



The Shrubberies Medical Centre 12 The Shrubberies, South Woodford, Essex E18 1BN

Monday 4th September 2017

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Please contact us for more details.

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Service Provider	The Shrubberies Medical Centre 12 The Shrubberies, South Woodford, Essex E18 1BN
Contact Details	Practice Manager – Elaine Edwards
Date/time of visit	Monday 4th September 2017, 10:00am- 11:30am
Type of visit	Announced visit
Authorised representatives undertaking the visits	Athena Daniels Anne Bertrand
Contact details	Healthwatch Redbridge 1st Floor, 103 Cranbrook Road Ilford, Essex IG1 4PU
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Acknowledgements

Healthwatch Redbridge (HWR) would like to thank the staff and patients at The Shrubberies Medical Centre for their contribution to the Enter & View programme.

Disclaimer

Please note that this report related to findings observed during our visit made on Monday 4th September 2017.

Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time of the visits.

What is Enter & View?

Part of the local Healthwatch programme¹ is to carry out Enter & View visits. Enter & View visits are conducted by a small team of trained volunteers, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises.

Enter & View is the opportunity for Healthwatch Redbridge to:

- Enter publicly funded health and social care premises to see and hear first-hand experiences about the service.
- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives through evidence based feedback by observing the nature and quality of services.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made with the service provider, or, if certain circumstances dictate, as 'unannounced' visits.

Enter & View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what a service does well.

Section 221(2) of The Local Government and Public Involvement in Health Act 2007: http://www.legislation.gov.uk/ukpga/2007/28/section/221

Introduction

Healthwatch Redbridge (HWR) is conducting Enter & View visits to all GP practices across Redbridge as part of our work programme during July to October 2017.

Last year, Healthwatch Redbridge organised a series of workshops for practice managers across Redbridge, Havering, Barking and Dagenham to inform them about the Accessible Information Standard². These visits are an opportunity for HWR to discover if the standards have been implemented across the borough.

Accessible Information Standard

This standard aims to ensure that people who have a learning disability, communication impairment or sensory loss are provided with information that they can understand. They should also be able to receive support so that they can communicate effectively with health and social care services.

From 1st August 2016, all organisations that provide NHS or social care must follow the standard by law. For organisations to effectively implement the standard, they need to consider their policies, procedures, human behaviour and where applicable, electronic systems.

Purpose of the visit

The visits were planned to evaluate whether GP practices across Redbridge are implementing the standards thereby ensuring that the needs of people with communication impairments are being met.

In addition to the workshop organised for practice managers, HWR also ran workshops for people with communication impairments. The feedback continues to show that people are not receiving information in a way that they can understand.

An example of when a patient's need was not met was when she asked her GP practice to provide information in large print but they continued to give her regular font. On one occasion, she missed her appointment because the letter that the surgery sent to her was not in the right font thus meaning that she was unable to read it.

² https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-upd-july-15.pdf

NHS England reviewed the Accessible Information Standard during January- March 2017. Their subsequent report³ found that many participants felt that the standard could have a significantly greater impact than it has done to date. This suggests that monitoring its compliance is necessary.

These visits will identify any areas where improvements could benefit patients. There is also an opportunity for Healthwatch to share examples of good practice found in GP surgeries across Redbridge. It is hoped that our findings will support practices in improving their services and making reasonable adjustments to meet patients' health care needs.

Strategic Drivers:

- Part of Healthwatch Redbridge's work plan 2017-18
- Implementation of NHS Accessible Information Standards
- Seldom heard groups and the way in which they are supported to communicate are of particular interest to local Healthwatch.

Methodology

Each Enter & View visit was announced. All 46 GP practices were informed about the visit and given about three weeks' notice of the time period that the visit will take place. The practices were not given the specific time and date but rather given a two week time frame. Information provided prior to the visit included a brief summary of the visit and the role of the attendees.

Prior to the visit, HWR staff members worked with authorised representatives to prepare questions that will be used during the visit. There were three separate set of questions: one for lead staff member, one for other staff members and one for service users.

Each visit involved observing the external and internal areas of the surgery. Representatives had the opportunity to identify any issues or challenges that someone with an impairment might face when using the facilities in the surgery.

Where possible, the representatives spoke to the practice manager, other staff members such as the receptionist and nurses and service

https://www.england.nhs.uk/wp-content/uploads/2017/07/accessible-Info-std-review-report.pdf

users. Due to the specific nature of the visit, it wasn't always possible to speak to patients with communication impairments.

At the end of the visit, staff members were informed that a draft report would be sent to them. A draft report was sent to each GP practice and they were given 20 working days to respond with their comments.

Reviewing website accessibility

In addition to visiting the GP practices, all the practice websites were checked to find out whether they are accessible for people with communication impairments.

Three volunteers assessed each website using a checklist (Appendix 1) devised by HWR staff members. Two of the volunteers who reviewed the website had communication impairments; one of the volunteers was Deaf and the other volunteer has Asperger's Syndrome.

Results of website review

- It is not possible to change the size of the text on the website.
- The colour of the background cannot be changed.
- There are no images on the website that need to be explained.
- The website does not have a "sitemap" button.
- It is not possible to navigate the whole website without a mouse.
- There is no audio content on the website.
- Information on the website is written in plain English.

Results of the visit

Observations made outside the premises:

- Signage to the premises is clear from one direction but not from the other side.
- There are two accessible parking bays in front of the surgery.
- A ramp is available. The edge of the ramp is not highlighted.
 Highlighting the edge of the ramp is useful for people with a
 visual impairment so that they are aware of the presence of a
 ramp.
- There is no handrail.

Observations made inside the premises:

- No trip hazards were identified inside the surgery.
- There is no glass screen separating staff from patients. Staff were sitting facing patients thus making it easy for patients to lip read.
- There were no signs to the consulting rooms. The doctor's name is not available on the door.
- A lot of information was available on the noticeboards but the notices were legible.
- The complaint/compliments procedure was available on the noticeboard. There was no mention of its availability in alternative formats such as large print.
- The hearing loop sign was available in the reception area.
- The surgery does not have an electronic screen to inform patients of their appointment. The doctor comes out to call the patient when it is their turn.
- There was no poster informing patients about the Accessible Information Standard and asking them to inform staff about their communication needs.
- The fire exits were clearly signed in pictures and words.
- Staff were unsure whether the fire alarm has flashing red lights as well as sound.

Speaking to the practice manager

The practice manager was on holiday so the representatives spoke to the reception manager. Another staff member also contributed to these responses.

• The reception manager said that patients are asked about their communication needs when they first register at the surgery.

- Representatives were shown a registration form asking patients about their special communication needs.
- The practice has a TLC list for existing patients who have additional needs. This information is on the database and staff are alerted when these patients visit the surgery.
- Patients' needs are recorded on the database.
- The database has a 'pop up' which flags a patient's needs. The system used by the practice is EMIS⁴.
- The manager said that the doctor/nurse is made aware of the patient's needs because it is flagged up on their system as well.
- There is a portable hearing loop. A representative checked the hearing loop on 22nd September and it was working.
- Staff have been provided with training on how to use the hearing loop.
- Patients are informed of the hearing loop due to sign in reception.
- In-house training has been provided for staff on how to support patients with communication needs.
- They have received Deaf awareness, communication training and Easy read training.
- This training takes place once a month.
- The reception manager said that information is available in different formats for patients depending on their needs. People with hearing impairments are provided with BSL interpreters and people with visual impairments are provided with large print/ braille.
- The reception manager said that people with learning disabilities tend to come with their carers.
- The surgery is able to access British Sign Language interpreters using Big Word.
- There is a communications book available on the computer in extra-large print.
- If the carer or next of kin has additional communication needs, this will be noted on the database.

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⁴ EMIS is an electronic patient health record system used by many GPs

Speaking to patients

Representatives spoke with three patients during the visit.

- The three patients said that they were not asked about their communication needs.
- None of the patients had any additional communication needs so they were unable to provide additional information.

Recommendations

- 1. To make the website more accessible, patients should be able to:
 - Change the size of the text; some people with a visual impairment need information in a large font size.
 - Change the colour of the background; some people cannot read text if there is insufficient contrast between text and background.
 - Navigate the whole website without a mouse; some people who are blind/partially sighted with mobility impairments rely on the keyboard.
 - Use the sitemap button, as this will make it easier for people with communication impairments to find information on the website.
 - Access website information via screen readers and translation software (such as Browesaloud®⁵) especially for people with visual impairments.

Provider Response:

We are aware of the limitations of our website. I have been in the process of looking at an alternative provider for our website, so your report was timely in endorsing this need. I am now evaluating which provider to use and plan to implement this within the next 2 weeks.

2. The surgery should consider 'highlighting the edge of the ramp to ensure that people with visual impairments are able to see it.

Provider Response:

We will contact the landlord re the highlighting of the external ramp, the signage of the practice and the fire alarm.

3. The surgery should consider having an additional sign outside the premises so that it is visible from both approaches to the surgery/repositioning the sign so that it is facing forwards making it visible from both approaches to the surgery

⁵ https://www.texthelp.com/en-gb/products/browsealoud/

4. Although we understand that people with communication needs often attend appointments with their carers; staff should reduce reliance on carers, family and friends to relay information to the individual. This is because it compromises a patients' right to privacy and dignity.

Provider Response:

We certainly don't 'rely' on carers, family and friends to relay information to patients with communication needs. As my Reception Manager stated at the visit, we assess patient's needs when they first register, as it is a question on our registration form, and if any subsequent needs arise these will be acted on and clearly read coded in the patient's notes and on an alert which will prompt the receptionist or clinician as to the patient's needs from booking an appointment to consulting with a clinician.

5. Staff should receive training on AIS.

Provider Response:

We had a staff training event on AIS last year and as we now subscribe to an online training suite Blue Stream Academy, AIS is a compulsory training module which has to be completed annually and on induction by all members of staff including clinicians.

- 6. The surgery should consider changing the fire alarms so that there is a flashing red light as well when the alarm sounds. This will allow Deaf people to know when the fire alarm goes off.
- 7. The complaints/compliments procedure should be available in a variety of formats such as large print for patients.

Provider Response:

I believe our Reception Manager confirmed that the complaints leaflet is available, as are most leaflets, in large print but we do not have enough wall space to demonstrate this and so print to order. 8. It would be useful for the surgery to have an electronic screen to inform patients when it is time for their appointment. The screen should also have audio information for people who have a visual impairment.

Provider Response:

We requested an electronic screen with audio info from the CCG IT department over a year ago. I am delighted to say that this has now been installed but not yet fully functional as we await the software to be installed by the CCG IT dept.

9. The surgery should display a poster about the Accessible Information Standard on the noticeboard. If possible, this information should be available on an A3 poster.

Provider Response:

If we are provided with an A3 poster re AIS we will gladly display it.

Service Provider Responses

We would like to thank The Shrubberies Medical Centre for the responses made and Healthwatch Redbridge has incorporated them within this report.

Distribution

- The Shrubberies Medical Centre
- Redbridge Clinical Commissioning Group
- Barking, Havering and Redbridge Quality Surveillance Group
- Care Quality Commission
- Healthwatch England

Appendix 1 - Website accessibility checklist

Website accessibility checklist Questions Can you change the text size? Yes Νo Comments Can you change the colour of the Yes Νo background? Comments Does the website have a "sitemap" Yes Νo button? Comments Are there keyboard shortcuts? / Can Yes Νo you navigate the website without a mouse? Comments Does the website have audio content? Yes Νo Comments Is the website content written in "plain Νo English"? Comments Additional comment

Appendix 2 - Observation sheets

Yes No	Comments:	Yes No	monte	colline in S.		Yes No		Comments:		Yes No	Comments:			Yes		Comments:											
Signs in various formats including pictures (e.g. on toiler doors - are they place/contracting/pictures)	tollet doors - ale tiley treal/collitiastilig/pictules)	Interaction between staff and service users; are	they facing service user whilst talking to them using	communication, is plain language - is plain	language used	Complaint/compliments procedure information is	available in alternative formats - for patients &	relatives - is it on the noticeboard		Are the noticeboards cluttered, and are the notices easily legible				Is there a hearing loop clon?				Does the surgery have an electronic screen to	inform patients of their appointment - if so what	colour are the screen and whiting - does it show room no. Doctor name - is it audio as well as visual		Further Comments:	Please provide any relevant information about accessible information				
sible Information								Yes No	Comments:		Yes No		Comments:		Yes No		Comments:		Yes No	Comments:	Yes No		Comments:		Yes No	Comments:	
GUIDANCE For Enter & View to GP Surgeries Re: Accessible Information	Observation Checklist	Name of Surgery:	Name of Authorised Representative:		Date:	Observations/Questions	Getting to the Service:	There is sufficient and clear signage to the premises Y being visited: signs are clear, unobstructed and			ple	- drop off point directly	outside the entrance		\top	ımp highlighted to keep	people off uneven surface		Fire alarms have a light as well as sound		Fire exits clearly signed in various formats.	Words	S	Within the premises:	Are there trip hazards/sharp edges/furniture in pathway (both permanent & temporary)		

Appendix 3 - Questions for lead staff

Yes No Comments Yes No Comments Yes No	nents nents	Yes No Comments Yes No		Comments		within 20 cessary.			
15. Are you able to access: • BSL (British Sign Language) interpreters • Signalong (based on BSL)	and symbols to help people to communicate) 16. Where/which organisations might you access the above if you use them?	17. Do you have a communication book? NOTE FOR REPS: If they have one, please ask to see it and comment on what you have seen 18. If the next of kin/carer of the patient had any	communication needs, is information provided to them in a format that is accessible to them?	19. How would you know this and would it be on the patients records? 20. Is there anything you would like to share with	Healthwatch Redbridge?	Information for Manager when leaving Inform them that we will send a copy of the report within 20 working days for your comments & corrections if necessary.			m
Yes No Comments	Comments Yes No	Comments Yes No Comments	st date training	Yes No Yes Yes No Yes N	Comments	Comments Yes No Comments		Comments	
7. Is there a process in place to ensure that the doctor/nurse dealing with the patient whilst they are in the surgery are aware of their communication needs before they start to interact with them?	8. Is there a hearing loop in the surgery, if there is Comwhat type of loop is it? • Fixed/Portable/Both 9. Have staff been provided with training on how to Yes	use it? 10. Are patients made aware that a hearing loop is available?	 What training is provided to support all staff to communicate effectively with patients? 	Deaf awareness training Communication training Dementia awareness Easy read training		12. How often do you have this training? 13. Is information available in different formats to Yes make it accessible to all patients and are patients aware of this? For example: large print, Comments easy read, Braille, Audio.	NOTE FOR REPS. Please ask to see examples of this if possible and comment on what you have seen	14. What format do you provide for people with: a. Hearing impairment b. Visual impairment c. Learming disabilities	24
RGE at		Yes No Please explain		Comments	Comments		Yes No Comments	Comments	
Questions for MANAGER/PERSON IN CHARGE at GP Surgery Name of Surgery:		1. Are patients asked about their communication needs when they first register at the surgery? For example: • Are they asked if they have difficulties with				NOTE FOR REPS: If the manager seems unsure you can prompt them with the following questions: Are they recorded on a database? Or by any other means?	eption, is there a s?	5. If yes, what system do you use? Comments 6. If there is no system in place can you explain the Comments reasons for this?	wel

Appendix 4 - Questions for other staff

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Comments		Yes Comments	Yes	Comments	Yes Comments				Yes No	Comments			Comments	Yes	Comments	Comments
 6. Is there a hearing loop in the surgery, if there is what type of loop is it? • Fixed/Portable/Both 	Are you aware of the ways that information should be provided for people with:	 hearing impairments 	 visual impairments 		 Leacoing disability? 	If yes, what are they?	NOTE FOR REPS. If the member of staff is struggling to give some examples you can prompt them. • Hearing impairments -British sign language, subtitles on TV	 Visual impairments - Large print or audio Learning disabilities - Easy Read 	8. Do you have a communications book?	NOTE FOR REPS: If they have one, please ask to see it and comment on what you have seen	 If there was a fire or emergency do you know if there is an appropriate alarm for those with hearing impairments? If yes, what is it? If possible, 	can you snow us: • Flashing red light	 In the event of a fire, what is the procedure for evacuating those who are Deaf or Blind? 	 Has there been a fire drill and if yes, did it flag up any problems? 		12. Is there anything you would like to share with Healthwatch Redbridge?
	-		υ 2				S No	Ŷ.	2	2		Q 2	2			פ
rgery		;	Yes Comments				Yes Comments	Yes		Yes	Comments	Yes	Comments			Comments
Questions for STAFF in GP Surgery Name of Surgery:	Name of Authorised Representatives:	Dates:	Wre you aware of the Accessible Information Standard (AIS)?	Have you been provided with training on how to support patients with:	NOTE FOR REPS: If they answer yes, please ask what	type of training it was and tick the appropriate box	Visual impairments: blind & partially sighted On-line Face to face Both	Hearing impairments: profoundly deaf & hard of hearing Learing	On-tune Face to face	ul parnino Dicabilitiae	On-line	3. Do you feel that you would benefit from any other training with regard to AIS?	4. How would a patient that has a specific need be identified? i.g. had hearing impairments, visual incommends of provided the provided that had been incommended to be incomm	Model it be flagged up on the computer system	Electronic system A card provided by surgery they show to staff on arrival	5. How would a patient with a hearing impairment know that they had been called for their appointment?

Appendix 5 - Questions for Patients

Please explain Comments

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Please explain

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Name of Comment			help you effectively according to your	3
Name of Authorised Representatives:			communication needs?	
			 5b. Do you feel that the nurses are able to help you effectively according to your 	
When you registered at the surgery were you asked SPECIFICALLY if you had any: hearing problems	Yes I Comments	Ŷ.	communication needs/ 6. If not, how do you feel this could be improved?	Comments
 problems with your sight 	Yes Comments	°,	7. What, if anything can be done to improve the way information is provided to you? For example:	Comments
Or needed easy read information?	Yes Comments	o _N	 large print, audio (spoken/recorded information) easy read 	
2. How were you asked about this?		I	8. Has there ever been a time when your	Yes
as	Yes Comments - Please state	O _N	For example, when being called for an appointment or provided with written information	Please expla
please continue with the questions, if they answer no, please say "we are here today to speak to patients with communication needs, so we don't need to keep you any longer. Thank you."			 Is there anything else you would like to talk to us about? 	
4. Are staff aware of your communication	Yes	No		
_	Please explain			
5. Do you feel that reception staff are able to help you effectively according to your	Yes	o _N		
	Please explain			

Please explain

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