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& East London**



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SHARED TRAINING

**Disability Access Project
Enter & View Report**

**Newham Hospital Outpatient Department,
Friday 18th March 2016**



This report is available to download from our website, in plain text version, **Large Print**, and can be made available in Braille or audio versions if requested.

Please contact us for more details.

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Report Details

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Service Provider	Barts Health NHS Trust
Contact Details	Shyma Danaseelan
Date/time of visit	Friday 18 th March 2016
Type of visit	Announced visit
Authorised representatives undertaking the visits	Mike Campbell Neil Adie Peter De Bont Muna Hassan (Healthwatch Newham) Sarah Oyebanjo (Project Coordinator)
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Acknowledgements

Healthwatch Newham would like to thank the Trust, patients and staff for their contribution to the Enter & View programme.

Disclaimer

Please note that this report relates to findings observed on Friday 18th March. 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.



Introduction

13 Local Healthwatch's (LHW) and the British Deaf Association (BDA) in North, Central and East London worked together on a project to improve access for disabled patients across NHS trusts. In the first year this project focused on improving deaf inclusion and involving London's deaf community in the improvement of health and social care services.

Due to the success of the first year the project was further developed to include more hard to engage disability communities. A key part of the project involved recruiting and training people with communication impairments such as those who are d/Deaf, those with visual impairments, those with learning disabilities, people who have had a stroke or dysphasia and carers of people with communication impairments. This group of people were chosen to be involved in the project because they have first-hand experience and would be able to provide insightful, detailed feedback on areas that need improvement.

Nine volunteers were recruited and trained to become Authorised Representatives. Once trained, the 9 new volunteers conducted Enter & View visits alongside the existing volunteers looking at the barriers to inclusion across four London emergency departments: the Royal Free Hospital; Whipps Cross; North Middlesex and Homerton University Hospital, and one outpatient service, that at Newham Hospital.

NHS providers are legally required to fully implement the Accessible Information Standard by 31 July 2016¹. Findings from these visits can be used to support the NHS Trusts to identify challenges that patients with communication impairments experience in accessing services, thus enabling them to provide solutions and make improvements. This also provides an opportunity to share good practice between the Trusts and local authorities in the North, Central and East London area.

This report captures findings and recommendations from visits to the emergency and outpatient departments. The findings from each hospital are presented separately to ensure ease of access for each Trust with summative conclusions and recommendations at the end of the report.

¹ Accessible Information Standard <https://www.england.nhs.uk/ourwork/patients/accessibleinfo/>



Accessible Information Standard

What is accessible information?

This is when information is presented in a way that can be read and understood by the individual for which it is intended. By 31 July 2016, all organisations that provide NHS or social care must follow the standard by law. The aim of the standard is to ensure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they might need.

Why is it important for information to be accessible?

Some people with learning disabilities, impairments or sensory loss find it difficult to understand the information provided in healthcare settings. They need the information to be presented in a range of easy to understand formats. This isn't always available, thus meaning that these people are unable to understand information that can be important for their health.

Health assessments were carried out on a sample of deaf adults to find out whether there is a link between their health status and issues they face in communication². The findings showed that deaf adults had significantly higher rates of obesity and hypertension. Many of them were unaware of the health problems that they had and they were unclear about the implications of the problem.

Providing accessible information ensures that all patients are communicated with in a way that is readily understandable to them. This means that patients understand the procedures that they are undergoing and any other relevant information provided. Research by Healthwatch Essex³ found that there were situations whereby disabled patients didn't understand the information provided by their GP and they felt scared due to the information overload. According to this standard, GPs would have to provide information in a way that each patient can understand.

² <http://www.deafstudiestrust.org/files/pdf/reports/Deaf%20Health-exec-final.pdf>

³ <http://www.healthwatchessex.org.uk/wp-content/uploads/2016/02/Future-Focus-engaging-tomorrows-leaders2c-May-2014.pdf>



The Accessible Information Standard also ensures that people with communication impairments receive the relevant communication support. For example, a BSL interpreter for deaf people, large print or audio for visually impaired and easy read information for those with learning disabilities.

Accessible information should be available to patients at all stages of the patient pathway. The outcomes of the Accessible Information Standard require that:

- The patients' needs are identified
- The information is recorded in the patient administration systems
- The needs are flagged using electronic flags or paper-based equivalents
- The needs are shared as part of the referral, discharge and handover process

What is Enter & View?

Part of the local Healthwatch programme 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 to find out how they are being run and make recommendations where there are areas for improvement or capture best practice which can be shared.

Enter & View is the opportunity for Local Healthwatch's 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.
- Observe the nature and quality of services.
- Collect evidence-based feedback.



- 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 between the Healthwatch team and 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 they do well from the perspective of people who experience the service first hand.

Purpose of the visit

The visits were planned to evaluate access for those with communication impairments to emergency departments (EDs) across North, Central and East London. This would involve asking staff members questions about accessibility, observing the working practice, touring the department and, if possible, engaging with service users.

Research shows that there are health inequalities for disabled people⁴. The access to health care services is somewhat limited for people with learning disabilities and sensory impairments and this can lead to greater unmet health care needs. There are several barriers to accessing health services, which include lack of communication support, poor staff knowledge, poor staff attitudes and lack of effective systems for identifying patients with disabilities.

Many people with communication impairments have limited access to information and receive sub-optimal treatment due to the lack of staff awareness of their specific needs. Hospitals need to have policies regarding supporting service users to ensure that they are supported accordingly throughout their visits.

⁴ Health Inequalities & People with Learning Disabilities in the UK:2011
http://www.improvinghealthandlives.org.uk/securefiles/160510_0948//IHaL%202011-09%20HealthInequality2011.pdf



Prior to the visits, several volunteers with communication impairments shared their experiences of accessing healthcare and identified several barriers that they experienced. Some of the Authorised Representatives who took part in this project reported that they missed their turn whilst waiting in reception as they were unable to hear when their name was called out. The experiences shared justify the visits to the EDs as this is a good opportunity to identify good practice and to assist peer learning between Trusts.

An important aspect of this project is that the visits would identify areas of weaknesses/strengths in disabled access and make recommendations for improvement. Also, the findings would help the Trusts to identify reasonable adjustments that need to be made to increase access and meet all patients' health care needs.

Strategic Drivers

- The London Assembly Health Committee investigation into access for deaf patients
- NHS England's development of the Accessible Information Standard
- Compliance with the Equality Delivery System (EDSII) and NHS Trusts meeting the requirements of the Equality Act 2010
- LHW collaboration with The British Deaf Association to increase deaf inclusion in the work of Healthwatch
- Royal National Institute of Blind People (RNIB) research into the availability of health information for blind and partially sighted people⁵

⁵ Accessibility of health information for blind and partially sighted people.

https://www.rnib.org.uk/sites/default/files/accessibility_healthcare_information.pdf



Methodology

Each Enter and View visit was announced. The Emergency and Outpatient departments were given at least two weeks' notice of the time and date that the visit would be taking place. Each Trust was provided with brief information about the scope of the visit and the roles of the attendees.

Prior to the visit, the Authorised Representatives alongside the LHW staff members prepared questions to ask during the visit. These questions focused on identifying the key access, communication support and pathway challenges faced by those with communication impairments.

On arrival at the department, two volunteers informed the reception desk staff of their visit then requested to speak to the delegated staff member. In each visit one visually impaired and one deaf representative went to the reception desk, thus allowing them to test staff disability awareness and response. Unfortunately, in the case of Royal Free and Homerton University hospital staff approached the volunteers before they could test front line staff awareness and response.

In each hospital we were taken to an allocated private room to ask the staff members the appointed questions. After the Authorised Representatives asked the questions, staff took the team around the department. The volunteers had an opportunity to check out the signage around the hospital and identify any challenges that visually impaired, d/Deaf and those with learning disabilities would face when moving around the hospital. One of the goals during the tour was to speak to a patient with a communication impairment. Unfortunately, because there were none such patients present at the time, this was not possible during any of the visits.

At the end of the visit we thanked the staff members and told them that the draft report would be sent shortly. A draft report was sent to each trust and they were given 20 working days to respond with their comments.



Results of visit

Reception- Layout and Communication Access

- The signage in reception was small and difficult to read for those who are visually impaired.
- The Authorised Representatives waited in line for a few minutes until they reached the front of the queue.
- They approached the receptionist to test staff impairment awareness and accessibility. Staff showed a lack of deaf awareness and eventually the interpreter had to be called over.
- There was poor lighting in the reception thus making it more difficult for the representatives to lip read.
- Representatives asked if a hearing loop system was available but staff said that they do not know what it was or if they had one.
- Staff were uncooperative and said that they were only able to spend 10 minutes answering any questions about accessibility.
- Although all the necessary arrangements were made with the Hospital, we were unable to conduct the visit and it was aborted after about 30 minutes.
- Due to the aborted visit, there is no information on communication support, staff impairment awareness training, safely evacuating those with impairments in the case of a fire and patient pathways to scans.

Trust Response

No response was received from Newham University Hospital.



Distribution

- Newham University Hospital
- Barts Health Trust
- Newham Clinical Commissioning Group
- Newham Health and Wellbeing Board
- Newham Health Scrutiny Committee
- Care Quality Commission
- Healthwatch England

Approval

- This report was approved by Healthwatch Redbridge on behalf of the project steering group for publication - 17th May 2016.

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