

Quality Checkers Enter and View Reports

Introduction

This is a brief final report about nine quality checking(1) Enter and View(2) visits to GP practices and dental surgeries in Swindon undertaken by supported volunteers with learning disabilities.

1. In December 2016 NHS England announced it was “giving local areas the means to improve the lives of people with a learning disability and/or autism, including developing ways of keeping children closer to their home and families. From (December 2016), [local partnerships](#) - made up of NHS organisations, local authorities and NHS England commissioners, working closely with people who use services, their families and providers - can [apply for transformation funding](#) as they look to bring in new, high-quality, community services”.
2. Healthwatch Swindon was approached by Swindon Borough Council adult social care in October 2017 with a request to consider undertaking enter and view visits following a “quality checkers” model developed in Wiltshire and elsewhere as part of the transforming care action plan. This would involve recruiting volunteers living with learning disabilities or on the autistic spectrum to carry out visits to health premises, with support, and reporting, from their perspective, on what they found. This would be a variation on the national [Quality Checkers](#) programme but using similar tools published by [the NHS](#) in 2018.

¹ Skills for People, a voluntary organisation led by disabled people, “first came up with [the idea of Quality Checking](#) in 2002. A group of people with learning disabilities in Newcastle upon Tyne decided to create Quality Standards for supported living services, which would include the things that really matter to people with learning disabilities. The group went on to use these standards to check how well local services were supporting people with learning disabilities”.

[According to NHS England](#), “Quality checking is where people with a learning disability, autism or both are *employed* to help us look at the quality of the services they use and tell us how we can make them better.”

² Healthwatch Swindon is able to carry out these visits under the terms of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) and National Health Service Act 2006/Local Government and Public Involvement in Health Act 2007 (as amended by the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

Report and recommendations on visits undertaken between August 2018 and April 2019

Quality Checkers Enter and View Reports

3. We were informed that “part of the Bath and North East Somerset (BaNES), Swindon and Wiltshire response to the introduction of Transforming Care Partnerships (TCP) has been the development of a milestone plan that includes the following actions:
 - Consideration will be given to introduce the Quality checker schemes to ensure that mainstream and specialist services serve people with learning disabilities and/or autism well.
 - Strategic learning disability commissioners should work with those that commission and manage mainstream activities/services to find ways to make them accessible, in line with Equality Act duties...”

Background to the agreement with Swindon Advocacy Movement

4. Under legislation, local Healthwatch has powers to enter and view certain health and social care premises. Following internal confirmation that we would undertake this specific activity within our core Healthwatch Swindon contract with the borough council, we entered into a financial agreement with [Swindon Advocacy Movement](#). “Affectionately known by its members as SAM” it describes itself as ‘a clear and consistent voice for the rights of people with care and support needs’.
5. SAM would recruit volunteers and manage the visits to agreed premises accompanied by one of their staff members and one of our volunteers as an additional supporter. SAM would draft a report after each visit. Healthwatch would manage communication with the service provider, seek feedback from them on the draft report and publish a final document with recommendations.
6. We adapted training materials about the enter and view process from Healthwatch England and from [The Hive \(Avon\)](#). SAM recruited four volunteers and started training them in May 2018. They and a SAM staff member, all with DBS certificates, were duly authorised by the Healthwatch Advisory Group to undertake the visits as legislation requires.

Visits and recommendations

7. A pilot visit took place at Sanford House in June 2018. Sanford House is the voluntary sector base for SAM, Healthwatch and eight other organisations in central Swindon. [The report](#) made recommendations about signage and access most of which have since been followed up by the building tenants and management.

Quality Checkers Enter and View Reports



Quality checkers discuss their findings at Sanford House

8. Subsequent visits took place between August 2018 and April 2019 to [Crossroads Surgery](#), [Hawthorn Medical Centre](#), [Park Lane](#), [Hermitage](#) and [Old Town](#) Surgeries, [Ridge Green Medical Centre](#), Ambience Dental Practice and Euro Dental (Bath Road)³. Prior to each visit Healthwatch wrote to the provider to give notice and explain the purpose of the visit.
9. One practice manager asked “*I would be interested to know what has prompted this visit? We recently had a CQC inspection that did not identify any issues at Hawthorn.*” We explained that the specific purpose and focus was significantly different from, but complementary to, that of a Care Quality Commission inspection.
10. The report and recommendations following each visit generated varied responses - from no comments at all to acknowledgement and commitment to make adjustments. In some cases there was disagreement with the recommendations.
 - At one surgery the quality checkers said about the TV display screen “patients who are vision impaired or not able to read quickly would struggle to follow the numerous adverts because they changed even before we had time to read through them”. The practice responded: “*Interval at 25 seconds per slide, the practice has not received any patient/PPG feedback to reflect that this is not long enough*”.
 - At one they said “we also found no signage in the waiting area regarding the availability of toilets and disabled facilities. The practice responded: “*signage to be placed in easy read format*”.

³ The reports on visits to Ambience Dental Practice and Eurodental were published on the Healthwatch Swindon [website](#) after the completion of this report

Quality Checkers Enter and View Reports

- The quality checkers said “only signage was in the corridor of the consulting rooms and therefore not clearly visible to patients and not in easy read format. The sign on the door of the disabled toilet was not in easy read format nor were the few notices inside. It was also noted that there was no safety pull cord”. The practice responded: “*safety cord to be installed. Baby changing table now installed in disabled toilet as per the recommendation made by Healthwatch representative at meeting*”.
- One practice said “In conclusion, you will see from our responses that there are areas of your report where we agree we can make improvements and we will implement those as soon as possible. Our worry, though, is there are many criticisms that are beyond our control (for example width of pavements, size of reception etc.), criticisms that perhaps border on the trivial (the self-check in machine for example is presented in large text). These, in conjunction with the overall negative tone of the report, combine to paint us in a very poor (and in our opinion particularly undeserved) light.”
- One practice said “In relation to the comments made at the end of the report, we will endeavour to action as many of the points raised”.
- One added “In response to the report, we would like to thank you very much for the very comprehensive content and raising awareness of the issues highlighted which we will be looking into next year as part of an overall review of the building.”
- Significantly one practice acknowledged: “General comments regarding easy read signage and documents. As discussed during the visit, individual practices do not have the knowledge or specialist skills to know what makes a ‘good’ easy read sign and how some of the pictorial aids are interpreted”. The practice suggested that “the Clinical Commissioning Group (CCG) should provide practices with a set of easy read documents (e.g. appointment reminder slips, information about prescriptions etc.)”.
- In response, NHS Swindon CCG said “In terms of Easy Reads being helped by the CCG we have started a small bank of documents that is available to practices and we also advocate the use of Easy Health whilst we await a national library : <http://www.easyhealth.org.uk/>

Quality Checkers Enter and View Reports

Conclusion

Whilst all providers made some specific arrangements to meet the needs of people with learning disabilities or on the autistic spectrum there are common and consistent themes and recommendations for change or improvement in all the reports. Practices should bear in mind the requirement to make reasonable adjustments and the guidance available.

Specific areas recommended for review are:

- Improved physical access including parking arrangements and door opening.
- Provision of easy read signage and information throughout - both inside and outside buildings.
- Clarity of displayed information.

Acknowledgements

- Healthwatch Swindon is grateful for the work undertaken by volunteers Alison Evans, Andrea Hague, Kerry Smith, Mark Court, Pam Forde, Tammy Peapell; and by Lucy Gibson and colleagues at Swindon Advocacy Movement.
- Thanks are also due to all those involved at the GP practices and dental surgeries visited - for their assistance during the visits and for their comments on the draft reports.

The main recommendations in Easy Read are on the next page

Quality Checkers Enter and View Reports

The Healthwatch Swindon volunteers were supported by Swindon Advocacy Movement (SAM)

The volunteers found some of the same improvements were needed at many places they visited. These are shown in the table below.

  	<p>1. <u>Getting into the building</u></p> <p>It should be made as easy as possible to get into the doctors</p> <p>This includes</p> <ul style="list-style-type: none"> • Car parking spaces • Doors that open with a push button • Ramps not steps
	<p>2. <u>Easy read notices</u></p> <p>All important signs should be put into easy read. This means</p> <ul style="list-style-type: none"> • Using pictures or symbols when possible • Using large print • Use plain English

Quality Checkers Enter and View Reports

 	<p>3. <u>Notice boards to be kept up to date</u></p> <p>Make sure that notices</p> <ul style="list-style-type: none">• Are up to date• Have the right information on them
--	---