

Access to Services for Deaf People

Agenda item 11

Date	28 January 2015																
Board Sponsor	Peter Pinfield																
Author	Jo Ringshall, Director Healthwatch Worcestershire																
Relevance of paper	<p>Priorities</p> <table border="0"> <tr> <td>Older people & long term conditions</td> <td>Yes</td> </tr> <tr> <td>Mental health & well-being</td> <td>Yes</td> </tr> <tr> <td>Obesity</td> <td>No</td> </tr> <tr> <td>Alcohol</td> <td>No</td> </tr> <tr> <td>Other (specify below)</td> <td>No</td> </tr> </table> <p>Groups of particular interest</p> <table border="0"> <tr> <td>Children & young people</td> <td>Yes</td> </tr> <tr> <td>Communities & groups with poor health outcomes</td> <td>Yes</td> </tr> <tr> <td>People with learning disabilities</td> <td>Yes</td> </tr> </table>	Older people & long term conditions	Yes	Mental health & well-being	Yes	Obesity	No	Alcohol	No	Other (specify below)	No	Children & young people	Yes	Communities & groups with poor health outcomes	Yes	People with learning disabilities	Yes
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Item for	Consideration																
Recommendation	<p>1. That the Health and Well-being Board:</p> <p>a) Consider the Access to GP Services for Deaf People report and its recommendations; and</p> <p>b) Encourage the implementation of the recommendations of the report by all commissioners and providers of GP services particularly to reflect their Public Sector Equality duty</p>																
Background	<p>2. One of the issues consistently raised with Healthwatch Worcestershire (HWW) has been that Deaf people and their families were likely to experience difficulties accessing GP services. Information received locally combined with the experiences of Deaf Direct, a local charity that serves Worcestershire and national data confirmed this was a national problem which is reflected in the local experience across the County.</p>																

3. Deaf people experienced issues such as missed appointments due to a lack of visual prompts in the waiting room, friends and family being relied up to interpret and difficulty in making appointments due to 'telephone only systems'.
4. It was decided to survey GPs to ascertain what services they offered to deaf and hard of hearing patients and what adjustments were made to ensure they received a good experience when accessing their local GP services.
5. The procedure was:
 - Devise survey and distribute to all GP surgeries across Worcestershire
 - Collate responses
 - Discuss responses with local Deaf Charity and provider of BSL and other interpreter services with a view to assessing the quality and accuracy and appropriateness of the responses
 - Compile report, conclusions and recommendations
 - Report reviewed by Task and Finish Group from Healthwatch Worcestershire's Reference and Engagement Group.
 - Report reviewed by Board of Directors and co-opted members of the Board and approved for distribution
 - Distribute report.
6. All 68 surgeries were surveyed of which 28 responded which equates to a 41% return rate. Some surgeries were reluctant to provide detailed information and wrote back with the minimum response. Further details of the responses received can be seen within the report. Some Surgeries told us they did not record whether patients were deaf or hard of hearing so could not respond.
7. The response rate to the survey was relatively low and therefore the results are only indicative of the provision of services across the County however this is supported by the evidence accumulated by HWW and the Deaf Health Charity Sign Health for their "Sick of It" campaign. The responses do, however, show an inconsistent approach across the County.
8. The GP survey has highlighted a number of issues experienced by Deaf and Hard of Hearing people when accessing GP services across Worcestershire. A distinction should be drawn between patients who are profoundly deaf and whose first language is often BSL and hard of hearing patients who have developed hearing loss often later in life and who depend upon hearing loops and do not use BSL. Many of the basic

Conclusion

issues such as difficulty making appointments do affect both groups but there are very specific issues affecting the profoundly deaf.

- Difficulty making appointments where the appointment system is by telephone only and consequent reliance on family and friends to communicate with the Surgery
- Lack of visual prompts in the surgery to ensure that patients are aware when they are called for their appointment
- Triage systems which do not make adequate allowance for patients who are deaf or hard of hearing
- Inconsistent access to BSL interpreters and a lack of awareness of other methods of communication available such as on line interpreting for the profoundly deaf
- Reliance on family and friends to interpret or on written communication which may not be the patients preferred method of communication.

9. There were also some areas of good practice which were highlighted by the survey:

- Surgeries where appointments could be made by email and SMS
- Visual prompts in surgeries for appointments
- Surgeries where double appointments were routinely made for patients with hearing difficulties to allow time for effective communication
- Clear and obvious procedures for booking BSL interpreters

10. What is clear from the survey is the provisions made by GPs surgeries to improve access to health care for Deaf people is inconsistent across the County. This could 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 to ensure equality of service. Under the Equality Act it is considered a reasonable adjustment for organisations to book appropriate communication support.

11. The report recommends:

- 1) Review how Deaf patients book appointments and how appointments are confirmed, making sure a range of options are available; email, on-line, text, Typetalk, fax and face to face.
WHO – GP practices
- 2) Mark patients records quite clearly that the patient is deaf and set up a clear and simple process for

ensuring the patient is aware when it is their turn.
WHO – GP practices

- 3) Provide Deaf Awareness Training for all staff who have contact with the public, including Receptionists and Practice Managers. The training should be delivered by an accredited trainer.
WHO – Health and Social Care service providers.
Key agencies in Worcestershire such as CCGs, NHS England, Area Teams, County and District Councils
- 4) Advertise and promote interpreting provision by
 - Displaying posters in surgeries, hospital and council offices to remind staff to book an interpreter
 - Making a checklist or leaflet available to all staff as a reminder of their responsibilities to Deaf patients and how to book interpretersWHO – Health and Social Care service providers and service providers for BSL and other interpreters
- 5) Review how providers become aware of the preferred language or preferred method of communication of their patients and carers who are Deaf.
WHO – Health and Social Care providers
- 6) Adopt simple visual indicators in waiting rooms and reception areas. For example give everyone a number when they arrive and display the number on a screen when it is their turn.
WHO – Health and Social Care providers
- 7) Consider access to services for deaf people when tendering and reviewing contracts.
WHO – Commissioners of health and social care services
- 8) When the patient is referred on to other services ensure letter/notification includes highlighting the patient is deaf as this information is sometimes lost.
WHO – GP practices

12. HWW will circulate their report widely to all commissioners and providers of GP services asking for the recommendations to be implemented where appropriate. HWW will be revisiting the survey in the summer of 2015 to monitor outcomes and actions arising from the report.

13. NHS England is creating a standard of 'Making Health and Social Care information Accessible. This information standard would require all NHS and Social Care Organisations – including GPs and Dentists to:
 - a) Identify and record whether a patient or service user has different information needs or communication support because they have a disability, impairment or sensory loss;
 - b) Share and record needs
 - c) Provide support/meet needs
14. Healthwatch Worcestershire will be using the results obtained from their survey to feed into the creation of this information standard.