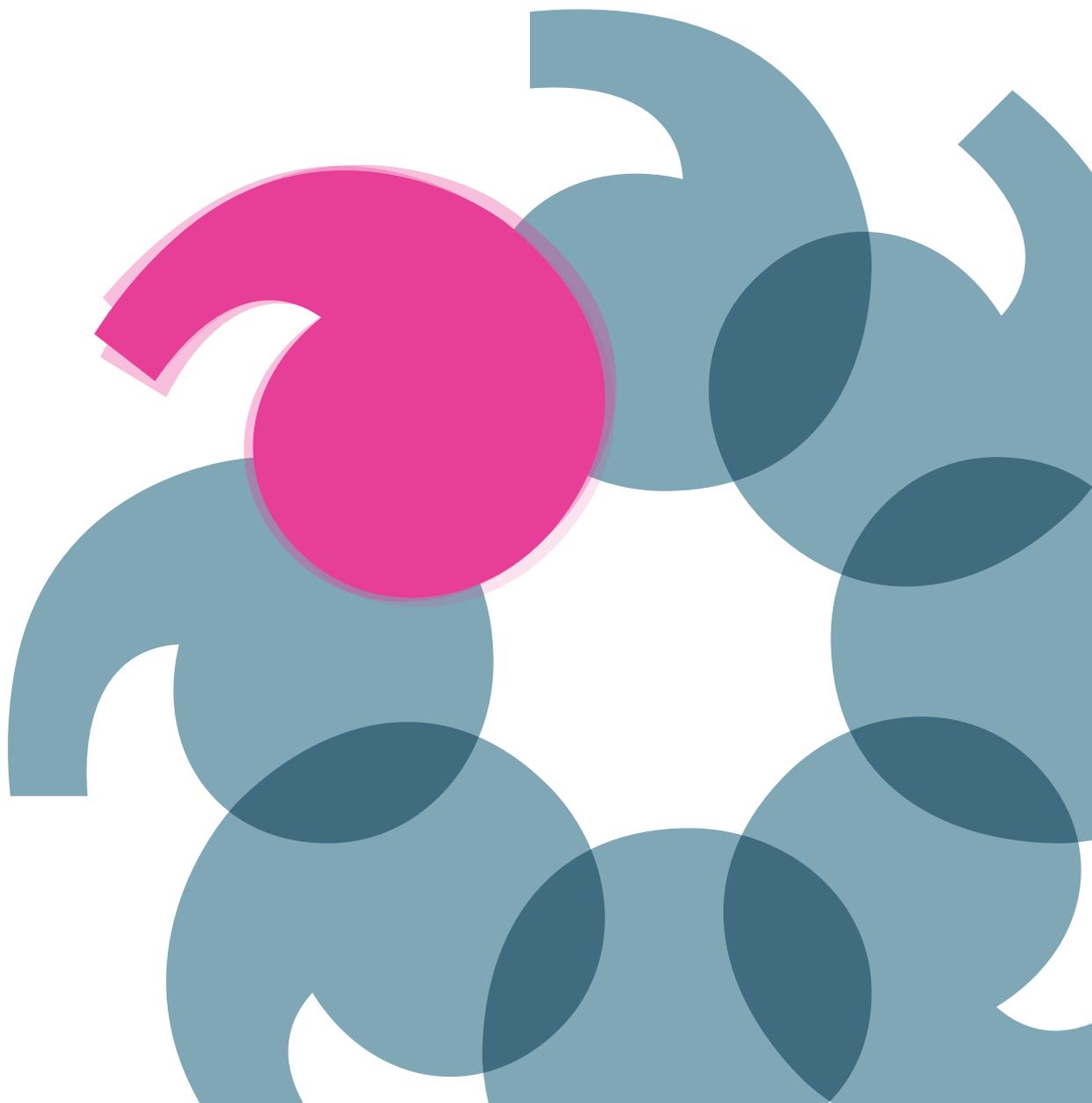


Accessible Information Standard

How do GP practices make their services accessible to patients with a communication support need?



Healthwatch Islington

Healthwatch Islington is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations that involve people of all ages and all sections of the community.

Healthwatch Islington gathers local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

www.healthwatchislington.co.uk

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Introduction

Local Healthwatch across the country were asked to input to the design of a set of Accessible Information Standards, designed by NHS England, to make services more accessible for people with communication needs.

The Standards were introduced in July 2016 but with little support from NHS England and no additional resources. This was particularly disappointing with regards to IT (Information Technology) support as instead of having one contract negotiation with NHS IT providers, all hospitals, GP practices and care providers will have been having to host their own negotiations. Also, key document templates, such as the NHS England GP Registration Form, have not been updated, so practices have been left to do this individually.

In late 2017 Healthwatch Islington called all Islington GP practices posing as newly arrived Islington residents looking for a practice which could accommodate Autistic patients. We found inconsistencies.

We have also received feedback from Deaf patients who have told us that although GP practices might provide patients with BSL interpreters for appointments, when they get a referral to hospital this often gets lost in communication.

Healthwatch Islington wants residents to be aware of their right to accessible information. However, because of the lack of national support we expect our local providers to be struggling to fully implement the standard. We therefore decided to visit local services before highlighting awareness of people's rights, so that services can ready themselves. We have started with GP practices as they are more likely to be in regular contact with patients/ have a more personal relationship with patients and be aware of their needs.

The Accessible Information Standard

It is a requirement of the 2016 Accessible Information Standard for health and care services to record, flag and make reasonable adjustments for service users who have a disability or sensory impairment which affects how they can access information and communicate. Local health partners are also taking this opportunity to record patient's language needs if they need language support when accessing services. The standard outlines that NHS and adult social care services must do five things:

- 1.** Ask service users if they have any information or communication needs, and find out how to meet those needs.
- 2.** Record those needs clearly and in a consistent way.
- 3.** Highlight or flag this information on a service users notes so that this information is clear.
- 4.** Share this information with other providers of health and care services when they have consent or permission to do so.
- 5.** Take steps to ensure that service users receive information in ways that they can access and understand and provide communication support if needed.

In order to raise awareness of some of the difficulties patients with an information or communication need might face, we contacted people who we knew had experience of these needs, either personally or as a carer. Their feedback is shared throughout this report (*all names have been changed).

Molly* has moderate to high frequency hearing loss which makes it difficult for her to hear speech and therefore she can't use the phone.

At Molly's last Doctors surgery they didn't read the emails or texts she sent them as they relied on patients making phone calls. This meant Molly had to go to the surgery every time she needed to book an appointment.

Sometimes people appear irritated when Molly takes time to understand them which has led to her dreading making appointments.

If services knew she needed some extra time, access to a hearing loop, or to communicate via email or text, it would make accessing health and care services much easier for Molly.

Mystery shopping scenario and method

We developed a mystery shopping scenario focusing on GP practices.

We recruited volunteer mystery shoppers who have experience of a range of access needs, either personally, or as a carer.

Posing as potential new patients, mystery shoppers visited GP practices in the borough asking to register with the practice. The mystery shoppers asked for a registration form to complete and were looking to see whether this included any information about the Accessible Information Standard, communication needs, or preferred methods of contact. Mystery shoppers were also looking to see whether any information about the Accessible Information Standard was displayed in the practice.

We looked for clear signage for the reception, clinical rooms and accessible toilet, and how patients are alerted of their appointment when in the waiting room. We looked for whether the practice had hearing loops, and where the mystery shopper used hearing loops, whether they were operational.

Our aim was to get a sense of how GP practices currently make their services accessible to patients with an information or communication support need. We also wanted to identify any issues that might be easily remedied, as well as any existing good practice which might be shared.

Helen* is a carer for her granddaughter Katie*, who is autistic, dyslexic and has other needs, which means that she doesn't read or write.

Katie recently went to the doctors without Helen and was told she needed to complete a form. Katie struggles to read and write and so when she took the form back to the receptionist she was told she'd made mistakes and needed to fill in the form again, this happened more than three times before Katie gave up and left the practice. The staff didn't offer her any help with the forms, even though it makes it clear she struggles with this in her notes.

Katie really doesn't like going to the doctor because she feels like people there treat her like she's stupid. This means that she often relies on Helen to prompt the staff to make reasonable adjustments.

If Katie sees her own doctor things tend to be ok, but if she sees another member of staff she always has to explain her needs again and again.

Findings

Websites

Healthwatch Islington looked at each practice website before the mystery shopping visits, to see whether the website had any information about the Accessible Information Standard or meeting communication needs. Out of the 34 practices, nine had information on the website about the Accessible Information Standard and four of those had an online form for existing patients to complete, outlining any communication needs they had and how they could best be supported.

Information on display in the practice

When visiting GP practices none had any information about the Accessible Information Standard clearly on display.

Registration form

Five practices would not let our mystery shoppers take a form without showing proof of address and in some instances identification and their NHS number. One receptionist explained this policy by saying 'so many people take the forms and don't return them and we lose so much paper'. We were not able to examine the registration forms for these five practices.

28 of the 29 practice registration packs contained no information about the Accessible Information Standard.

- ▶ 11 of the 29 practice registration forms didn't ask whether the patient had any access or information needs at all.
- ▶ 12 of the 29 practice registration forms did not ask about communication support needs associated with disabilities and sensory impairment, but did ask for the patient's first language and whether an interpreter was needed. Mystery shoppers suggested that you could write 'braille' or 'British Sign Language' as language spoken and request a translator.
- ▶ Six of the 29 practice registration forms did ask about communication support needs associated with disabilities and sensory impairment. Some listed examples of the kind of needs patients may have. One form asked specifically for the patient's preferred method of communication and also asked about the communication support needs of carers. One form was in large print.

**'Do you have any communication needs (ie. hard of hearing, sign language etc)?
If yes, how can the surgery help with these needs?'**

St Peters Street Medical Practice registration form

**'Do you have any special communication needs and are you happy for us to
share this information with other healthcare providers?'**

Elizabeth Avenue Group Practice registration form



Highbury Grange Medical Centre included a simple and clear form on Accessible Information and communication needs that was given out with the registration form.

Hearing loops

12 practices had stickers showing they had hearing loops in the practice. Two of these were not working on the day of the visit. 12 other practices didn't advertise the use of loops and at one of these practices they said the loop wasn't working - they said to mention this when the patient came back to complete registration.

At ten practices the mystery shoppers either didn't get a chance to check or couldn't be sure whether the practices had hearing loops.

Alerting patients that the clinician is ready to see them

Mystery shoppers did not see patients called for appointments at all the practices they visited.

At 16 practices they noted there was an electronic board present which was used to call people for their appointment. Four practices used a display screen for the same purpose. At four further practices mystery shoppers noted a display screen but it was not clear whether it was used to call patients to appointments.

Three practices were observed using more than one way to alert patients that the clinician was ready to see them. Two practices used an electronic board or display screen and also used a buzzer. At two practices patients were called by the receptionist as well as an electronic board. One of these practices used all three ways of alerting patients, to most comprehensively meet any potential communication support needs.

At three practices patients were collected from the waiting room by the doctor for their appointment.

Clear signage

Some of the observations made by our mystery shoppers were about accessibility more broadly.

At two practices it was not clear where the reception desk was. 'The sign says Reception but takes you into the waiting area. I waited there for a bit and then went out and found the "hole in the wall" that gave access to a receptionist. I said it wasn't clear and they said "don't worry everyone does what you did!"'

It was not always clear where the clinical rooms were. Sometimes this was overcome by the clinical practitioner coming into the reception to collect the patient. When relying on an electronic board to notify patients of their appointments signage needs to be very clear.

At eight practices the accessible toilet was not clearly signposted from the reception area. At two of these practices the ladies toilet was an accessible toilet but that wasn't clear from the external signage.

Gillian is visually impaired and she's had to make her practice aware of when they need to make adjustments for her. Gillian's impairment means that she cannot see people's faces and so relies on people introducing themselves. She can sometimes read documents in large print and has computer software which reads her emails out to her and converts scanned documents into an audio format.

Gillian used to go to the GP for her appointment and be sat waiting for ages. She was sure other people were arriving after her but being seen before her. In the end she went to the reception and asked why she'd been waiting so long and they said 'when you were called on the screen you didn't take any notice'. The practice relied on people being able to read the screen to know when their appointment was and even though Gillian is blind they hadn't thought to made adjustments. Now at her GP, someone comes to collect her for her appointment, but she still mentions it at the desk when she arrives.

Gillian is at the chemist more often than the GP and she has to ask them to go through the medication with her (side effects and instructions and which is which) 'otherwise they just give them to me in a sealed bag, what good is that!'

If Gillian's needs are recorded and flagged on her care records it might mean that she no longer has to remind staff to make reasonable adjustments every time she accesses a service.

Recommendations

For GP registration	<p>Add some information about the Accessible Information Standard to practice websites and make clear and concise information available within the practices themselves.</p> <p>Add the same information to practice registration packs.</p> <p>Explicitly ask registering patients whether they have a communication or information need and how the practice can best meet that need.</p>
In the GP practice	<p>Think about how patients are called for their appointments and what reasonable adjustments can be made for those with communication needs.</p>
For NHS England	<p>Add a question about communication needs to the Family Doctor Services Registration Form (GMS1).</p>
For Islington CCG	<p>Share good practice from Highbury Grange Medical Centre.</p>

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