



Deaf  and hard of hearing people's experience when accessing health services in Slough 



March 2014

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Executive Summary

Deaf people and their families are a group of people who are likely to experience difficulties in accessing health and social care services. Deaf Positives Action, on behalf of Healthwatch Slough, conducted a survey with 8 Deaf people to find out about their experiences when dealing with GPs and Hospitals.

We sat down with our 8 Deaf volunteers and asked them to share their experiences that they had when accessing GPs or hospitals in the Slough area. We wanted to try and identify areas that need improvements. We recognise that this focus group is not representative of all deaf patients' experiences.

It is apparent that is that there is a clear and urgent need for Deaf Awareness training across the board, as there are problems such as not maintaining eye contact, failing to write important information down and not allowing extra time for appointments.

Recommendations

Booking a GP appointment

- Reception staff would have basic Sign Language skills and surgeries should have information screens so patients know when their name is called and which room to go to.
- A webcam service can be provided via Deaf Positives Action to communicate in an emergency.
- Normally BSL Interpreters need to be booked 2 weeks in advance and consideration needs to be given to what happens in an emergency or if an urgent appointment is required (it is not fair on Deaf patients to have to wait for an appointment longer than a hearing person).
- Referrals for tests or to specialists need to include information about the patients communication needs and if they have a preferred provider for their communication needs to ensure continuity.

Use of interpretation services

- Setting up a webcam, or Skype system on a computer and link into a live interpretation service. The Deaf patient would be able to communicate with an interpreter via the webcam system to explain their issues, book an appointment, change appointment, book a nurse or discuss any other concerns or questions they may have. The live interpreter can relay to the receptionist. Webcam is not expensive (around £25.00) and Skype is free.

Online

- In-vision on the website would make websites inclusive to the Deaf community. It would also clarify words or acronyms and stop confusion or mistakes that can often happen when the correct form of communication has not been used.
- The on-line facility should have a red flag system to alert staff that an interpreter would need to be booked. This would cause a delay in the appointment process however it is the only way for a Deaf person to book as they are unable to telephone themselves.
- Deaf Awareness training for reception staff; Including topics on 'what to say' and 'How not to offend a Deaf person,' along with a few simple signs to welcome people when they arrive at the reception.

Deafness in Slough and the UK

This report looks at the issues Deaf and hard of hearing people face in accessing health care services in Slough every day. It sets out how we identified the problems and we make recommendations to tackle inequality and to give Deaf people a stronger voice as patients.

In this report we use ‘Deaf people’ (with a capital ‘D’) to mean people who have British Sign Language (BSL) as their first or preferred language. Some Deaf people have a foreign sign language as their first language but have learned BSL when they came to live in the UK. However, there are some Deaf people who use International Sign Language as a preferred language, or choose not to learn another Sign Language at all.

According to figures sourced from Slough Borough Council (<http://www.slough.gov.uk/council/strategies-plans-and-policies/sensory-impairment.aspx>) ; an estimated 127 people in Slough have a hearing impairment. This figures will rise by 2020.

Estimated number of adults with sensory impairments

	Slough	2012	2020
Total population aged 18 and over predicted to have a moderate or severe hearing impairment		8,562	10,209
Total population aged 18 and over predicted to have a profound hearing impairment		172	219
People aged 18-64 predicted to have a serious visual impairment		59	65
People aged 65-74 predicted to have a moderate or severe visual impairment		1,569	1,870

As at September 2013, the Slough Borough Council sensory needs register includes:

- 390 people with a visual impairment
- 127 people with a hearing impairment.
- Since April 2013, 38 referrals have been made to Optalis for adult social care. Out of this number, 10 people have received mobility training. In addition 32 people with a hearing impairment have been assessed by adult social care.

Deafness at birth or in childhood has significant effects on the learning of basic skills and this affects 180,000 people in the UK. A further 500,000 people become severely or profoundly Deaf later in life. For them, deafness does not in itself create a need for basic skills, but those who wish to acquire basic skills might find it difficult to access appropriate provision. There are two important subgroups of Deaf learners: those who use BSL as their preferred language and those who use speech and lipreading. Although the best medium of instruction is different for each group, the required strategies for teaching and learning are similar. The last survey of Deaf school leavers was in 1979, it found that the average reading age for all Deaf learners was 8.6. This situation has not improved.

There are 9 million people in the UK with some form of hearing loss

Deaf patients accessing health appointments

Deaf patients had problems with GPs refusing to book British Sign Language (BSL) Interpreters or having to wait for 2 weeks before getting an appointment due to the fact that their communication requirements meant they needed a double appointment and/or the services of a BSL interpreter.

When an appointment had been made the experiences that our volunteers faced were: -

- No communication support at GPs and therefore struggled to understand the GP for a number of reasons.
- For example; the Doctor has an accent, the setup of the room was wrong, poor lighting, the Doctor was in front of the window meaning their face was in the shadow making lip reading difficult, the client was asked to lay face down or stand in front of the Doctor (facing away) again making lip reading impossible.

Further feedback includes: -

- The appointment was treated as a normal 10 minute appointment, 10 minutes is not long enough and they were concerned that the limited time meant that there may be mistakes made in diagnosis or prescriptions.
- Important information on dosage etc. this was not written down to refer to later, and the information leaflets were not in a format easily accessible to someone with English as a second language.
- To clarify BSL users class BSL as their *first* language and English as their *second*.
- To further complicate issues, if the patient is Deaf and from another country they may have learnt BSL but not written English. Patients therefore require an Interpreter to be booked for these appointments.

When our volunteers requested a BSL Interpreter to be booked for their appointment, the surgery told them they have no time to deal with the booking of an Interpreter and insufficient budget to pay for one.

The Ambulance Service and hospitals have little or no access to BSL Interpreters in an emergency situation and many people rely on family or friends to interpret. The problem with family or friends interpreting is that they are not qualified nor insured. There can be concerns for patients regarding confidentiality and often in a distressed state of mind due to them being worried about their loved one.

The same happens at dentist and opticians the problem with dentist is that they further exacerbate the problem by covering their mouth with a mask making it impossible to lip read.

On the whole, Deaf people would prefer to have a BSL Interpreter at appointments; however they would want to be able to communicate with health providers via webcam, e-mail or text. Minicom/Textphone is old technology now and many people do not use them. It is all about equality; a hearing person can use a phone to get an immediate answer and Deaf people require the same access.

Deaf patients cannot use the phone in emergencies, make appointments, to get results, have a telephone consultation or get a repeat prescription.

Recommendations by the panel

- Ideally, reception staff would have basic Sign Language skills and surgeries should have information screens so patients know when their name is called and which room to go to.
- A webcam service can be provided via Deaf Positives Action to communicate in an emergency.
- Normally BSL Interpreters need to be booked 2 weeks in advance and consideration needs to be given to what happens in an emergency or if an urgent appointment is required (it is not fair on Deaf patients to have to wait for an appointment longer than a hearing person).
- Referrals for tests or to specialists need to include information about the patients communication needs and if they have a preferred provider for their communication needs to ensure continuity.

Hard of Hearing

People that are Hard of Hearing sometimes find it difficult to use '999' to explain where they live or misunderstand the questions being asked as they can talk but not hear the information correctly, text is a great way of communication as the information would be clear. The 'emergencySMS' service has now been put in place. Please go to the website at www.emergencysms.org.uk

Sometimes the patient would rely on friends or neighbours to phone the health professionals and when they arrive it can be very confusing for the patient, the

receptionist or GP would then expect them to use pen and paper. This puts pressure on the patient and takes longer for all those involved so it would be good to have communication support or a note taker. If you could not hear the professional very well and misunderstood the communication then the patient would need to have enough time to check and make sure the information is understood correctly. Another idea would be to have a drop in centre with voice over. In a real emergency, how would a Deaf or hard of hearing person get the communication support that they really need, with no access to the phone and very little support once the emergency services arrive?

It's not good enough to provide deaf people with written material

The barrier for Deaf people who have BSL as their first language is that their school education was often not conducted in that language. The structure of BSL is different from spoken or written English. Introducing In-Vision into GPs websites would create accessible content for Deaf people and will help increase their customer base. It is also a great way to raise Corporate Social Responsibility profile.

Remember, the average reading age for all Deaf learners was 8.6 years old. This situation has not improved. Providing accessible website content not only makes good business sense, it also creates product awareness, brand loyalty and inclusion.

Deaf people and their families are a group of people who are likely to experience difficulties accessing health and social care services. Online research reveals a number of examples including a son who had to tell his Deaf father that he was going to die: <http://limpingchicken.com/2013/04/23/i-told-dad-his-battle-with-cancer-was-lost-because-the-nhs-didnt-provide-an-interpreter/>

Deaf Positives Action was asked to take on the task of undertaking a survey with Deaf and Hard of Hearing patients, and find out if all compliance and regulations were being provided to the Deaf community when accessing primary care. Deaf Positives Action did not divulge their identity so the GP surgeries were not aware that they were being evaluated. We performed specific tasks to provide a detailed report about our experiences.

We had meetings with Deaf and Hard of Hearing people; we had good discussions about their experiences at GPs and hospitals. There is no access for Deaf people e.g. webcam, text or email.

This is what we found..... Meeting with the Deaf patient

Deaf or hard of hearing patients - trying to communicate with health professionals

<i>Patient</i>	<i>Response</i>
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<i>Live in Slough</i>	8
<i>Profoundly Deaf</i>	5
<i>Hard of Hearing</i>	3

<i>Communication Method</i>	<i>Oral</i>	<i>British Sign Language</i>	<i>English Speaker</i>	<i>International Sign Language</i>	<i>Other</i>
<i>Deaf</i>		3		2	
<i>Hard of Hearing</i>	2	1			

Most of those use BSL. Only 2 use ‘International Sign Language’ (ISL). Most GPs refused to book a Deaf Relay Interpreter as they are not aware of the importance. Some Deaf people also have additional communication needs and may require a relay interpreter, some Deaf people would benefit from specialist Deaf support i.e. Deaf counselling rather than a hearing person with an interpreter as their cultural needs are important.

Recommendations to improve communication

- Setting up a webcam, or Skype system on a computer and link into a live interpretation service. The Deaf patient would be able to communicate with an interpreter via the webcam system to explain their issues, book an appointment, change appointment, book a nurse or discuss any other concerns or questions they may have. The live interpreter can relay to the receptionist. Webcam is not expensive (around £25.00) and Skype is free.

To use of a live interpreter over webcam would charge between £1.00-£10.00 a minute depending on the supplier. To provide a Deaf Interpreter that can use ISL.

<i>Communication with reception</i>	<i>Pen and Paper</i>	<i>Basically in British Sign Language</i>	<i>Speak</i>	<i>Non-Communication</i>	<i>Other</i>
<i>Deaf</i>	11	11			111
<i>Hard of Hearing</i>	1		11		

Feedback on communication with health professionals

Most patients had a negative experience as they prefer communication via webcam, (Communication Support). They would try to communicate but if no BSL Interpreter is booked this becomes very stressful and inevitably ends with communication breakdown.

<i>Does the surgery supply an interpreter?</i>	<i>Yes</i>	<i>No</i>
<i>Deaf</i>		5

<i>Hard of Hearing</i>		3
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How the patient prefers to contact GP/Hospital

	<i>Phone</i>	<i>Mobile</i>	<i>Email</i>	<i>Webcam</i>	<i>Letter</i>	<i>Other</i>
<i>Deaf</i>		1	1			11
<i>Hard of Hearing</i>	1					11

- Prefer meeting in person e.g. going to see the receptionist in person.
- Email will be easier to communication but the patient’s level of English needs to be considered.
- Same as above by email, some people prefer text as it’s quicker.
- Webcam through Deaf Positives Action to contact on behalf of patient.

Walk in centre?

	<i>Yes</i>	<i>No</i>	<i>Other</i>
<i>Deaf</i>	5		1
<i>Hard of Hearing</i>		1	1

Patients walk into the centre to communicate with pen and paper, the patient can still struggle to communicate.

Accessibility on the Website

We looked at the accessibility for Deaf people. We were interested to find out how easy it would be to read all the information and find their way around the website. Was there a facility to see all the information in BSL, the first language for Deaf people?

Book an appointment online?

There is no online appointment system so have to rely on face to face communication with the receptionist.

How does someone contact the surgery?

The patient will go to the surgery to make an appointment or ask family or friend to make an appointment on their behalf by phone. The patient has no confidentiality, with a qualified Interpreter they would be insured and bound by a code of ethics. The National Registers of Communication Professionals (NRCPPD).

Recommendations to improve communication with deaf or hard of hearing patients

- The websites are clear for people who are not Deaf and cannot speak English. However there is not a service for the information on the website to be signed in BSL. There is not any information on the facilities that Deaf people should receive as their rights. In-vision on the website would make the website inclusive to the Deaf community. It would also clarify words or acronyms and stop confusion or mistakes that can often happen when the correct form of communication has not been used.
- The on-line facility should have a red flag system to alert staff that an interpreter would need to be booked. This would cause a delay in the appointment process however it is the only way for a Deaf person to book as they are unable to telephone themselves.
- It was apparent that the receptionists would need Deaf Awareness training. The training would have to be specific to their role. Including topics on 'what to say' and 'How not to offend a Deaf person,' along with a few simple signs to welcome people when they arrive at the reception. Deaf Positives Action is a local provider and able to offer Deaf Awareness Training.

Conclusion

This work has revealed that there are a number of problems faced by Deaf people in accessing health services in Slough.

This is likely to be in breach of the duties outlined in the Equality Act 2010, which requires service providers to avoid unlawful discrimination and to make reasonable adjustments under the 'Equality Act', it is considered a 'reasonable adjustment' for organisations to book appropriate communication support. Putting Deaf people at a disadvantage when accessing health and social care services could also be seen as a failure to comply with the Human Rights Act 1998 - in particular the right to be free of inhumane or degrading treatment (article 3) and the right to a personal and family life.

As well as the human cost to the people and their families who have had these experiences, there are potential monetary costs due to missed and delayed appointments caused by the absence of interpreters. There are also potential costs arising from miss-diagnosis and inappropriate treatment.

Deaf people are not asking for special treatment, just equal treatment. Patients should have full access to information and the options available to them. Issues with communication and interpreters can mean that Deaf people are unable to be fully involved in decisions about their care.

Healthwatch Slough is committed to raising the voice of Slough patients as well as working with providers to improve service delivery. There are a number of suggestions in this report that organisations can take on board to make a real difference to the deaf patient experience.

Contact for further information

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www.healthwatchslough.co.uk
www.facebook.com/HealthwatchSlough
www.twitter.com/HWslough

Here are some of our volunteers

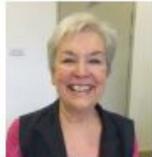
Contact us if you would like to work with Healthwatch Slough in helping to improve local services.



Annette Drake MBE



Clare Jacklin



Eileen Wheeler



Heather Young



Nick Campbell-White



Rebecca Day



Richard Bashford



Lorna Willis



Martin Conibear



Maureen Campbell-White



Maureen Edwin



Myrleen Beckford



Roger Kemp



Ros Croy



Sarah Bowring



Shiela Laws



Shirley Stoddart



Tony Allen



Ulla Isaken



Vera Doe



Jim Stockley



Arunjot Mushiana



Caris Thomas



Colin Philpott



Manvinder Sagoo

Your feedback

Healthwatch Slough is keen to find out how useful this report has been to you, and/or your organisation in further developing your service. Please provide feedback below or via email.

We found the report to be:

Useful / Not useful

Why do you think this?

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.....
.....

We have made the following changes since reading this report:

.....
.....
.....
.....

Your Name and contact details

.....

Your organisation

.....

Please mail to:

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