



Our community engagement and intelligence

A focus on hearing loss

February 2018

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1. Background

During August 2017 we received information from Middlesbrough Deaf Centre, highlighting issues affecting some of their service users in accessing various health and social care services. The main issues raised were:

- Difficulties in making a GP appointment
- Lack of interpreting services at GP appointments
- Problems with interpreter bookings, especially if appointments are delayed
- Communication issues during hospital stays
- No text provision for crisis support
- No emergency appointment or emergency service interpreter provision

These issues highlighted barriers encountered by service users and the difficulties they may have when making an appointment. The Accessible Information Standard (AIS) introduced in August 2016, states that people with sensory loss or people with a disability should receive support to access services and receive information in a format they can understand.

2. Accessible Information Standard

From 1 August 2016 onwards, all organisations that provide NHS care and/or publicly-funded adult social care are legally required to follow the Accessible Information Standard.

The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and social care services.

The Standard informs organisations how they should ensure that service users, their carers and parents can access and understand the information they are given. This includes making sure that people get information in accessible formats.

The Standard also informs organisations how they should make sure that people get support from a communication professional if they need it, and about changing working practices to support effective communications.

2.1. What does the Standard tell organisations to do?

Organisations that provide NHS care or adult social care must do five things. They must:

1. Ask people if they have any information or communication needs and find out how to meet their needs.
2. Record those needs clearly and in a set way.
3. Highlight or flag the person's file or notes ensuring that communication needs are visible to staff and addressed appropriately.
4. Share details about peoples' information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
5. Take steps to ensure that people receive information that they can access and understand and receive communication support if needed.

2.2. What does the Standard include?

It says that patients, service users, carers and parents with a disability, an impairment or sensory loss should:

- Be able to contact and be contacted by services in accessible ways e.g. via email or text message.
- Receive information and correspondence in formats they can read and understand.
- Be supported by a communication professional at appointments if needed e.g. a British Sign Language interpreter.
- Get support from healthcare staff and organisations to communicate e.g. to lip-read or use a hearing aid.

More information about the Accessible Information Standard can be found at www.england.nhs.uk/accessibleinfo.

After gathering this intelligence, we visited all GP surgeries across South Tees to determine how many surgeries enabled patients with hearing loss to book appointments via text. We found that five GP surgeries across South Tees enabled patients to make appointments via text message. A further four surgeries have a text talk facility.

3. Hearing Loss Event

To determine the impact on service users we held a community engagement event on 1 November 2017 at the Middlesbrough Deaf Centre to give people an opportunity to share their experiences of all local health and social care services. The Deaf Centre promoted the event and CJ Interpreting Services supported us on

the day and created a BSL video informing service users about the event, which was shared within the deaf community.

We gave an overview of Healthwatch and our role as a patient voice organisation, which prompted those attending to share their own personal experiences. A total of 22 people attended the event from South Tees (Middlesbrough and Redcar & Cleveland), who were keen to share their experiences on a wide range of topics. A summary of their feedback is detailed below:

3.1. Interpreting Services

A lady informed us that when she attended a GP appointment at Grange Medical Centre, no interpreter had been booked for the appointment. The GP asked the lady to write down what was wrong with her. The lady informed the GP that they need to make a note on her records that she is deaf and requires support.

A patient from Cambridge Medical Practice informed us that the surgery has never provided an interpreter and she has always relied on a family member to support her.

For planned check-ups at the dentist the booking of an interpreter was generally considered to be a smooth process. However, when an emergency appointment is needed there is an issue to book an interpreter as 24 hours' notice is required, this is the same with the GP.

There was a lot of misunderstanding on whose responsibility it is to book and pay for an interpreter at appointments. For instance, some people didn't realise you could have an interpreter at an optician's appointment. A young man in attendance who has severe sight problems said he's never had an interpreter and said that there is no information displayed at opticians to inform patients that you can.

There was a lack of understanding regarding what people with hearing loss are entitled to and very little awareness of the Accessible Information Standard. Some of those in attendance have been told by their GP that it's the service user's responsibility to book an interpreter. Promotion implementation needs to be improved.

Interpreting services have never been provided at Genix Dental Clinic in Middlesbrough or the Discovery Practice.

An individual queried if they could choose which agency is used to book an interpreter. The service user visits the glaucoma clinic every six months and feels that the current provider does not meet his needs.

Concerns were raised over some interpreting agencies. Interpreters should be registered, hold an ID card and have a current DBS and insurance. Service users believe that some agencies are using interpreters who do not have this and could be causing risks to patients.

3.2. Provision of interpreting services at emergency appointments

The policy at the Village Medical Centre is to book a same day appointment but this does not allow time to book an interpreter. “When we need an emergency appointment we need an emergency interpreter.”

Patients at Borough Road & Nunthorpe Surgery are registered as having hearing loss on their system. There is an icon in the corner of the TV monitor highlighting the need for a BSL interpreter, however 24 hours’ notice is required to book an interpreter. If an emergency appointment is required patients will need to bring a friend or relative.

“If at the last minute I need to go to the doctor, I need an interpreter. My whole family is deaf, and I like to be independent. There is no interpreter at A&E and this has made communication difficult.”

“There is no BSL interpreter at A&E in James Cook University Hospital.”

“Although 111 has type talk, this takes far too long, and I gave up. I went through everything and was just waiting to find out which hospital to take my daughter to, there was a staff change and I had to start it all over again. It ended up with my son having to find out the hospital name - he is seven years old.”

“111 do have a BSL video online but if you don’t have access to the internet this is no use.”

One family asked what 111 was as they have never heard of it. The whole family is deaf.

999 - patients must register a mobile number with the North East Ambulance Service (NEAS) to use the 999 services via text and update them if their number changes. If you are not registered, then you cannot use the emergency services. Concerns were raised that there was not enough awareness about this service and should be more heavily promoted.

3.3. Booking GP Appointments

One of the service users commented on a recent visit to their GP Practice. The patient had gone to the doctors to book an appointment at the reception desk as the Practice does not have a text facility to book appointments. She was informed by staff that she needed to ring at 8am. The patient informed the receptionist that she was deaf and unable to do so. The receptionist responded by querying why a family member could not do this on her behalf.

Another service user, who is profoundly deaf, informed us that her Surgery had instructed her to phone them at 08:30am for an appointment. When she told the Surgery she was unable to use the phone, they asked her to get a family member to contact them. The only person who lives with the lady is in full time education and has left for school at this time in the morning. The patient added that this was not appropriate as she does not always want her family to know she is going to the doctors.

3.4. Communication

A patient thought she had been given the wrong medication when picking up her prescription at the pharmacy. Due to a lack of communication in her GP appointment, it had not been explained to her what the medication was for.

“It is difficult for the deaf community to provide feedback on services as the methods that providers use are not suitable for people with hearing loss. Therefore, many services think that they are meeting patients’ needs as feedback is not able to be given. It is also difficult to make a complaint about any service and about BSL interpreters. A lot of people with hearing loss do not have basic written skills.”

“I cannot understand letters sent by the hospital.”

“Services should employ either a deaf person or someone who can understand BSL. At a minimum, staff should have deaf awareness training.”

“An interpreter wasn’t booked for my GP appointment as a new member of staff did not know I was deaf. It was not stated on my medical records that I require an interpreter. There was no interpreter provided and the doctor asked me to write down what was wrong. I told the GP that this should be on my records.”

“The staff at my surgery are aware that I am deaf but still call my name when it’s my appointment. The surgery should have a GP monitor. I was sat for a long time and was told my name had been called out but as I am deaf I didn’t hear it.”

Audiology department at James Cook - “the one department we should have confidence in and still have problems. No-one can sign and not a lot of deaf awareness. The drop-in is not publicised enough. Staff call out your name and there are lots of language issues. It is a struggle to tell staff about issues with hearing aids.”

“The needs of patients who attend the Audiology department should be identified, for example deaf, hard of hearing, etc.”

“At Coulby Newham Medical Centre the staff come out and call your name. The TV monitor needs to display your name. I wanted to make a complaint that staff have no deaf awareness but found this difficult.”

3.5. Social Care

A lady explained that she is having problems with her housing. She does have a social worker, but she keeps trying to contact her by phone even though she has explained that she is deaf.

One of the service users explained that they have been texting social services at Redcar and Cleveland Borough Council but have not received a reply.

“In Middlesbrough there are no social workers who are able to sign. I’ve never had an interpreter at appointments. The social worker keeps ringing me, but I have told them that it is no good as I am deaf.” The social worker says “I don’t need an interpreter - just write it down.”

“There are a lot of concerns over the older deaf community. They are becoming increasingly isolated with no-one who can sign around them. They cannot join in the usual groups as they are not able to communicate. What happens if they must go into a care home - how are their communication needs addressed?”

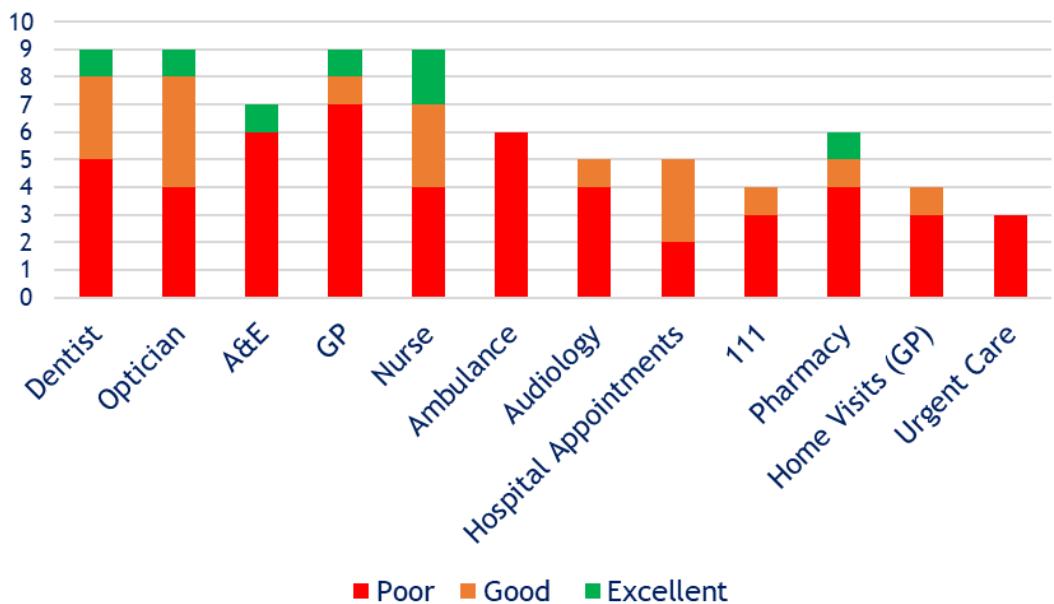
“There are also concerns whether Personal Assistant Support Workers for deaf people are suitably qualified. Some have been observed as not acting in a professional manner and sometimes being abusive to the deaf person. There does not seem to be any monitoring or assessment in place.”

We also provided a feedback form in an easy read format, giving them the opportunity for further feedback on a range of services particularly focusing on:

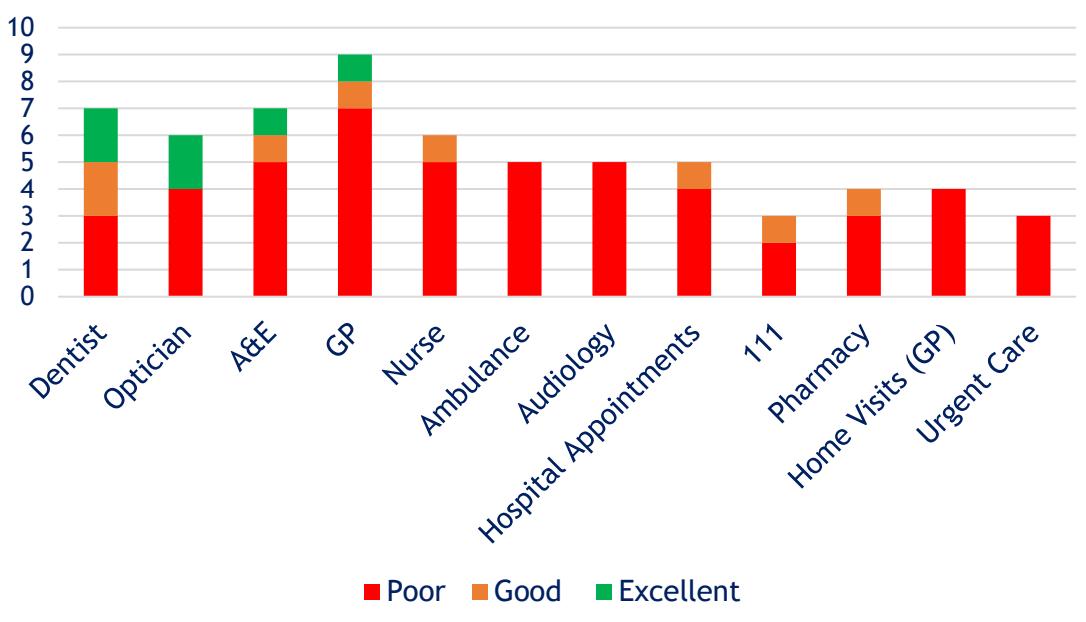
- Ease of making appointments
- Booking of interpreters
- Staff awareness of the needs of those with a hearing loss

The results of the feedback are below.

Making Appointments



Booking an Interpreter





4. Summary of Key Issues

1. Service users have a lack of awareness of their rights under the Accessible Information Standard.
2. Lack of implementation of Accessible Information Standard by NHS providers and Social Care Services.
3. Lack of emergency provision of interpreting services, e.g. emergency doctor appointments and A&E.
4. Lack of deaf awareness with health professionals, for e.g. requesting patients to write things down or expecting family members to support them in appointments.
5. Concerns over interpreting agencies employing BSL interpreters who are not registered.
6. No opportunities for deaf people to give feedback or make a complaint as they are not in an accessible format.

5. Next steps

1. Identify what the barriers are to implement the Accessible Information Standards.
2. Encourage organisations that support deaf people to raise awareness of the Accessible Information Standard, and support service users to inform providers of their communication needs.
3. Consider methods that could be adopted for emergency provision of interpreting services.
4. Research deaf awareness training and identify uptake within health and social care settings.

6. Acknowledgements

We would like to thank all attendees who supported our event and gave their valuable feedback. We would also like to thank Middlesbrough Deaf Centre and CJ Interpreting Services for their support on the day.

The contents of this report are fully informed by our community engagement and other relevant stakeholders. If there is any aspect of this report which you feel is inaccurate, please contact us by text on 07943638518, telephone on 01642 955605 or email general@healthwatchsouthtees.org.uk