



Eastbourne GP Surgeries

Accessibility Audits

January 2024

Contents

1.0 Introduction	2
1.1 Background	2
1.2 Aims and Objectives	2
1.3 Acknowledgement	3
2.0 Methodology	3
3.0 Key findings:.....	4
4.0 Audit Findings:	4
Outside and entrances	8
Reception and waiting area	9
Toilets	10
Throughout the building	10
Communication	11
5.0 Conclusions and Recommendations.....	11
6.0 Next Steps	14
7.0 Appendix 1	15

1.0 Introduction

1.1 Background

[Healthwatch East Sussex](#) (HWES) are the local independent watchdog for health and social care services. We gather feedback from local residents, both good and bad, and make recommendations to change services for the better.

Throughout October 2022, we conducted our [Annual Listening Tour across Eastbourne](#) to hear about local people's experiences of health and social care.

The physical accessibility of GP Practices in Eastbourne and the surrounding area was raised as a concern for local residents.

In response to this feedback, we designed a project to undertake a series of independent 'lay' Accessibility Audits at GP surgeries within Eastbourne. These audits were a pilot allowing us to develop an approach which we hope to be able to replicate in other areas of East Sussex in the future.

The [2010 Equality Act](#) requires reasonable adjustments to be made in relation to accessibility. In practice this means that due regard must be given to any specific needs of likely building users that might be reasonably met. Reasonable adjustments could be changes to the building itself and changes to procedures and policies to ensure that services are as accessible to users with disabilities as they are for everyone else.

1.2 Aims and Objectives

The aims of our GP accessibility audit project were to:

1. Develop a snapshot of the current physical accessibility and adaptations of GP surgeries in Eastbourne, so practices can understand their own access issues and those affecting others.
2. Raise awareness of access requirements and obligations with GP practices and assess how these are, and could be delivered at surgery sites.
3. Identify best practice examples of accessibility provision and adaptations that can be shared between practices to support individual and collective improvement.

4. Encourage change and improvements in accessibility and usability for all service users, both now and on an ongoing basis.

1.3 Acknowledgement

Healthwatch East Sussex would like to thank all the GP practices that took part in the project, the Primary Care commissioners at NHS Sussex for their support, and our Healthwatch volunteers and all the local voluntary groups who helped shape and carry out the audits.

2.0 Methodology

In May 2023 Healthwatch East Sussex contacted all GP practices with sites in Eastbourne. Of these practices we heard back from and visited seven surgery sites, from 5 GP practices, to undertake accessibility audits. The audits were conducted between July and October 2023.

Audits were delivered by teams of two and three Healthwatch staff and volunteers.

The teams were joined by either a member of the surgeries' staff or Patient Participation Group who provided access to the site and answered questions.

Audit teams assessed the physical space outside the surgery, reviewing parking provision, public transport links, lighting, street furniture and the footpaths leading into and around the surgeries.

Inside the surgeries the teams looked at various accessibility aspects including width of doorways, ease of moving around, toilet facilities and communication e.g. hearing loops, signage etc.

To focus the visits, the teams used an audit checklist (Appendix 1). This checklist was developed from one used in a similar project by Healthwatch Slough and with engagement from local voluntary groups working with those with lived experience.

Although the audit checklist does not cover every aspect of good practice for all disability types, we hope it provides a starting point in shaping discussions and planning for making services more physically accessible

for patients and the public. The checklist will be reviewed following our pilot visits to maximise its effectiveness for future audits.

3.0 Key findings:

- The pathway surfaces surrounding three of the seven surgeries were in a poor condition, making access to the practice entrance difficult.
- Adequate space for disabled parking was only available at three of the seven surgeries visited.
- All seven entrances, reception and waiting room areas were observed as being obstacle free.
- Only four of the seven surgeries visited had hearing loops installed and only one of these had procedures in place to regularly check that the hearing loop is on and working.
- The quality of signage varied throughout the seven surgeries. Only two were observed to make use of large print, imagery and high colour contrast signage.
- All of the seven surgery sites that we visited were accessible via public transport, with a bus route within 0.2 miles (1000ft) of the location. Four of the seven practices also had train stations nearby.
- The interior and flooring of all seven surgeries were observed as being consistent in color, pattern and materials making the spaces appear clear and non-disorienting.

More detail on our findings can be found in the next section.

4.0 Audit Findings:

Each of the surgeries visited were reviewed against 45 different criteria, the responses to these were RAG rated, with green representing the positive, red the negative and amber as partially met. From our visits to the seven surgery sites we identified;

Green	Amber	Red	N/A
193	55	48	19

A breakdown of these figures can be found below.

Outside				
Is the location of the surgery accessible via public transport?	7			
Is the surface of pavements smooth and free of obstacles from the nearest public transport? Are there drop-down curbs?	4	1	2	
Disabled parking- is there adequate space for a disabled person to exit car safely? Are there sufficient disabled parking spaces (spaces should rep 5% of the population served)?	2	2	3	
Is the outside lighting sufficient to be able to see the slope/steps outside the surgery? (If after dark)	6			1
Gradient/ length of slope	3			4
Is there a handrail on each side of slope/steps? And do the handrails start and finish at least in line with the slope or steps?	3	1		3
Does the entrance have a 1m turning circle and 36 inch door width?	6		1	
Is there space to open the main door(s)/ automatic doors? How easy are the doors to open? (push/pull, how heavy etc.)	5	2		
Is there a low threshold floor board at entrance? If there is a 'lip' on the threshold is it easily identified?	7			

Is the route from the entrance to the surgery obstacle free?	6	1		
Is the edge of each step clearly marked with a colour that highly contrasts with the material of the step?	2			5
Reception Area				
Is there a hearing loop? Is it switched on?	4		3	
Do staff know how to check that the hearing loop is switched on/working?	1	1	2	3
Is there hearing loop signage?	3	1		3
Are there windows, glazed screens or mirrors at reception which could affect the ability of someone to lip read?	6	1		
Is there a bell to attract attention and is it at a suitable height for a wheelchair user?	3	2	2	
Are there TV screens to announce appointments?	4	2	1	
Are names called to announce appointments? And do staff wait for patients to identify themselves before moving off?	5	2		
Is there a quiet space/buzzer system?	5	1	1	
Is the counter height accessible to wheelchairs?	5	2		
Is the reception/waiting area obstacle free?	7			
Is there space in the waiting room for	6	1		

someone to wait in a wheelchair?				
Toilets				
Is the signage for disabled toilets at eye level?	4	2	1	
Are the signs for male and female (if appropriate and used) easily distinguishable?	6	1		
Does the toilet have 36 inch door and 1m turning circle?	6		1	
Is there adequate leg space under sink?	3		1	
Does the surgery have a falls procedure?	3	1	3	
Are the hygiene products at a suitable height?	4		3	
Are bins accessible for wheelchair users (without pedals)?	6		1	
Is there good colour contrast between fixtures (toilet seats etc.) and the area around them?	4	1	2	
Throughout the building				
Is there step free access throughout the whole building?	6	1		
Are doors manual? Are they heavy?	1	6		
Are there handrails throughout the building?		2	5	
Is music played in public areas?	2	5		
Are the floors consistent in colour and pattern, matt and non reflective?	6	1		
Do interiors make use of strong patterns?	7			
Signage				
Are the fire exits accessible by wheelchair?	5	1	1	

Are signs in large print and/or braille? Are the colour contrasts of the words on the background clear?	1	5	1	
Do signs also make use of imagery where possible?	2	3	2	
Communication				
Is information available in alternative formats, such as large print, braille or in an audible format?	6		1	
Do people have access to a BSL interpreter at their appointment?	4	2	1	
Are accessibility requirements noted on patient records?	5	2		
Do staff use the Hearing Helper app?	2		5	
Do doctors have portable hearing loops for patient appointments, allowing confidentiality?	1	1	5	
Are staff easily identifiable (uniform, badges, lanyard etc.)?	6	1		

Outside and entrances

Only three of the surgeries visited had adequate disabled parking facilities. Three of the surgery sites had no disabled parking provision available, and the provision at the final practice was limited. All three of the surgeries without disabled parking had no public car parking available due to the location of the sites in previously residential buildings. One of these practices did note that they have made efforts with the council to have some disabled parking places put in, but this has not been successful.

All of the seven surgery sites that we visited were accessible via public transport, with a bus route within 0.2 miles (1000ft) of the location. Four of the seven surgeries also had train stations nearby.

We also looked at the pavements leading up to the surgery sites. For three of the surgeries visited we observed broken, uneven pavements. At one of these three sites we observed large tree roots breaking through the pavements directly outside the site. The poor quality of this pavements as a result of the roots made accessing the surgery entrance difficult and potentially dangerous. The surgery did note that they had made contact with the local authority about having something done about this.

Overall, access to surgery buildings was good. Six of the seven surgery entrances had main entrance doors with at least a 1m turning circle and 36-inch door width. The doors for all surgeries were either automatic or lightweight for opening with low threshold floors boards and a 'lip' on the threshold which was distinctive and contrast the rest of the flooring.

When observed all seven of the surgeries entrance routes were obstacle free, however, one of the routes was identified as being quite narrow, a finding that was found throughout the practice due to the size of the building.

Reception and waiting area

Only four of the surgery sites we visited had hearing loops installed. All four of these surgeries also had hearing loop signage in reception to highlight its availability, however one of these signs was identified as being quite low contrast and difficult to see. Three of the surgeries with hearing loops reported that staff would know how to check that it is switched on and working.

All seven reception and waiting room areas were observed as being obstacle free, however, one of the seven waiting rooms did have limited space and narrow hall way areas to navigate which could restrict wheelchair access to the space.

Within the surgery sites we observed two main mechanisms for announcing appointments. Four of the surgeries were observed using TV screens. Five had staff calling out names and waiting for patients, this was also noted as being available in the other two surgeries.

Toilets

For the majority of the surgeries (6), toilet signs were distinguishable, making use of images and iconography. However, only four of the toilet areas observed had these signs at eye level.

Within the surgeries we also observed the disabled toilet facilities. Six of these were large spaces, with wide doors, a 1m turning circle and adequate space underneath the sink.

Within three of the toilets, we found hygiene products such as soap, sanitisers and hand drying aids were placed high on the wall, potentially making them hard to access.

Four of the toilets observed did implement a good colour contrast between fixtures and the area around them. Handrails, toilet seats, flushes, light switches and pull cords were observed in darker colours, contrasting from the lighter areas behind them.

Throughout the building

Only one of the surgery sites we visited had patient/public areas that were only accessible by stairs. All other practices were either step free or had a lift that gave patients access to all floors.

Five of the surgeries we visited played music in public areas. During the visits the music was observed to be of a low volume.

All the surgeries we visited made use of simple interior designs, they avoided bright colours and bold patterns. All floors seen were consistent in colour and pattern as well as being matt materials.

We also observed all the surgeries visited to be clutter and obstacle free, providing space for people to move around.

Adequate signage was limited throughout the majority of the surgeries visited. Only two were observed as having signage, in large print, high colour contrast and making use of imagery. Throughout the other surgeries the quality of the signage varied with some being small text only.

Communication

Six of the seven surgeries had information, such as posters and leaflets available in alternative formats such as in larger print, braille and audio versions. In most cases these could be made available upon request at reception, but this was dependent on people knowing they could ask for them.

BSL interpretation could be requested ahead of appointments at the majority of surgery sites (6), however, it was noted that it can be challenging to find interpreters with availability locally.

At six of the surgeries, staff were observed as being easily identifiable to patients and the public. Either in identifiable uniform or lanyards and name badges.

Only one of the surgery sites had a portable hearing loop available for use during one-on-one discussion.

5.0 Conclusions and Recommendations

We were pleased to note all the work already being done by the practices at their sites to make the surgery spaces accessible.

Obstacle free and clear space throughout the building and step free access to almost all public areas across the surgery sites made moving round throughout the buildings easier, although some are limited due to building location and size.

Various systems were also in place throughout all of the surgeries to aid with communication including different appointment announcement mechanisms and the availability of material in different formats, although it may not always be clear how and when these can be accessed.

It is also important to acknowledge that improving accessibility is a work in progress as new technologies and systems are brought in, and that accessibility is not a one size fits all approach. Tailoring approaches will be need to ensure each practice meets the needs of their individual patients and communities.

As well as identifying what is currently working well within the surgeries the audits also highlighted some areas that can be changed to improve patient experience. This included limited disabled parking spaces and the poor condition of the pavement around the surgeries.

Signage was also an issue across a number of the surgeries, with some being unclear and difficult to read.

To address these areas and others identified throughout the audits, we have compiled the following list of recommendations:

GP Practices

1. All practices to install hearing loops throughout public areas at their sites and have portable hearing loops to be used by staff during one-on-one conversations. All practice staff should also be trained in how to test if the hearing loop is working and for a regular testing schedule to be in place. Clear signage should also be used to highlight the availability of the loop to practice visitors.
2. In line with accessible information standard, all signage should be improved to make it is clearer and easier for people to navigate surgeries. Signs should be simple and clear and where possible use iconography. Signs also need to be at a readable level, and text should be contrasted from any background.
3. All practices to communicate what accessibility facilities are available so public and patients are prepared prior to appointments. This could be done via the practice's website and in written communication such as appointment letters.
4. Where music is played within buildings make sure this is of a low volume level and ensure a quiet space is always provided. Ensure that it is clearly publicised to patients that a quite space can be provided upon request.
5. When considering any new premises for surgery sites all points of the accessibility audit should be considered, to ensure that the sites are as accessible as possible.

Local Authority

6. Eastbourne Borough Council should remove the tree roots from the pavement outside the surgery and resurface the pavement, to make access to the surgery easier.
7. For surgery sites in previously residential buildings, East Sussex County Council should look at providing disabled parking spaces.

NHS Sussex

8. To recognise the positive work going on in practices to improve accessibility and share any best practice to encourage improvements to be made across the county.
9. To encourage all practice PPGs to conduct GP Accessibility Audits of their sites regularly to understand what's going well and where improvements can be made.
10. To produce best practice guides on the production of accessible posters and signage so that there is a standardized approach producing recognisable posters across practices. Making use of imagery and large print and high contrast colours.

Healthwatch

11. To maintain contact with the practices involved to monitor the changes made, and raise awareness other accessible requirements.
12. To use the learning from this pilot to roll out audit visits at a range of services across the county.
13. To extend the audit process to look at the clinical rooms within the surgery sites.

6.0 Feedback

We shared this report with NHS Sussex who commission primary care services in East Sussex.

Amy Galea, Chief Primary Care Officer, NHS Sussex said:

“We are pleased to see the positive findings in the report on accessibility of GP services in the Eastbourne area and thank our colleagues at Healthwatch for the recommendations. We recognise that while some factors are restricted by things outside of practice’s control, such as external pathways, there are still some areas of improvement we can work on, which will help everyone access services as easily as possible. NHS Sussex continues to support GP practices in Sussex to improve accessibility for patients, including working with them to upgrade GP websites and sharing learning and best practice.”

7.0 Next Steps

1. This summary report will be shared with the public, services, commissioners, and the local authority to encourage further work and discussions to take place to improve physical accessibility at Eastbourne GP surgeries.
2. Healthwatch East Sussex will continue to work with local practices to raise awareness of access requirements and obligations and encourage change and improvements in accessibility and usability for all service users.
3. To build on the good work of the pilot project, Healthwatch East Sussex will look to further develop the audits and undertake these in health and care services setting across the county.

8.0 Appendix 1

Eastbourne GP Accessibility Audit Checklist

Date:
Location:
Assessor:

Access Requirement	Yes/No	Comments
Outside		
Is the location of the surgery accessible via public transport?		
Is the surface of pavements smooth and free of obstacles from the nearest public transport? Are there drop-down curbs?		
Disabled parking- is there adequate space for a disabled person to exit car safely? Are there sufficient disabled parking spaces (spaces should rep 5% of the population served)?		
Is the outside lighting sufficient to be able to see the slope/steps outside the surgery? (If after dark)		
Gradient/ length of slope		
Is there a handrail on each side of slope/steps? And do the handrails start and finish at least in line with the slope or steps?		
Does the entrance have a 1m turning circle and 36 inch door width?		
Is there space to open the main door(s)/ automatic doors? How		

easy are the doors to open? (push/pull, how heavy etc.)		
Is there a low threshold floor board at entrance? If there is a 'lip' on the threshold is it easily identified?		
Is the route from the entrance to the surgery obstacle free?		
Is the edge of each step clearly marked with a colour that highly contrasts with the material of the step?		
Reception Area		
Is there a hearing loop? Is it switched on?		
Do staff know how to check that the hearing loop is switched on/working?		
Is there hearing loop signage?		
Are there windows, glazed screens or mirrors at reception which could affect the ability of someone to lip read?		
Is there a bell to attract attention and is it at a suitable height for a wheelchair user?		
Are there TV screens to announce appointments?		
Are names called to announce appointments? And do staff wait for patients to identify themselves before moving off?		
Is there a quiet space/buzzer system?		
Is the counter height accessible to wheelchairs?		

Is the reception/waiting area obstacle free?		
Is there space in the waiting room for someone to wait in a wheelchair?		
Toilets		
Is the signage for disabled toilets at eye level?		
Are the signs for male and female (if appropriate and used) easily distinguishable?		
Does the toilet have 36 inch door and 1m turning circle?		
Is there adequate leg space under sink?		
Does the surgery have a falls procedure?		
Are the hygiene products at a suitable height?		
Are bins accessible for wheelchair users (without pedals)?		
Is there good colour contrast between fixtures (toilet seats etc.) and the area around them?		
Throughout the building		
Is there step free access throughout the whole building?		
Are doors manual? Are they heavy?		
Are there handrails throughout the building?		
Is music played in public areas?		
Are the floors consistent in colour and pattern, matt and non reflective?		
Do interiors make use of strong patterns?		
Signage		

Are the fire exits accessible by wheelchair?		
Are signs in large print and/or braille? Are the colour contrasts of the words on the background clear?		
Do signs also make use of imagery where possible?		
Communication		
Is information available in alternative formats, such as large print, braille or in an audible format?		
Do people have access to a BSL interpreter at their appointment?		
Are accessibility requirements noted on patient records?		
Do staff use the Hearing Helper app?		
Do doctors have portable hearing loops for patient appointments, allowing confidentiality?		
Are staff easily identifiable (uniform, badges, lanyard etc.)?		
Additional Comments		