

What's the SCRIPT? M1



Report looking into the accessibility
of pharmacies in the M1 postcode

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Foreword



I am very pleased to provide the foreword to Healthwatch Manchester's report 'What's the Script M1?'.

Firstly, I would like to congratulate the staff and volunteers at Healthwatch Manchester for their hard work in this investigation. This has involved lots of planning to take forward the review of our six city centre pharmacies. Our M1 population is at any time a unique combination of residents, commuters, students, temporary workers and more recently tourists - although that's certainly not an exhaustive list. Any one of these people may need access to a pharmacy and any one of them may also have access needs around information.

So it's important to shine a light upon their needs where they're either being partially met or not met at all. It's incumbent on all NHS providers to align themselves with the Accessible Information Standard and this report highlights the need for our city centre pharmacy to reach full compliance. So that anyone with a sensory impairment or learning disability could manage as well as everyone else in understanding and being understood.

Councillor Jon-Connor Lyons (Piccadilly ward)

Executive Summary

1. Since August 2016, any organisation which provides NHS and/or publicly-funded adult social care services are required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and that they get any communication support they need from health and care services.
2. At the Healthwatch Manchester board meeting in March 2018, an action plan was agreed which authorised the AIS pharmacy reviews.
3. Work commenced on this piece of work in May 2022 and was conducted by Healthwatch Manchester staff and volunteers. In total 6 pharmacies were visited and a review was completed after each individual visit.
4. Across all services visited, we observed little signposting information to NHS/community services. Results ranged from no signposting at all, to just the most basic public health information being in place. Where signposting was available, it wasn't able to be verified for its accuracy at the time of visit.
5. All pharmacies expressed a willingness to comply with the NHS AIS but cited a lack of resources, and therefore an inability to make reasonable adjustments, as the reason that they were unable to.

Recommendations

1. Greater amount of materials helping to signpost people to appropriate services are provided for and easily accessible. This also includes a need to improve the consistency of the provision of EasyRead materials and other accessible formats.
2. Training for pharmacy staff around the Accessible Information Standard (AIS) should be made available and provided on a regular basis.
3. Investment should be made in resources to ensure that local pharmacies are in compliance with the AIS.
4. These reviews should take place on a regular basis and in collaboration with the GMLPC and CQC.

1. Introduction

1.1 Healthwatch Manchester are the independent champion for people who use health and social care services. We're here to make sure that those running services, put people at the heart of care.

2. Background & Rationale

2.1 At the Healthwatch Manchester board meeting in March 2018 an action plan was agreed which authorised the AIS pharmacy reviews. Prior to this we had planned AIS reviews of GP practices following a piece of work showcased by Healthwatch Camden at the 2017 Healthwatch Conference. However, we decided to shift our focus to pharmacies following discussions with the Clinical Commissioning Group (CCG), who were conducting their own AIS reviews.

2.2 Since August 2016, any organisation which provides NHS and/or publicly-funded adult social care services are required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss get access to the information they need.

Organisations are required to provide alternative formats where required, such as braille, large print, and easy read. They must also support people to communicate, for example by arranging a British Sign Language (BSL) interpreter, deafblind manual interpreter or an advocate.

2.3 The Equality Act 2010 was passed in order to provide further protections on top of the existing equalities legislation, such as the Disability Discrimination Act 1995.¹ The act places a duty on all service providers to make 'reasonable adjustments' to ensure that a disabled person is not put at a substantial disadvantage in comparison to a non-disabled person.² The act also outlines nine protected characteristics which help to protect people from discrimination, which are:

- age
- disability
- gender reassignment
- marriage and civil partnerships
- pregnancy & maternity
- race
- religion or belief
- sex
- sexual orientation

2.4 As part of the Equality Act 2010 the existing individual equality duties (race, disability and gender) were combined to create one overall equality duty. Those who are subject to the duty are required, in the exercise of their functions, to consider the following:

¹ NHS England, *Accessible Information Specification*, <https://www.england.nhs.uk/wp-content/uploads/2017/08/accessible-info-specification-v1-1.pdf>

² The Equality Act 2010, <https://www.legislation.gov.uk/ukpga/2010/15/section/20>

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.³

2.5 The interpretation of the equality duty by the NHS is the Accessible Information Standard. NHS England defines the standard as,

‘... a specific, 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.’⁴

3. Methodology

3.1 Work commenced on this piece of work in May 2022 and was conducted by Healthwatch Manchester staff and volunteers. In total 6 pharmacies were visited and a review was completed after each individual visit.

3.2 Healthwatch Manchester representatives interviewed the pharmacy manager and the following Healthwatch Manchester Accessible Information Standard Checklist was worked through:



- Explain the basics of the Accessible Information Standard and ‘the need to do something if not everything’
- Discuss offering alternative formats to all patients and provide a suggested sentence if necessary
- Resolve where to keep large print forms available
- Discuss reasonable adjustments
- Show where to find Easy Read materials
- Explain the rules of Large Print (Large print is defined by the RNIB as being 16pt Arial or bigger)
- Discuss options for deaf patients: give information on BSL relay services
- Signpost to deaf awareness training and e-learning options
- Test the hearing loop. Provide information on options for buying counter loops etc.

4. Key Findings

³ Equality and Human Rights Commission, *Public Sector Equality Duty*,

<https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty>

⁴ NHS England, *Accessible Information Standard*, <https://www.england.nhs.uk/ourwork/accessibleinfo/>

4.1 Across all services visited, we observed little signposting information to NHS/community services. Results ranged from no signposting at all, to just the most basic public health information being in place. Where signposting was available, it wasn't able to be verified for its accuracy at the time of visit.

4.2 Easy-Read materials were sporadically available throughout the different pharmacies. 50% had no evidence of Easy Read, whilst the remaining had some form of easy-read material, through handouts or large labels for medication. However, this was not consistent across practices.

4.3 66% (4/6) pharmacies visited had a working hearing loop. Where not present, cost & a lack of awareness were reasons given for the absence.

4.4 Only 1/6 (17%) of pharmacies had a British Sign Language (BSL) relay/video service. There was a lack of knowledge of this as a requirement, although one service admitted that it had used YouTube to try and be compliant through using "on a tablet" to support deaf users, but this is not enough as a reasonable adjustment.

4.5 Most pharmacies suggested that they were able to make reasonable adjustments where needed, although we did not receive any direct examples.

4.6 Awareness of the Accessible Information Standard was low amongst staff in all pharmacies.

4.7 All pharmacies expressed a willingness to comply with the NHS AIS but cited a lack of resources as the reason for current non-compliance.

Appendices

1. [NHS England – Accessible Information Specification](#)
2. [NHS England – Accessible Information Standard explanation video](#)
3. [UK Government Equalities Office – Fact sheet: The Equality Act 2010](#)



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