



Access for All

24th May 2016

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Welcome



Cathy Turland Chief Executive Healthwatch Redbridge





Overview of Project

lan Beever

Project Consultant





- Trailblazing Project with 13 Local Healthwatch
 - Redbridge, Barking and Dagenham, Barnet, Camden, City of London, Enfield, Hackney, Haringey, Havering, Islington, Newham, Tower Hamlets, Waltham Forest
- British Deaf Association (BDA) as a supporting partner
- Funded by NHS Health Education North, Central & East London (HENCEL)





- First year of the project involved engaging with only the deaf community
- Conducted 3 E&V visits to London Emergency Departments (ED):
 Queen's Hospital Romford, University College London, Newham Hospital
- Trained 17 deaf volunteers to be Authorised Representatives and Mystery Shoppers
- Led to increased awareness amongst NHS professionals on access issues and also trusts changing practice to increase access for deaf patients





- Due to the success of the first year, more hard to engage disability groups were included:
- People who are Deaf or hard of hearing
- People with visual impairments
- People with learning disabilities
- People who had a stroke or dysphasia
- Carers of people with communication impairments





- The project aim was to identify, recruit and train volunteers with communication impairments across the 13 boroughs
- The training packages developed in the first year were used to train the volunteers
- The project recruited and trained 22 volunteers to be Authorised Representatives or Mystery Shoppers
- The volunteers were recruited across 9 boroughs

- E&V visits were conducted to four emergency departments:
- Royal Free Hospital
- Whipps Cross University Hospital
- North Middlesex University Hospital
- Homerton University Hospital
- One outpatient department
- Newham Hospital (aborted)
- Eight 'mystery shoppers' reported on their experiences to different health and social care services across the 13 boroughs







- What we have done
 - Delivered E&V training to volunteers with communication impairments
 - Delivered Mystery Shopper training
 - Volunteers worked with LHW lead to devise questions to ask during the visits
 - Conducted 5 E&V visits
 - Completed the report including our findings and recommendations and sent it to individual hospitals
 - Organised this conference to share our learning



- In progress
 - Producing a 10 minute video from this conference highlighting the findings of the ED visits (with BSL and subtitles)
 - Exploring how the volunteers can remain involved across the boroughs





E&V Reports and Findings Neil Adie

Enter & View Representative

Sarah Oyebanjo Enter & View Coordinator



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Aim of the visits



- To evaluate access for people with communication impairments
- Test staff impairment awareness
- Identify and share good practice with other Trusts









Method



- Announced visit
- Provided Trust with brief information about the visit
- Volunteers worked with local Healthwatch's to devise the questions to ask





Structure of the visit



Assess patient pathway from reception through the department











Findings



Buzzer/ Pager System



No hospital had the buzzer/ pager system for alerting patients waiting in reception





Communication book in reception



Whipps Cross hospital is the only one with the book in reception.





























In-house communications team



- None of the hospitals have an in-house communications team.
- Royal Free and Homerton Hospital have a contract with an interpreting agency.





Policies



Lack of written policies to support patients with sensory impairments





Fire emergency- flashing lights



The only hospital with flashing lights was North Middlesex University Hospital.





Database



- Only North Middlesex University Hospital kept a record of the number of people with sensory impairments.
- This was also the only hospital with a flag-up system to alert staff that the patient requires communication support.





Impairment awareness training



None of the hospitals provide any designated training for this.



Accessible Information



Reliance on family and carers



In all the hospitals visited, it was obvious that staff relied on family members and carers for support.





Patient pathways to scan



Staff in North Middlesex, Whipps Cross and Royal Free Hospital were unable to provide an action plan for supporting a patient undergoing a MRI or CT scan. However, Homerton Hospital staff provided the procedure that they would follow to support the patient.







Recommendations



Communication support



- All hospitals should have a contract with a BSL interpreter provider
- Communications book should be available in reception
- Pagers are rolled out
- Reduction in relying on family members and care workers



Accessible Information Standard (AIS) requirement: Ask people if they have any information or communication needs and find out how to meet their needs.

Database



- Patient data systems should record the number of patients with impairments
- The database should have a flag up system to alert staff of patient's needs



AIS requirement: Record patients needs in a set way. Highlight a person's file so it is clear that they have communication needs.

Training



Staff members should receive deaf awareness, visual impairment and disability equality training



Policies and procedures



- Develop policies and procedures for supporting patients throughout their visit
- Develop a procedure for communicating during MRI/ CT scan









Royal Free Hospital:

- Reviewing the use of pagers in the department and plan to introduce this in the future
- Purchased three BSL symbol books
- Committed to minimising the use of carers in translating
- Confirmed there is a central guidance within the trust on communicating with patients who are deaf/ deafblind

Outcomes



Whipps Cross Hospital:

- Increasing staff members knowledge on how to access the interpreting service and monitor its usage
- Plans to monitor number of patients with sensory impairments by summer 2016
- Set up a working group to look at signage across the hospital by the end of September 2016





North Middlesex University Hospital:

- Developing a policy for supporting those with communication impairments
- Considering alternative methods to ensure deaf patients have visual cues
- Reviewing the glass screen in reception


Outcomes



Homerton University Hospital:

- Work with with RNIB/ Action on Hearing Loss to provide a communications board by August 2016
- Involve service users in training programmes by 2016/ 2017
- Train staff on producing Accessible Information Standards complaint leaflets by July 2016





Supporting the Implementation of Accessible Information Standard with Service user-led Training

Elspeth Williams Enter & View Representative





Questions and Discussion





Celebrating impact of Project- Improvements to Services

Victoria Wallen Head of Patient Experience, BHRUT





Break

10 minutes





Accessible Information Standards - Overview

Ian Beever



Accessible Information Standard

- Standard SCCI1605
- Directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss
- Does not include foreign language support needs

Need for Standards

- I million missed appointments last year through patients experiencing communication barriers: –
 - Not hearing name when called
 - Not being able to access or understand written or electronic appointment information
 - Failure of provider to meet patient's communication needs
- The final report of the Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD) published in March 2013 found that, "The lack of reasonable adjustments to facilitate healthcare of people with learning disabilities, particularly attendance at clinic appointments and investigations, was a contributory factor in a number of deaths

Need for Standards

- > 28% of people with hearing loss had left their GP unclear about a diagnosis
- 14% of people with hearing loss had missed an appointment due to not hearing their name being called in the waiting room
- Sick of It report published in 2014, found that British Sign Language (BSL)users had worse health outcomes than the general population
- Missed diagnosis and poor treatment for BSL users was costing the NHS £30 million per year

Who Does It Apply To?

- NHS Trusts and contracted providers
- CCGs, GPs and contracted providers
- Local authority social care and contracted providers
- Opticians
- Dentists
- NHS Community Services

Aim & Impact

- Improved outcomes and experiences
- Safer and more personalised care
- Dramatic improvement in the ability of the NHS and adult social care system to meet the information and communication support needs of disabled people

Legal & Policy Context

- The Equality Act became law in October 2010
- The Act places a legal duty on all service providers to take steps or make "reasonable adjustments" in order to avoid putting a disabled person at a substantial disadvantage when compared to a person who is not disabled
- The Act is explicit in including the provision of information in "an accessible format" as a 'reasonable step' to be taken.

Legal & Policy Context

- The Care Act 2014 details specific duties for local authorities with regards to the provision of advice and information, this includes the requirement that, "Information and advice provided under this section must be accessible to, and proportionate to the needs of, those for whom it is being provided
- NHS Constitution also states that, "You have the right to be involved in discussions and decisions about your health and care ... and to be given information to enable you to do this

Legal & Policy Context

- Many professional bodies and regulators include support for communication and/or understanding as part of their codes of conduct for members
- In addition, the Standard should be considered by NHS organisations as part of applying and implementing EDS2('Equality Delivery System 2')
- The Accessible Information Standard is a statutory and mandatory requirement
- Failure to comply leaves providers open to legal challenge

Scope of Standards

- Identify Needs
- Record on client record systems
- Flag
- Share
- Meet communication needs

In Scope

- Publicly funded services
- Carers communication needs
- Information or communication support needs or requirements which are caused by or related to a disability, impairment or sensory loss
- Correspondence in alternative formats including large print
- Communication support
- Tools and aids
- Advocates to support communication

Service User Groups

- Individuals with any form or type of disability (or impairment) which affects their ability to read or receive information, to understand information, and / or to communicate, are within the scope of this standard
- d/Deaf
- Deafblind
- Blind
- Learning disability
- Also supports people who have other 'communication disabilities' such as aphasia, autism or a mental health condition that affects communication

Implemtation

- Policy
- Procedure
- Human behaviour
- Electronic systems
- Timescales
 - 1st April 2016 provide NHS England list of clients information and communication needs
 - 31st July 2016 full implementation and meetings needs

Enforcement

- Is a statutory and mandated requirement under the Equalities Act. Failure to comply leaves them open to legal challenge
- CQC interested in it as part of quality person centred care
- > As yet no formal process of enforcement has been identified



How can Local Healthwatch assist in implementing the AIS?





Role of Honour – Volunteers and Project Team





Closing Remarks





Lunch







SHARED TRAINING

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