

# Slough

## A town that is accessible and inclusive for all



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## Executive summary

Healthwatch Slough visited 17 GP practices from the period between July 31st to 16th August 2018 to gain an understanding of how disabled friendly local surgeries were in Slough.

Although practices made every effort to accommodate all sections of this town's diverse communities, space restriction limits larger scale changes. However we noticed that there were a number of 'quick fixes' that all surgeries could easily implement, with very little cost or upheaval, that could immediately improve a patients journey through Primary Care such as height of counters, and clearly labelled signage at eye level.

Small adjustments can result in big differences.

## Why Slough needs to be accessible and inclusive

The World Health Organisation says that 15% of the world's population lives with an impairment or disability.

For too long cities and towns have been built without thinking about how physical and social barriers affect people with disabilities. Social inclusion is a highly important "determinant of health" – without inclusion, people are more likely to experience poor health (including poor mental health), loneliness, isolation, and low self-esteem.

Slough has been active in promoting greater social inclusion through

initiatives such as 'The Safe Place Scheme',



the provision of disability friendly cabs,





offer of 7 RADAR Accessible Toilets in the town,



& the Slough Advocacy Service

However, in some other parts of the country, businesses have taken their corporate social responsibility further by introducing events such as autism friendly screenings at cinemas and autism friendly swimming sessions, promoting their disability friendly workplace environments etc.

Slough is in a strong position to create an enhanced user friendly environment that is accessible to all sections of its population in an exemplary manner as the Health Scrutiny Board seeks to do.

### **Aspiration of Slough's Health Scrutiny Committee**

Slough's Health Scrutiny Committee aims to make Slough an exemplary inclusive model for the rest of the country – this means ensuring transport, roads, planning, buildings, shops, public places such as Leisure Centre's, parks, GPs surgeries are accessible to all.

A task and finish group was formed with the following members: Colin Pill Charing (HWSlough), Alan Sinclair (Director Adults & Communities), Cllr. Dexter Smith and Liam Toner (Slough Employ-Ability) & Cllr. Wayne Strutton.

Colin Pill, asked Healthwatch to investigate how accessible GP surgeries were for people with disabilities. This report documents those findings and makes some recommendations for the Board to consider for next steps.

## Slough's population

Slough has a population of almost 150,000 and from the 2011 Census. 9,322 residents (9.9%) between the ages of 16-64 reported living with a physical disability. Over 1,350 people were reported to be living with a severe mental health problem. There are an estimated 2,590 people living with sight loss in Slough. 290 people are living with severe sight loss (blindness). 2,696 adults under the age of 65 live with a moderate to severe hearing impairments (more have a profound impairment). Hearing impairments in younger adults in Slough is expected to increase by 20% over the next ten years. Also, 4.07% of over 65s have been recorded by their GPs as living with dementia.

These figures only scratch the surface. Disability covers more than the obvious conditions such as blindness or confinement to a wheelchair. Breathlessness, the need to walk with a stick, difficulty of gripping due to paralysis or arthritis, lack of co-ordination, partial sight, deafness and sensory overload can all affect a person's mobility in the environment. It makes practical sense to ensure that design takes account of this group.

## What is accessibility?

Anyone with a disability is protected by the Disability Discrimination Act (DDA). The DDA defines disability as "*a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities*".

The types of discrimination it can help challenge are:

- direct discrimination (such as a ban on employing blind people)
- disability related discrimination (for example, a taxi driver refusing to take a blind passenger because they have a guide dog)
- failure by an organisation to make a reasonable adjustment to allow you access to goods, facilities and services
- victimisation
- harassment

Accessibility and inclusion are about enabling people and communities to fully participate in society, to lead independent lives wherever possible

with dignity and confidence. It's intentionally designing the world to include everyone, regardless of disability. It's working so others have access to more of life because this accessibility matters. Accessibility defined is the ability of being reached, approached, used, or understood.

This report is a small start in examining where the gaps lie in Slough services being as accessible as possible and makes suggestions for some very reasonable adjustments that can go a long way to enhance accessibility.

### About Healthwatch Slough

Healthwatch exists to help improve health and social services by putting people at the heart of decisions about local care. They make sure that everybody has the opportunity to speak up.

### What we know about access to Primary Care

Most people say they are satisfied with their GP. According to the latest GP Satisfaction Survey (2018) 85% of people say they are satisfied with their family doctor and 84 % say the same about their local dentist services. Yet studies conducted by Healthwatch from all around the country suggest that there are significant issues of concern for some groups of people, particularly for those with hearing, visual and mobility impairments.

Slough's Public Health Consultant, Dr Liz Brutus, in a recent paper highlighted that health inequalities can be seen in those living with a disability. ('Tackling Slough's health inequalities and wider determinants of health: Considerations for Slough Wellbeing Board and Frimley Integrated Care System.' 31 Jul 2018, Public Health, Slough Borough Council)

By law, under the Equality Act 2010, all health and social care providers are required to make 'reasonable adjustments' to make sure that a disabled person can access and use the service as close as possible to the way a non-disabled person would. This means that all GP surgeries should aim to provide suitable access for patients with hearing, visual and mobility impairments, including those in wheelchairs, as well as older people and those with learning disabilities. In addition, they should

provide suitable means of communication, so that it is easy for people to book appointments in the first place.

### **What Healthwatch Slough did**

Healthwatch Slough visited 17 GP surgeries in Slough (see appendix 1) in teams of two between 31st July to 16th August 2018.

We began our observation by scanning the physical environment outside of the surgery itself, looking at parking bays and footpaths leading into the premises. We then did a walk through of the internal environment spending some time sitting and watching in the waiting rooms to gain an understanding of how patient's might experience the environment from the perspective of someone living with a disability.

We looked at potholes and cracks in the paving leading into the surgeries, examined the slopes and ramps for smoothness and the impact the ground would have on a wheelchair user or someone sight impairment using a cane, measured the width of doors, looked to see obstructive items in passageways, the amount of space in the toilet areas, how fire-exits accommodated wheelchairs, and how people who need to be in a quiet space were accommodated for.

We accept that the checklist (see appendix 2) used in this exercise does not cover every aspect of good practice for all disability types, however, we believe it does provide a starting point for discussion and for planning to begin to make improvements.

### **What Healthwatch Slough found**

The main issue faced by GP practices is space restrictions but in spite of this it was clear that surgeries very much wanted to offer a high standard in terms of patient experience.

- **Communication to patients**

Most surgeries had a hearing loop and the ones that didn't said they were in the process of acquiring one. Braille was seldom offered but surgeries said they could make this provision on request.

A lot of surgeries used clear signage, but we did note a number that were placed high above eye level and difficult to read because of the size and lack of symbols.

We were pleased to note that many surgeries had taken up our suggestions on how to make information accessible and easy to understand in the waiting areas ('How organisations can provide clear information', June 2017). However, we still noticed some TV screens playing daytime TV soaps rather than using the opportunity to keep patients informed and updated. We are unclear why this is still happening.

Some GP practices used LED lit notices to let patients know when they are up next. At others, the GP would come to the waiting area and call for the next patient. Some used a tanyo system which could work but was often noticed to be crackling and unclear.

- **Physical internal environment**

A number of reception counters were very high making it difficult for someone in a wheelchair to see over and speak with reception staff.

In some of the disabled toilets, soap and drying materials were placed much higher than a person in a wheelchair could reach. Some hand basins were impossibly placed for anyone in a wheelchair to reach over and use safely or to fit their wheelchair under.

One surgery had a perfectly accessible fire exit that led to a garden area that was then rocky and uneven, so once a wheelchair user, or anyone with a mobility issue, reached outside, it was impossible to go any further. We were interested in what the fire department thought of this during their inspections.

Most surgeries were clutter free, but we did notice that sometimes boxes were stored close to fire exits as this provided a free space. In one surgery we even noticed a tall potted plant placed right outside of the disabled toilets (see image 4).

We did notice some surgeries did not have a low threshold bar at the door entrance which would make access immediately simpler for the disabled, elderly and parents with pushchairs.

Practice managers who were working with space restrictions told us they could accommodate someone who needed a quiet space due to having dementia, or autism upon request. One practice also offered a text messaging service for anyone who needed to wait outside.

- **Access from the outside**

We noticed that where some disabled parking spaces were not clearly marked, had no covering or enough space to disembark safely.

We looked at the pavement and roads leading to the surgery entrance and were quite shocked at how ridges, potholes, uneven surfaces etc pose such a safety risk for anyone in a wheelchair or sight impaired if trying to access the surgery without risk.

Image 1). Cracks and ridges near pedestrian crossing outside of surgery



Image 2). Pavement not suitable for wheelchair user as raised manhole cover



Image 3). Fire exit door with high step and no slope. Again we would ask the question as to whether this complies with the fire departments regulations and why a ramp isn't placed to overcome this obvious barrier to safely exiting the building in case of a fire.



Image 4). We noticed that some corridors were obstructed by objects, mostly for the short term when space is limited for storage and on one occasion by a decorative plant– a very easy fix is to remember to keep passageways clutter free.

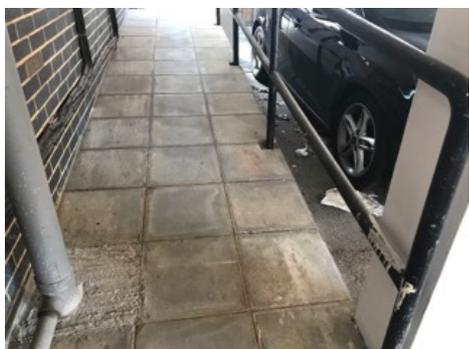


Image 5). Large pole blocking wheelchair access on fire escape. Guidance width is 1500mm and its recommended that handrails be on both side of the ramp.



Image 6). End of fire exit has uneven surface posing risk to wheelchair user and other mobility impaired and sight impaired persons.



Image 7). Sainsbury's Slough High Street disabled toilet signage demonstrates both understanding and commitment. Their aisles are clutter free and wide.

### Patient's experiences

*"I couldn't enter the consulting room to speak to my GP as I couldn't get my wheelchair through the door so I had to have my consultation with the GP with me sitting outside in the corridor. I'm pleased to report that since then, the surgery has re-designed one of its consulting rooms so this is no longer an on-going issue".*

*"I like shopping at Sainsbury's in Slough. I'm a wheelchair user but Sainsbury is always clutter free, has nice wide aisles and clear signage. Most other shopping experiences in Slough are impossible for me to use".*

*"I find it really hard to take my child (who is on the spectrum) to visit the GP when he's ill, only because we cannot sit in the waiting room with so many people. I now know that I can sit with him in the car and that reception will text when our turn is up. I think surgeries should let people know that this is an option as it has really helped us"*

## Easy fixes for surgeries

- **Signage**

For signage to be clear and unambiguous, at a readable eye level, readily distinguishable from the background, using standardised symbols that are universal and easy to understand.

Reserved parking spaces should be denoted by clear signposting at the entrance and beside the space itself.

Routes from entrance doors to lifts, stairs, enquiry desks and toilets should be clearly defined and unobstructed.

Keep all passageways clutter free.

- **Furniture**

Seating should be available in a choice of heights.

The reception counters should be accessible and usable by disabled persons.

For hygiene products be at an accessible level for wheelchair users.

- **Communication**

All surgeries should install a hearing loop.

To publicise that patients that a quiet space can be provided upon request.

- **Safety**

For doorways to be installed with a low threshold bar.

For the grounds leading up to the surgery to be smooth and not a danger to wheelchair users or someone walking with an aid.

For handrails to be placed on BOTH sides of slopes leading to an entrance door.

Contrast is desirable between doors and walls.

## Next Steps

Our environment has not in general been designed with the needs of disabled people in mind, yet about one person in twenty has some form of permanent or temporary disability which makes mobility difficult. It makes practical sense to ensure that design takes account of this group. If cities and towns are built with accessibility in mind from concept, then an environment is naturally created that promotes health and wellbeing.

Healthwatch Slough supports and commends Slough Scrutiny Boards desire that our town be an outstanding example of how accessibility to a high standard should be pursued. We were pleased to see GP surgeries doing so much to meet the needs of its population and their commitment to learn and improve.

This report has been produced and written primarily for Slough Health Scrutiny Board who will decide how to develop and incorporate it within a wider, more holistic town wide strategy.