



Deaf and hard of hearing service user experience in Waltham Forest

Recommendations for improvement

Healthwatch Waltham Forest

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Summary and recommendations

The discussion that took place at our deaf and hard of hearing focus group, highlighted issues that Healthwatch Waltham Forest has heard from other borough residents; the difficulty in getting a GP appointment, limited time with the GP, waiting times at the hospital and a lack of continuity in social care services for example. These are common issues, but for deaf and hard of hearing people they are exacerbated by the difficulty of communicating with staff and accessing services generally lacking in deaf awareness. As attendees confirmed, these difficulties can put deaf people off from visiting their GP or using other health and social care services and, as the SignHealth report (identified below) shows, lead to poorer health in the long term.

Going forward it is vital that:

- There is equality of access, consistency and parity of support for deaf and hard of hearing patients, with protocols in place to cover all aspects of the service, from initial enquiry to service provision and follow up.
- Service users are regularly consulted and routinely involved in the development and evolution of services, including design, implementation, monitoring and review, and further, that they are asked for regular feedback, in a suitable format, to ensure that their needs continue to be met.
- Readily available technology such as email and SMS are used to assist in communicating with deaf and hard of hearing patients.

SignHealth outlined their “*prescriptions for change*” for health staff, NHS England, service commissioners and deaf people themselves in April 2014 and that list is included in appendix 1 for information. Similarly the British Deaf Association (BDA) has a charter of five pledges to “improve access and rights for Deaf people who use sign language”. The first pledge focuses upon access to information and is included in appendix 2. We would like to see all local health and social care services and the London Borough of Waltham Forest adopt the SignHealth suggestions for improvement and sign up to the BDA Charter of five pledges.

Based on the focus group discussion Healthwatch makes the following recommendations to improve how deaf and hard of hearing people access and use services in Waltham Forest, which we believe will improve their experience, bring parity with hearing service users and hopefully improve their health outcomes too. They compliment the SignHealth and BDA charter pledges (see box above) and should be regarded as part of the process of ensuring that deaf and hard of hearing

people can use local health and social care services in the same way as other residents do.

The table below outlines some recommendations based on the discussions that took place during the workshop. Where appropriate we have clarified who the recommendation is most applicable for, and where possible we have kept the recommendations local, looking to local partners to respond and fully consider the options available to them.

<i>Issue</i>	<i>Lead</i>	<i>Recommendation</i>
<i>A general lack of deaf and hard of hearing awareness</i>	<i>CCG LA Provider organisations</i>	1. All front line and customer facing staff in health and social care services should undergo initial and then regular refresher training in deaf and hard of hearing awareness and communication.
<i>Deaf and hard of hearing people are not asked for their feedback on services.</i>		2. Review patient feedback systems in place for specific deaf and hard of hearing services eg audiology department at Whipps Cross, Local Authority sensory team. 3. Recruit deaf and hard of hearing patients to appropriate user groups eg. PPGs, Whipps Cross Patients Panel
<i>Inaccessible GP booking systems</i>	<i>CCG GP Providers</i>	4. Together with deaf and hard of hearing patients review the availability of alternative booking systems (to telephoning) at individual practices, ensuring sufficient choice is available to deaf and hard of hearing patients, and sharing best practice amongst practices across Waltham Forest.
<i>Inadequate systems for acknowledging deaf and hard of hearing patients</i>	<i>CCG GP Providers</i>	5. Ensure systems are in place that can initially capture and subsequently flag deaf and hard of hearing patients at time of registration and booking appointments.
<i>Low use of interpreters and suitable communications support</i>	<i>CCG GP Providers Barts Health</i>	6. Working with deaf and hard of hearing patients identify the variety of appropriate communications support and qualified interpreters necessary for patients. 7. Every service should have an Interpreter Services and Communication Support protocol to ensure that booking and provision of interpreters and communications support is routine, efficient and effective. The onus should be upon the service provider not the service user to ensure that a suitable interpreter service is available as required, without fail. 8. Interpreters used by any service in Waltham Forest should hold recognised qualifications and be of a high standard of proficiency in BSL or other recognised sign languages, as appropriate.

		9. Consider purchasing suitable back up facilities, such as Video Relay Services (VRS) for use in emergencies.
<i>Short appointment times inhibit adequate consultation with GP (and other health and social care professionals)</i>	CCG GP Providers Barts Health LA	10. Review use of standard length appointment times with patients using communications support and interpreters.
<i>Modern technology not currently in use to best support patients</i>	CCG GP Providers Barts Health	11. Together with deaf and hard of hearing patients review the use of technology to facilitate and improve communication. <ul style="list-style-type: none"> ➤ Fax ➤ Email ➤ SMS ➤ Touch screen kiosks ➤ Visual display screens ➤ Tannoy announcements ➤ Vibrating hand buzzers 12. The technology used should be reviewed regularly to ensure it is still meeting a need and in the most appropriate way.
<i>Information gaps in patient appointment letters</i>	Barts Health	13. Amend the standard sentence concerning the booking of translators to include reference to 'wider communications support'. 14. Ensure a telephone number and an email contact on all communications. 15. Review practice at The Royal National Throat, Nose and Ear Hospital (UCLH) with a view to embedding good practice locally.
<i>It can be difficult for deaf and hard of hearing patients to know when it is their turn for an appointment</i>	Barts Health	16. Review appointment announcements at all outpatient clinics and A&E. 17. Consider technology mentioned in recommendation 8.
<i>Deaf and hard of hearing inpatients do not receive the same level of information.</i>	Barts Health	18. Hold a workshop/event with deaf and hard of hearing patients to identify actions to improve inpatient experience.
<i>Longer waiting time for hearing aids</i>	Barts Health	19. Together with deaf and hard of hearing patients monitor waiting times for patients receiving hearing aids over the course of 1/2/3 month(s). 20. Review processes and identify areas of delay with a view to ensuring greater efficiency. 21. Ensure interim measures are available to patients

		waiting for aids.
<i>Patients require a greater number of visits to the audiology department than previously, and there are often lengthy waits.</i>	<i>Barts Health</i>	<p>22. Review policy of distributing only two battery packs at a time.</p> <p>23. Consider increasing repair clinic hours and or adopting an appointment system to improve patient experience</p>
<i>There is inadequate mainstream and targeted information available about health and social care support.</i>	<i>LA</i>	<p>24. All information produced by health and social care services should be available in formats suitable for and accessible to deaf and hard of hearing service users.</p> <p>25. Together with deaf and hard of hearing clients review current information with a view to clarifying areas of ambiguity.</p> <p>26. Seek timely client input when reviewing online and print literature.</p>

Background

Despite similar lifestyles deaf and hard of hearing people, generally have poorer health than hearing people.

“Generally speaking, Deaf people are as active as hearing people, eat a similar amount of vegetables, drink less alcohol and smoke far fewer cigarettes. So, why are they more likely to be overweight, twice as likely to have high blood pressure, and four times as likely to be on the verge of diabetes?”

How the Health Service Is Failing Deaf People, SignHealth (March 2014)

Research shows that this disparity is due to a lack of health information, difficulties in seeing health staff and poor communication with them. For example 45% of deaf people have to go into the GP surgery to make an appointment and, once there, although 80% would like to use sign language only 30% are offered the choice to do so.¹ Deaf people are more likely to suffer a poor diagnosis, poor treatment, poor access to services, communication issues and a lack of information than are hearing people.

The Focus Group

Healthwatch Waltham Forest, in partnership with the Waltham Forest Deaf Forum and the British Deaf Association (BDA), held a small focus group for deaf and hard of hearing residents in the borough on March 13th 2014 to explore the issues encountered locally. Some staff members of the London Borough of Waltham Forest Sensory Team were also in attendance. This is a summary of the discussion during the day and recommendations arising.

The day started with a general introduction of Healthwatch. Thereafter the format was round table discussion of three broad topics, GPs, hospitals and social care services. Attendees were split in to smaller groups with a facilitator and appropriate interpreter support on each table. Interpreter services included Speech To Text Reporting (STTR), BSL interpreters and a hearing induction loop service to allow everyone to participate equally. Each table was asked to prioritise their discussion on each topic, deciding on the top issues for each service and then the room agreed key priority areas which inform our recommendations.

¹ Pg 3, Sick Of It Report, SignHealth, <http://www.signhealth.org.uk/health-information/sick-of-it-report/sick-of-it-in-english/>

Experiences of GP services

Key themes from all the tables included communication, awareness and better use of technology.

Each table had examples of poor practice, such as being treated in a condescending manner by the GP, being unable to use the phone booking system and needing to rely upon family or friends to book an appointment or having the GP turn away or not look up from their case notes or PC screen while talking to the patient. It was noted that this latter point made it impossible to lip read, where this might otherwise have been a small aid to communication. These examples indicate a general lack of awareness of the needs of deaf and hard of hearing people and the discussion explored this in more detail.

Appointment booking

Many GP surgeries now have a telephone booking system that requires patients to call for an appointment during set times only. Attendees said they have issues with this system, mainly because they cannot use the phone at all or have extreme difficulty in doing so, often requiring the use of a special phone which GP's generally do not have. One attendee also noted she has to rely upon her father and therefore has to ensure he is available to ring at the specified time.

Some attendees commented that they sometimes have difficulty understanding heavy accents at GPs, and this was echoed in discussion about other health and social care services.

Good appointment booking practice at one Walthamstow surgery, The Firs, was commended. The booking system has been adapted to the needs of deaf people, they can email to book an appointment, are then notified of the date/time and an interpreter is booked as part of the process. Appointments can be at short notice with this system which does mean that an interpreter might not then be available. Churchill Medical Centre in Chingford was also commended, offering SMS service to one deaf patient, enabling them to book appointments without having to telephone.

Interpreters

The lack of interpreters at the surgery was raised by several people. Some complained that despite having a booked appointment and a previously noted need for interpreter services when they arrived for the appointment nothing was available. The impression of the patient was that the reception staff did not see it as a priority or that it was not their job to book the interpreter. In these instances patients have had to wait several hours for an interpreter to be booked and then arrive at the surgery, or have had to reschedule their appointment. Another option is to call upon family or friends to accompany them to the appointment to be sure of being seen on time. However attendees raised the issue of privacy, not wanting to discuss intimate medical details with their GP via a close

relative/friend, and also the practicality of ensuring someone was available to accompany them on the given day.

The quality of interpreters was also discussed. One woman felt that her already short appointment slot with the GP was effectively made shorter when the standard of interpreting was poor and everything took longer to explain. There was consensus that deaf and hard of hearing people should have longer appointment slots than other patients, in recognition of the extra time interpreting or lip reading takes.

Technology

Technology in the surgery was discussed. Attendees were generally positive about it where it was used appropriately and simplified their visit, but wanted modern systems in good working order. According to attendees some surgeries rely overly on fax contact with deaf people, an out dated mode of communication superseded by email or SMS for example. Touch screen kiosks to check in on arrival for an appointment were mentioned as a positive thing, except where they were out of order; they were generally seen, by attendees, as preferable to approaching reception staff, however it was also noted the technology is not suitable for deaf blind individuals.

Attendees thought that GP surgery staff, including the doctors, should keep up to date with current technology and use the latest and most useful systems and products to improve the service for deaf and hard of hearing patients. Having deaf people on Patient Participation Groups (PPG) could assist with this, as well as regularly asking people what they need. One attendee asked why records do not include a note of the patient's communication needs so that this can be flagged each time they book.

Each table brought up the anxiety of attending medical appointments and not wanting to miss your name being called and thereby miss your appointment slot, which had happened to one attendee on several occasions. Visual displays to call patients to their appointment were generally seen as a good thing, and preferable to being summoned to the appointment by the calling of your name. However visual displays do not always suit those who are deaf and blind and one attendee described them as "hypnotic". One man spoke positively about a system, used outside the borough, of calling deaf and hard of hearing people to their appointment using vibrating hand buzzers.

Communication

Interaction with the GP was variable; some attendees had good relations with their doctor and spoke positively about them. One commended their GP's interest in sign language, often asking how to sign unfamiliar words and generally demonstrating an interest in their deafness. Others felt that their GP did not treat them well, one described hers as "*patronising, he just processes me, rather than*

treating me as a person". She also felt that he did not listen to her and that he thought her unintelligent because she did not read English.

Reception staff, it was generally agreed, need more understanding and training in dealing with deaf and hard of hearing people. The attendees believe a perceived lack of patience and poor communication amongst reception staff could be overcome with deaf awareness training.

In addition to needs in the GP environment, attendees highlighted issues around medication, noting in particular that interpreter staff at the pharmacy would help reassure deaf and hard of hearing people that they properly understand how, and how not, to take the medicine they are prescribed. Several people discussed the difficulties they have reading and understanding highly technical language on medication packets and bottles and how beneficial it would be to sign with someone to ensure they fully understood the medicine. This was particularly the case for deaf attendees who do not have English as a first language. They often leave the pharmacy unsure about dosage or contraindications and rely upon relatives or friends to assist, even if they too do not fully understand the instructions.

The agreed priorities for GP surgeries are to:

- **improve communication** between staff and deaf and hard of hearing patients,
- **offer more practical support** for example technology where useful and adaptable to the varied needs of deaf and hard of hearing people, longer appointment slots or provision of quality assured interpreter services

Experiences of Whipps Cross University Hospital and other hospitals

One attendee described the forward planning needed for a routine hospital appointment when everyday, easy communication cannot be assured. Another pointed out that the start of the process, an appointment letter, includes a map and advice to get in touch if one needs a translator or the information in different languages, but fails to include wider communication support details. Often there is only a contact phone number to call, and the group felt strongly that at the very least an email contact or SMS number should be included as well.

The attendees find that it often falls to deaf people to be proactive and make sure they will have the appropriate support available to them when required at the hospital. One attendee previously carried a “deaf” card to give to reception and other staff, setting out her situation and needs, but it was retained and she no longer has it. It was also only effective some of the time.

For the attendees, as with GP appointments, the biggest worry at the hospital is missing their appointment slot by not realising they are being called for their turn. This applies whether going for a routine appointment or waiting at A&E to be seen. The waiting is stressful for any patient but this stress is increased for attendees, especially where there is no provision for their deafness. In Whipps Cross Outpatients staff call the next appointment from behind the patient seating area, so the attendees cannot see or hear when any name is being called, let alone their own.

Interpreters

On the wards there is no interpreter support during ward rounds and so attendees feel they do not receive that same level of information or service that other hearing patients do. There was agreement that staff don't explain what is happening or why and that they have to ask for information more frequently than other patients. One attendee felt that “*staff talk to everyone else, but not me*”. One felt that staff spoke to her father and ignored her; one doctor asked if the deaf patient was a “retard”.

There was concern about the standard of interpreters in hospitals, with a wariness of jargon and complicated medical terms; British Sign Language (BSL) in the hospital setting needs to be as simple as possible, rather than highly technical. However attendees agreed with the need to have BSL interpreters in the hospital, and indicated they prefer face to face contact over Video Relay Services (VRS) conference interpreting. Where no interpreter is available attendees have relied upon family and or friends but again the issue of privacy is a concern. One woman said she would prefer to have a qualified impartial interpreter available rather than rely upon family or friends. There was no particular issue about the gender of interpreters, attendees were happy to have an effective interpreter available.

Attendees recognised that accessing care in an emergency might mean that an interpreter is not available when they require one and VRS in this situation was seen as preferable to no support at all and could also mean receiving treatment more quickly. One woman had cut her arm very badly and was left in A&E while an interpreter was found, this took more than four hours and she was very worried during this time. She was unable to understand the level of seriousness of the injury and staff unable to reassure or explain things to her.

In some, though not all, emergency situations involving deaf and hard of hearing people VRS can be useful and a practical solution according to attendees. A pregnant friend of one attendee had been seeing a signing midwife but when her contractions started early “her” midwife was unavailable and she gave birth alone, unaware of what the available midwife wanted her to do or what was happening due to an inability to communicate. This experience had put off several of her friends from having babies in case a similar thing happened to them.

Service provision

Changes to audiology services in hospitals were discussed. Some changes such as having to go to Whipps Cross for a change in batteries where previously the service was offered in GP surgeries, or repairs to tubes that were done in Hurst Road Clinic but are now done in Whipps Cross, are not popular according to attendees. Cochlea implants are now only offered at Nuffield, not Whipps Cross. Attendees would like to see more services in the community, rather than centralised at Whipps Cross or moved further away.

Budget cuts are impacting upon the service, according to attendees. They have experienced longer waits for hearing aids; previously it took 4-6 weeks from hearing test to ear mould to hearing aid and is now 4-10 weeks without any interim support during this extended time. They said that home visits are no longer available, which impacts upon the elderly deaf and hard of hearing in particular. Whipps Cross only gives out two packs of batteries at a time whereas the Royal National Throat, Nose and Ear Hospital, a University College London Hospitals (UCLH) site, always gives out a pack of ten, so patients have to return to Whipps Cross more frequently. The repair clinic, held two mornings a week, is very busy and waits are long as it is walk in, rather than by appointment according to attendees.

There was agreement that Ear Nose and Throat (ENT) services at Whipps Cross are good, Sensory Team staff said their clients speak highly of the service, though the feeling amongst attendees was that staff could be more deaf aware. The Royal National Throat, Nose and Ear Hospital at UCLH (one of the largest ENT hospitals in the country) was praised as very deaf aware and an example to Whipps Cross of good practice. One attendee explained that UCLH sends patients emails and texts and any letters sent include a text or email contact. It is also possible to email the

audiologist directly. On site they have a fire alarm flash system to alert patients in the event of a fire, this includes in the public toilets.

On one table the feeling was that while ENT at Whipps Cross provides a good service generally the ethos is one of making everyone hearing able rather than supporting the deaf culture and allowing people a choice. They agreed that not everyone wants an implant and a greater choice of equipment and information should be offered to patients so they can make an informed choice about what works for and suits them best.

The agreed priorities for Whipps Cross and hospitals in general are to

- **Improve deaf culture awareness**- respect that not all deaf people want to be made hearing able and work with them to achieve what they want rather than what you think they need or want
- **Improve communication** - ensure that all staff are trained to communicate appropriately with deaf and hard of hearing people and “talk” directly to them rather than to friends, family or interpreters. Ensure interpreters and wider communication support is available.
- **Reduce the stress of the hospital environment** - where possible employ technology to ensure deaf and hard of hearing can interact in the same way as other patients and feel in more control of their situation.

Experiences of Social Care support

There was no clear consensus about social care services for deaf and hard of hearing people and the focus of discussion differed from table to table. This perhaps reflects the varied level of general interaction attendees have with the Sensory Team and other social care services as well as the variety of disabilities attendees have, beyond their deafness.

One table looked at the barriers that hamper them and deaf people in general from joining the social care professions. One student had tried to enrol on a social work course but had been rejected due to the standard of her fluency in English. Having wanted to specialise in social work with the deaf she believed her fluency in English would not be a problem, since she is fluent in BSL.

This gave rise to a discussion about deaf services being run by people without first hand experience of deafness. The attendees would like to see more consultation about what services are needed and how to run them. They said that currently deaf people are not asked for their feedback on existing service or input on new services. An example is the recently relocated Sensory Team, who have moved to a new location and attendees do not feel that they have been kept informed about the move and other changes to the service.

Since the event we have been informed that the service moved in 2008.

The Sensory Team spoke about what services they provide, including assessments of needs, equipment and emotional support. They recognised that people often want equipment that they cannot provide but what they do provide is of reasonable quality. They also signpost to other providers and support options to ensure people get what they need.

Discussion about equipment included the observation that funding and support has decreased and users are paying for more of their equipment now than previously. One woman has to wait until she can afford to replace or repair broken equipment and has to do without it until it is fixed. Another enjoyed hydrotherapy which helped her enormously but it was only funded for six weeks and she cannot afford to pay for this herself on an ongoing basis, despite its benefits. Another relies upon a videophone at home but also needs a reliable internet connection for it to work effectively, which is expensive.

The discussion about deaf and blind people amongst attendees included the need to see separate advisors; there is a deaf support worker and a blind support worker and if a service user is deafblind both are involved in the case. One attendee currently has to liaise with three specialist across adult social cares. The Sensory Team pointed out that while this is not ideal the known deaf blind population in the borough is relatively small. However the group discussed the discrepancy in numbers, arguing that not all deaf blind people are registered as such. Regardless, the group would like to see teams with varied skills to support all the different

groups and issues encountered, rather than the one size fits all approach currently taken.

There was a general perception in the room that hearing people find it easier to navigate the social care system than deaf people and access more services because of this. Attendees don't find it easy to get information about what they are entitled to and cannot easily communicate their needs because of the lack of BSL amongst social care staff. The Sensory Team explained how they try to facilitate interaction with deaf people using simple techniques, such as sitting face to face in a well lit room, as well as using BSL.

The agreed priorities for social care services are to:

- **Improve information** - provide more information in accessible formats to deaf and hard of hearing people
- **Improve communication** - engage in two way conversations with deaf and hard of hearing, consult them, ask them what is needed, reduce the layers between people and the service.
- **Become more deaf aware** - look at ways of getting more deaf and hard of hearing into social care and health professions so their insight and expertise can be used to improve the service and meet people's needs.

Additional discussion

Services

Discussion also covered the variety of services and support available elsewhere, previously available local services and support and the general paucity of information for deaf and hard of hearing people.

Attendees thought that:

- the Link Centre based in Eastbourne provides good national services, including courses that were previously referred to and paid for by the PCT/GP which no longer happens.
- the Ear Foundation in Nottingham provides good courses about cochlear implants, particularly for children and young people. Attendees believe that other boroughs pay for attendance on these courses but do not know whether LBWF does.
- the Redbridge based Bourne Court Resource Centre is popular, offering lip reading courses that used to be available in Waltham Forest and would likely be popular if offered locally again.
- the National Deaf Children's Society has a very good video that people may find very helpful.
- the Boots hearing aid service, which is private, is popular because it has short waiting times for hearing tests and aids. Attendees think it should be provided for free.
- social groups are needed, Deafblind UK have set up groups in Newham and Tower Hamlets but not in Waltham Forest.
- a resource centre in Waltham Forest is needed; people currently leave the borough to go to other resource centres. A local one-stop-shop for deaf and hard of hearing would be welcomed.
- the 28 day trial period for testing equipment via Action on Hearing loss is useful.
- practical support including providing one to one demonstrations of how to clean and maintain a hearing aid when it is issued should be standard practice.

Coordination of services

The perception amongst attendees was that they need good deaf and blind awareness from service providers but that moral and practical support is lacking in the borough. The feeling was that attendees get passed from department to department and nothing is achieved. For example attendees were aware of some dental practices that have to be rung by the council to remind them of their obligation to provide interpreters.

Prevention

There is a perceived lack of information generally and attendees highlighted support for tinnitus, Meniere's and vertigo. Whipps Cross runs a tinnitus clinic but it is by appointment rather than drop in so not everyone is aware that it exists. This lack of information and of resources means that people are generally unaware about the causes of deafness and hearing loss. It also means that deaf and hard of hearing people cannot easily find out about services that might be of use to them and kept up to date on technological developments.

Support Groups

Attendees believe that support groups in the borough could fill this gap by providing relevant and timely information to deaf and hard of hearing people, but none currently operate. A suggestion was made to use resource hubs and existing organisations to promote the Sensory Team's work which would mean that more deaf and hard of hearing people could make use of their services. Attendees would like the service to be more widely promoted and improve how it communicates with service users.

Advocacy

Attendees were also keen to make use of advocacy services, for writing to GPs for example. They would also like deaf and hard of hearing people to be fully aware of their rights and entitlements with regards to local health and social care services.



This report was produced by Healthwatch Waltham Forest, the independent consumer champion for health and social care. We believe that the patient should be at the centre of health and social care services and when it comes to shaping the future of those services every voice counts. The more people who speak out, the more we can speak up.

Glossary

A&E - Accident and Emergency department

BDA - British Deaf Association

BSL - British Sign Language

ENT - Ear, Nose and Throat

GP - General Practitioner

LBWF - London Borough of Waltham Forest

PCT - Primary Care Trust

PPG - Patient Participation Groups

SMS - Short Message Service

STTR Speech To Text Reporting

UCLH - University College London Hospitals

VRS - Video Relay Services

Appendix 1 SignHealth prescriptions for change

A 2014 SignHealth report exploring the situation of deaf people in health and social care set out “prescriptions for change” for various groups:

Drs, nurse and support staff

- Ask Deaf patients how they would like to communicate with you and record it on their notes so that next time they make an appointment you can make the best arrangements possible.
- Offer online booking for appointments, and SMS or email contact with the surgery.
- Book double-length consultations to allow for the interpretation.
- Make sure you set up a system for calling patients which doesn't rely on them hearing you calling their name.
- Set-up a simple system for booking interpreters and make sure all staff know how to do it.
- Take a few minutes to set-up InterpreterNow at your practice for the times when you can't get a face-to-face interpreter quickly enough.
- **NEVER** ask a family member to interpret.
- Check hearing aids are working on admission to hospital.

NHS England and government

- Routinely collect and record data on whether a person is Deaf, and their preferred method of communication.
- Set clear standards for access to healthcare by Deaf people, so that providers and patients are clear about what is expected and acceptable. Have them regulated by the CQC.
- Nationally commission specialist services, including sign language based psychological therapies.
- Routinely make health information accessible to Deaf people.
- Commission more research and engage with the Deaf community.

Commissioners and health service managers

- Offer Deaf awareness training to all frontline staff.
- Ask and record the patients' preferences for communicating during consultations.
- Build in the “reasonable adjustments” the Equality Act demands. For sign language users that will usually be access to a sign language interpreter. Communicating in consultations using lipreading, or writing things down, is only a reasonable adjustment if that's what the patient has asked for it.
- Test your services on the basis of whether they are accessible to Deaf people.
- Collaborate with others to provide economies of scale for services such as interpreting and sign language based psychological therapies.

Deaf people

- Add your name to the Sick Of It petition at www.sick-of-it.com
- Under the Equality Act 2010 doctors and hospitals **HAVE** to do everything reasonable to give you good access. That normally means offering communication support.
- Tell your doctor about InterpreterNow. It's not always a substitute for face-to-face interpreters, but it is a great back-up.
- Don't just take it. Complain when getting to see the doctor is difficult, and when communication is not good enough.

- Follow the Deaf Health Charity SignHealth online for health advice and
- information in BSL.

The full report can be accessed via the SignHealth website

(<http://www.SignHealth.org.uk/>) or here

<http://www.SignHealth.org.uk/health-information/sick-of-it-report/sick-of-it-in-english/>

Appendix 2 BDA Charter

The British Deaf Association have a British Sign Language (BSL) charter aimed at improving the quality of life for deaf and hard of hearing people and includes improving access to information and services for deaf and hard of hearing people

(1) Ensure access for Deaf people to information and services

Pledge: Deaf people will get the same quality of provision, information and standards and the same right to be consulted as everyone else.

This will make more Deaf people (include those who have problems with written information) aware of services and able to access these independently.

It will also ensure compliance with the Equality Act 2010.

The full charter can be found on the BDA website (<http://www.bda.org.uk>), or here http://www.bda.org.uk/uploads/BDA/files/BSL_charter2014_Website.pdf

Appendix 3 Links

Links to organisations and schemes mentioned in the report:

Action on Hearing Loss - <http://www.actiononhearingloss.org.uk/>

Bourne Court Resource Centre Redbridge - Redbridge Sensory Service, 25 Bourne Court, Southend Road, Woodford Green IG8 8HD

British Deaf Association - <http://www.bda.org.uk/>

Deafblind UK - <http://deafblind.org.uk/>

Ear Foundation in Nottingham - <http://www.earfoundation.org.uk/>

Hearing Link Centre in Eastbourne - <http://www.hearinglink.org/home>

National Deaf Children's Society - <http://www.ndcs.org.uk/>

SignHealth - <http://www.signhealth.org.uk/>