

# User Friendly?

Communication Support at GP Practices in Redbridge Reviewed and Revisited

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#### Introduction

It's been nearly three years since the Accessible Information Standard (AIS)<sup>1</sup> came into force. The standard legally been required all NHS services to make sure that people who have a disability, impairment or sensory loss get information in a way they can easily access.

Supported by the Equalities Act, the standard informs organisations how they should meet a patients' communication needs and provide any communication support that they might need. This includes making sure that people get information in accessible formats such as large print, Braille, easy read and via email.

At Healthwatch Redbridge, we wanted to understand whether there were barriers for people accessing GP services.

Over four months between July and October 2017, Healthwatch Redbridge assessed 45 GP practices in the area on how well they were meeting the requirements set out by the Accessible Information Standard.

We found some practices were not meeting people's communication needs. For example, only three websites were accessible to those with a sensory impairment, and more than half of the practices relied on family and carers to help communicate with patients.

Using our Enter & View powers<sup>2</sup>, we made a number of recommendations to the GP practices so that visiting the doctor could be made easier.

Each visit was documented and individual reports were published<sup>3</sup>. Each report provided information gathered through the visits by our trained volunteers (called Authorised Representatives). Reports listed any recommendations from the visit and provided each practice with an opportunity to respond and tell HWR what they planned to do in order to enhance accessibility for people with communication impairments.

Last year between June and August 2018, we revisited all GP practices to see what changes had been made since these initial visits.

This report is a summary of our updated findings from across the borough.

#### **Notes:**

The number of practices has reduced from 45 to 42 between our first and second series of visits (one practice closed (Dr Paulz) and two sets of practices merged (Mathukia's with the VM Surgery and Roding Lane with Clayhall Clinic). We acknowledge these changes will have a slight positive impact on our findings.

<sup>&</sup>lt;sup>1</sup> https://www.england.nhs.uk/ourwork/accessibleinfo/

<sup>&</sup>lt;sup>2</sup> http://healthwatchredbridge.co.uk/enter-and-view-0

<sup>&</sup>lt;sup>3</sup> http://healthwatchredbridge.co.uk/gp-localities

#### **Accessible Information Standard**

There are five basic steps which make up the Accessible Information Standard:

# Ask:

 Find out if an individual has a communication or information support need relating to a disability or sensory loss

# Record:

 Record those needs clearly either through electronic or paper based record systems

# Alert / flag / highlight:

 Ensure that recorded needs are 'highly visible' whenever the individuals' record is accessed

# Share:

 Include communication support needs as part of existing data sharing practices (with an individuals' agreement)

# Act:

 Make sure people receive information which they can access and understand, and receive communication support if they need it

## Purpose of the visits

We conducted the original visits to identify how GP practices across Redbridge were meeting the standards and assess whether the needs of people with communication impairments were being fully met.

We conducted the second series of visits because we wanted to measure the impact our original recommendations have had on individual GP practices across the borough.

# Methodology

Each review visit was booked with the individual practice manager. This time we did not speak to other members of staff or patients as we were merely following up on previous information.

Prior to the visit we created an action report which would allow us to ascertain if the recommendations had been acted upon. This ensured we followed up on the appropriate recommendations at the visit.

In addition to this, we carried out observations to check that changes e.g. to signage had taken place.

# **Key Findings**

## Website:

#### 1st visit:



• 67% of practices have their own website (30/45)

#### 2nd visit:



79% of practices have their own website (33/42)

Granville Medical
Centre has a partially
sighted patient helping
to redesign their
website to ensure it
is accessible.

### Outcome/Impact

#### Increase of 12%

- It is positive to note that more GP practices now have their own websites.
- This enables patients to view additional information relating to the surgery and access other services online such as

ing an appointment.

Your Accessibility Needs

We want to get better at communicating with our patients. We want to make sure you can read and understand the information we send you. If you find it hard to read our letters or if you need someone to support you at appointments, please let us know.

Your Details

Title

Surname

Home Address

Home Tel

Postcode:

Please tell us what communication requirements you have (eg. braile, large print, etc)

About This Form

Please Note

A red asterisk \* indicates a compulsory field.

By using this form, you will be sending information about yourself across the Internet. Whilst every effort is made to be aware that we cannot offer any guarantees of absolute privacy. If this matter concerns you then you should use another method to notify us of your details.

Personal Information

Personal Information

Personal information retained on this system is stored in a secure data centre located in the UK and is treated as confidential.

Send Close

Southdene Surgery has an accessible information form online enabling patients to inform the practice of their needs electronically.

## Communications book:

1st visit:



• 24% of GP surgeries have a communications book (11/45)

#### 2nd visit:



64% of GP surgeries have a communications book (27/42)

#### Outcome/Impact

#### Increase of 40%

 We are pleased to see so many practices have taken on board our recommendations that they should have a Communications book.

 This will have a positive effect on those patients with a sensory impairment, making it easier for them to communicate with the staff at the practice and explain what they need.

Chadwell
Heath Surgery
has attached a
magnifying glass to
their noticeboard
enabling any patients
who require larger
print to read the
information



PATIENT NO.

THIS IS TO REMIND

# Reliance on family and carers:

1st visit:



 Over half of GP practices (54%) told us they relied on family members or carers to aid communication with patients who have a communication impairment

#### 2nd visit:



• 46% of GP practices continue to rely on family members or carers to aid communication

# Outcome/Impact

Cranbrook Surgery provides chaperones for people with learning disabilities, rather than relying on family and friends.

Grove Surgery offers patients with learning disabilities 30 minute appointment slots.

#### Decrease of 8%

- Although there has been a small decrease, we would continue to encourage practices to support communication needs from outside of family and friends.
- Professional interpretation can be crucial when discussing highly confidential health aspects.
- Patients should always be given the choice to decide who is present at their appointment.

# **Training:**

#### 1st visit:



• 41% of practices (19/45) had provided staff members with training about communicating with people who have communication impairments.

#### 2nd visit:



• 76% of practices (32/42) had provided staff members with training about communicating with people who have communication impairments

#### Outcome/Impact

#### Increase of 35%

- We are pleased to see that significantly more GP practices have now trained their staff members on communicating with people with communication impairments.
- This is a positive step for both the staff who should feel more confident when approached by a patient with a communication impairment.
- Providing training to staff will ensure more patients feel they are being listened to and supported effectively.

#### Fire alarm:

#### 1st visit:



• 26% of practices have a flashing red light as part of their fire alarm systems. Many practices told us staff members would assist patients out of the building in the case of an emergency.

#### 2nd visit:



 31% of practices have a flashing red light as part of their fire alarm systems

#### Outcome/Impact

#### Increase of 5%

- A flashing red light can alert a Deaf person in the case of a fire or emergency.
- We are pleased to note a slight increase in the number of flashing red lights now being used in practices.
- We are aware the costs of changing alarm systems can be prohibitive and that some GP's are not the owners of the practice building which makes it difficult to
- We will however, continue to encourage the inclusion of such accessible design features (sensory fire alarms, hearing loops etc) when new premises are under construction or refurbishments are taking place.

# Accessible Information Standard poster: 1st visit:



• Less than a third (30%) of GP practices had a poster asking patients to inform staff about their communication needs

#### 2nd visit:



 60% of practices had a poster asking patients to inform staff about their communication needs



Outcome/Impact

#### Increase of 30%

- It is encouraging to see the number of practices that have taken on board our recommendation and are now displaying AIS posters in the waiting room.
  - This is a good way to inform patients about AIS and encourage them to tell staff about their communication needs.

# **Hearing loops:**

1st visit:

# **りきりきりきりきりきりきりきりき**

• 80% of practices had a hearing loop (36/45)



 However, out of these practices, only 29 of them had a sign informing patients there was a loop system, and 20 had staff members trained in their use

#### 2nd visit:



95% of practices had a hearing loop (40/42)



 However, out of these practices, only 32 of them had a sign informing patients there was a loop system, and 22 had staff members trained in their use

## Outcome/Impact

#### Increase of 15%

- We are pleased to see most GP practices now have a hearing loop.
- We remain concerned however that patients could still attend appointments unaware of the loop system. GP practices must ensure appropriate signage is in place to identify where a service is offered.
- We are also concerned there still appears to be a lack of basic understanding of hearing loop systems and this could lead to loops being unavailable. Practices need to invest in adequate staff training to enable patient s to have the confidence in the systems being offered.

# Identifying support needs (Flagging):

#### 1st visit:



91% of GP practices have a computer system that identifies when a patient presents with a communication impairment (41/45)



 However, only 24 of those practices (54%) told us they have a question on their registration form asking patients whether they have any communication needs

#### 2nd visit:



100% of GP practices have a computer system that identifies when a patient presents with a communication impairment (42/42)



• However, only 25 practices (60%) told us they have a question on their registration form asking patients whether they have any communication needs

# Palms Medical Centre has designed a form called "Your Accessibility Needs."



# Outcome/Impact

- We remain concerned that a third of practices appear not to be including questions about access requirements on their registration forms.
- We would encourage practices to identify ways in which they can ensure existing patients are regularly asked if they have communication difficulties. Many patients can acquire sensory or cognitive

# **Complaints forms:**

#### 1st visit:



• 67% of practices display information about making a complaint on their noticeboard (30/45)

#### 2nd visit:

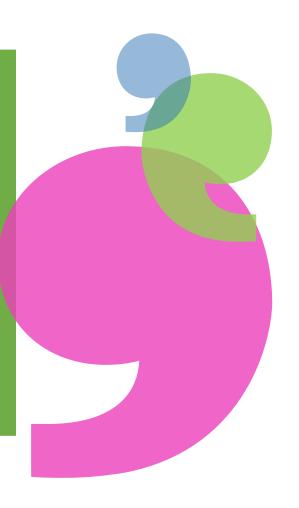


• 88% of practices display information about making a complaint on their noticeboard (37/42)

#### Outcome/Impact

#### Increase of 35%

- We are pleased to note that more practices are providing patients with the necessary information in accessible formats in order to make a complaint.
- We would encourage practice to view complaints in a positive way, patients need to feel supported if they feel something is not right.
- This can only improve communication and trust between a patient and their practice.



## **Electronic screens:**

1st visit:



- 69% practices had an electronic screen providing health information for patients (31/45)
- Screen were also used to call patients for their appointments

2nd visit



• 95% practices had an electronic screen providing health information for patients (40/42)



#### Outcome/Impact

#### Increase of 26%

- We are pleased that almost all GP practices now have an electronic screen to inform patients about their appointments.
- Using this system, patients with hearing impairments will be able to identify when they are being called.

## **Further Information:**



- Healthwatch Redbridge has also created a workshop for GP Practices.
- If you would like further information on how we might help you, please contact us.

- Healthwatch Redbridge has created a simple poster to highlight the Accessible Information Standard to patients.
- If you would like to download a copy, please contact us.



# **Acknowledgements:**

Healthwatch Redbridge would like to thank the patients and practice staff who provided responses and contributed to the Enter and View visits.

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.

# Healthwatch Redbridge

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