



Portcullis Surgery

Enter and View Report

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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	Portcullis Surgery, Portcullis Lane, Ludlow, Shropshire SY8 1GT
Commissioner	Shropshire Clinical Commissioning Group / NHS England
Date of visit	Tuesday 19 th June 2018 9.30am - 12.30pm
Visit Team	Two Healthwatch Shropshire Enter and View Authorised Representatives and one Authorised Representative in Training

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

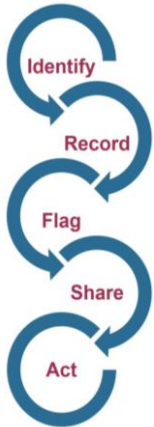
Our aim was to:

- 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:

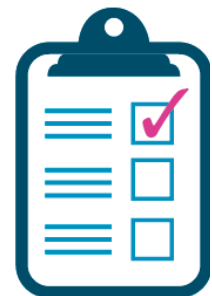
<http://www.cqc.org.uk>

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 Portcullis Surgery we spoke to

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



What we found out

Practice information

There are approximately 7950 patients registered at the practice. The practice manager told us that staff work closely with the other surgery in Ludlow providing services for all local residents, including those in the Community Hospital and local care homes.

As part of the Government's Prime Minister's Challenge Fund, the surgery currently offers Monday evening surgeries between 6.30 - 8.00 pm and one Saturday morning surgery a month. This will change in October 2018 when all surgeries across the south-west of Shropshire will offer access to extended opening times on a rota system via a central call centre. This will give people the choice of seeing a doctor at one of the practices in the evening Monday to Friday and Saturday mornings. The practice manager told us that the lack of public transport locally and the distances needed to travel between practices is likely to be a problem. This opinion is based on choices made by patients, for example, many now choose to go to Hereford Hospital as it is closer by road and more accessible by rail than the Royal Shrewsbury Hospital.

The practice is staffed by:

- Seven GPs (four male and three female)
- One Advanced Nurse Practitioner (ANP)
- Three nurses
- Two Healthcare Assistants (HCA)

There are a number of clinics run by staff including those for the management of long-term conditions such as diabetes, asthma and blood pressure. As well as clinics run by HCAs such as Help to Slim, Help to Quit, ear syringing and routine health checks.

Website

The surgery has a website, which we looked at before we visited. The page on the website telling people about the Accessible Information Standard (AIS) is quite hard to find. Also the title AIS does not explain that the page gives people information about how the practice can meet their communication needs. During our visit we spoke to two representatives from the Patients Participation Group (PPG) neither of whom had seen the AIS information on the website.

The website page says:

At Portcullis Surgery, we want to make sure that we are communicating with you in a way that is easy for you and that you can understand:

- We want to know if you need information in a specific format e.g. braille, large print or easy read
- We want to know if you need to receive information in a particular way
- We want to know if you need someone to support you at appointments e.g. a sign language interpreter or an advocate
- We want to know if you lip read or use a hearing aid or communication tool

We saw one poster in the practice giving information on the AIS which was hard to see because it was displayed low down on the reception desk.

Observation

The Practice is located close to the town centre and next to a public (paid) car park. We did not see any directional signs to the surgery from neighbouring roads. The name of the surgery is clearly displayed on an outside wall.

Patients coming to the surgery by car have to pay to park. There is a gentle slope to the surgery and automatic doors make it easily accessible. The out of hours bell or bell to use for assistance was small and not labelled.

The practice manager told us the reception area and waiting room was refurbished in September 2015 and it is spacious, light and airy.

There were two electronic display screens in the waiting room which showed slides, giving information on clinics, staff and general health information. The practice manager told us that the practice was having technical problems with the screens so it was not possible to show new information because files were in the wrong format. They had informed the company.

When the doctor or nurse was ready to see a patient, the screen showed the name of the patient, the doctor and the room number along the bottom in yellow text on a blue background. The visual display was accompanied by a beep. An electronic voice repeated the information but we observed and patients told us that the beep and voice were hard to hear as the volume was low, music was playing in the waiting area and the conversations of other patients made it difficult to hear what was said. We saw some doctors and staff come into the waiting room to call the person by name but other patients responded to the information on the screen.

On the electronic screen it told people that if they had not been seen within 30 minutes of their appointment time they needed to speak to the receptionist. Two patients we spoke to said they were about to do that.

There was a self-service booking-in screen by the main entrance but we did not see people using it; instead people chose to queue to speak to the receptionist.

There are two signed fire exits but we did not see any fire evacuation information on display.

We saw that there are clear signs in both words and pictures on doors to public toilets and there is an accessible toilet with a call bell. We found that the bell was difficult to reach from the toilet and that the toilet seat was a little unsteady.

There were several notice boards in the waiting room and in the corridors leading to the doctors' rooms. There were also posters on the lower half of the reception desk and there was a desk in the foyer where leaflets were displayed. The posters were tidy and appeared to be in date but all the information boards were full. The leaflet display rack on the wall in the waiting room was so full that when one leaflet was pulled out others fell on the floor.

Reception staff wore name badges and we observed staff listening to and helping patients.

There was a hearing loop at reception. There was one sign on the loop itself, which was partially hidden, telling patients it was available. The staff told us it was a fixed system but it was not clear which rooms it served. Staff told us that there had been no training on its use and they were not sure if it worked. The practice manager told us it is PAT tested to make sure it is safe.

What patients told us

We spoke to six patients who had been registered at the practice from between two and 25 years. Two patients who had registered most recently said they had been asked if they needed help communicating. One person said that a member of staff asked them; the other person said they had filled in a questionnaire. None of the patients we spoke to had a communication need.



All of the patients we spoke to were happy with the way the surgery communicated with them, which was either by phone or by letter. Five of the patients said they prefer the practice speaking with them on the phone and one patient said they would prefer email.

Patients were happy with the length of time they waited for an appointment and they said the staff were generally very helpful.

Some patients said it was difficult to see the information screen and hear announcements.

One patient said they had seen information on AIS displayed on the electronic screen.

All the patients were asked if they had anything else to say about the practice but they all said 'no' as everything was fine.

What the patient group told us

We spoke to two PPG representatives, neither of whom had been involved with the introduction or promotion of the AIS. We asked them if they had been asked to look at information sent out to patients to see if it was easy to read and understandable but they said they had not. They thought it would be a good idea to be involved and would put it on the agenda of the next meeting.

One patient representative was asked about the website, which they had not seen, but they said they would look at the AIS information and see if they could suggest ways it could be improved.

The practice manager told us the group meets every 6-8 weeks.

What staff told us

The practice manager told us that the surgery has had an AIS policy for some time. However, they felt that the introduction of the standard had not made a big difference to the way they work as they have always had a general awareness of the communication needs of people. They have always made reasonable adaptations for people with a sight or hearing loss or who have difficulty understanding. For example, they will enlarge the size of the font for people with sight problems and doctors and staff will sit facing a person directly who has a hearing loss maintaining eye contact throughout the consultation. In addition, if a person has problems hearing the reception staff can use a privacy booth or take them into the manager's office where it is easier to be heard and understood.



The Practice Manager told us staff were told about the AIS policy and an in-house training session was provided when it was first introduced, but they were not sure of any further specific training available to staff. All training needs are monitored and refreshed every 1-3 years. Training is mainly provided on line through the Blue Stream Academy and further dementia training is being considered.

Staff are encouraged to identify if any existing patients have any communication needs and these are then flagged on the EMIS system¹ so that doctors or nurses are aware. New patients were originally asked to complete a form when they registered asking them about their needs but this was found to be not appropriate for some people. Staff said patients were sensitive about being asked about their communication needs so information is now included in the new patient pack asking patients to make the practice aware of their needs.

One patient consequently asked for email to be their preferred way of receiving communication and this has been done. On-line permissions have been updated in line with GDPR (General Data Protection Regulation Guidelines).

Staff have also reproduced the nurse's information leaflet for patients to make it easier to read and understand.

Staff said that carers were not specifically asked about their communication needs but were asked in the same way as all other patients if they were registered at the practice.

Information on communication needs is shared with other NHS services. For example, if a blind person is referred to the hospital, the surgery calls the hospital to advise them not to send letters but to always speak to the person. We were shown a copy of a referral form and we were told that any communication need that had been flagged by the surgery would be included on the form.

The practice manager told us that because the NHS uses many different methods to record information there are often problems with systems being unable to interact with each other.

The practice manager told us there are currently 34 people registered at the surgery who have a learning disability. They are all offered annual health checks and staff are aware of how to adapt information for them and that they need longer appointments. At the time of our visit, the practice had not produced information in easy read format to improve communication for these patients.

The surgery mainly uses letters and phone calls to communicate with people but shortly they hope to introduce a text message service to remind people of their booked appointment. The practice manager explained that it is hoped that this will lead to fewer missed appointments and people will cancel appointments they no longer need. We asked one of the PPG representatives about this but they were

¹ EMIS is an electronic patient record system and software

not aware of this new service. The practice manager told us a few GPs use email to communicate with patients but this could lead to an increased workload if a lot of people ask for this.

The surgery has not used braille services, preferring to speak to patients.

We were told that no patient currently needs translation services. On-line translation services have been used in the past. For example to translate medical notes when a patient has received treatment in another country.

Staff told us that the repeat prescription form has small writing and some patients prefer to telephone instead as they cannot see the box to tick. Patients are encouraged to ask for repeat prescriptions on the on-line Patient Access site. The IT manager can help patients register online and use this service.

There is a working fire alarm, which a staff member told us is very loud. It does not have a flashing light for people who have a hearing difficulty. Staff told us the alarm is tested once a week. One member of staff said they had fire drills twice a year but another staff member said there had not been any recent fire drills. Staff said it caused distress to patients so fire drills were now held when only staff were in the building on Protected Learning Sessions. The practice manager told us staff have the responsibility of checking and making sure all the rooms are empty in the event of a fire.

Summary of Findings

- Two of the six patients we spoke to had been asked about their communication needs when they registered at the practice.
- None of the patients we spoke to said they had a communication need.
- Staff had received some initial training on the AIS.
- Staff said they had not changed their ways of communicating with patients since the introduction of the AIS as they have always been sensitive to people's needs and adapted the way they communicate with them.
- Staff are encouraged to identify if any existing patients have any communication needs
- The alerts on the electronic screen calling people to their appointment were quiet and patients told us they were difficult to hear.

- There is a hearing loop in reception but there did not appear to be any training for staff on its use. The staff we spoke to were not sure if it was working and which parts of the practice it covered.
- There is a privacy booth in reception, which can be used if people find it difficult to hear what is said.
- The surgery uses the EMIS computer programme, which flags the communication needs of patients.
- We saw some staff come into the waiting room to call people for their appointment.
- We saw one poster referring to AIS on display in the waiting room.
- There is a page on the website labelled AIS but it is difficult to find and it might not be clear to patients that it is about communication needs.
- The PPG had not been involved in the introduction of AIS or been asked to review information sent out to patients to check if it is easy to understand.
- The fire alarm does not have a flashing light for people with a hearing loss and it was unclear how often a fire drill is carried out.
- The new patient pack includes a request for patients to make the practice aware of their communication needs.
- The nurse's leaflet has been rewritten for people who need a more visual format and larger font.
- Carers are not specifically asked about their communication needs but were asked in the same way as all other patients if they were registered at the practice.
- Patients with a learning disability are offered annual health checks and given longer appointments.
- At the time of our visit the practice had not produced any patient information in easy read.
- The repeat prescription form has small font and many patients prefer to ring up to ask for medication.
- There is a call bell in the accessible toilet but it may be difficult to reach for people with limited mobility.
- The toilet seat in the accessible toilet was a little unsteady.

Recommendations

The Practice is asked to consider the following:

- Further training for staff on the AIS.
- Involving the PPG in raising awareness of the AIS with patients.
- Revisiting the AIS page on the website to make it more obvious to patients and make it clearer to them what it is about.
- Increasing the volume on the electronic screen to make it easier to hear.
- Testing the hearing loop to ensure if and where it works and training staff in its use.
- Telling patients with a hearing loss about the hearing loop.
- Undertaking a review of the fire procedure and how often fire drills are held.
- Reviewing the style and size of the font on the repeat prescription form.
- Consider providing practice information in easy read format for all patients especially those with a learning disability.
- Reviewing the location of the call bell in the accessible toilet.
- Ensuring the toilet seat in the accessible toilet is secure.
- Ensuring that the communication needs of all existing patients (who won't receive the new patient pack) and carers (who may not be registered with the practice) are collected.

Service Provider Response

Since our visit the Practice Manager left Portcullis Surgery. We have received the following response to the report and our recommendations from the new Practice Manager.

Many thanks for your visit to Portcullis Surgery and the comments and suggestions you made to improve the service:

Training for staff on the Accessible Information Standard

Portcullis Surgery prides itself in good patient communication. Our reception team has over the many years come to know and deal with patients with disabilities.

Training for the staff has been added to the Staff meeting that we will hold on the last week of July 2018. All staff will be given further awareness around AIS and how we can improve a patient's visit to the practice. All staff will be trained to add major alerts to the patient screen should they feel it appropriate for the patient with a disability. We also aim to increase awareness with extra training for staff on Blue Stream Academy. There is a new module that has been introduced and all staff will be asked to sit this module.

This will be overseen by the HR Manager and completed by September 2018.

Involving the PPG in raising awareness of the AIS with patients

Discussions took place at our PPG meeting around AIS from the representatives who you met at your visit. It was decided that they would have attendance at our annual flu clinics in September/October and November with leaflets to give to patients and raise awareness around how the practice can assist them with their disabilities. It is hoped that they will advise and assist and continue to have a presence within the practice and discuss our Compassionate Communities with any patient that may need extra help or befriending, completion of forms, hospital visits, assistance with sensual or sight.

Our PPG are very approachable and we feel confident that staff and patients will benefit from a better understanding around the Accessible Information Standard to ensure they have access to information they can understand, and any communication support they might need.

This will be overseen by the Compassionate Communities Lead.

Revisiting the AIS page on the website to make it more obvious to patients and make it clearer to them what it is about

We decided that we will speak to the website provider about updating the website AIS information to ensure it has a more prominent view. The form on the website we decided was very informative and decided to make this into a leaflet to give out to patients and also ensure it is added to our new patient registration pack. The leaflet will be given out at the flu clinics by the PPG.

This will be overseen by the Practice Manager and completed by end of July 2018.

Increasing the volume on the electronic screen to make it easier to hear

We have increased the volume on the electronic screen and reduced the volume on the background music.

Testing the hearing loop to ensure if and where it works and training staff in its use

It was decided with the PPG that we would invest in a new mobile hearing loop with the necessary signage. We thought this more appropriate and the hearing loop can then be taken into consulting rooms if necessary and the clinicians can ask the patient if they require it.

Telling patients with a hearing loss about the hearing loop

The reception team will be trained on asking the patient to turn their hearing aid to the T position for ease of communication.

Work around the hearing loop will be overseen by the Practice Manager and completed by August 2018.

Undertaking a review of the fire procedure and how often fire drills are held

There has been a review of the Fire Procedure and a date for a full fire drill on the second week in August. Staff will be asked to complete the Fire Training and Development module on Blue Stream Academy and there will be Fire Marshalls in all departments with full training g by Caradoc Group.

This will be overseen by the Practice Manager and completed by September 2018.

Reviewing the style and size of the font on the repeat prescription form

We have reviewed the font size on the right hand side of the prescription. Unfortunately, Emis tell me that this is a set size and we are unable to change it. I have put in a further call to Emis Web around the possibility of this being changed for patients with disabilities.

Consider providing practice information in easy read format for all patients especially those with a learning disability

We are looking further into providing a larger font for the practice leaflet and stream lining it down for patients with learning disabilities. The PPG are going to prepare a draft information leaflet. We have asked two of our patients to assist us with getting the practice leaflet transferred into braille.

Reviewing the location of the call bell in the accessible toilet and ensuring the toilet seat in the accessible toilet is secure

We have asked the electrician to come and look at the call bell in the disabled toilet and the handyman has already attended the practice to replace the toilet seat.

Ensuring that the communication needs of all existing patients (who won't receive the new patient pack) and carers (who may not be registered with the practice) are collected

We aim with the help of the PPG to communicate with patients at our flu clinics to raise awareness around how the practice can assist them with their disabilities. Our PPG are very approachable and we feel confident that staff and patients will benefit from a better understanding around the Accessible Information Standard to ensure they have access to information they can understand, and any communication support they might need.

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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