at Albrighton Medical Practice and Radbrook Green Medical Practice said that all new patients were asked if they were happy for this information to be shared and they could opt out.
- At Brown Clee, Broseley, Caxton, Portcullis, Westbury and Worthen we were told that any communication needs are automatically included in the patient information summary sent with the referral letter.
- The Practice Manager at Caxton Surgery explained that there is no need to ask for the patients consent to share this information when the referral is made to another NHS service.
- At Worthen Medical Practice staff told us they can share this information without consent if it is in the patient's best interests. They told us the practice has a good relationship with the 'referrals office' at the hospital Trust and will often phone the office when a patient is referred to highlight a particular communication need, e.g. large print.

We did not hear of any examples when a practice had been made aware of a patient's communication need by another service within the NHS.

5. What action practices take to meet the communication needs of patients / carers

- **Staff training**

Staff at all practices completed e-learning (online) training through the Blue Stream Academy and this was refreshed every 1-3 years.

Blue Stream Academy

[7] The GP Toolkit 'Implementing the Accessible Information Standard in Primary Care' (2016) states the content of a patients Summary Care Record can only be shared with the patients 'explicit consent'.

This included modules on:

- Equality and Diversity
- Communication
- The Accessible Information Standard[8]

At some practices we heard that training is discussed with staff members at their annual appraisal where any additional training needs are identified. Some Practice Managers added that the weekly practice meetings were a good forum for more informal or 'emergency' training. At Radbrook Green Medical Practice we heard that the Practice Manager checks everyone's training is up-to-date every three months and most on-line modules are refreshed annually.

Portcullis Surgery had provided an in-house training session when the AIS was first introduced in 2016 but this had not been repeated. They were considering providing further Dementia Training to follow up the on-line Dementia module. The Practice Manager at Radbrook Green Medical Practice said that deaf awareness, Dementia awareness and creating easy read or accessible documents was not routinely covered in training. Staff used their common sense and asked for support if they were finding it difficult to help or communicate with a patient.

Some examples of good practice:

- At Brown Clee Medical Centre we heard dementia awareness was a high priority and the practice had a Dementia Champion.
- We heard that a trainer had visited Albrighton Medical Practice to talk to staff and members of the PPG about dementia awareness. A staff member told us that the practice had protected learning time once a year and this had included training on how to support patients with visual and hearing impairments, learning disabilities and autism. Staff at the practice said they would benefit from more training on the AIS in addition to the e-module; "there's always something new to learn".
- As well as Dementia training, staff at Caxton Surgery had received Deaf Awareness Training. This had been particularly useful for the staff on the reception as they had learnt about lip reading and some basic sign language.

[8] Some practices were not aware that there was an AIS module on the Blue Stream Academy at the time of our visit. However Blue Stream Academy has told Healthwatch Shropshire it was added on 29th July 2016

- **Support for patients with a communication need**

Practices communicated with patients mainly face-to-face, by phone or letter, and less commonly by text (e.g. to remind patients of their appointment). Some practices were exploring the use of email. The Practice Managers at Albrighton Medical Practice and Broseley Medical Centre explained that they do not send emails due to security and confidentiality issues with certain servers that are located outside the UK. At Portcullis Surgery we heard that a patient had asked to be communicated with by email and the practice had updated their on-line permissions in line with the General Data Protection Regulations (GDPR) to make this possible.

Some examples of good practice:

- At Albrighton Medical Practice medical staff know how to print information in large print or another language if requested by patients. There is an audio facility on the practice website so patients can listen to the contents of information leaflets or staff would read the leaflet to the patient if they did not use a computer.
- At Westbury Medical Practice a member of staff had produced the Practice Booklet in larger print. All letters to patients have a statement at the bottom in larger print, saying that patients can ask for letters to be in larger print, Braille, or a foreign language.
- At Broseley Medical Centre and Brown Clee Medical Practice we heard that GPs and nurses often print out information for patients whose memory is not good so they can take it away with them.
- At Portcullis Surgery staff had reproduced the nurse's information leaflet to make it easier to read and understand. This has included using larger text and pictures.
- The Practice Manager at Radbrook Green Surgery had redesigned the practice newsletter by going "back to basics". By giving clear, simple messages and reducing the amount of information included she hoped patients would be more likely to read it.
- At Caxton Surgery we saw Easy Read forms for people with a learning disability and a copy of an information sheet for patients about the AIS in easy read which is available from the NHS England website.

- Several practices told us that they could get support for communication, e.g. interpreters, Braille translation from their commissioner (Shropshire Clinical Commissioning Group).
- Many practices offer to show patients how to use Patient Access so they can book appointments, order repeat prescriptions, etc. online.

Part 2: How practices approach delivering primary care services and the barriers they face

As well as finding out what progress had been made by practices in implementing the Accessible Information Standard we wanted to learn more about the practices themselves and the barriers they face to meeting the Standard fully and providing the best possible service to all their patients.

Key findings:

- **Opening times and appointments**

Practice opening times varied[9], for example:

- Some practices opened at 8am and others at 8.30am
- Practices closed at either 5pm, 5.30pm or 6pm
- Some practices were open over lunchtime while others were closed and calls taken by another surgery/Shropdoc
- Worthen Medical Practice was closed on Wednesday afternoons and GPs were on call
- Bishop's Castle Medical Practice was open until 5pm four days a week but opened at 7am on Tuesdays and closed at 6pm on Thursdays
- Albrighton Medical Practice offered a late night surgery on Monday between 6.30 and 8.45pm

Most practices offered a walk-in surgery and bookable appointments.

[9] GP practices are contracted for a certain number of hours and can choose how they deliver these

Appointments could be booked at reception, by phone and on-line through Patient Access

The range of clinics available at practices varied[10].

As part of improving access to general practice, all Clinical Commissioning Groups must provide extended access to general practice to their whole population by 1st October 2018. At the time of our visits to Albrighton Medical Practice, Caxton Surgery and Portcullis Surgery they were already working with other local practices to offer GP appointments on weekday evenings and Saturday mornings. For example, Portcullis Surgery offered a Monday evening surgery from 6.30 to 8pm and a Saturday morning surgery once a month. Albrighton Medical Practice had carried out a survey of 20 patients asking them if they would be prepared to travel to another practice after 6pm to see a doctor and they had all said "no".

- **Staffing**

The number of staff varied across the practices because they were of different sizes. However we did hear that some practices were having difficulty recruiting GPs and this was having an impact on the service they could provide. For example, the Practice Manager at Broseley Medical Centre told us that staff changes in the last 12 months had resulted in them needing to employ locum doctors and not having a female GP. This meant that initiatives such as training student doctors had been put on hold and the practice could no longer offer a weekly late night surgery. At Bishop's Castle Medical Practice a patient with a long term health condition explained the difficulties of seeing locum doctors: "I think they don't know as much about me, especially with my long term condition, as they keep coming and going."

- **Buildings and car parks**

The age and design of buildings and their location varied and this could have an impact on patients. Practices had taken a range of approaches to improve access to the building and patient comfort and privacy in the waiting areas.

[10] Details of clinics can be found in each report available on our website or directly from the practice

For example:

- Removing steps into the practice and replacing them with gradually sloping tarmac.
- Refurbishing waiting areas to improve patient comfort.
  - Caxton Surgery had improved lighting in the waiting area and was in the process of refurbishing the waiting area and corridors to make them brighter
  - The reception area and waiting room at Portcullis Surgery had been refurbished in September and the visit team found it spacious, light and airy
- Improving patient privacy at reception by putting up notices asking patients in the queue to stand back until called.
- Providing chairs of different styles and height in the waiting room to meet the mobility needs of patients
- Having a water dispenser in the waiting area

A number of practices did not always have enough parking for patients and staff, e.g. at peak times. This was a particular problem at Caxton Surgery, which has a very small car park for its size and has no public parking nearby. The practice had prioritised the need of patients by making arrangements for staff to park elsewhere.

- **Phones and internet connection**

At some practices patients told us they had difficulty getting through on the phone, especially in the morning, so went into the practice to make an appointment. This could be a problem for patients with children or of working age.

Most practices told us they were trying to address this by promoting Patient Access which allows patients to book appointments online but this was proving difficult where internet connection or phone signal was poor, or few patients had access to a computer or mobile phone, e.g. Broseley, Bishop's Castle, Brown Clee.

- **Communicating with patients who speak other languages**

Meeting the communication needs of patients who speak other languages is not covered by the Accessible Information Standard, but it is covered by legislation, e.g. the Equality Act 2010. Practice managers at two practices told us about the challenges they faced communicating with patients who did not speak English as their first language:

- Albrighton Medical Practice is near to RAF Cosford and the families of RAF personnel are registered at the practice. At the time of our visit this included families from Saudi Arabia. The practice manager told us that there is often a family member who can speak English to help the practice communicate with the patient.
- Caxton Surgery in Oswestry has about 1000 Bulgarian patients. The practice manager told us the practice had produced the patient leaflet and patient information pack in Bulgarian and paid a company to translate the practice's invitation letters and other key documents, including instructions for the patient check-in screen. They had also used Language Line (a telephone translation service) but this can fail if the translator is not familiar with the patient's dialect. Patients are encouraged to bring in a family member or friend to help with any language difficulties and patients are given a double appointment if necessary.

Summary of main findings

- New patients might find it difficult to find some practices due to small or limited signage from the road.
- In some practices car park and ramp markings had faded and were difficult to see.
- Signs and notices in practices did not always meet the AIS and / or included small writing that was difficult to see
- Noticeboards were sometimes cluttered making it difficult for patients to find relevant information and some information was out of date or no longer relevant

- Door signs in practices were not always clear or helpful to patients, e.g. not clearly numbered or without a name plate for the doctor/nurse. We did not see dementia / learning disability signage in the practices.
- In some practices there was a lack of privacy at reception because of how close it is to the waiting area or patients queuing stood too close and could overhear the conversation at the desk. Some practices played music in the waiting area to try to address this.
- Not all practices had a hearing loop. In those that did, staff were often not sure if it was working or how to check, and which areas in the practice it covered. Some practices told us they did not currently have any patients who needed a hearing loop but if they did staff would need to be trained how to use it and check it was working.
- Centrally / externally produced signs, posters and slides on patient information screens did not always meet the AIS or were small and difficult to see, e.g. hearing loop signs. Some practices had addressed this by reproducing signs themselves or printing off information slides so patients could read them in their own time
- Not all practice staff wore uniforms or name badges.
- We saw staff speaking to patients clearly and patiently. They did not always use eye contact.
- Most patients were not aware of the term 'Accessible Information' and PPGs had not been involved in implementing the AIS.
- All practices told us that a question about communication needs was included on the new patient registration forms and where patients were offered a new patient check-up it was an opportunity for staff to ask directly. However, we found that this did not always work as intended.
- There was no consistent approach to identifying if existing patients had a communication need relying on staff to pick it up "opportunistically"
- Where practices relied on patients / carers to volunteer information about their communication need it was no always clear if patients would know the practice was asking for this information, e.g. if they could not read the posters or access the website.
- The electronic patient records system (EMIS) allows staff to record any communication needs using a coding system. This is then flagged up whenever someone opens the patient's record. The majority of practices told us they could not use the system to find out how many patients had a visual impairment, for example.

- We heard conflicting information from staff about whether practices could share information about a patient or carer's communication needs with other services without the patients consent.
- At the time of our visits practices were not always aware of the AIS module on the Blue Stream Academy (on-line learning site).
- Some practices told us that dementia awareness was a priority and staff had attended Dementia Awareness Training. One practice told us it has a Dementia Champion.
- One practice told us that staff had received Deaf Awareness Training.
- Some practices told us that they could provide information in larger print or Easy Read but patients had not specifically asked for this.
- Some practices had decided to reproduce leaflets in larger print or made them easier to read for patients. One practice has also translated practice letters and leaflets into another language because a large number of patients did not speak English as their first language.
- Some practices faced practical barriers to delivering GP services, including difficulty recruiting GPs, a lack of parking for patients and poor internet connection or phone signal in their area.

Recommendations for all GP practices in Shropshire

We recommend that all practices:

- Review their approach to meeting the Accessible Information Standard and check that they are meeting the implementation criteria, including having an Accessible Information Policy (supporting information is available on the NHS England website[11]) and gaining the necessary consent from patients to share their personal information outside the practice.
- Ensure all staff are familiar with the term 'Accessible Information' and the five steps to meeting the Accessible Information Standard.
- Ensure that all staff complete Accessible Information Standard training and this is regularly reviewed.

[11] https://www.england.nhs.uk/ourwork/accessibleinfo/

- Develop a systematic approach to identifying if existing patients are carers and / or have a communication need and asking them how they prefer to be communicated with.
- Find a way to ask patients / carers if they have a communication need that does not rely on them being able to read a poster or access the 'Accessible Information' page on the website.
- Consider appointing a member of staff as Accessible Information Champion, so that someone in the practice is responsible for ensuring written information is accessible and the communication needs of all patients are met by the practice, including checking the hearing loop is working.
- Consider making the practice environment more learning disability / Dementia friendly[12]
- Consider involving the PPG in ensuring information is accessible for patients, e.g. letters, leaflets and posters are easy to read and understand.

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Healthwatch Shropshire would like to thank all the practices, patients, carers and staff for their contribution to these Enter & View visits.

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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[12] https://www.worcester.ac.uk/discover/health-centre-assessment-tool.html