



Healthwatch Lambeth
Enter and View: Right for Everyone
Foot Clinics Visits Report

February 2018

About Healthwatch Lambeth



**Healthwatch
Lambeth is the
independent health
and social care
champion for local
people.**



We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. We are a charity and membership body for Lambeth residents and voluntary organisations.

There are local Healthwatches across the country as well as a national body, Healthwatch England.

About Enter and View Visits

Our Enter and View programme involves visiting publicly funded health and social care services in Lambeth to see what is going on and talk to service users, their relatives and carers, as well as staff.

Every local Healthwatch has a legal responsibility to carry out an Enter and View programme. But we are not inspectors. Instead, we focus on what it is like for people receiving care. We provide extra eyes and ears, especially for the most isolated and vulnerable. Our visits are carried out by trained, authorised volunteers. Our Authorised Representatives have completed the full Enter and View training and our Authorised Visitors have completed an adapted programme.



Visit overview

Services Guy's and St Thomas NHS Foundation Trust
Community Podiatry Service at Clapham Manor Health
Centre, Lambeth Community Care Centre and Elmcourt
Health Centre

Date of visits August 2017

Enter and View Team **Authorised Visitors:** Gina Barrett, Faye Bennett, Anna Finch, Sabina Laher, Liz Hanlon (family carer), Sandra Long, Heidi Nestor, Manny O'Raka,
Authorised Representative: Kate Damiral (Engagement Officer, Healthwatch Lambeth)

Service liaison link Principal Podiatrist



Introduction



Purpose of visits

This visits programme was part of our Right for Everyone project, a partnership initiative with Lambeth Mencap and Lambeth Learning Disability Assembly to investigate how well community health services work for people with learning disabilities. It was funded by NHS Lambeth Clinical Commissioning Group. The project, which ran from 2015 to 2017, also included visits to healthy living pharmacies, GP practices, dentists and opticians.

We focused on services for people with learning disabilities because there is wide-ranging evidence of inequalities experienced by this user group in accessing and receiving healthcare¹.

Our visits aimed to assess:

- how accessible the service is
- the quality of information and advice provided
- how kind the service is.

By drawing on the insights from our visits featured in this report, we hope that good practice can be supported and extended across all community services in Lambeth.

¹ Department of Health: Premature Deaths of People with Learning Disabilities: Progress Update, Sept 2014

Our Right for Everyone programme also aimed to support the learning disability community in Lambeth to develop greater confidence to use primary care services more effectively². The project did this in two ways; by training local people with learning disabilities to carry out these visits as experts by experience, and by running a series of events hosted by the Learning Disability Assembly to share our findings and promote the services and support available.

We also believe that by working to ensure services are right for people with learning disabilities, they are more likely to become **right for everyone**. Further details of our Right for Everyone project is available at www.healthwatchlambeth.org.uk/r4e

Participants

Services

For this programme, given the project resources, we aimed to visit three of the six community foot health clinics across the borough. We selected these sites because they were located in different parts of Lambeth and were housed in facilities that we had not

² In Lambeth, there is a particularly low take up amongst people with learning disabilities of GP health checks and high levels of preventable hospital admissions: Public Health England: Lambeth Learning Disabilities Profile 2013



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visited in previous Right for Everyone initiatives (see page 1).

Visits were pre-arranged with the service and we completed them as planned. However, one visit had to be rescheduled as there was a mix up with the original date.

Visitors

Nine Right for Everyone Enter and View Authorised Visitors (including one Authorised Representative) took part in this programme. Each visiting team included two people with learning disabilities and a supporter (either a family carer, support worker or Healthwatch member of staff). A note-taker was also present. Team members had a range of communication and mobility abilities.

Visitors and supporters had completed an adapted Enter and View training programme to become Healthwatch Lambeth Authorised Visitors for services which are open to the public. Authorised Visitors must have a criminal record check from the Disclosure and Barring Service (DBS) or be accompanied by a person with a DBS certificate. In addition, three of our lead supporters for this programme are full Enter and View Authorised Representatives, approved to visit any publicly funded health or care service³.

³ Details of our Enter and View programme: www.healthwatchlambeth.org.uk/enterandview

Methodology

During the visits, our Enter and View team used a range of criteria to assess each foot clinic including physical accessibility, staff behaviours and attitudes, and the type and accessibility of information provided (see appendix). Indicators for the physical accessibility of the service were partly developed from an easy read access survey by Leonard Cheshire Disability and were also designed to complement the recent DisabledGo premises audit⁴ of local services in Lambeth.

Alongside a checklist, our visitors asked questions to the reception team, a podiatrist and, at one site, a service manager.

For this project, we did not ask for feedback from other patients during our visits. Instead, our trained visitors used their own insights as experts by experience to assess how well the services work for people with learning disabilities.

Findings were analysed by Healthwatch staff.

⁴ www.disabledgo.com/organisations/london-borough-of-lambeth/main

Findings

Physical accessibility

External environment

All three clinics were located in purpose built health centres. They all had accessible entrances. However, Clapham Manor Health Centre had a buzzer system at the front door which our team found confusing, as it had a few different numbers on it and it wasn't clear to us which one to press for the foot clinic.

Lambeth Community Care Centre, located on a side road, was signposted at the junction, but our team felt it could benefit from a sign at the edge of the building as, on approach, a bend in the road obscures the main sign above the front door.

Internal environment

Two centres had receptions at the building entrance. However, one had several reception desks and it wasn't clear which one was for the foot clinic, with no sign to guide people. The third facility also lacked clear signs to the foot clinic, which was a walk from the main entrance.

All three buildings had space for wheelchairs and pushchairs inside.

Recommendation 1

The health centres should audit and improve their internal and external signage.

Waiting rooms

Each facility had a waiting area; all were quiet and calm. One had soothing music playing and another had a television playing at a low volume which our visitors found acceptable.

This waiting area also had a piano, which our visitors found surprising, with some artificial flowers and magazines next to it. Our visitors thought it might be better to put the magazines on the tables (which were arranged café style) where they would be more visible.

Information displays

Two teams reported seeing a lot of posters and leaflets displayed in the waiting rooms. Some were hard to read with small fonts but others with diagrams or pictures were generally more helpful. However, one group saw a poster about stopping smoking, but its message wasn't clear to us as the picture didn't show a cigarette. The other waiting area had no pictures or accessible information on display.

The team that saw the piano also spotted a poster advertising singing sessions there.

At reception

Service eligibility

All receptionists confirmed that the community foot health service is open to everyone and is free of charge. One podiatrist later told us that there are criteria

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for the service, such as some medical conditions, but it wasn't clear to our team what these criteria were. None of our teams were given or saw a leaflet about the service during our visits but we later saw that the service website states that it *assesses, treats and advises on any foot condition*.

Referrals and appointments

When we asked how to make an appointment for the foot clinic, two receptionists explained that people need to register with the service first. They told us that this involved filling out a referral form available either from the clinic receptionist, your GP or online. One receptionist said it would take up to a month to be registered while the other gave a guideline of six-eight weeks.

The third receptionist told our team that people would need to call the central community foot health services department to make an appointment, and gave us a leaflet with the service's new phone number on it. We were told it wasn't possible to book in person at reception and the referral process wasn't mentioned.

However, another receptionist told us that they can check if an individual is already registered and if so, book an appointment within a six-week window. They also said that emergency walk-in appointments are available. We were told that the average wait for an appointment depends on demand.

One receptionist also said that home visits were available but only through referral from your GP.

Choosing who you see

We were told that one clinic had both male and female podiatrists who were regularly on duty, so patients could choose who they saw. But at another site, we were told the schedule changes, making patient choice on this less feasible.

The service

When we met the podiatrist at each facility, we asked how they help people to look after their feet. All three explained that the service would be tailored to the person's needs. They could attend for a one-off appointment or have regular visits, such as people with long-term conditions such as diabetes for example. One podiatrist said that for individuals at low risk of complications, they signpost to the Age UK nail technicians service, or suggest asking family members to help with the task. The service manager later clarified that the Age UK service was only available for Southwark residents although we discovered that Age UK Lambeth is also due to launch a new footcare service shortly.

Each podiatrist explained how an initial assessment is carried out, describing what they would look out for, the questions they would ask and tests they would do. One

Findings

podiatrist invited one of our visitors to sit in the examination chair and another demonstrated the equipment they use on our team's hands.

Treatments

The podiatrist at Lambeth Community Care Centre explained that they run a specialist muscular-skeletal clinic which only offers particular treatments. The other two podiatrists said that treatments could include advice on cutting toenails, using creams and taking care of hard skin. One also said they provide specialist orthotic footwear.

Explaining treatment

Each podiatrist told our teams that they use leaflets produced by the service and pictures available online to help explain conditions and treatment. One also described how they draw round a patient's foot to highlight problems with footwear.

For those anxious about treatment, the podiatrists explained that they would start any process slowly and reassure patients that they can stop at any time. Longer appointments are also available, to allow as much time as people need. One podiatrist said they try not to touch the bottom of the foot too much as that can be particularly ticklish. Patients can also bring family members and friends with them.

Two podiatrists said that they can play music to help people relax, and one said they also use lavender essential oil in the air for invasive procedures.

Additional support

Support for people with learning disabilities

Staff at two of the sites we visited were able to tell us about additional support available for people with learning disabilities, including: adding information into health passports and care plans; ensuring that carers or family members are involved in discussions, are added to the patient record and sent copies of letters where appropriate; help from reception with booking appointments; and telephone reminders for people with memory problems. However, both added that the service's database system was not very flexible and so these approaches relied on staff to take the initiative.

Meanwhile, staff at one site were unable to answer this question.

Recommendation 2

- a) **The service should ensure all team members are aware of the additional support available for people with learning disabilities.**
- b) **The service's database functions should be reviewed to assess whether it could better record communication needs**

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in line with the Accessible Information Standard⁵.

Other communication needs

We also asked about support for people with other disabilities and were told that some of the service's clinics are more accessible for wheelchair users, there are induction loops for hearing impairments and support for visually impaired people (although this wasn't described specifically apart from the availability of large print resources). One podiatrist also said they offer home visits for people with disabilities who are unable to come to a clinic.

For speakers of other languages, there is an interpretation service available in person or by phone. We were also told that a number of staff, including several podiatrists, speak different languages themselves.

Written resources

Our teams were given a variety of the service's leaflets to look at. Staff told us that they had all been assessed by the Guy's and St Thomas's Trust readability test. We were also provided with Plain English leaflets about diabetes risks from Diabetes UK.

During our visits, we also collected leaflets on the Trust's patient advice and liaison service (PALS - see complaints below) and a leaflet for booking appointments. Our visitors thought this leaflet had a good, clear picture (of a phone) and the number was in a good-sized font.

However, the majority of the materials we were given were very text heavy and no easy read materials were available.

Recommendation 3

The service should develop or obtain easy-read versions of key leaflets, including a service overview leaflet specifying eligibility criteria, the referral process and options for booking appointments.

Complaints process

All three staff teams we spoke to were able to give us details of the complaints process. Our teams were informed that this involves in the first instance, talking to a senior member of staff or contacting the Trust's PALS service, then making a formal complaint in writing. Our visitors were told that the reception staff at each clinic can help with the process.

⁵ Accessible Information Standard:
<https://www.england.nhs.uk/ourwork/accessibleinfo/>

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Along with the PALS leaflets we found in reception, one team also saw a suggestions box on the wall of a waiting room.

Recommendation 4

Information about the complaints process and the NHS complaints advocacy service⁶ should be clearly displayed at each health centre, with copies available to take away.

Practice staff behaviour and attitudes

Reception staff

Three of the four receptionists we met during our visits were very welcoming. Our teams described them as friendly, helpful and respectful, and they all looked at our visitors when speaking to them.

However, on our first visit to one clinic which had to be re-arranged, our visitors found the receptionist they met on that day to be rude, unfriendly and unhelpful. For example, the receptionist did not say 'hello or can I help you?' Instead, they appeared distracted by the phone and failed to listen when we introduced ourselves clearly, resulting in a mix up with the acupuncture service.

Fortunately, after our team was left waiting for several minutes in the waiting room, a member of staff from the acupuncture service came to meet us and was very helpful, discovering that the podiatrist had left. This staff member also checked that our team was OK after hearing the news, which we found very thoughtful.

Podiatrists

All three podiatrists were friendly and attentive during our visits. Two were particularly clear in the way they answered our team's questions, taking their time and giving unpatronizing responses, despite one appearing a little nervous at first.

Two of these practitioners also tended to look at the supporter and notetaker when answering questions, rather than our team members with learning disabilities. However, one quickly picked up on cues from the supporter to direct their responses to the person asking the question.

⁶ In Lambeth, the NHS complaints advocacy service is run by POhWER:
<https://www.pohwer.net/london-ihcas>



Recommendations

Conclusion

Our visitors enjoyed our visits to the foot clinics and felt welcomed and respected (apart from our initial arrival on the date of the mix up). The overall kind demeanor of the service team and commitment to delivering a tailored service was apparent from all three visits. In particular, we were pleased to hear about the interpretation service offered to people speaking other languages as this was the only offer of face to face interpretation support we had encountered during our Right for Everyone project.

However, as reflected in recommendation two, some of the foot care service staff could benefit from opportunities to develop their understanding of learning disabilities and appropriate support options.

We would like to thank all participating members of the community foot health service team for hosting our Right for Everyone visits. We hope the experience and our findings prove useful in supporting the development of the service.

Recommendations

For ease of reference, we list our recommendations below:

Recommendation 1

The health centres should audit and improve their internal and external signage.

Recommendation 2

a) The service should ensure all team members are aware of the additional support available for people with learning disabilities.

b) The service's database functions should be reviewed to assess whether it could better record communication needs in line with the Accessible Information Standard.


Recommendation 3

The service should develop or obtain easy-read versions of key leaflets, including a service overview leaflet specifying eligibility criteria, the referral process and options for booking appointments.

Recommendation 4

Information about the complaints process and the NHS complaints advocacy service should be clearly displayed at each health centre, with copies available to take away.

Appendix: visit checklist








Right for Everyone Project Foot Clinic Visit Checklist



Name of foot clinic:



Date of visit:

Name of visitors:


On arrival

  Is it easy to get into the health centre? For example is there an automatic door, steps, clutter round the door. 

  Are the signs outside and inside clear and helpful? 

 Is there space to get a wheelchair or buggy around? 

Comments about getting in, signs and space:


 **Introductions—things to say on arrival:**

Hello my name is....



I am from Healthwatch Lambeth.


I am here to do an Enter and View visit.

I have an appointment.

 **Booking in**

How do you book in? Who books you in?

 Is booking in easy or hard? 


 **Questions for when you book in**

Ask the green questions.

What is the person who books you in like? Choose some words in the box:

friendly	rude	smiles	helpful
cheerful	unfriendly	kind	listens
unkind	respectful	looks at me	unhelpful
patient	rushes me	thoughtful	professional


Appendix: visit checklist

 **In the waiting area**

 Is the information on the walls helpful for you? 

Please say why, for example, too many posters, helpful pictures, writing too small, hard words.




  Does the podiatrist (person who looks at your feet) come to collect you? 


 Did you have to wait a long time? 

 How long?

 Is there anything that made your waiting time good or bad? For example music, crowds, noise, plants.


 **Questions for the podiatrist** (someone who looks at your feet)



Ask the blue questions.

 **Questions for the foot clinic manager**

Ask the pink questions.

After the visit

 Were you given any information during your visit today? If yes, what was it? Please include it with your checklist.

 Overall, were the answers to your questions helpful? 

Would you want to use this foot clinic? Why?



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