

GP surgeries in York: accessibility audit findings

Report March 2025



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Acknowledgements

We thank the amazing Healthwatch York volunteer team for the research for this report. Thirteen volunteers and staff members spent 18.5 hours visiting the 33 GP surgeries that cover York and the surrounding areas. The audits included observations based on a given set of questions and responses from reception or other staff to a limited number of questions.

The carried out between mid-November 2024 and mid-February 2025.

We also thank York Disability Rights Forum¹ who helped develop our audit questions.

Cover image from Julia Zyablova via unsplash

¹ <https://ydrf.org.uk/>

Executive Summary

GP surgeries are vital for people to access the healthcare and treatment they need. They are effectively the gateway to our health and care system. However, this is made more difficult if surgeries are not accessible or do not provide information in a way that works for their individual needs.

Our accessibility audit was about fact finding to understand how accessible York's GP surgeries are for a range of people, including wheelchair users, those with mobility issues, blind and partially sighted people, those with hearing loss, including British Sign Language users, and people for whom English is not their first language.

The audits were not a test, but rather to understand what is and isn't provided at different surgeries across York. Volunteers and staff members visited each surgery and completed a survey capturing their observations alongside questions asked of reception or other surgery staff. Each surgery only had one visit as part of this project.

The result was a varied picture with some good practice and some areas for improvement. Many of the improvements we identified are simple to rectify (see recommendations). We hope that our audits and this report will help to raise awareness of what GP surgeries in York are already doing to make their services accessible and provide ideas for simple and low or no cost things they can do to improve this.

Background

Local context

In our earlier report on GP surgeries, Exploring access to GP surgeries in York², we heard from people who said that they struggled to physically access GP surgeries. Those comments prompted the audit project and this report.

Comments in our earlier report included:

- “The GP will always look for a consulting room on the ground floor when I have an appointment, so I don't have to struggle with the stairs, it is much appreciated.”
- “I am blind and they either phone me about things or send me a large print letter.”
- “They make no adjustments to invisible disabilities, and I am constantly facing prejudice and ignorance, especially with regards to the complex comorbidities which come with my disabilities...”
- “I am blind, and they always send me information in standard print. It is as much use as a chocolate teapot. I need Braille. Instead, my son has to read everything for me.”
- “I have to attend GP appointments with my family members to translate for them as they don't speak English and no interpreters are provided.”

² <https://www.healthwatchyork.co.uk/wp-content/uploads/2024/09/GP-Report-Final-September-2024.pdf>

National context

The Equality Act 2010³ is there to make sure disabled people are able to access services. Public bodies must take reasonable steps to achieve this, including:

- providing ramps or flat access to buildings
- providing accessible parking spaces and accessible toilets
- making sure signage and facilities help facilitate access for all.

The Accessible Information Standard⁴ must be followed by all public bodies providing health or social care services. It outlines a consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. This means that all patients at a GP surgery should be asked what their preferred format is and provided with written information in that format.

What we did to find out more

In partnership with York Disability Rights Forum, we developed an audit/survey. This included a section of observations for auditors to use when visiting the surgeries. There were also a set of questions to ask reception (or other) surgery staff.

³ <https://www.legislation.gov.uk/ukpga/2010/15/contents>

⁴ <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/>

All the observations and questions were to help determine the accessibility of the surgery and its services for disabled people and those with long term conditions, including sight and hearing loss.

Each auditor took their own approach to the audit. Some people audited their own surgeries and others went to surgeries they had never been to. In total Healthwatch York volunteers and staff visited all 33 GP surgeries in York and its environs.

The GP surgeries we visited were:

- Dalton Terrace
- Elvington Medical Practice
- Front Street Acomb
- Front Street Copmanthorpe
- Haxby Group – Gale Farm (Acomb)
- Haxby Group – Haxby and Wigginton
- Haxby Group – Huntington
- Haxby Group – New Earswick
- Haxby Group – The Old Forge (Poppleton)
- Jorvik Gillygate – Stonebow
- Jorvik Gillygate – East Parade (Heworth)
- Jorvik Gillygate – Southbank (Bishopthorpe Road)
- MyHealth – Dunnington
- MyHealth – Huntington
- MyHealth – Stamford Bridge
- MyHealth – Strensall
- Old School Medical Practice (Copmanthorpe)
- Pocklington Group Practice
- Priory Medical Group – Cornlands Road (Acomb)
- Priory Medical Group – Fulford

- Priory Medical Group – Heworth Green
- Priory Medical Group – Lavender Grove (Boroughbridge Road)
- Priory Medical Group – Park View (Hull Road)
- Priory Medical Group – Rawcliffe (Water Lane)
- Priory Medical Group – Tang Hall Lane
- Priory Medical Group – Victoria Way (Huntington)
- Unity – Kimberlow Hill (Badger Hill)
- Unity – Wenlock Terrace (Fulford)
- York Medical Group – Acomb
- York Medical Group – Monkgate
- York Medical Group – Tower Court (Clifton Moor)
- York Medical Group – Water Lane
- York Medical Group – Woodthorpe

The auditors' feedback is the core of this report.

Findings

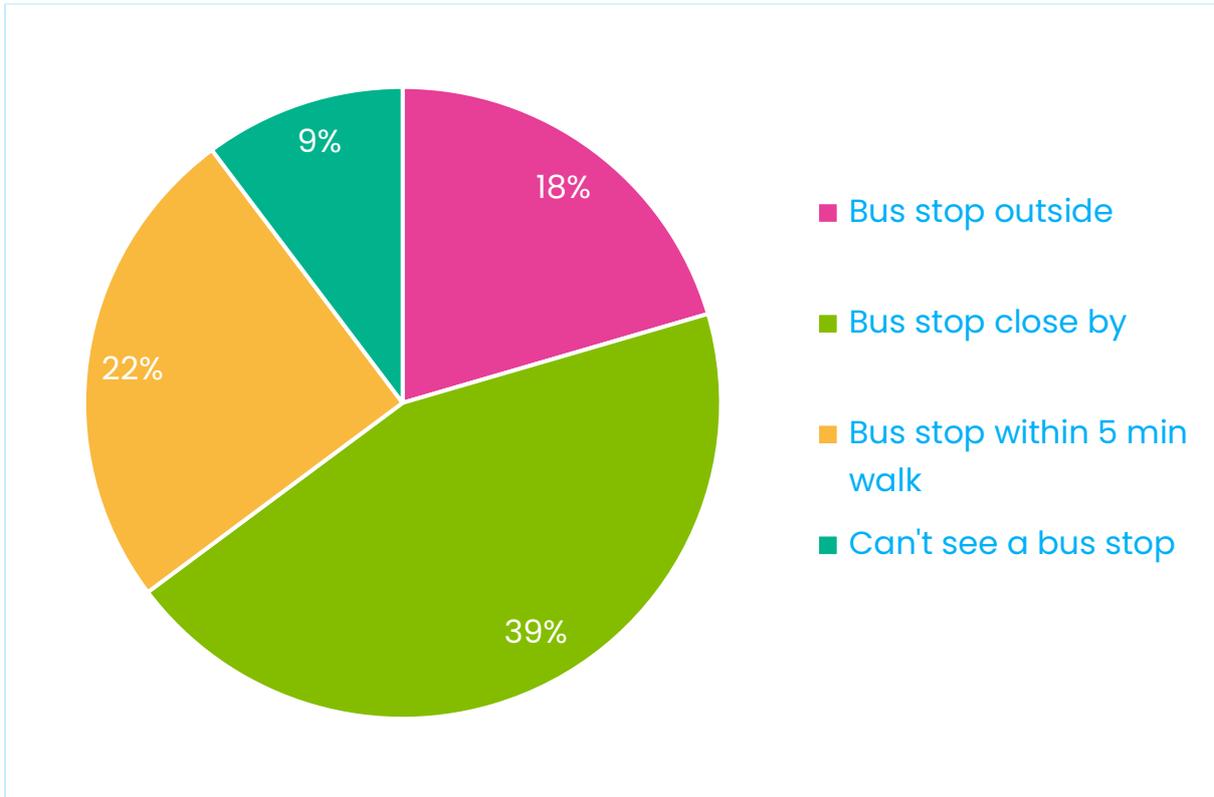
Observations

Auditors were asked to record information about a number of elements of each surgery they visited.

Transport

Auditors looked for bus stops close to the surgeries, bicycle parking and accessible parking spaces.

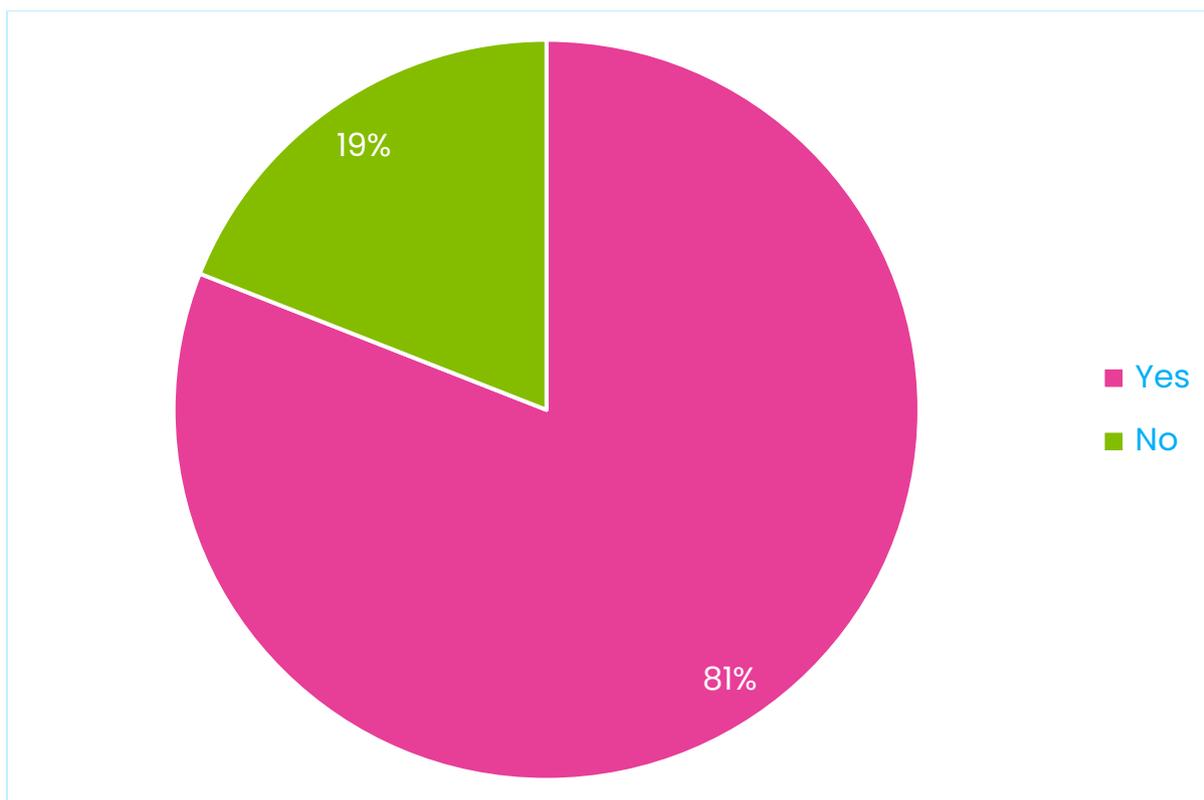
Most surgeries had a bus stop nearby. Nearly a fifth (18% or 6) had a bus stop outside, almost two fifths (39% or 13) had a bus stop relatively close. There was a bus stop within a five minute walk for a third (33% or 11) but auditors could not see a bus stop for 9% (3) of surgeries audited.



Comments included:

- “Bus on one way route, would only come back after it has reached its final destination.”
- “Good bus service to and from York city centre.”
- “Bus stops on the main road.”
- “Bus stops are quite close in both directions.”

Most surgeries (81% or 26) have accessible parking spaces 19% (6) did not have any we could see:

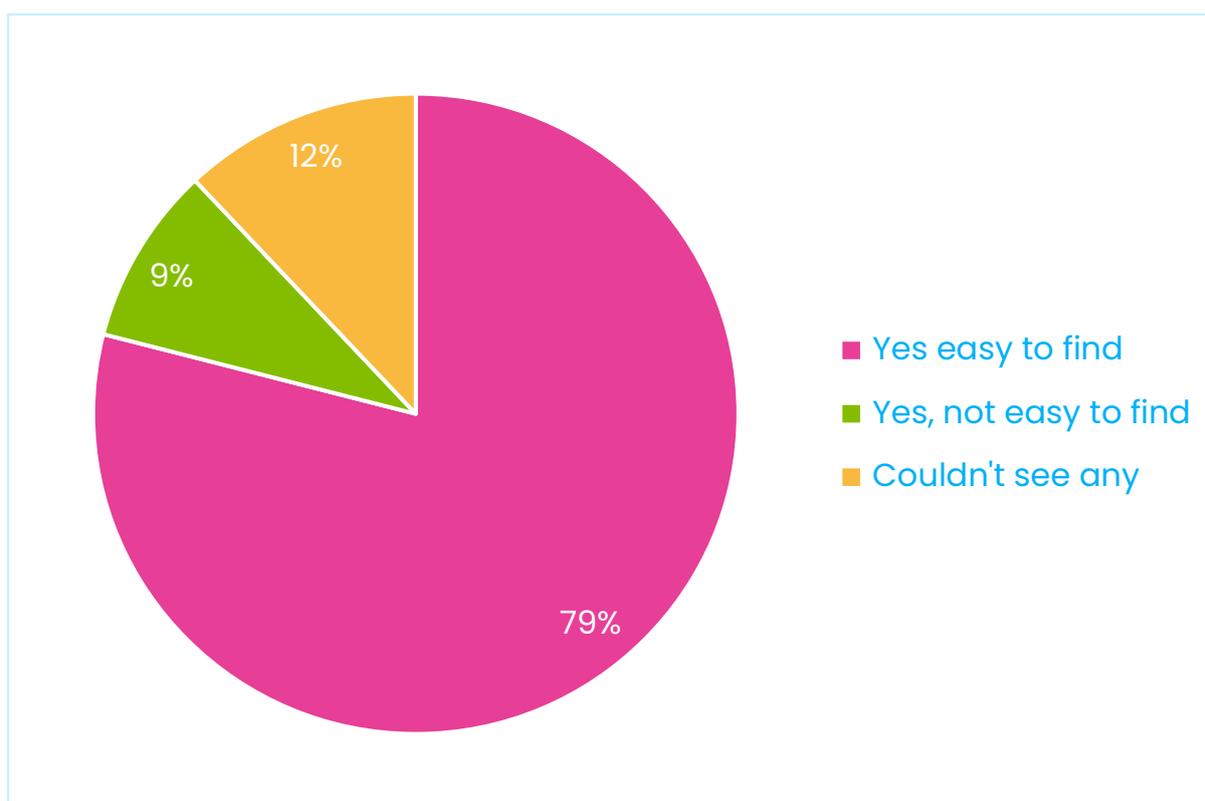


We also asked how many accessible parking spaces each surgery had. Where there were accessible spaces, the answers ranged from one to six, with most having one or two. We asked if the accessible spaces were free and generally at least one space was free at the time of the visit.

Comments about parking included:

- "Only on road parking for the surgery."
- "A large car park, but it was quite full."
- "There was a small car park, which was full. There weren't any obvious accessible bays."
- Designated blue badge spaces. Quiet when I visited."
- "The accessible parking spaces are quite tight and don't have enough space around them for a wheelchair user or person with mobility issues to safely get in and out of their car."

Most surgeries (79% or 26) had easy to find bicycle parking. It was difficult to find bicycle parking at 9% (3) of surgeries and auditors couldn't see any bicycle parking at 12% (4) of surgeries:



Comments included:

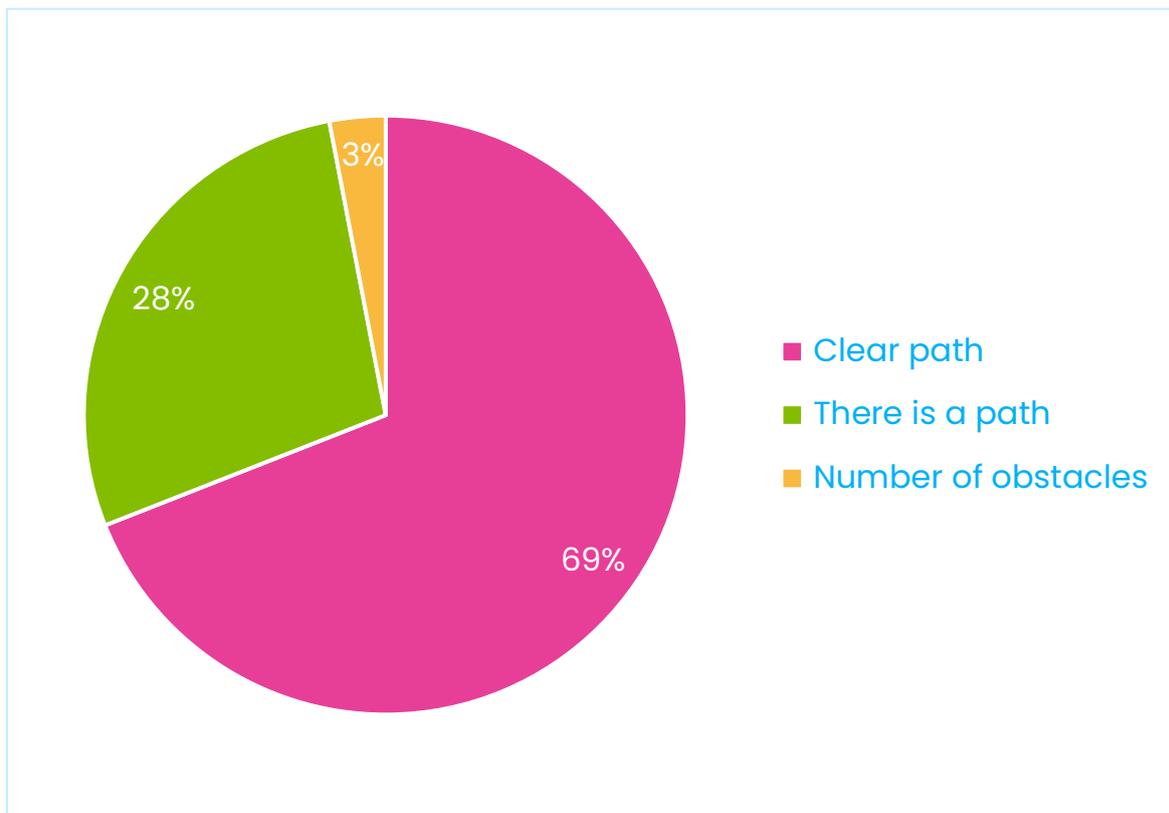
- "It is signed 'unauthorised cycles may be removed' but I think patients use it."
- "It is tucked round the corner of the building."
- "Immediately outside the building and good standard/number."
- "Low level wheel docking style."

Ease of getting to and into the surgery

We looked at how easy it is for people to walk to the surgery main door, whether there was clear signage to the main door and how easy it was to identify the main door.

Getting to the main door – we asked how easy it is to walk from the pavement or car park to the main door thinking particularly of people who have mobility issues or who are blind or partially sighted.

In just over two thirds of surgeries (69% or 22) there was a clear path. In less than a third (28% or 9) there is a path. For 3% (1) it was difficult with multiple obstacles to negotiate.



Comments included:

- “You can walk via the car park which is flat or from the street which has sloped access with rails.”
- “Very easy from the pavement, but not so easy from the car park.”
- “It would be very difficult for an unescorted blind person. There are bollards to indicate the limit of the parking spaces that one could bump into.”
- “From one direction you can walk on a path round the building and away from the car park. From another direction you would walk through the car park.”
- “The path from the car park is quite uneven and therefore difficult for a wheelchair user or someone using mobility aids.”

Our auditors looked for signage to get to and identify the main door. There was clear signage to get to the main door for almost two thirds (64% or 20) of surgeries, some signage for 9% (3) and no signage at all for a quarter (25% or 8).

It was easy to identify the main door for nearly all (94% or 31) surgeries.

Comments included:

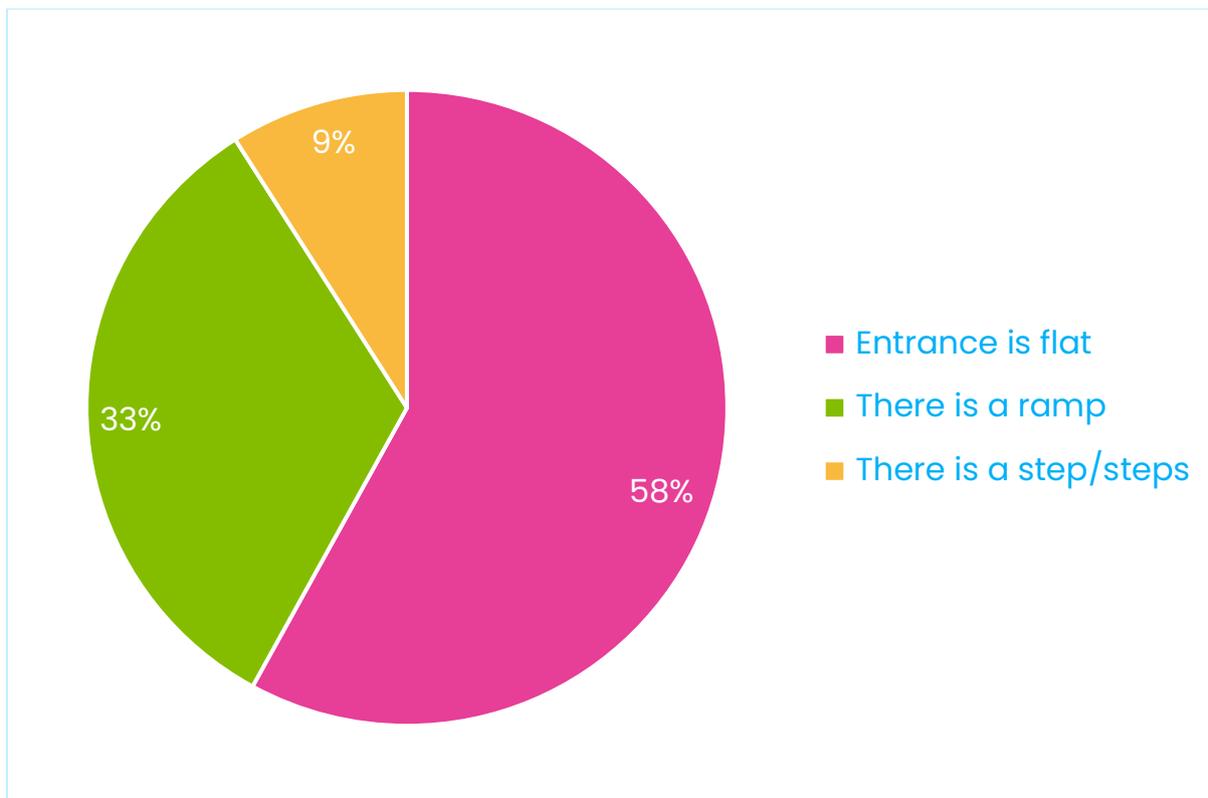
- “From the car park there are no signs ... of where the main entrance is, although the accessible entrance is clear.”
- “Difficult to find if you don’t know where the surgery is.”
- “As you get nearer you can see the surgery name on a window pane.”

- “The signage from the main road and car park is not good. From the main road there is a sign to say the GP is there but not how to find it.”
- “Very clear signage.”

Physical access into the surgery

Our auditors looked at how easy it would be for a wheelchair user or someone with limited mobility to get into the surgery. This included the approach to the surgery and the doors to get in. If the entrance wasn't accessible we looked for information about how to get in either via a bell or alternative entrance. We also wanted to know if there was information to say that assistance dogs are welcome.

We asked if the main entrance was accessible with either a flat approach or a ramp. More than half of surgeries (58% or 19) had a flat approach, a third (33% or 11) had a ramp and the remaining 9% (3) had steps or a step.



Comments included:

- “The ramp from the pavement/car park is the only route to the door. It is quite steep and curved.”
- “The ramp is built into the path.”
- “Patients can ring the doorbell/intercom to reception and they will come and put the ramp out as needed.”
- “There are two steps leading up to the main entrance door.”
- “The main entrance is flat all the way to reception.”

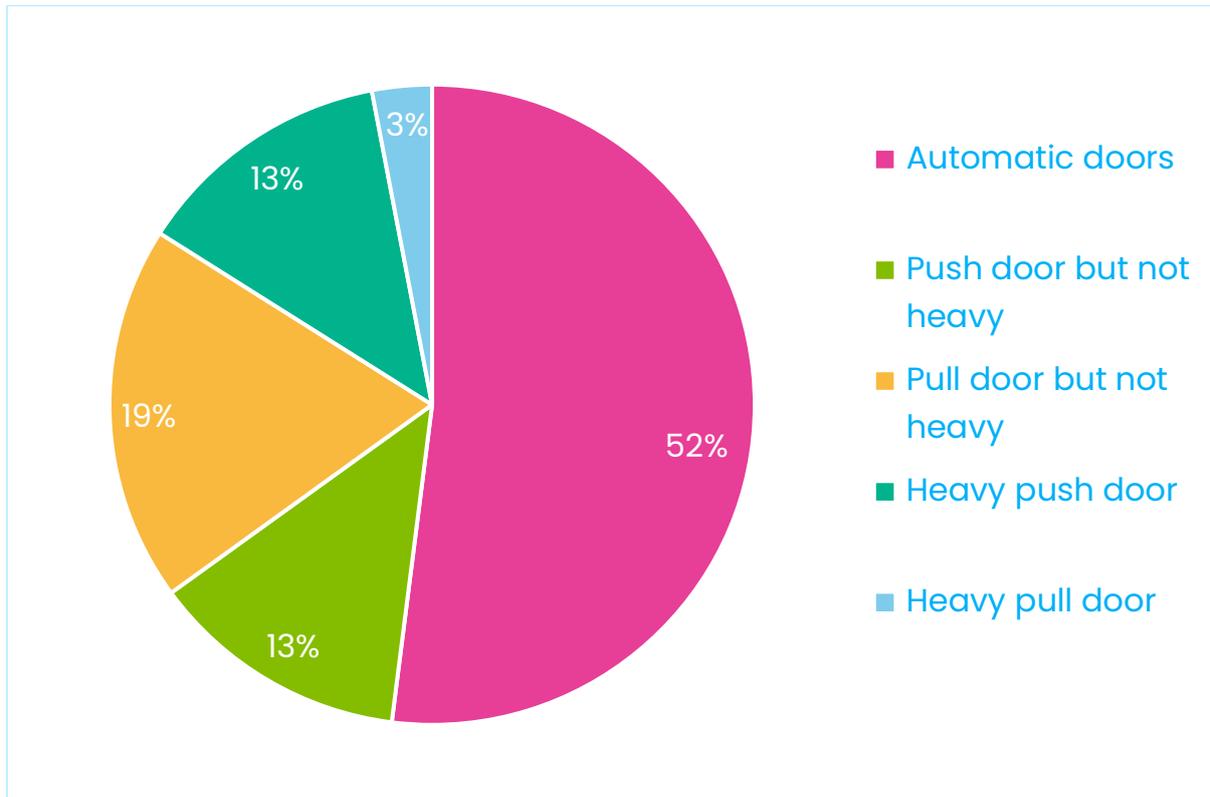
If the entrance wasn't accessible, we asked if there was information about an accessible entrance and where to find it. This question was not applicable to 80% (24) of the surgeries visited. Of the remaining 20%, 3% (1) had information entrance and 17% (5) did not.

Comments included:

- “The accessible entrance is clearly visible from the car park. If you come to the main entrance first there are no signs or directions for the accessible entrance.”
- “There is no accessible entrance. The surgery staff are aware it is not accessible and there are plans to improve things.”
- “There is signage once you get through the first door to say to ring if you need help to get in. It needs to be outside as the first door is not easy to negotiate.”
- “There is a large notice saying to ring the bell if you need help and a blue disability logo. The bell is very clear when you get to the door.”
- “There is a bell, but there is no information and the bell is too high for a wheelchair user.”
- “Good sign outside to say ring for assistance and the bell is at the right height for a wheelchair user.”
- “I asked the reception staff about the bell at the front door. We established it didn’t work so they would sort it out. I asked if it could be lower so that wheelchair users could reach it and I mentioned there needed to be signage with it. They were very receptive and friendly. When I returned in two weeks there was a new doorbell in a lower position, but no signage – yet!”

We then asked about the doors to get in to the surgery and how easy they would be for a wheelchair user, someone with mobility issues or someone who is frail to use. Just over half (52% or 16) of surgeries had automatic doors. Just under half (32% or 10) had

either a push or pull door that wasn't heavy, the remaining 16% (5) of surgeries had either push or pull doors that were heavy and could be difficult to open.



Comments included:

- "There are two doors. Both are push on the way in. They are not heavy and so it is not difficult. However, it would be more difficult on the way out as you need to pull both doors."
- "There are two doors, one push and one pull, so it isn't easy getting in or out."
- "There is a push button to open the automatic door, but the writing has faded. The signage should be better to say push to enter."

- “The accessible entrance is up a narrow ramp pathway that turns and the door is a light pull handle. It might be awkward without someone to help.”
- “Entrance would not be easy for a wheelchair user, someone with a walking aid or sticks.”
- “There is a push pad for automatic access and the signage is clear.”

Auditors looked for a sign to say assistance dogs are welcome. If there was no sign, some auditors asked the reception staff.

There was a sign on only 9% (3) of surgery doors. There was a sign in 15% (5) of surgery reception areas. For 40% (13) there was no sign but reception staff said assistance dogs were welcome. For 36% (12) of surgeries there was no information and we were not able to ask.

Some of the notices that auditors spotted said guide dogs; guide dogs and hearing dogs; or service dogs, not necessarily assistance dogs.

Booking in

We then wanted to know how easy it was to find the reception desk and to book in either via the reception desk or a computer if available. We also asked our auditors to note if the reception area had a hearing loop and whether there was a Perspex screen.

In every surgery it was easy to find the reception desk. Most were straight ahead as you entered.

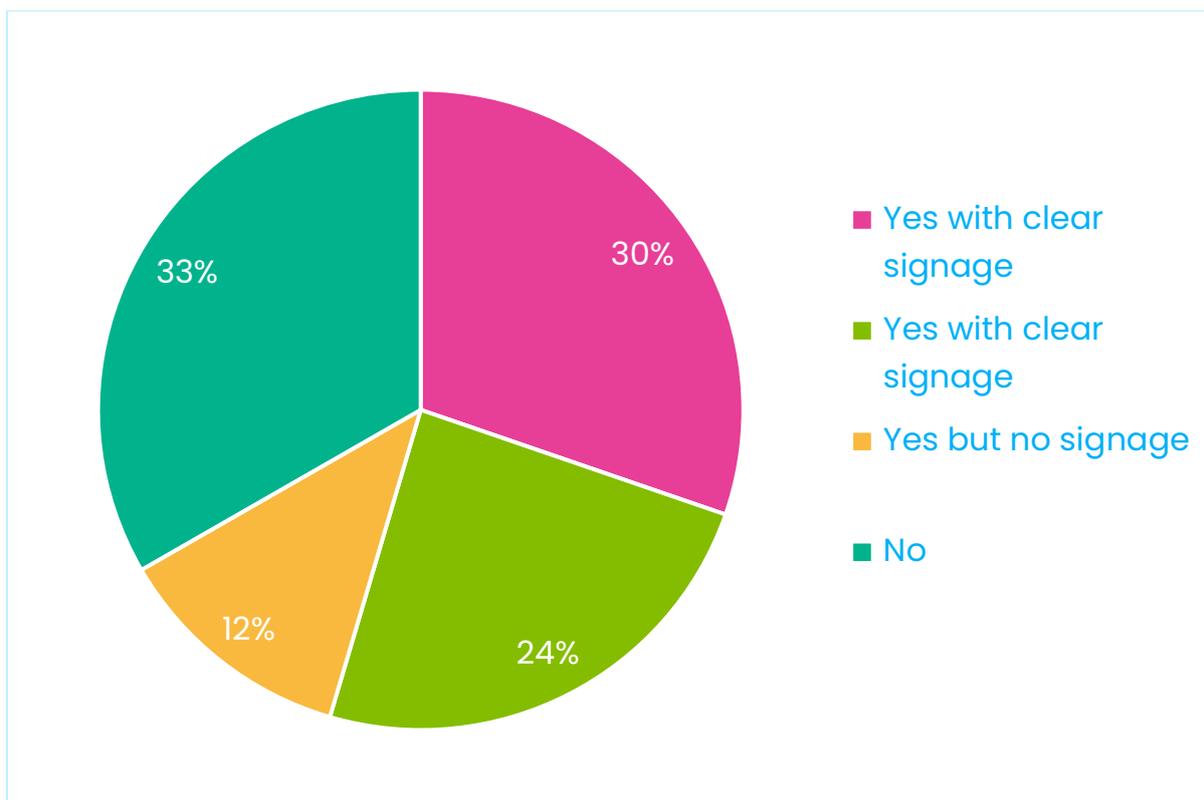
In more than half (53% or 17) of surgeries there was a computer to use to sign in. In 13% (4) the computer wasn't working and in 34% (11) there wasn't a computer. In all instances people could also report to the receptionist.

In more than half (58% or 19) of surgeries there was a full Perspex screen at the reception desk. For 21% (7) respectively there was a partial screen or no screen.

Comments included:

- "The screen is covered in posters which were difficult to differentiate as there were so many of them."
- "No screen where you talk to the receptionists and the desk was lower so it would be easier for wheelchair users to talk to the receptionist."
- "Sliding windows but with quite a small space to talk through."

Auditors looked to see if there was a hearing loop. Where there wasn't signage they asked receptionists (if possible). Just under a third of surgeries (30% or 10) had clear signage and a loop. Just under a quarter (24% or 8) had a loop but the signage wasn't good, 12% (4) had a loop but no signage and a third (33% or 11) didn't have a loop or we weren't able to see or find out about one.



Comments included:

- “Yellow sign says they have a portable induction loop and to ask a member of staff.”
- The signage is on the Perspex screen, but not easy to see from a distance.”
- “No signage but information on the website.”
- “The staff didn’t know about one.”
- “There is a clear sticker on the reception screen and a poster about it in one of the waiting rooms (but not all).”
- “They have one but aren’t sure how it works. There is signage on the second door in, but not really where it would be best.”

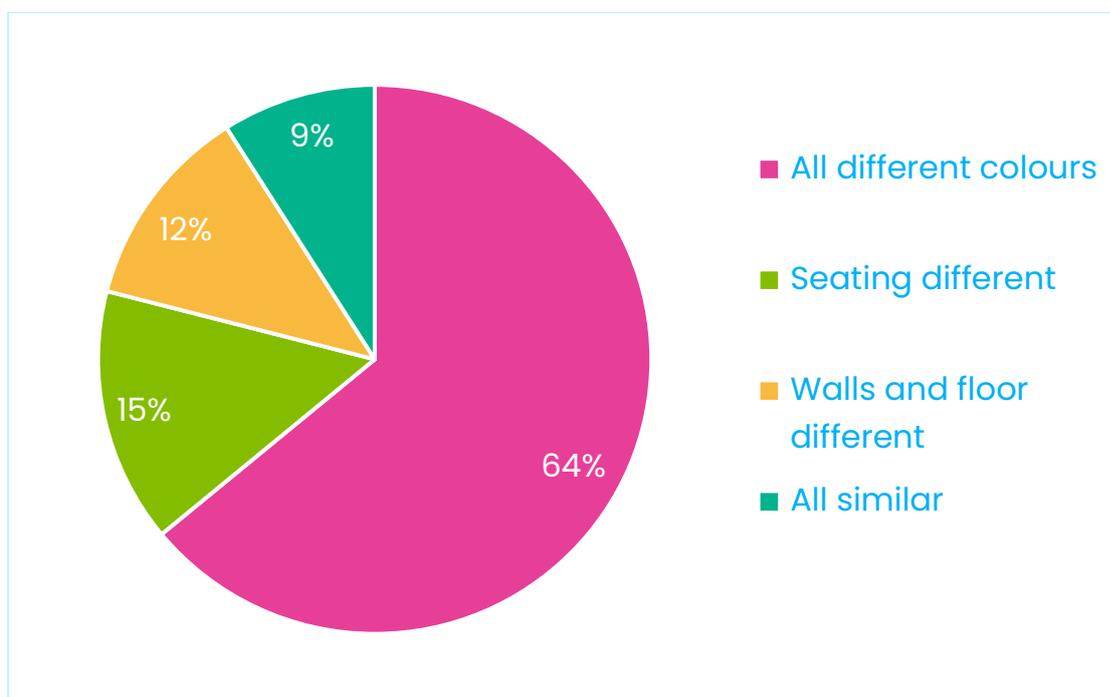
Waiting area

We wanted to understand how easy it is for people to sit comfortably in the waiting room and if it was easy to access.

This included whether there was good colour contrast, whether there was a choice of seating and whether there was space for a wheelchair user. We looked for a quiet space for people who are neurodivergent, have dementia or need a quieter area while they wait for their appointment.

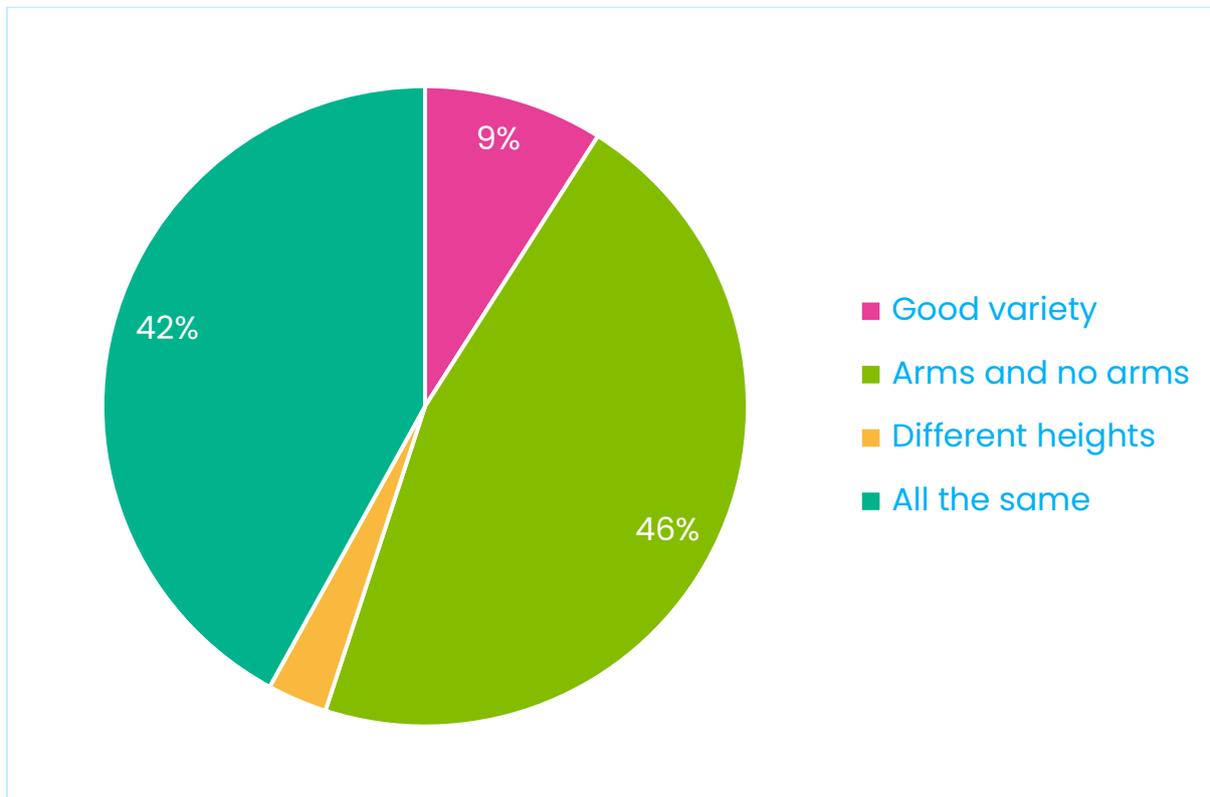
We also wanted to know if there was information to explain what to do if you needed help while waiting.

Nearly two thirds of surgeries (64% or 21) had good colour contrast between walls, floor and seating so it was easy for people to identify the chairs. In 15% (5) of surgeries the seating was a different colour, in 12% (4) of surgeries the walls and floor were a different colour and in 9% (3) of surgeries all were similar colours.



We wanted to know if there was variety in the seating provided to meet different people's needs. In 9% (3) of surgeries there

was a good variety. In nearly half (46% or 15) of surgeries there were seats with and without arms. In 3% (1) of surgeries there were seating of different heights and in 42% (14) of surgeries the seating was all the same.



Many surgeries had bench seating. Some did have a few chairs with arms to provide alternatives for people who couldn't use the benches. A few surgeries had bariatric chairs.

We asked if waiting rooms were accessible, either that they were on one level or there was a lift. Nearly all (91% or 29) were accessible. For 3% (1) one of the waiting rooms was accessible and in 6% (2) no waiting rooms were accessible. However, for one of the surgeries with more than one floor, the lift was out of order. Another surgery has multiple waiting rooms two of which are accessible and two not.

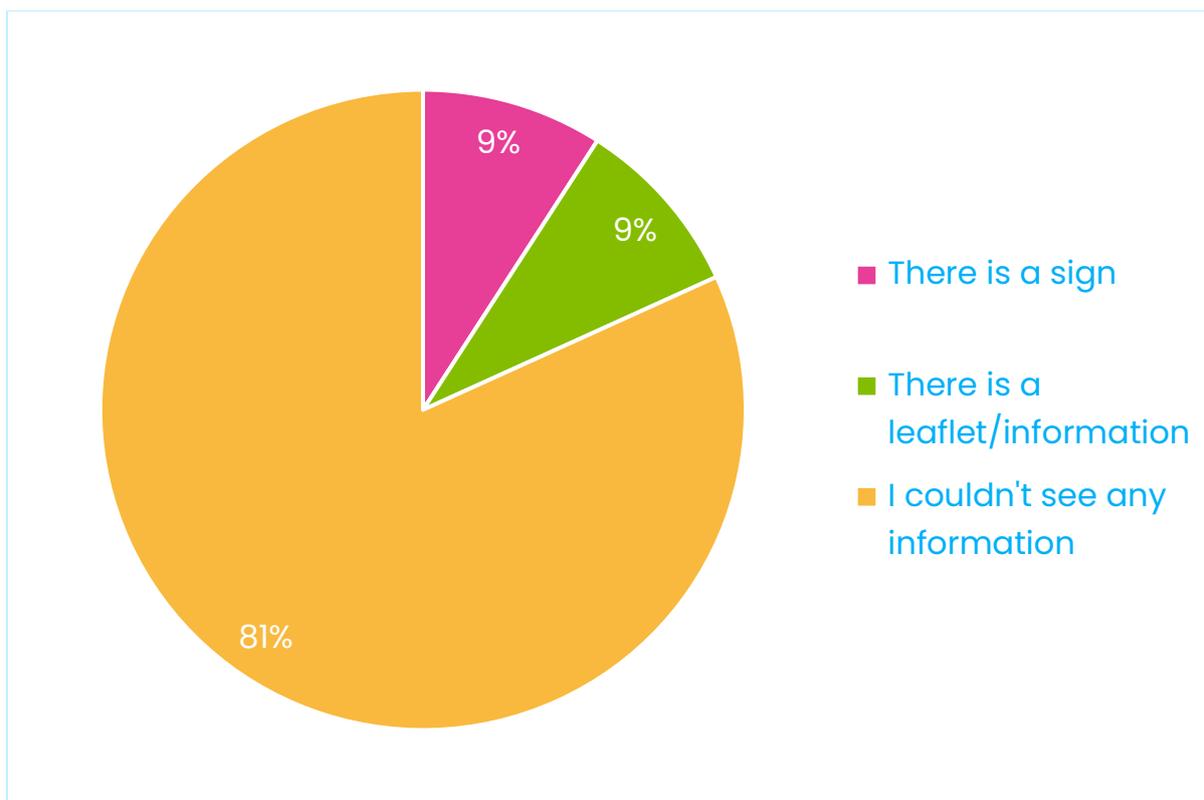
We also wondered if there was space in the waiting room for a wheelchair user and whether there was any signage to ensure other people didn't use that space. In most surgeries (81% or 26) there was space but no signage and in 19% (6) of surgeries there wasn't any space. In some surgeries where there wasn't space, the seating could be moved (if there was someone to help). In waiting rooms with fixed seating, wheelchair users would be forced to wait in the middle of the room where they could feel conspicuous or in the way. Often when our auditors visited, waiting rooms were quiet so this would not be such an issue. However, if the waiting rooms were busier it may be more difficult.

We wanted to know if there was a quiet waiting room (or a quiet space/area) for people who are neurodivergent, have dementia etc. In 12% (4) of surgeries there was a quiet waiting room, in 16% (5) there was information about being quiet in waiting areas, for nearly two thirds (66% or 21) there was no information and in 6% (4) auditors were not sure. Where there wasn't a clear quiet waiting room or no information, some auditors asked reception staff. In most cases, staff said they would always find, or try to find, somewhere quiet for patients to wait using empty consulting or other rooms. Most surgery waiting rooms were quiet when our auditors visited. However, some noted that there were radios on which some people might find distracting or difficult.

Comments included:

- “People use the space outside the upstairs waiting room. Reception staff are trained to pick up on anyone having difficulties and can use an available clinical room if needed.”
- “It is not signed, but there is a room someone can use if needed.”
- “They have a number of complex patients so are prepared to support people.”
- “The waiting room was busy, but not noisy. There are a few different areas to sit in, so there were quieter options.”
- “There is a sign in one of the accessible waiting rooms about the use of mobile phones and switching sound off, but not in other waiting rooms. One has a radio on quite loud. There is a sign up informing patients not to turn off or adjust the radio as it is used for confidentiality reasons. As a patient in the past, I have found it extremely difficult to sit in this area because I struggle with sensory overload, especially when it comes to sound.”
- “There is a sign on reception saying ‘need more privacy?’ saying to ask for help.”

Auditors looked for information to say what someone should do if they needed help while waiting. In most cases auditors could not see any information (81% or 26). For 9% (3) of surgeries respectively there was a sign or a leaflet or other information.



A number of auditors commented that there was so much information – leaflets and posters – in waiting rooms that it was very difficult to identify anything in particular. One person added: “Signs on reception, next to the screen and upstairs, would be useful letting people know what to do if they need help.”

Other facilities

If the surgery was on more than one floor, our auditors looked for a lift and if it could accommodate a powerchair user and one other person. They noted if there is an accessible toilet and if it is well signed.

75% (24) of surgeries are on one floor so lifts are not needed. Where they are more than one floor, 16% (5) had a lift which

could fit a powerchair user and one other person. In the remaining 9% (3) our auditors were not sure if this was possible.

We also asked about accessible toilets and if there was signage to and from them. Nearly all (94% or 29) surgeries had an accessible toilet. Only 6% (2) did not or our auditors could not find one.

For 48% (10) of accessible toilets there was good signage. For 24% (5) respectively there was either poor or no signage. The remaining 4% (1) had good signage from the toilet back to the surgery. We did not ask auditors to provide feedback on the toilet facility, although one person did and commented that it was clean with ample space but no red emergency cord.

Many toilets were accessed via the waiting room or foyer on the way into the surgery, so the sign on the door was adequate and no signage was needed back into the waiting room.

Comments about accessible toilets included:

- “The accessible toilet is in the main body of the surgery. However, there is not any signage to say where it is.”
- “There is a toilet, but it doesn’t say accessible and the doors are not wide.”
- “All toilets had out of order signs on!”
- “It was in the corridor on the way to the consulting rooms. You would need to ask to use it.”
- “Just says toilet, but it is large and equipped for disabled people.”

- “Couldn’t find it without help from the receptionist and it might be difficult to find your way back to the waiting room as there was no signage.”

Consulting rooms

As well as looking to see if consulting rooms were accessible, auditors looked at the space for people to get from the waiting room to the consulting room, including if there were doors between the two.

In just over half of surgeries, (53% or 17) the auditors were not able to see the consulting rooms. Of the remaining ones, 44% (14) of surgeries’ consulting rooms were accessible for a powerchair user. In the remaining 3% (1) some of the consulting rooms were accessible.

In terms of getting from the waiting room to the consulting rooms, 22% (7) did not have any doors between the two, 34% (11) had a single door, 3% (1) had double doors, 16% (5) had doors that can stay open without someone holding them and 28% (9) had doors with space for someone to hold them open. Where there were doors, these were usually opened and held open by the medical professional who was seeing the patient.

Comments included:

- “Medical staff hold the door open for people as they go to their appointment.”
- “Doctors collect people from the waiting room so they can open the door to the consulting room.”
- “The clinicians always come for the patients and happily help those with mobility needs.”

- “As a patient who has been in most of the consulting rooms, they all have a single door, with some rooms at awkward angles and down narrow corridors. In some rooms accessibility is easier than others. The rooms that present with challenges or are awkward would not make it impossible, but a wheelchair user might need support.”

Questions for reception staff

The final element of the visit for our auditors was to ask the reception (or other) staff a number of questions. Not all reception staff felt confident to answer the questions and on some occasions, the surgery was busy and our auditors didn't have the chance to ask the questions. In all these instances we tried alternatives to find the answers from that surgery.

Reasonable adjustments

We asked reception staff if they record information about someone's reasonable adjustments (for example that they are blind or partially sighted, that they are neurodivergent, that they need a longer appointment etc.).

All surgeries we heard from do this. Comments include:

- “It is recorded in the patient's electronic notes.”
- “Symbols are added to a patient's record across the practice.”
- “Home screen for the patient lets the reception and clinical staff know the requirements of individuals.”
- “When someone joins the practice there are questions about reasonable adjustments and this information is recorded on someone's record.”

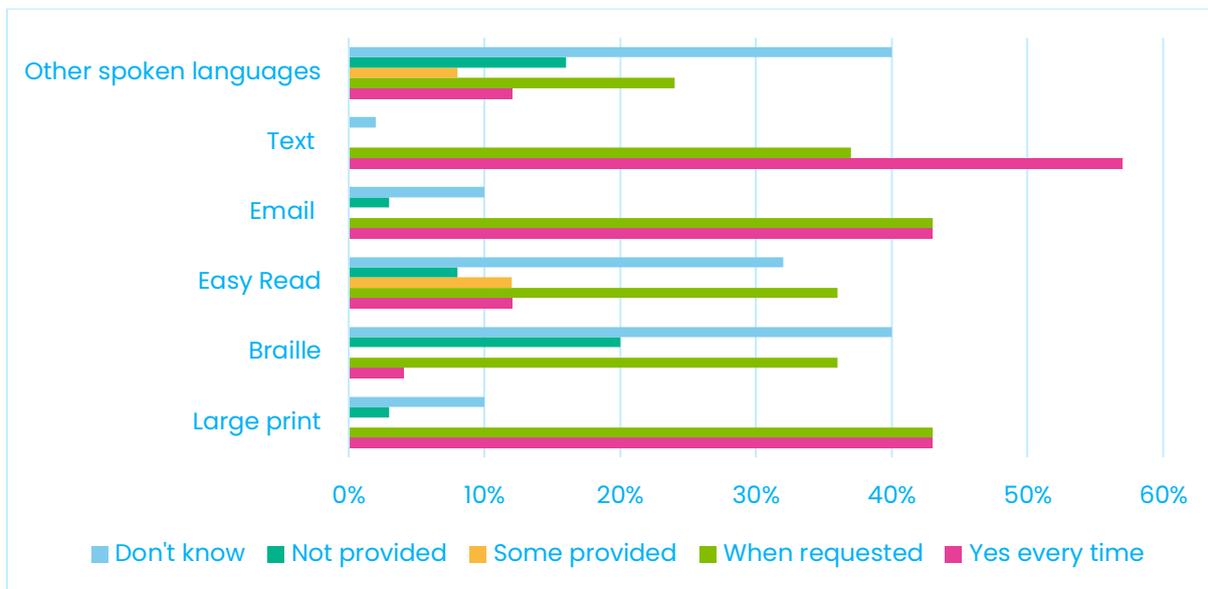
- “If the person or carer explains, information will be added to the home screen, which includes immediate reminders.”

Accessible information

We asked if the surgery could provide written information, such as appointment letters, in different formats as required by patients. We also asked if the surgery checks if patients are happy to receive text messages from the practice.

In terms of written information, surgeries had different approaches and not all the staff we spoke to knew what was available. Text messages were the format that most surgeries could provide every time (57% or 17) or on request (37% or 11). The next formats that surgeries were most confident at providing were both email and large print; provided every time for 43% (13) and when requested for 43% (13).

Surgeries were less likely to provide Easy Read (12% or 3) or Braille (4% or 1) information every time or even when requested (36% (9) for both). Information in other spoken languages was provided least often (12% (3) every time and 24% (6) when requested).



Comments included:

- “Reception staff said they pass requests on to admin staff to deal with.”
- “The RNIB can print documents for us if requested. We have discussed the possibility with Nimbus for them to purchase a Braille printer to be shared with all the York practices.”
- “There is a form available for people to ask for translated information.”
- “They haven’t had any requests for Braille or Easy Read so far. It is noted on the home screen if a person has a learning difficulty or is vulnerable. Often information is sent to a carer if requested.”
- “They have resources to do translations. They do Easy Read versions for learning disability reviews.”
- “They said they will always aim to accommodate what people need.”

Every surgery said they check people are happy to receive text messages and note the response on people’s records. This is different from feedback to our earlier GP report and

ongoing feedback which says that despite asking the GP practice not to send texts, patients are still getting text messages that they can't deal with, want in a different way or don't want at all.

Interpreters

We wanted to know if the surgeries provide interpreters for speakers of other languages, including British Sign Language (BSL) and, if they do, how this is arranged, face to face or by using telephone or video technology.

Just over half (52% or 12) of surgeries say they will arrange a face to face interpreter if needed, 44% (10) said they use online interpreting services and 4% (1) were not sure.

Comments included:

- "The surgery has two patients who are BSL users. They have a list of interpreters to call when one of those people has an appointment. The patient's preferred interpreter is recorded on their notes and that interpreter is booked if possible. The surgery checks with the patient if that is OK before booking the interpreter and books the interpreter if it is."
- "The surgery has staff who can speak Spanish, Italian and Polish if they are available. Otherwise the phone-based language system works well. Staff are beginning to learn BSL but not beyond beginner level. They would bring in someone who can use medical BSL. Three such interpreters are available locally."
- "Currently they use Language Line for spoken languages. If someone needs BSL, they write things down and ensure the person has a longer appointment."

- “Currently use Google Translate. Do have a form to use if someone needs a face to face interpreter for BSL. There will be a new policy across the practice from April 2025 to provide face to face interpreters for spoken languages and BSL.”
- “Use Interpreter Line and/or ask if someone can bring another person with them to interpret.”
- “Use video for BSL and audio for other languages.”
- “The surgery uses online interpreter services. It is some time since they have needed to engage a BSL interpreter but have access to an interpreter service if required.”
- “For spoken languages a task is sent to the operations manager who always books a double appointment. They also have a phone system for BSL users to enable them to phone the surgery.”
- “They use Big Word for phone interpreting. The need for an interpreter is noted on the patient’s home screen including the language they need. This is then set up by phone. The GPs can arrange BSL interpreters if someone doesn’t bring someone with them.”

This feedback is mainly positive, but contradicts information we have received from regular feedback and our earlier GP survey. When we attended York’s Deaf Café, none of the attendees, all BSL users, had ever been offered a BSL interpreter. It is a concern that some still ask friends or family members to interpret rather than booking interpreters trained in medical language and terms.

Facilities

We asked if any consulting rooms have hoists to support people with mobility issues to use the beds for an examination.

None of the surgeries who responded to the question had hoists, 80% (24) said no and 20% (6) did not know. A number did mention that their examination beds were electronically adjustable and so the height could be changed to help people use them.

A few surgeries suggested that home visits would be arranged for people who may not be able to access the surgery or who would need a hoist.

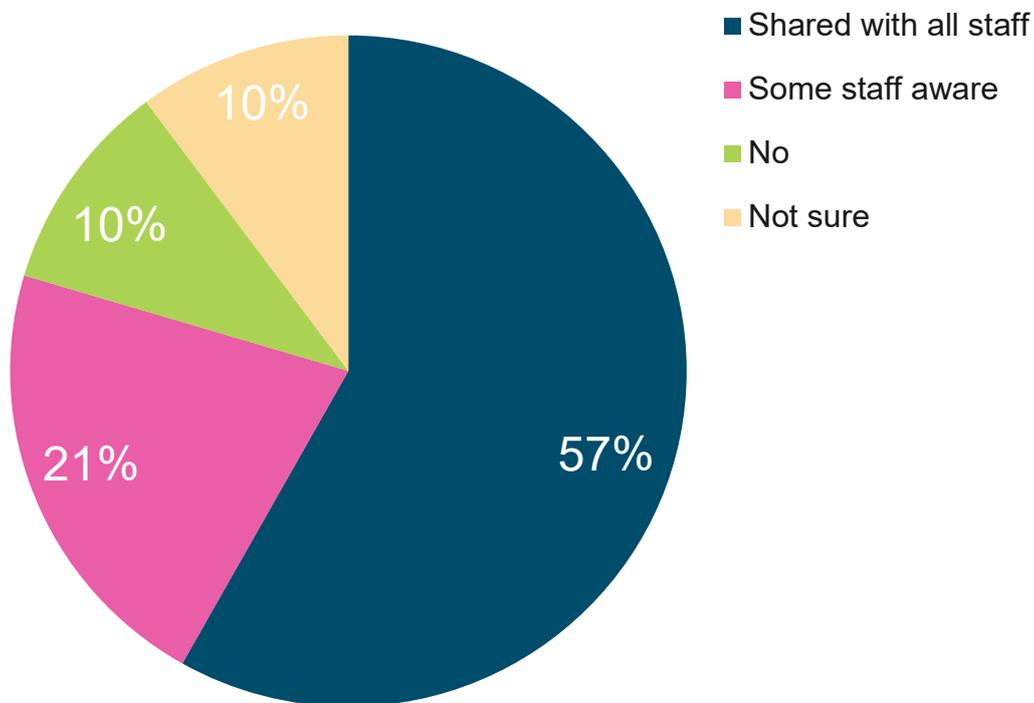
A number of surgeries also had a wheelchair for patients to use while there. We did not ask about this, so were only aware if it was mentioned or someone was using the wheelchair.

Training

We asked if the GP practices provide training on equality, diversity and inclusion for all staff.

As a result of an experience one of our volunteers shared, we asked if surgeries had a protocol or guidance for staff about supporting someone who is having an autism lockdown or panic attack in the waiting room.

More than half (57% or 16) of surgeries have a protocol or guidance which is shared with all staff. For 21% (6) of surgeries some staff are aware, in 11% (3) of surgeries there wasn't anything and 11% (3) of surgeries weren't sure.



Many surgeries had a panic button that they could use to get support from medical colleagues or reception staff would contact the person’s GP.

Comments included:

- “The managing partner said: ‘this is documented in our reasonable adjustment policy. If the receptionist wasn’t trained in handling a patient in this condition, they would call for one of the nurses or the duty doctor to assist’.”
- “They have a lot of different patients, including some with complex needs. Staff are briefed about supporting patients and would always go to talk to someone, offer a drink etc and try to calm any situation.”

- “There is guidance about supporting people with mental ill health and e-learning about this for all staff.”
- “Generally use common sense and ask if the person needs help.”
- “They can take someone into a separate room if needed. Reception staff can ask clinicians for help. There is also a panic button. They would never ignore someone who needs help.”
- “They said the training is basic and they feel they could do this, but they also acknowledged they could do to know more, particularly about more invisible struggles such as autism shutdown.”
- “They have cameras, so know if anyone needs help in the waiting area. Would always go and check if someone is OK if they look as if they need help. There is a panic button that can call medical staff if needed.”

We asked whether the GP practice provides training on diversity and inclusion. Most (83% or 25) of surgeries said yes, all staff have that training, 10% (3) said there is some training and 7% (2) weren't sure.

Good practice

Finally we asked our auditors to note any good practice or other comments that they felt could help to improve the experience of attending one of York's GP surgeries. Our auditors said:

Good practice

- “Seemed a good, friendly surgery.”
- “The receptionist was very helpful. The surgery is in a new, modern building.”

- “There was information on a poster in the waiting room outlining support for people with hidden disabilities.”
- “Very welcoming and helpful staff.”
- “Very helpful practice manager.”
- “There is a mental health information board. Staff are helpful and pleasant.”
- “Very helpful staff. One had previously worked in a care home so wasn’t phased by anything. She was extremely helpful to patients, including helping someone with a phone message and link to a form.”
- “The reception staff are super friendly and helpful.”
- “It seemed clean, attractive and fit for purpose.”
- “Exceptional reception staff who know their patients, take time and talk well with people. There is a screen in the waiting room with useful information and a display about carers.”
- “The staff are friendly, accommodating and receptive. They are patient with me and don’t rush me when I am struggling for words or over sharing.”
- “Good screen with general health information. Very friendly and helpful reception staff.”

Other comments

- “The entrance door and toilet door could be easier to open.”
- “Possible access issues with the front door.”
- “Very poor wheelchair access that they are aware of.”
- “Notices need sorting out, there is too much information.”
- “Long queue at reception and arrangements didn’t encourage eye contact. Receptionists’ desk is low and patients standing have to look down.”

Recommendations

These are general recommendations. We recognise that some surgeries already provide some of the following:

- Make sure all signage is clear and easy to read for everyone. Signage should include:
 - How to get into the surgery if someone can't use the main entrance. If you have a bell, make sure it is at a height a wheelchair user can use and is clearly marked.
 - Assistance dogs are welcome. For more information about assistance dogs, visit: <https://www.assistancedogs.org.uk/>.
 - If there is a hearing loop at reception. All receptions should have a hearing loop if they don't already.
 - Tell people what to do if they need help while they are waiting.
 - Explain if there is a quiet waiting area available for patients to use if appropriate and how to access it.
 - To and from any accessible toilet as appropriate.
- For important signage, like that above, make sure it is not in a cluttered area, so it is easy for people to see and not surrounded by other information. Where possible use words and images with good colour contrast.
- Make sure that any display areas or posters are not cluttered and provide space around posters to make it easier for people to differentiate and read them. Perhaps theme posters under a heading/in a particular area.
- Make sure waiting areas are quiet. Don't have the radio or music on as this can make waiting difficult for some people. Or have a quiet waiting area/space and clear information about where it is or how someone can access it.
- If you are planning to redecorate, make sure there is good colour contrast between walls, floor and seating. This will

make it easier for blind and partially sighted people to identify the seating.

- If you are updating seating, make sure there is a mix of seating. If possible include seating with and without arms and bariatric seating. Some higher and lower seating is also beneficial for patients with different needs.
- Make sure the waiting room has space for a wheelchair user to wait comfortably, where they don't have to sit in the middle of the waiting area or in what could be thoroughfares. If possible add signage to say this is an area for wheelchair users so it doesn't get used for other things.
- If there isn't any accessible parking, investigate introducing some or providing information about where someone with a Blue Badge can park close to the surgery. Make sure there is clear space around the parking space in line with the appropriate BSI standard⁵.
- Make sure that there is a clear, safe path for people to use to walk to the surgery entrance from both the pavement and car park. Where possible, this should be a straight and well-marked path which doesn't cross a car park. If it has to cross the car park, make sure there is a warning for car drivers to take care as people will be walking through the car park.
- Provide a dropped/lower part of the reception desk, so it is easy for wheelchair users to communicate with receptionists.
- If possible, make sure that there is a gap in any screens at a reception desk for people who are hard of hearing to see the reception staff clearly.
- Make sure your patient records are up to date with patients' reasonable adjustment and any language needs. Regularly check with patients about any changing needs or have

⁵ <https://www.disabledmotoring.org/park-access/criteria-for-park-access>

information available to remind patients to let you know so their patient record can be updated.

- If someone requests information in a different format, ensure that this is recorded and they always get information in that format.
- Make sure patients who need interpreters are aware of how to be sure they have an interpreter booked for their appointment. This could include having information leaflets (including in other languages) available, contacting patients directly to let them know or introducing a card system whereby they can use a card/other to request an interpreter for an appointment or let the surgery know about their need.
- Surgeries should never ask friends or family members to interpret for a patient and should only ever use interpreters who have had training in medical language and terms.
- Work with patients who are wheelchair and powerchair users to make sure that the surgery, waiting areas, lifts (if appropriate) and consulting rooms are accessible for them.
- Always ask patients what works for them. Use the information you collect about people's reasonable adjustments to ask them if there is anything else that could help them comfortably and safely attend appointments.

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