Disability in Tower Hamlets

February 2025

Tower Hamlets Public Health

Disability in Tower Hamlets

1 in 5 residents are disabled people

1 in 4 residents live in a household where there is disabled person

Half of disabled residents say that they have a lot of difficulty with everyday living activities

1 in 5 children aged 0 – 25 years have special educational needs

Health needs

- During the pandemic disabled people had higher levels of disease and higher death rates from Covid19.
- Despite over 25 years' implementation of the Disability Discrimination Act and Equality Act's obligation to make **reasonable adjustments** to services
- A lack of equal access to health and other services for residents with mobility impairments, sensory impairments, neurodevelopmental conditions, and mental health difficulties was a significant factor.

Disabled people's access to services

- **Direct Enhanced Service (DES)** - Primary care networks must identity populations experiencing health inequalities and ensure a plan is in place to meet unmet need

- **Care Quality Commission**

Equity in Access

- We make sure that ***everyone can access*** the care, support and treatment they need when they need it.

Equity in experience and outcomes

- We **tailor the care**, support and treatment in response to need

Accessible information standard

- Implemented in the NHS and Adult Social care in 2016
- NHS Equality Duty Objective 2024/5, CQC requirement
- Making health and social care information accessible
- 5 Key Steps:
- **Identify, record, flag share and meet**

Disability competency programme

- Coproduced with disabled people
- Gets disabled residents' feedback on accessibility levels in Primary Care
- Supports the implementation of our legal obligations and CQC requirements
- A toolkit and action plan for making reasonable adjustments

Supporting People with a Learning Disability in Primary Care

Isabel Fallshaw-Daniels (Senior Programme Officer LD&A – Tower Hamlets
Dawud Marsh – ICM Foundation Lead
Feb 2025

Barriers to Accessing Primary Care

TOWER HAMLETS

Having an LD is characterised by having an IQ below 70 and having significant impairment in one or more areas of social or adaptive functioning

Impacts on communication

Barriers to engaging with telephone consultations, processing, understanding and responding to complex questions

Impacts on sensory needs

Difficulties tolerating unfamiliar sounds, sights and smells in a GP surgery

Impacts on abilities to learn new skills

Information about health needs and appointments often available exclusively online, which can present challenges for people who often face digital poverty and exclusion

Impacts on processing

Barriers with consolidating essential health information in a short GP appointment slot

Health Needs of Tower Hamlets LD Population

GP Data in Tower Hamlets (2023)

People with a learning disability in Tower Hamlets have higher rates of depression, severe mental illness, diabetes, and obesity compared with the general population

Premature Mortality:

People with a learning disability are at greater risk of premature mortality from conditions like:

- CVD
- Respiratory conditions
- Constipation
- Epilepsy

High Health Disparities

- LD Patients in Tower Hamlets exhibit more than twice the rate of cancer prevalence than the general population
- The prevalence of CVD diagnoses amongst those with LD in Tower Hamlets are 45.2%
- 9.3% of individuals with an LD in Tower Hamlets have a severe mental illness compared to 0.9% in the general population

The rate of self-reported learning disabilities has increased higher than recorded in primary care, meaning that primary care may not be aware if someone has unmet support needs.

The Importance of Getting Care Right First Time

Due to these barriers, a high percentage of people are therefore less likely to seek support when required. Problems that could be identified and managed early are often left to escalate, unnoticed by health professionals or even by people with a learning disability themselves, until a crisis is reached.

They are therefore more likely to present with acute physical or mental health needs, or to emergency services more than the general population.

A person with a learning disability notices blood in their stool and knows they need to seek support about it → Their support network help them with getting a GP appointment but they find the questions confusing without reasonable adjustments and feel too overwhelmed to continue → The worsening advice given was difficult to understand and not in an accessible format, so the patient begins to forget about the issue and decides to see if it will self-resolve → The patient deteriorates and presents to the LAS a couple of weeks later with GI bleeding and increased risk of sepsis

Voices of Patients with Learning Disabilities

TOWER HAMLETS

- Trainers with a learning disability developed workshop resources and **shared their personal experience** of frontline healthcare
- Training delivered across the borough to frontline healthcare professionals to highlight key **barriers faced by patients** with a learning disability. Personalised stories impactful on staff to help understand needs of patients with a learning disability
- Scenarios demonstrated how patients with a learning disability **feel when using frontline** health services

Be Well Together Health Inequalities for Adults with Learning Disabilities

- ICM commissioned by NEL ICB and Tower Hamlets to **improve access to Be Well leisure centres** in the borough

Deliverables:

- A timetable of accessible activities, co-produced with residents, delivered by specialised trainers across venues
- Develop innovative pathways for better health and wellbeing outcomes for adults with learning disabilities
- Utilise Personal Health Budgets for future sustainability of access to leisure centres
- Training for leisure centre staff based on personal experience of adults with a learning Disability

Introduction to Sign Language Charter

Damian Brewer
National Training and Consultancy Manager - British Deaf Association

(*People who are “Deaf” with capital ‘D’ identify themselves as culturally Deaf and are part of the Deaf community)
This session assumes some awareness of Deafness

Damian Brewer

National Training and Consultancy Manager/Am also a sign language translator (written text to BSL and vice versa)

I am a CODA (Child of Deaf Adults) as well as being Deaf myself (profoundly deaf in right ear, and I wear a hearing aid in left ear)

Bilingual in British Sign Language (BSL level 6) and English

Have worked in various roles directly with Deaf people over the past 30 years

Worked previously in Public Health for a large London Borough (have a masters in public health and on UK Public Health Register)

Sign Language exposure?

- Previous exposure to Deaf sign language users in your life or work?

BSL2032 Movement: What we are campaigning for?

DEAF ASSOCIATION ENGLAND

- 9 in every ten deaf children are born to hearing parents, but only 1 in 10 of those parents will learn sign language to be able to communicate fully with their child
- **Language Acquisition** – fundamental to be done as early as possible – BDA advocates a bilingual approach (reduce impact of Adverse Childhood Experiences)
- Hearing people often have 10 or more years of formal English in schools, Deaf children often have very limited exposure (a huge public health concern)
- Bilingual approach leads to lower mental health issues, higher rates of inclusion, happier and less isolated people
- BSL is different from Makaton (which uses simplified BSL with speech)
- Most services are inaccessible by default and can be struggle for Deaf people to ensure equal access
- Arrival of AI into the sign language space (cautious optimism)

The BDA stands for **D**eaf **E**quality, **A**ccess and **F**reedom of Choice

Sign Language Charter

- One for public sector (5 pledges and 16 standards) includes further statutory details
- One for non-public sector (4 pledges and 10 standards)

Pledge 1

Using sign language, to consult and engage regularly with the local Deaf community (at least annually) to share information and gain feedback

Standard	Suggested activities
1.1 Regular consultation meetings ensuring local Deaf people are engaged in strategic planning, developments and changes with a clear and structured plan	Reach out to local Deaf group if there is one. If not, there may be a communication club, check with local sign language providers, local interpreters may be able to help and sign post . Consider range of communication support needed (can a local trusted Deaf leader support) Remember for Deaf people – inaccessibility by default is expected, so may take time to develop trusted relations
1.2 Involve communities by listening to local Deaf people who learn, live, work and visit your area	How are your consultations made inclusive? Reach out to local colleges, any Deaf units/Deaf schools/Local Teacher of the Deaf groups.

Pledge 2

To provide equitable access for Deaf people to information and services in sign language and demonstrate how it is provided

Standard	Suggested activities
2.1Provide accessible information in Deaf people's preferred language, British Sign Language and/or Irish Sign Language (for Northern Ireland)	• Consider what key pieces of information about your organisation would be useful in sign language. Not expected to have everything (!) • Links made with a quality assured communication provider
2.2 Develop links with local Deaf people to advertise your services	• Use local Deaf contacts to spread word of your service/information • Anyone in house with basic sign language skills/Deaf awareness that has contacts?

Pledge 3

To promote awareness and learning of sign language

Standard	Suggested activities
3.1 Line manager of any BSL users to learn BSL (level 2 as a minimum) and/or awareness of BSL in disability awareness training	• Check on Signature website for local courses • British Sign Language (BSL) awarding body: Signature • Local Deaf (if not) disability organisation may be able to support (Deaf preferred as first choice)
3.2 Sign language tasters or courses to be provided at least annually by a Deaf trainer	Links made with local qualified Deaf trainer
3.3 At least one article publicising sign language within organisation (annually)	Post on intranet or internal magazine or within national magazine/website if you have one Posters internally - taster session promoted

Pledge 4

To demonstrate how Deaf sign language users are included in our employment and customer service strategies

Standard	Suggested activities
4.1 Provide employment strategy which is inclusive of Deaf sign language users in terms of advertising, recruitment, and selection and on going support of Deaf employees	Involve Deaf employees to feedback to strategy (email evidence or notes from meeting)
4.2 Deaf employees who use sign language to be interviewed as part of the application process for the Sign Language Charter to check their work environment is accessible (both in terms of communication and physical access)	Notes from meeting and BDA can meet with employee to discuss further
4.3 Provide customer service strategy which is explicitly inclusive of Deaf sign language users	Enclose strategy, visible presence of access for Deaf people within strategy (sign language provider, support provided) Feedback notes from Deaf and or Disability group where Deaf person can free impart their views around access (ideally in sign language)

Pledge 5 (public sector organisations)

In line with Public Sector legal duties such as BSL Act 2022 and Equality Act 2010, to demonstrate how Deaf sign language users are included in a range of community engagement and inclusion strategies

Standard	Suggested activities
5.1 Improve access to health & social care and mental health services in BSL or ISL by demonstrating plan to improve quality of provision (such as policies, improving fluency of staff using sign language, clear interpreting contracts and processes)	Strategy in place with clear Deaf inclusion and feedback mechanisms in place. Opportunity for people to relay comments in sign language
5.2 Introduce BSL or ISL into Deaf children's lives as soon as possible after diagnosis, both at home and in pre-school settings with exposure to experience of Deaf culture and heritage	Clear process and flow charts of equality of sign language promotion alongside social and medical support using local Deaf expertise and lived experience representatives
5.3Train and employ Deaf BSL or ISL professionals to work prominently and intensively with Deaf children and their caregivers from diagnosis onwards	Recruitment programme in place. Equal prominence given to sign language
5.4Develop the linguistic competence of teachers and support staff using BSL or ISL in educational settings	Minimum of level 3 sign language for teachers and support staff
5.5Ensure Deaf children and young people with safeguarding issues able to contact, and be contacted by police, health and social services	Clear process in place using sign language and promotional avenues clearly laid out so Deaf children can access
5.6 Establish a formal BSL or ISL policy and procedures for professionals (Am aware Sign Live in Tower Hamlets)	Evidence of policies in place with review dates and lived experience input

Sign Language Charter

- Next steps formal audit and report (cost dependent on organisation size and area to audit)
- You implement report recommendations
- We return to re-audit and you get accreditation for 3 years (and plaque if you wish)

Sign Language Week

Free sign language taster (one hour for adults)

Also pre-recorded session for primary school (20 minutes) and secondary school (35 minutes) – can be watched anytime

Damian Brewer
Training and Consultancy Manager (BDA)

LinkedIn: Damian Brewer

Damian.brewer@bda.org.uk

britishdeafassociation

07966 619140 (voice or BSL)

Take away actions

- What take away actions can you develop in your work to improve access for Deaf signers?

Enhancing disabled people's access

Disabilities Competency Programme

Objectives include improving awareness, accessibility of information and service delivery for disabled people, to reduce disparities in health provision

Sue Denning
Public Health Programme Manager
Operational Management Group
Living Well,
Primary and Urgent Care Transformation
People and Organisational Development
Workstreams,
Tower Hamlets Together
Sue.Denning@towerhamlets.gov.uk

Commissioned by Tower Hamlets Public Health

TOWER HAMLETS

Real Disabled people working together for real choices

ICM FOUNDATION CIC Inspire Challenge Motivate

deafPLUS breaking through barriers

Disability competency film

Showcasing collaboration across THT partners to increase access to services *with and for* people with disabilities

https://we.tl/t-SaR6GGxtuX see download.

Thanks to all involved in creating the film, including:

Shakil Shariyar LBTH Apprentice,

PCN 6 and 8 Network Manager and Co-ordinators

All the colleagues at St Paul's Way, Barkantine, DeafPlus and SignLive for active contributions and liaison with Yarrow Films.

CEPN Equalities Framework

DISABILTY COMPETENCY PROGRAMME

ATTEND DISABILITY COMPETENCY TRAINING

Held during PLT.

Begin an Action Plan in the session.

Select a date and time for your first 'Enter and View' visit.

Take away the Best Practice Guide and Disability Competency Toolkit.

ACTION PLANNING (WITHIN 4 WEEKS)

Share your learning and complete the Action Plan with your team

Use the Disability Competency Toolkit to self assess your practice.

Have your first 1 hour 'Enter and View' visit.

Review your action plan based on the feedback.

PUTYOUR LEARNING INTO PRACTICE

Commit to making positive change based on your action plan and 'Enter and View' feedback.

Keep a record of actions you take and any feedback you receive.

Select a date for your second 'Enter and View'

REVIEW

Have your second 1 hour 'Enter and View' visit.

Complete a case study interview.

Support Real to access Patient Advisory Groups to collect feedback where appropriate.

SUSTAIN THE CHANGE

Regularly review your action plan.

Use the Disability Competency Toolkit to regularly self assess.

The training sessions

Three stakeholder groups covered four impairment groups

- Deaf Plus – Deaf and hard of hearing
- ICM – Learning disability / difficulty
- Real – Mobility impaired
- Real - Blind, Visual Impaired

Module 1 – Reasonable Adjustments
Module 2 Accessible Communications

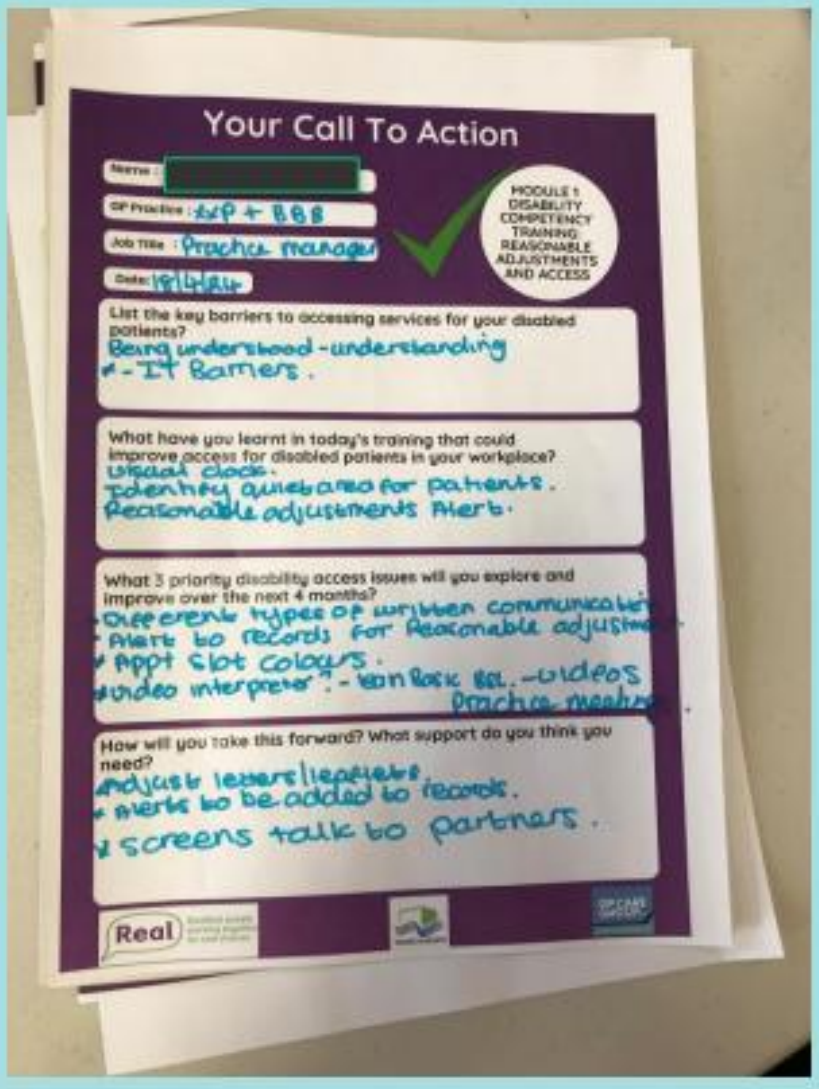
Training Achieved

- 2023 Pilot: 21 x 1hour sessions for health & CSC
- In-person training within PLTs: **122 attendances – improved confidence to enhance access**

- **2024: via NEL Training Hub,** In person PLTs for 154 staff from PCNs 1, 6 & 8

- **Online Training programme 2024**

Action plans / Module 2



Your Call To Action

Name : [redacted]

GP Practice : EXP + BBB

Job Title : Practice manager

Date: 18/4/23

MODULE 1 DISABILITY COMPETENCY TRAINING: REASONABLE ADJUSTMENTS AND ACCESS

List the key barriers to accessing services for your disabled patients?

Being understood - understanding

- IT Barriers.

What have you learnt in today's training that could improve access for disabled patients in your workplace?

Visual clock.

Identify quiet area for patients.

Reasonable adjustments Alerts.

What 3 priority disability access issues will you explore and improve over the next 4 months?

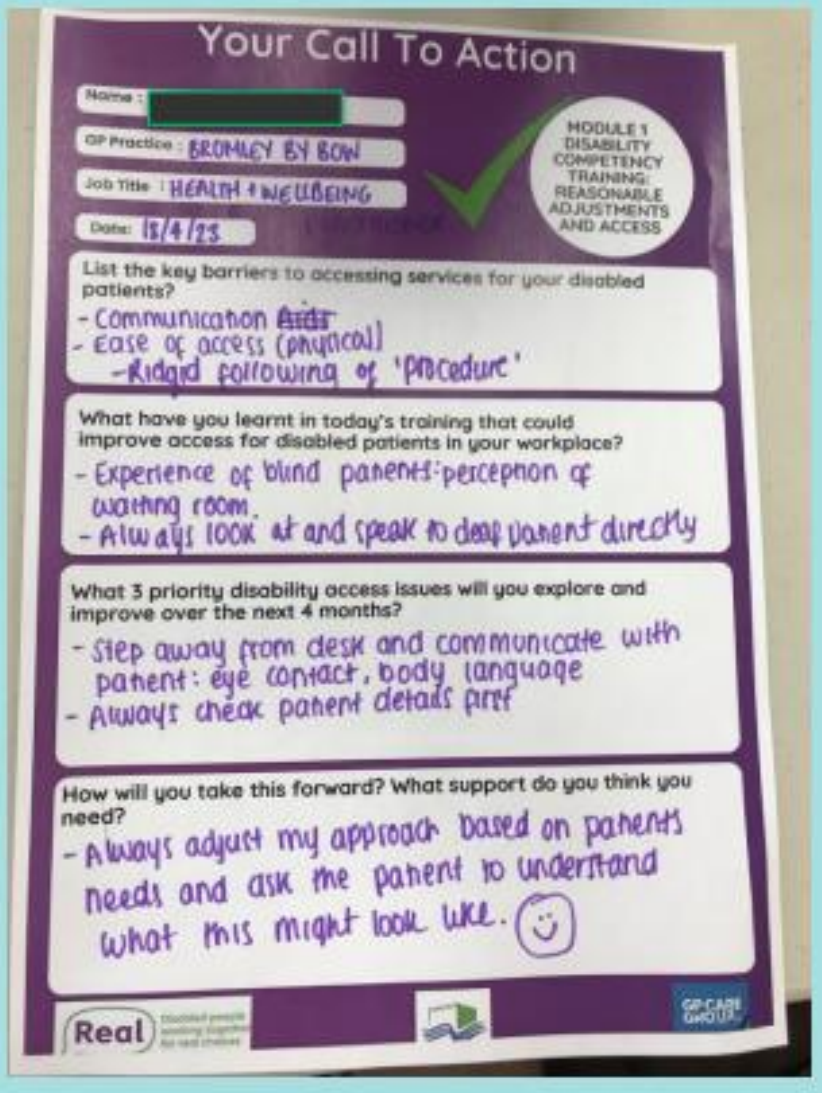
- Different types of written communication
- Alert to records for Reasonable adjustments
- Appt slot colours.
- Video interpreter - learn basic BSL - videos

Practice meeting

How will you take this forward? What support do you think you need?

- Adjust letters/templates.
- Alerts to be added to records.
- Screens talk to partners.

Real



Your Call To Action

Name : [redacted]

GP Practice : BROMLEY BY BOW

Job Title : HEALTH + WELLBEING

Date: 18/4/23

MODULE 1 DISABILITY COMPETENCY TRAINING: REASONABLE ADJUSTMENTS AND ACCESS

List the key barriers to accessing services for your disabled patients?

- Communication ~~Aids~~
- Ease of access (physical)
- Rigid following of 'procedure'

What have you learnt in today's training that could improve access for disabled patients in your workplace?

- Experience of blind patients: perception of waiting room.
- Always look at and speak to deaf patient directly

What 3 priority disability access issues will you explore and improve over the next 4 months?

- Step away from desk and communicate with patient: eye contact, body language
- Always check patient details first

How will you take this forward? What support do you think you need?

- Always adjust my approach based on patients needs and ask the patient to understand what this might look like. ☺

Real

GP CARE GROUP

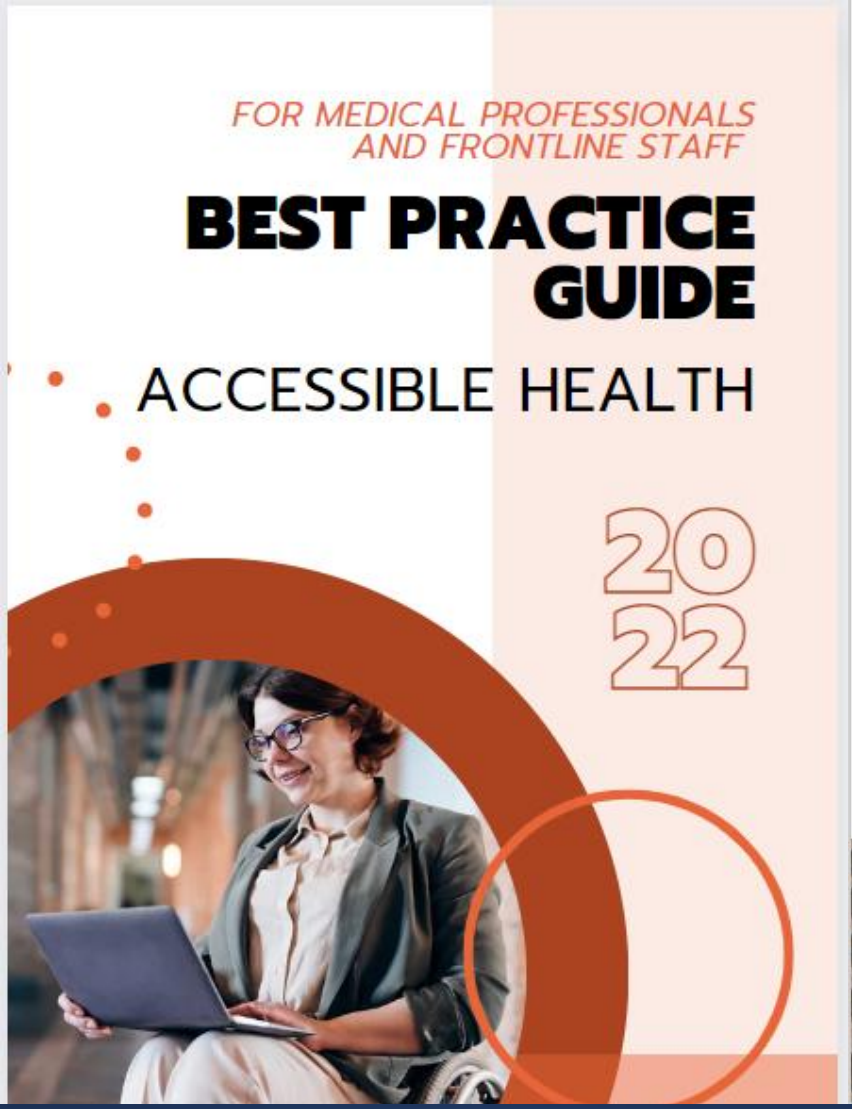


Table of Contents

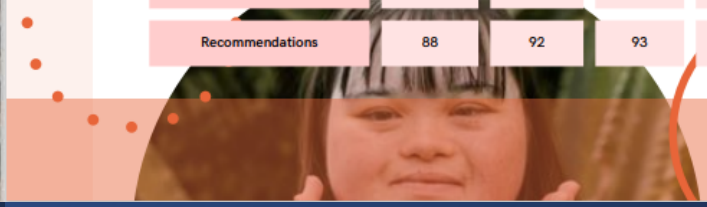
THIS GUIDE

This guide is divided into different chapters. These chapter themes were determined by our coproduction groups based on where they felt frontline staff and medical staff needed more training. You will also note that in each chapter, there is a section designated to each of the 4 coproduction groups we have worked with. The reasons we decided to break the guide into different impairment groups are:

- It's important to recognise that different groups of disabled people experience things very differently. Although this is also the case for people with the same disability, there are often many commonalities that can be drawn upon.
- To ensure the voices of our coproduction group are not lost, and that their individual experiences can be differentiated from others.
- To allow the reader to go to the chapters/sections they feel less confident in.

KEY THEMES AND DIFFERENT IMPAIRMENT GROUPS

THEME	Deaf and Hearing loss	Learning Disabilities	Mobility	Blind & visually impaired
Reasonable Adjustment and Access	17	25	29	33
Accessible Communications	49	55	63	64
Interpersonal Skills	68	70	71	
Preconceptions and Stereotypes	73	76	80	84
Recommendations	88	92	93	91



The project ran over 35 workshops with 60 residents with lived experience to create a best practice guide.

Available @ real.org.uk

Successful Pilot, Embedding Disabled Access July 2023

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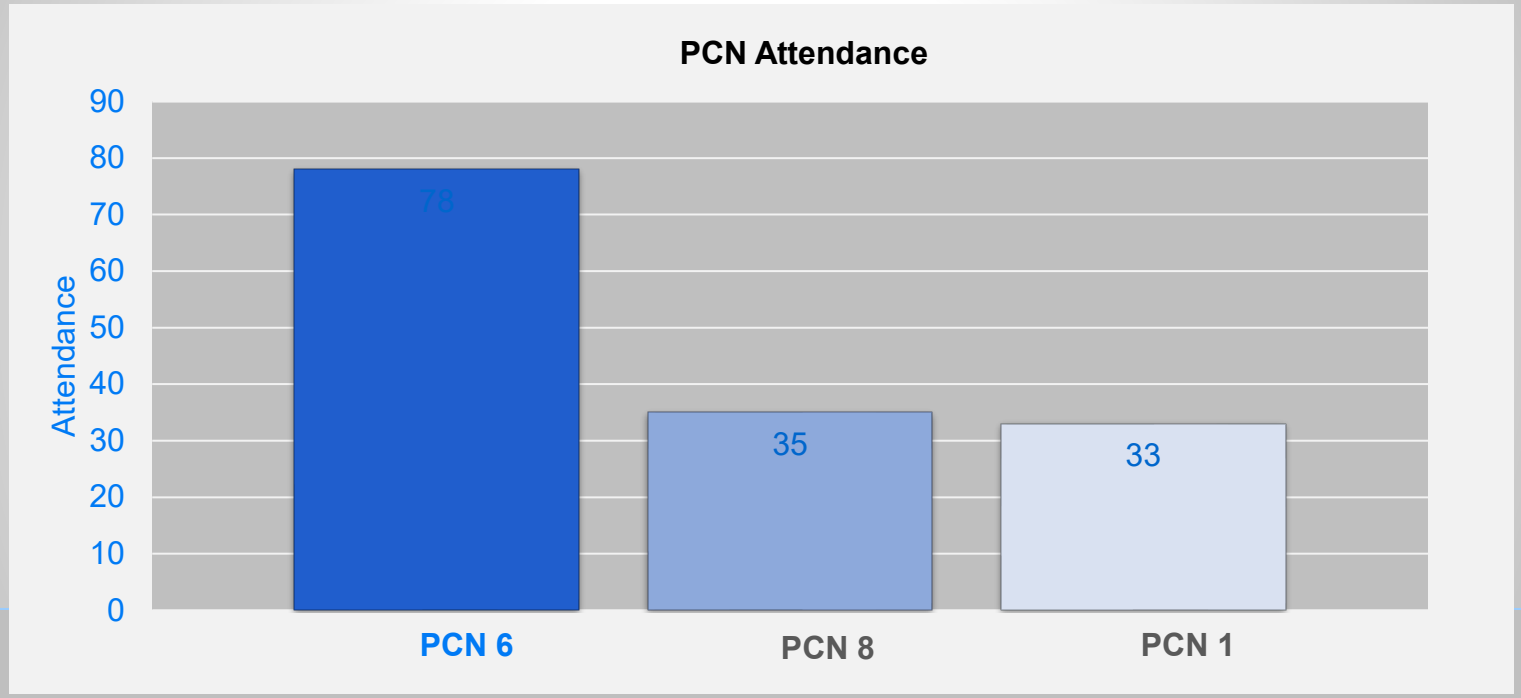
in one borough

Disability Competency Training Programme

North East London Training Hub
Delivered by GP Care Group and Community Matters

" I found that focusing on real-life experiences made the training incredibly impactful."
– Receptionist

"This session made me realise that we learned how to make ***access possible for all patients,*** *particularly those with disabilities and learning disabilities."*
— Social Prescriber



81%

Improved 81% of participants' understanding of implementing reasonable adjustments."

16 workshops delivered

363 Registered

223 Total Attended (PCN 146 & 77 Other)

171 Completed feedback survey

Feedback PCN6

★★★★★ 4.77

"Amazing and very moving to hear of lived experiences."

"The correct way to provide care to individual needs"

"I learned different effective ways to deal with patients who have learning disabilities"

"*it's important to remember those small bits and the real value adds for patients. It's why we're here. It's for patients, ultimately, recognizing the issues for everyone.*""

Thanks very helpful programme, which made me think more about what we can do to help all our patients

Helpful action plans

Strategic initiatives

- Supported GPCG to gain **BSL on-demand interpreting contract with SignLive, 2024** and **Customer Services contract in 2025**

- Assisted on-boarding, staff awareness, training and access to resources across Primary Care
- Facilitated **DeafPlus launch** for d/Deaf community 17/7/24.

- Supported development of Barts **Personal Assistant Dog Policy**
- Encouraging LBTH development of Council policy.
- Escalated issues at strategic boards:
  - Tower Hamlets Together Board
  - Anti Racism and Equity Board
  - THT Operational Management Group
  - Living Well,
  - Primary and Urgent Care Transformation Group
  - People and Organisational Development Workstreams

Transformation Partners
in Health and Care

Evaluation of the Disabilities Competency Training

27 February 2025

Jane Evans

Introduction

In November 2024, Transformation Partners in Health and Care (TPHC) were invited to review the Disabilities Competency Training Programme in Tower Hamlets

5 Questions:

To what extent is the programme delivering on its objectives?

What aspects of this programme work for GP practices and Primary Care Networks?

What improvements can be made to the programme?

Building on this work, how can we develop an accreditation model or similar across the borough?

How can the programme be made sustainable for the THT system?

Evaluation Methodology

Discovery	• Research • Data collection • Key lines of enquiry
Analysis	• Quantitative data analysis • Qualitative data analysis • Review of training materials against learning objectives
Final Report	• Final report and findings • Recommendations

What worked well (some examples)

- Lived experience input
- Best practice guide and toolkits
- Practical takeaways – action plans, accessibility toolkits
- Impact on staff awareness
- Enter and view visits

What would be even better (some examples)

- Record lived experience participants in f2f training for online training sessions to reflect real life experience
- Also include some examples of accessible communications e.g.
- More examples of reasonable adjustments
- A more comprehensive overview of different types of disabilities and conditions
- Provide more support for lived experience volunteers including developing a more consistent approach

Next steps

- Finalise report and recommendations
- To be reviewed by partnership
- Wider circulation

Transformation Partners in Health and Care

NHS

Connect with us online

www.transformationpartners.nhs.uk

Social Media

Example: Accessible Communications

- **Make health information accessible to everyone in surgeries/hospitals/clinics:**
  - Easy read posters
  - TV with BSL interpreters and subtitles
  - Information in braille (image showing reading braille)
  - Large font
  - Audio information (CDs/USBs)
  - Simple language
  - Bullet points

Capture people's communication preferences

Transparent masks

- Deaf people will need to see the mouth to be able to access some of what is being said. If the mouth is covered it is very difficult for Deaf people to understand what is being said.
- Masks make it very difficult for Deaf people to read facial expressions.
- It also presents challenges for BSL interpreters if they are trying to interpret for a Deaf person wearing a mask.
- Where possible, medical professionals and frontline staff should wear transparent masks, or remove their masks to aid with communication.
- There have been several incidents where Deaf people have experienced NHS staff refusing to lower their masks when asked. Thus leaving the Deaf individual feeling disregarded and unable to access any information. They feel treated like second class citizens.

Outcomes for GP Practices:

- Changes made to furniture layout & Reception desk height,
- Access to lifts,
- Explaining Communication Support
- Easy Read Appointment letters

Recommendations for alterations:

- BSL online support e.g. Signlive
- Telephone bypass access
- Disability friendly Vaccine clinics
- Visual guiding training

Reasonable Adjustments in PCN 6

- Improved signage, for navigation around practices
- Enhanced check-ins
- Staff awareness and empathy encouraged
- Enabled the Disabilities film to show access

- You Tube direction videos to find St Andrews
- Communications Posters produced
- Consultation with ICM

- BSL SignLive implemented and staff trained
- Practice meetings planning actions following Real audits and recommendations

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Sign Live

SignLive is an online video interpreting service that provides British Sign Language (BSL) interpretation for Deaf and hard of hearing people.

Key points about SignLive:

24/7 Availability: Interpreters are available 24 hours a day, 365 days a year

Community Directory: Users can make calls in BSL to hundreds of organizations using SignLive's community directory

Wide Range of Services: SignLive provides interpreting services for various sectors, including NHS 111 and many businesses across the UK

Accessibility: The service can be accessed via a computer, tablet, or smartphone, making it convenient for Deaf signers to connect with interpreters

Extensive information on their website:

GDPR compliance
https://signlive.co.uk/privacy-policy/

Annie Robertson
February 2025

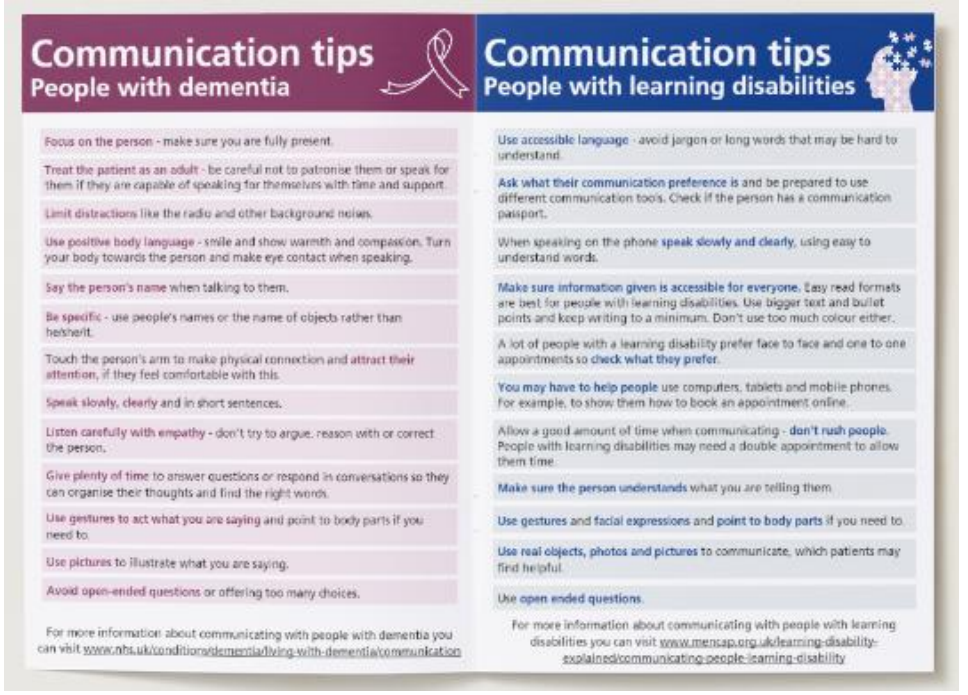
Improving access for disabled patients in Network 1

Overview

- Completed the Disability Competency training
- Developed resource pack for admin teams
- Bespoke training and advice for practices
- Focus groups for patients.

Developing a resource pack

- Worked with Transformation Partners in Health and Care to develop
- Co produced with practices to understand what they would find helpful
- Handy guide to have on reception.



Easy read library

How to get help for your health in North East London – a guide on different places to get help including pharmacies and NHS 111

NHS App - This is a great online easy read guide to the NHS app created by NHS Sussex.

What happens when your doctor asks you to see a specialist? – easy read guide for when a patient is being referred

If your GP refers you, you can choose – guide for how patients can choose a hospital or service of their choice

Blood test – guide attached

Having an X-Ray – by University College London Hospitals

CT scan – guide by Macmillan

MRI scan – guide by Macmillan

Easy read library

ECG – not a local one but this is a nice simple guide by Lancashire and South Cumbria NHS Foundation Trust

Diabetes – a guide about Type 2 diabetes. There are also links to other easy read guides about diabetes on the Diabetes UK website.

Asthma – a great guide by Asthma and Lung UK which also includes a guide on what to do when having an asthma attack

COPD – guide attached by Easy Health

Hypertension and blood pressure test – guide by The Shrewsbury and Telford Hospital NHS Trust, quite generic so can be used to help explain this to patients.

Annual health check – a guide from Mencap

Stroke Association communication support pack – a free pack that can be ordered to help support people who have had a stroke. These can also be viewed as PDFs online or to download.

Easy read library

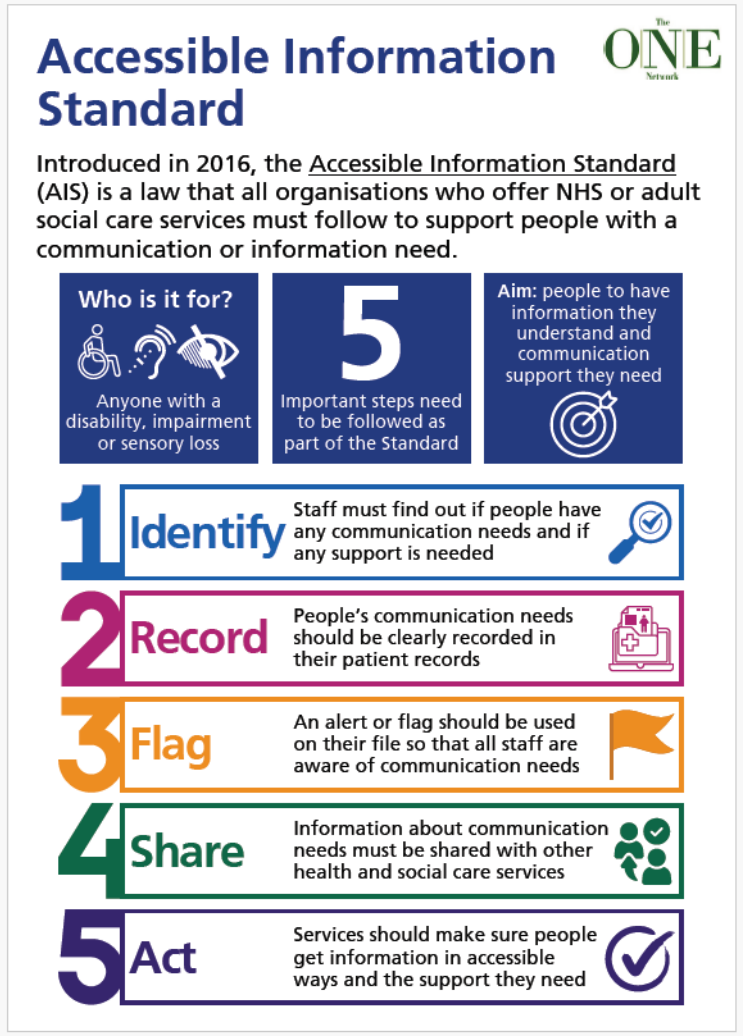
Cancer screening guides:

- Bowel screening
- Having a colonoscopy
- Breast care and screening
- Smear Test

Our toolkit

- British sign language - Alphabet

Our toolkit



- Useful websites

Focus groups for disabled patients

- Builds on the Disability Competency work
- Deliver three patient focus groups targeting the following cohorts:
  - Patients who are Deaf
  - Patients with learning disabilities
  - Patients with physical disabilities
- The focus groups will provide valuable insights into patient experiences, specifically regarding access to healthcare within PCN 1 practices, with the ultimate goal of improving access and health outcomes.

Focus groups progress

Patients who are Deaf
Working with DeafPlus on what this could look like. We will tie in access to NHS App and SignLive promotion.

Patients with learning disabilities
More of an event, offering health checks providing EasyRead material, an activity, NHS App.

Patients with physical disabilities
1.5-hour focus group. Feedback, NHS App.

Questions

Thank you for listening.

The Accessible Information Standard: Assessing and Supporting GP Practices in Redbridge

Healthy Redbridge

A Borough Partnership

Nicky Summers- Public Health Delivery Project Manager
nicky.summers@redbridge.gov.uk

Sensory Specialists

London Borough of Redbridge

NHS

healthwatch

North East London


We have to bring our daughter to our appointments at the GP because she is hearing, and the doctor never gets us a BSL interpreter. It is not fair on her or us
I live in supported accommodation, and I am the only Deaf person there. None of the staff know any BSL. They write things on bits of paper when they need to tell me something, like when it's time to eat. It's so lonely. It shouldn't be like this
A Housing Officer told me Redbridge Council do not offer BSL interpreters. Is this true? How am I meant to communicate with them? She just wrote everything down on paper

Healthy Redbridge

A Borough Partnership

NHS

London Borough of Redbridge

Scoring process

AIS Access Review

Date	
Location	
PCN	
Completed By	
Practice representative(s)	

Points scored

Maximum points available	
Total points scored	

Scoring criteria:
0 – No evidence
1 – Room for improvement
2 – Good
3 – Excellent

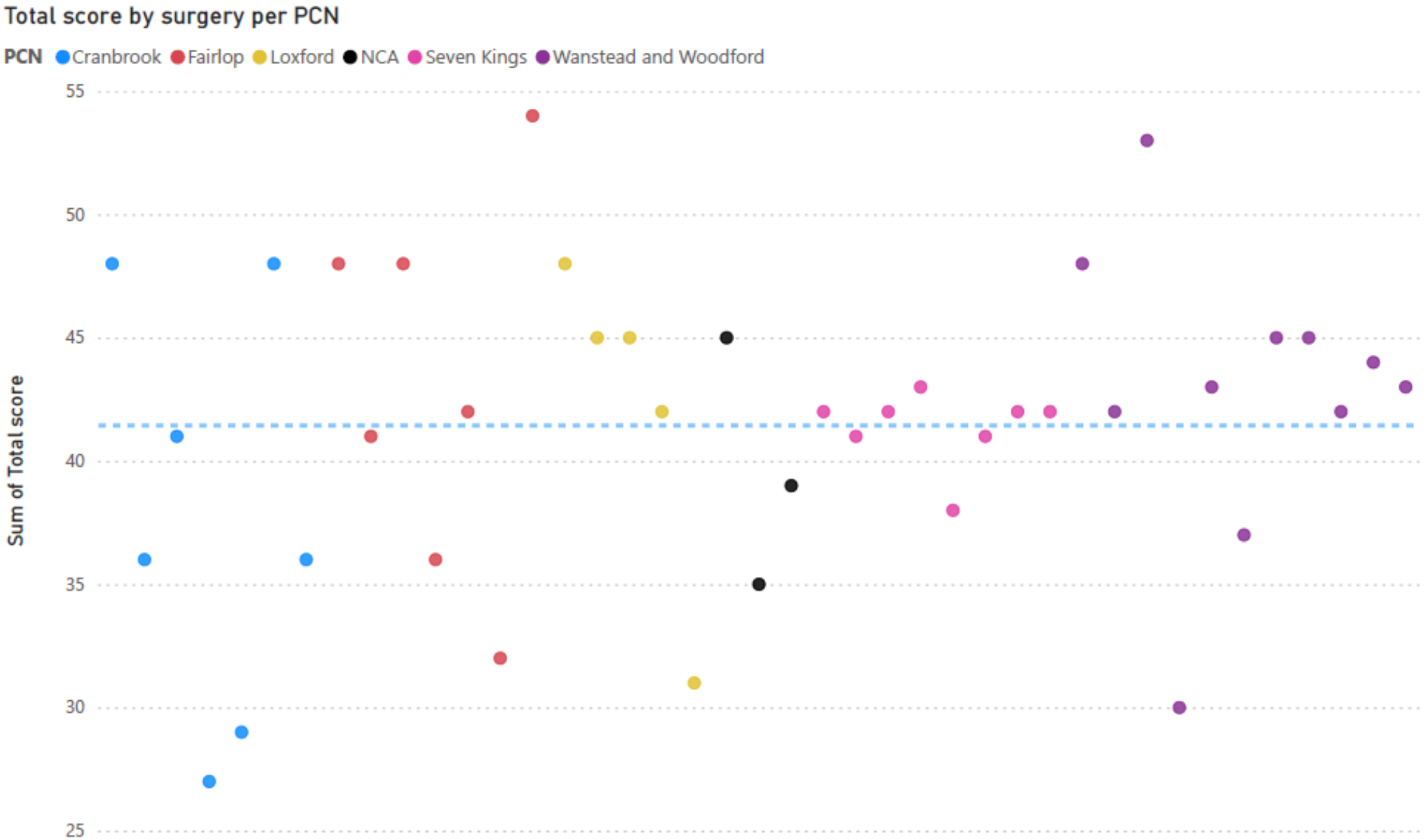
Section one of the access review focuses on the identification of needs. This includes how you can identify patients if they have any communication or information needs, and how you support them in telling you how to best meet their needs.

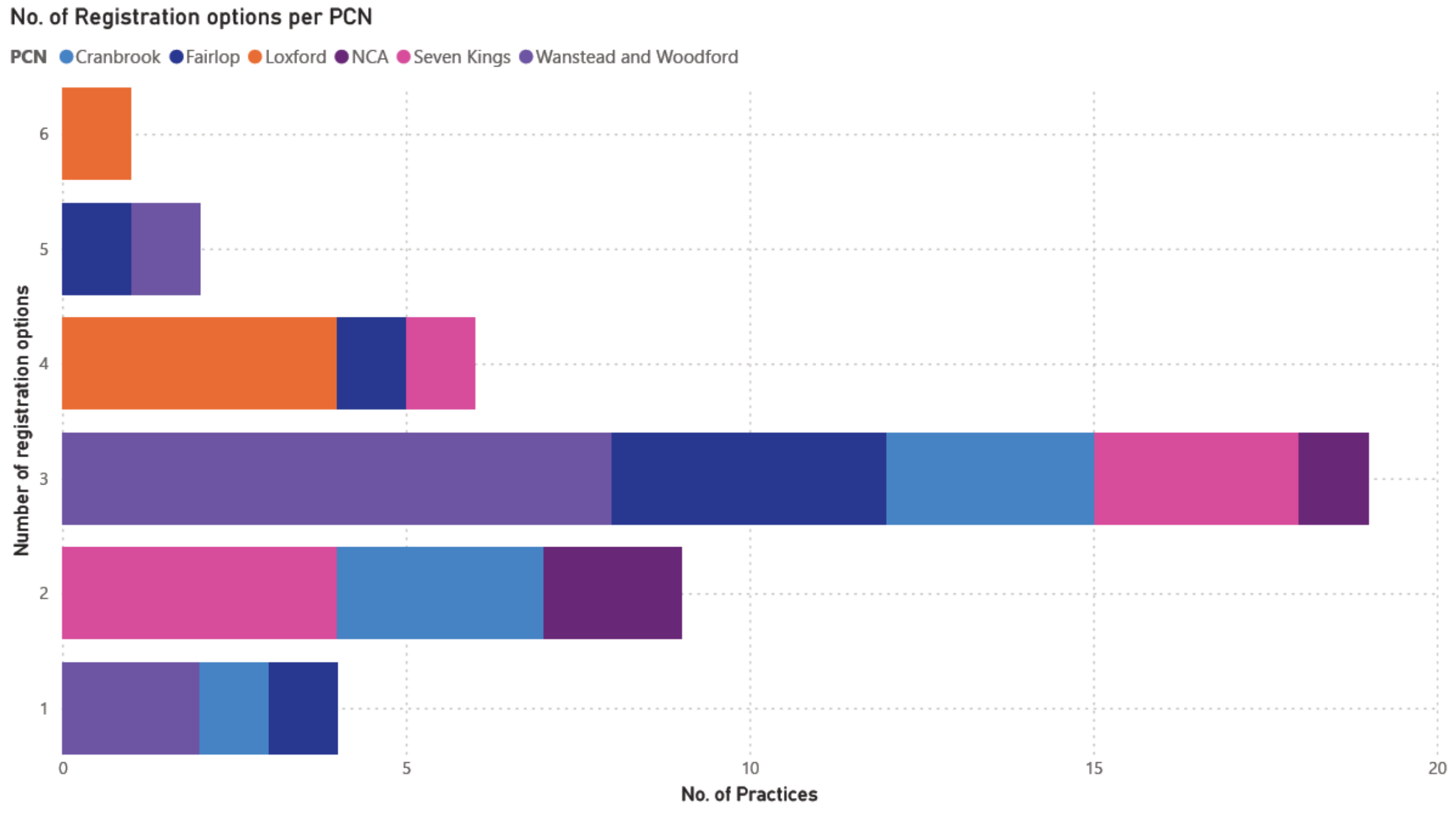
No.	Area	Looking for	Notes	Scores
1	Sign up form	Multiple methods of signing up to the practice (e.g. telephone, online, face to face). At least two options accessible to an individual to sign up to the practice Where practice has their own website, there is a form to allow users to inform the practice of their needs electronically		
2	Proactive identification	Patients are invited to disclose communication needs in the sign up form		

Healthy Redbridge
A Borough Partnership

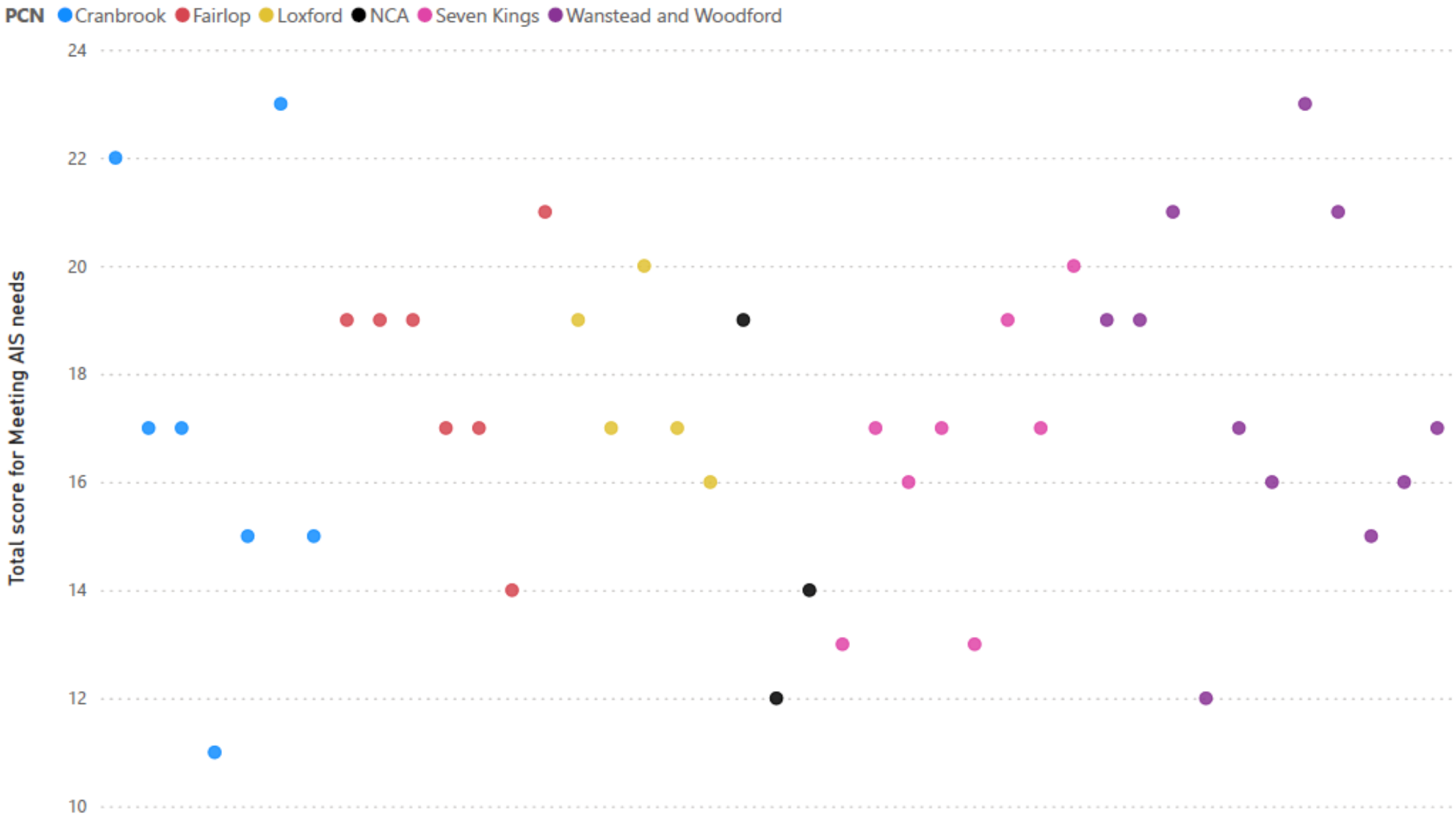
NHS London Borough of Redbridge

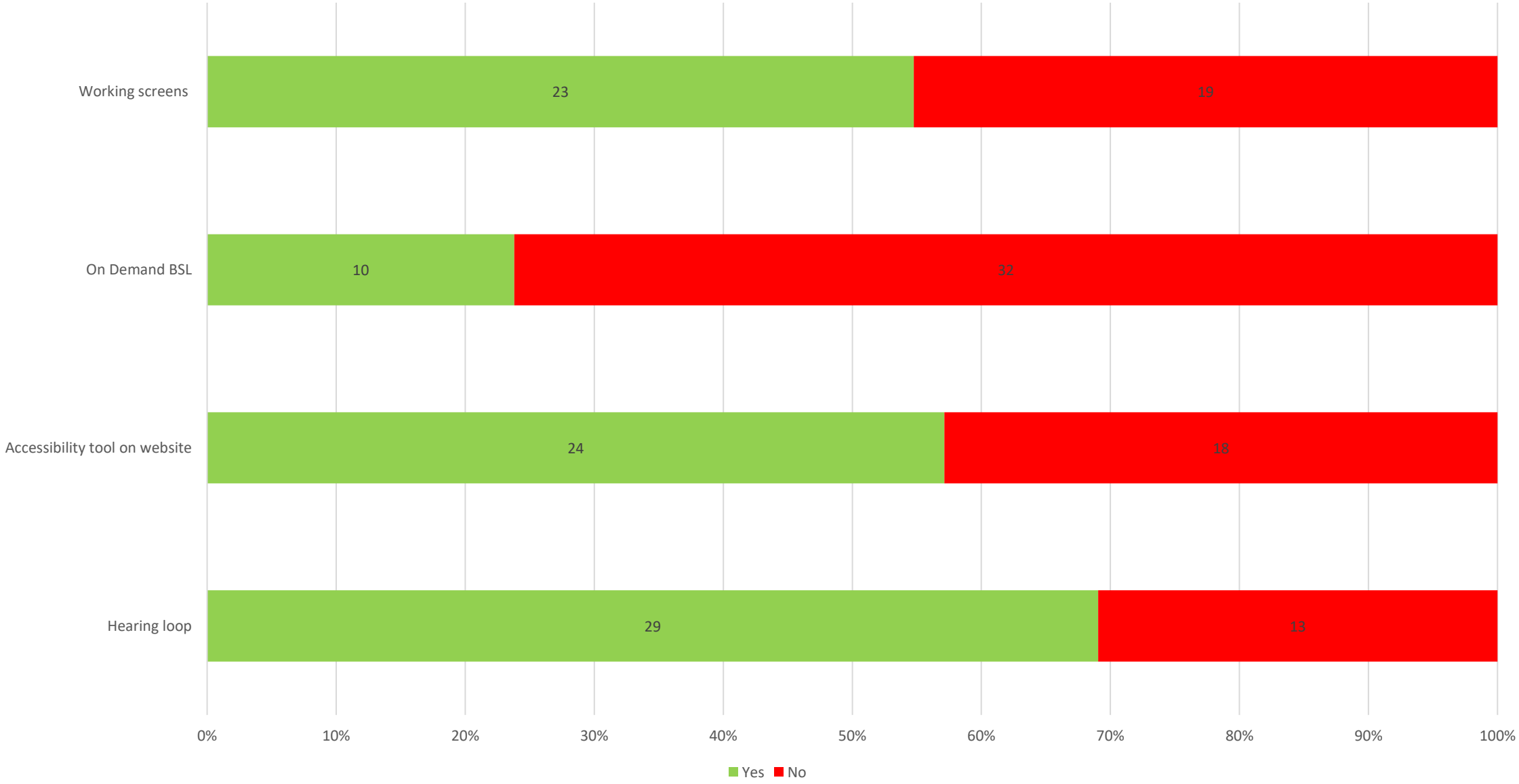
- Sign up form
- Proactive identification
- Self-definition
- Existing data
- Online patient systems
- Accuracy of information
- Individual access to data
- Visibility of flags
- Staff awareness
- Referrals and data sharing
- Contact methods
- Response times
- Information methods
- Communication professionals
- Communication support
- Building safety
- Complaints process
- Use of electronic screens


Total score by surgery per PCN
PCN
Cranbrook
Fairlop
Loxford
NCA
Seven Kings
Wanstead and Woodford
Sum of Total score
55
50
45
40
35
30
25


No. of Registration options per PCN
PCN
Cranbrook
Fairlop
Loxford
NCA
Seven Kings
Wanstead and Woodford
Number of registration options
6
5
4
3
2
1
0
5
10
15
20
No. of Practices

Meeting AIS needs score by PCN




Working screens
23
19
On Demand BSL
10
32
Accessibility tool on website
24
18
Hearing loop
29
13
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Yes
No

Overall good practice

All but 3 practices display information on how to make a complaint in their waiting area, and all but 3 say they would support a patient with communication needs to make a complaint

All but 6 practices would offer a patient with a learning disability a chaperone

All practices would include communication needs in an e-referral, if the form allowed for it

All but 4 practices use the flagging function on Emis or SYSTMONE to alert to patient needs

Overall areas for improvement

Proper use of flagging system

Capturing needs during sign up

Staff training

Access to alternative formats

Sharing information about your communication needs with other health and care organisations

Sharing information about your communication needs with other health and care services that you have been referred to.

Follow up projects

Accessibility Training

Easy Read Communications Books

Patient Know Your Rights Training

- What accessibility means and why it’s important
- Key regulations, including the Equality Act 2010, Accessible Information Standard and CQC requirements on accessibility
- The social and medical models of disability
- Identifying reasonable adjustments to improve accessibility for people
- Different communication methods used to support people with accessibility needs

Benefits

Disability

I care for someone who is disabled

Pensions

Recently bereaved

London Borough of Redbridge

Healthy Redbridge
A Borough Partnership

NHS

Council Services Communication Guide

Helping you communicate with people with a range of different needs

Health and wellbeing

Travel advice

Cancer and screening

Sexual health

NHS

NHS health check

Know Your Rights

Get better information support from health and social care services.

Do you have a communication support need?

Do you get information in a format that you can understand (large print, text, easy read)?

Do you use any health or social care services (GP, pharmacy, care home etc) in Redbridge?

Join us for **one** of our workshops to find out how you can get better information support from health and social care services.

Also, find out what you can do if you aren't getting the support you need.

Please note: all sessions take place from 9.30am to 1pm and will be held at **Redbridge Central Library**, Clements Road, Ilford IG1 1EA

Wednesday, 6 November 2024
Tuesday, 12 November 2024
Wednesday, 27 November 2024
Wednesday, 4 December 2024 (BSL Interpreted session)

To make sure you've got a place, **please call 020 8553 1236** or email info@healthwatchredbridge.co.uk **to book**

A light lunch will be provided. £10 voucher for participants.

healthwatch Redbridge | Healthy Redbridge A Borough Partnership | One Place East Where disability matters | Sensory Specialists

Question: When you went to your appointment, were staff aware of your communication support needs?

Yes

No

Please tell us what happened:

Question: Were your communication support needs met?

Yes

No

Please tell us what happened:

- I was provided with easy-read information
- A British Sign Language interpreter was there
- I was offered a chaperone
- I used a hearing loop
- Staff gave me lots of time to understand and ask questions
- I was given large print communication

Other:

Question: Have you had to push to have your communication support needs met by services?

Yes

No

Please tell us what happened:

London Borough of Redbridge

Seven Kings PCN

HEALTHBRIDGE DIRECT

CARE PROVIDERS' VOICE

RedbridgeCVS

NELFT NHS
North East London NHS Foundation Trust

NHS
Barking, Havering and Redbridge University Hospitals NHS Trust

New Cross Alliance
nca
Primary Care Network

Healthy Redbridge

A Borough Partnership

Londonwide LMCs
The professional voice of London general practice

BHR CEPN
YOUR TRANSFORMATION AND TRAINING HUB

CRANBROOK PCN

North East London Health & Care Partnership

NHS
Fairlop Primary Care Network

PELC
Partnership of East London Co-operatives Ltd

WANSTEAD AND WOODFORD
Primary care network (pcn)

NHS
Barts Health NHS Trust

LOXFORD
PRIMARY CARE NETWORK

healthwatch

- Deaf residents shared their lived experience with Integrated Care Board (July 2022)
- BSL Engagement Sessions (Feb-July 2023)
- London Councils funding secured (March 2023)
- Working Group formed (May 2023)
- AIS partnership workshop (June 2023)
- Health Inequalities funding secured (July 2023)
- Primary Care Access Reviews, including assets, feedback, presentations, and reports (Jan-April 2024)
- Launch of Redbridge BSL On Demand service in Deaf Awareness Week (May 2024)
- Primary Care text pilot (August 2024)
- Easy Read communication books written, translated and designed for LBR and NHS Primary Care (Oct-Dec 2024)
- Know Your Rights training for Redbridge patients with communication and information needs protected by AIS (Jan 2025)
- Communications resource pack redesigned for Care Providers, presented and shared at Care Providers Voice forum (Jan 2025)
- Training for partnership employees on how to make content, events, engagements, and interactions accessible (Jan-Feb 2025)

Next steps and collaboration discussion – Your Views?

What are the next steps to facilitate reasonable adjustments and accessible information across NEL? Identify 3 points to respond.

1. What has worked well to **enable equal access** to services for disabled people?

2. How can we **develop a collaborative approach** across NEL?

3. How can equal access be embedded into **business as usual** at your workplace?

World Café Carousel

Sharing Good Practice Across NEL

- Cathy Turland Redbridge Healthwatch
- Reg Cobb, DeafPLUS & Damian Brewer,

- Jody Barrientos Learning disabilities and Autism, Homerton Healthcare NHS
- Dr. Darren Sharpe , UEL

- Gosia M. Kwiatkowska, Rix Inclusive Research Institute, UEL
- Isabel Fallshaw-Daniels, Integrated Commissioning & Dawud Marsh ICM
- Nicky Summers, Redbridge Public Health

- **Know Your Rights Training**
- **Enhancing Access: Support for d/Deaf community** & Implementing BDA Charter, 5.1
- **Autism Friendly Standards**
- **Research insights** – breast cancer screening uptake for people with LD

- **Using technology for Digital Advocacy**
- **Improving access to healthcare** & **communications for adults with LD**

- **Accessible information standards**

Thanks, Certificates & Closing remarks
Disability Competency Programme 27/2/ 2025

TOWER HAMLETS

The best of London
in one borough