

## **Access to GP Services for Deaf People Responses from GP Surgeries Report**

### **BACKGROUND**

One of the issues consistently raised with Healthwatch Worcestershire has been that deaf people and their families were likely to experience difficulties accessing GP services. Information from our own database evidenced this as well as the experiences of Deaf Direct, a local charitable company that has worked with and for deaf and hard of hearing people since 1927. Deaf Direct provide a wide range of services to deaf and hard of hearing people, family members, carers and professionals across Worcestershire.

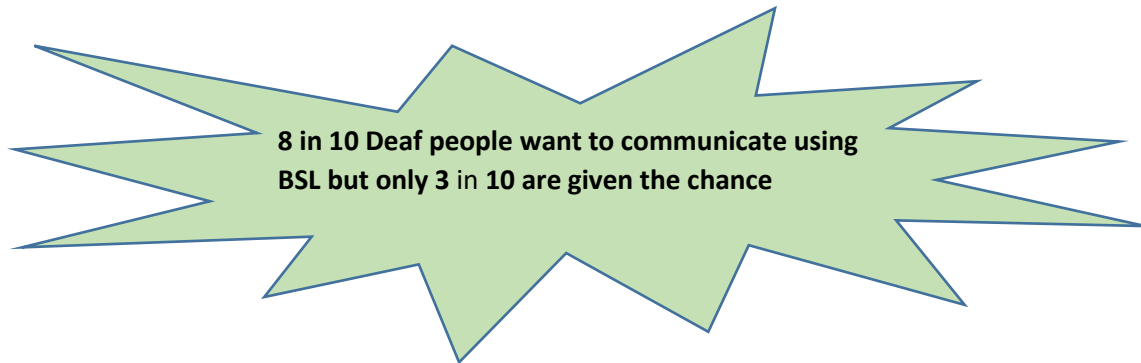
Healthwatch Worcestershire approached Deaf Direct to discuss the problems experienced by deaf people trying to access GP services across Worcestershire and it became apparent that this is a national problem which is reflected in the local experience across the county. Deaf people experienced issues such as missed appointments due to a lack of visual prompts in the waiting room, friends and family being relied upon to interpret and difficulty in making appointments due to 'telephone only systems'.

Deaf Direct could provide many examples of the problems, however it was decided that it would be beneficial to survey GPs about the services that they offered deaf and hard of hearing people in the county and find out in general what adjustments were made to ensure that they had a good experience of their local surgery. Healthwatch Worcestershire could then look at the consistency of provision across the county and highlight areas of best practice as well as areas where improvements might be made.

### **PROCEDURE:**

1. Devise survey and distribute to all GP surgeries across Worcestershire.
2. Resurvey all surgeries with extended deadline to improve response rate.
3. Collate responses.
4. Discuss responses with local Deaf Charity and provider of BSL (British Sign Language) and other interpreter services with a view to assessing the quality and accuracy and appropriateness of the responses.
5. Compile report, conclusions and recommendations.

6. Report reviewed by Task and Finish Group from Healthwatch Worcestershire's Reference and Engagement Group. Amend report to take account of feedback.
7. Report reviewed by Board of Directors and co-opted members of the Board and approved for distribution.
8. Distribute report.

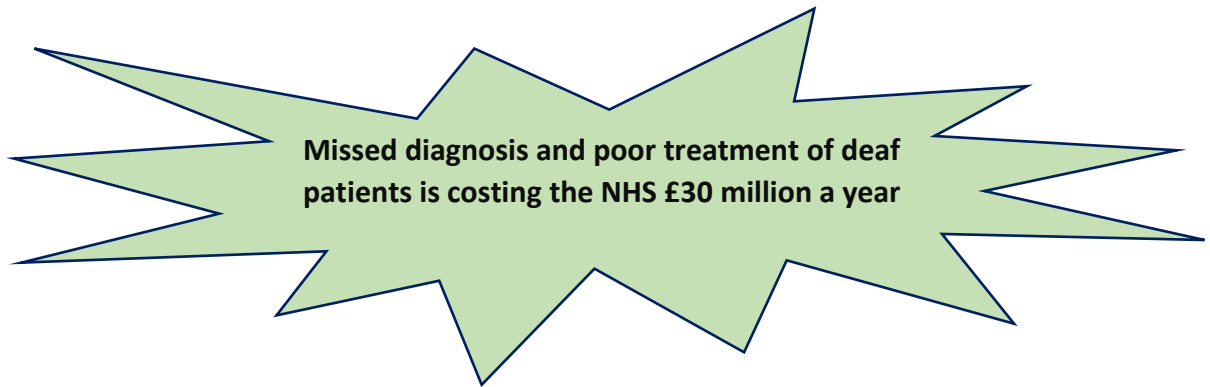


<sup>1</sup> Sick of it – Deaf Health Charity - SignHealth

## GENERAL CONTENT

We wrote to the 68 GP Surgeries across Worcestershire asking the following questions:

1. How many deaf patients are registered with your practice?
2. Do you have any visual indicators in your waiting areas to alert deaf people that it is their turn?
3. How does your system flag up that a patient is deaf or has other access needs?
4. When a deaf person requests an appointment do you have an agreed procedure? If so what is that procedure?
5. Do you access interpreters via the contract with Deaf Direct for routine and/or emergency appointments?
6. Is there a waiting time for the interpreting services?<sup>1</sup>
7. Do you use interpreters from other sources?
8. Are any of your staff team trained in basic British Sign Language?
9. Do you provide Deaf Awareness training to your staff?



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We received 28 responses from the 68 GP surgeries that we surveyed which equates to 41% return rate - some surgeries were reluctant to provide detailed information and wrote back with the minimum response. The responses detailed below relate only to those surgeries which replied to the survey.

**How many deaf patients are registered with your practice?**

**4** surgeries (14%) are unable to identify deaf/hard of hearing patients registered with them.  
**15** surgeries (54%) were unable to identify profoundly deaf patients

**Do you have any visual indicators in your waiting room to alert deaf people that it is their turn?**

**14** surgeries (50%) did have visual indicators  
**14** surgeries (50%) did not have visual indicator  
**6** surgeries (21%) had GPs or Reception staff to collect a deaf patient

**How does your system flag up that a patient is deaf or has other access needs?**

**20** surgeries (71%) marked patients records  
**2** surgeries did not answer this question  
**1** surgery did not have anything on their system to raise awareness but since receiving our letter have added an “alert” on their system

<sup>2</sup> University of East Anglia commissioned by SignHealth

**When a deaf person requests an appointment do you have an agreed procedure – if so what is the procedure?**

8 surgeries (29%) do not have an agreed procedure

2 surgeries offer online booking systems

Other offers of suggested 'agreed procedure mentioned were Fax/Type Talk, offering a double appointment to the deaf person.

There appears to be great reliance on friends or relatives to make an appointment for deaf patients

**Do you access interpreters via the contract with Deaf Direct for routine and/or emergency appointments?**

13 surgeries (46%) used Deaf Direct interpreter service

9 surgeries (32%) did not use Deaf Direct interpreter service

3 surgeries use other providers for interpreter services – these are BILCS, Care Quality Commission and Applied Language Solutions

3 surgeries (11%) use no interpreter service because they feel it is not necessary or they rely on friends or relatives to sign.

**Is there a waiting time for the interpreting service?**

3 surgeries responded: there is no waiting time for interpreting services.

5 surgeries responded: there is a waiting time of 1-2 days.

2 surgeries responded that they require patients to give a weeks notice.

1 surgery responded that they require patients to give two weeks notice.

13 surgeries (46%) responded that they did not know if there was a waiting time for this service.

**Do you use interpreters from other sources?**

14 surgeries (50%) did not use interpreters from other sources.

5 surgeries (18%) did use interpreters from other sources – BILCS, Care Quality Commission, Applied Language Solutions.

4 surgeries (14%) used friends and family to provide this service.

2 surgeries did not respond to this question.

**Are any of your staff team trained in British Sign Language?**

6 surgeries (21%) have staff trained in BSL

19 surgeries (68%) don't have staff trained in BSL

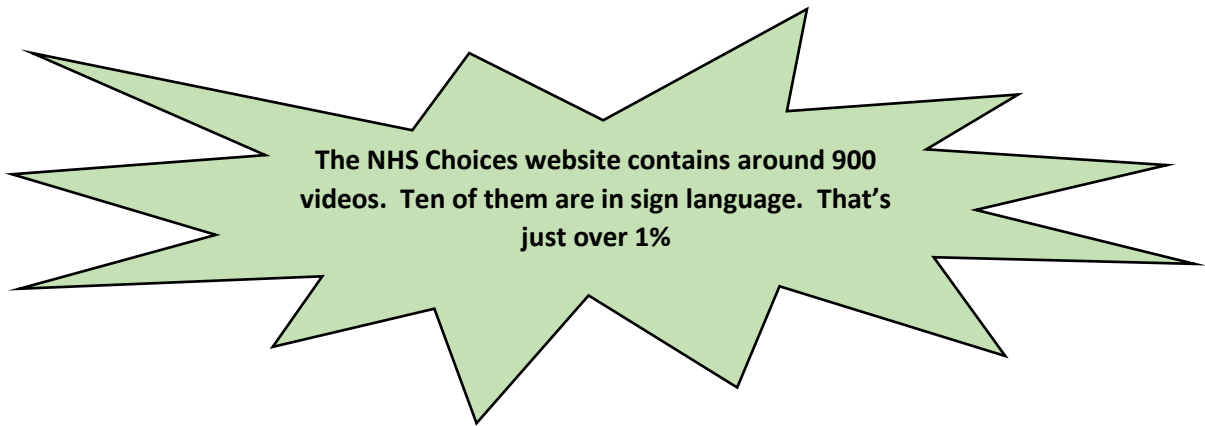
1 surgery did not respond to this question

**Do you provide Deaf Awareness Training to your staff?**

13 surgeries (46%) do provide Deaf Awareness Training to staff

9 surgeries (32%) do not provide Deaf Awareness Training to staff

2 surgeries did not respond to this question



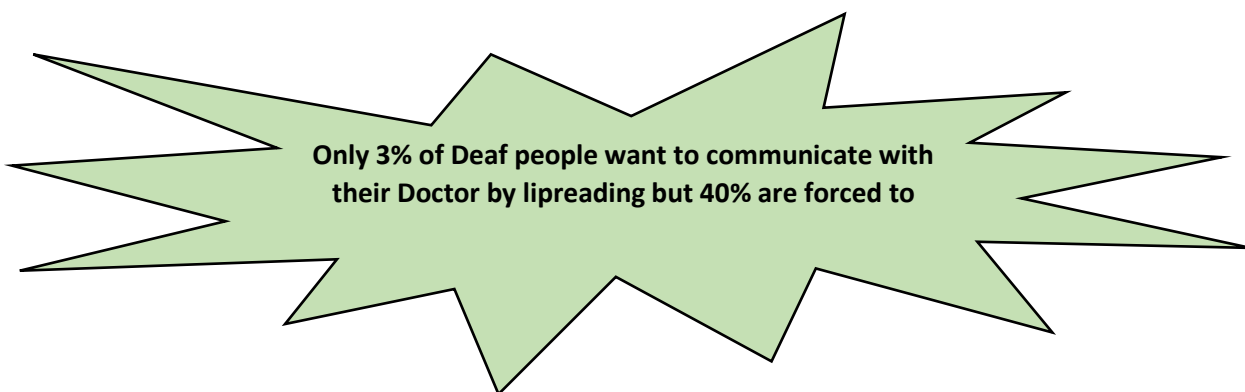
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The response rate to the survey was relatively low and therefore the results are only indicative of the provision of services across the county – however this is supported by the evidence accumulated by HWW and the Deaf Health Charity Sign Health for their ‘Sick of It’ Campaign.

Following the closing date of the survey we contacted the Deaf Direct Interpreter Service to ask interpreters for their comments on the collated responses which raised some interesting issues for consideration.

One surgery claimed never to have heard of Deaf Direct as an organization, however Deaf Direct state they have interpreted at this surgery 15 times – four times in the last six months.

One surgery claimed not to know exactly how many deaf patients they had registered but two or three have major hearing loss and manage very well. Deaf Direct asked the question - How did the surgeries know that their patients were managing very well?”



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<sup>3</sup> Sick of It – the Deaf Health Charity SignHealth

<sup>4</sup> Sick of It – the Deaf Health Charity SignHealth

One surgery claimed they did not have a predetermined procedure – just common sense that additional assistance is provided when they see the alert message. Deaf Direct are clear that this cannot always be relied upon to produce the right response.

A surgery in the south of the County responded they use Deaf Direct interpreter service but Deaf Direct have not supplied this service, certainly within the last five years.

Several surgeries state in their response that they rely on family or friends to provide an interpreter service for the deaf patient – Deaf Direct comment that this is inappropriate due to confidentiality and risk of misinterpretation. Family are not impartial. This is reinforced by the current NHS Consultation on Accessible Information which emphasizes that using friends and family to interpret is not acceptable due to the individual's right to privacy and the fact that friends and family may not have the right knowledge and skills level.

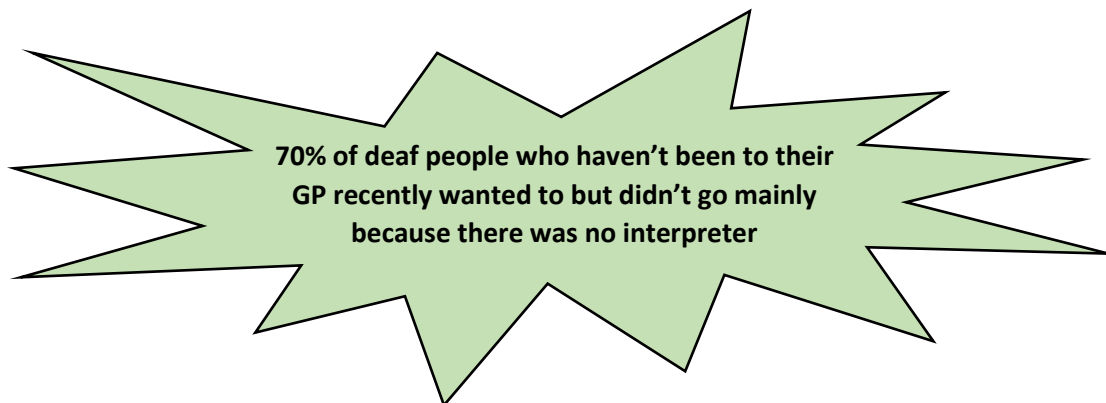
One surgery claims that due to the rural geographical catchment area the local community car service is very supportive to help patients access services and assist them on the day. Deaf Direct covers all parts of Worcestershire and is not sure how the transport people can offer communication support.

Some surgeries book double appointments for deaf patients to allow additional time for communication. This is a very positive action which does enhance the patient experience. However it is noted that not all surgeries are able to book two appointments together.

Some surgeries are using an Audio Frequency Loop System and claim this is their procedure. This may be suitable for hard of hearing patients but not necessarily for profoundly deaf patients.

Several surgeries operate a triage system where the patient is called back by the GP or Nurse Practitioner on the telephone before being able to make an appointment. This is difficult for deaf or hard of hearing patients.

Some surgeries stated that one or two weeks notice is required for interpreters to be booked. Deaf Direct state this is not their policy and would not ask for patients to be asked to wait that long.



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## CONCLUSION

The GP survey and subsequent discussions has highlighted a number of issues experienced by deaf and hard of hearing patients in 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 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.

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

- Surgeries where appointments could be made by email & SMS (Smart Messaging Service).
- 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.

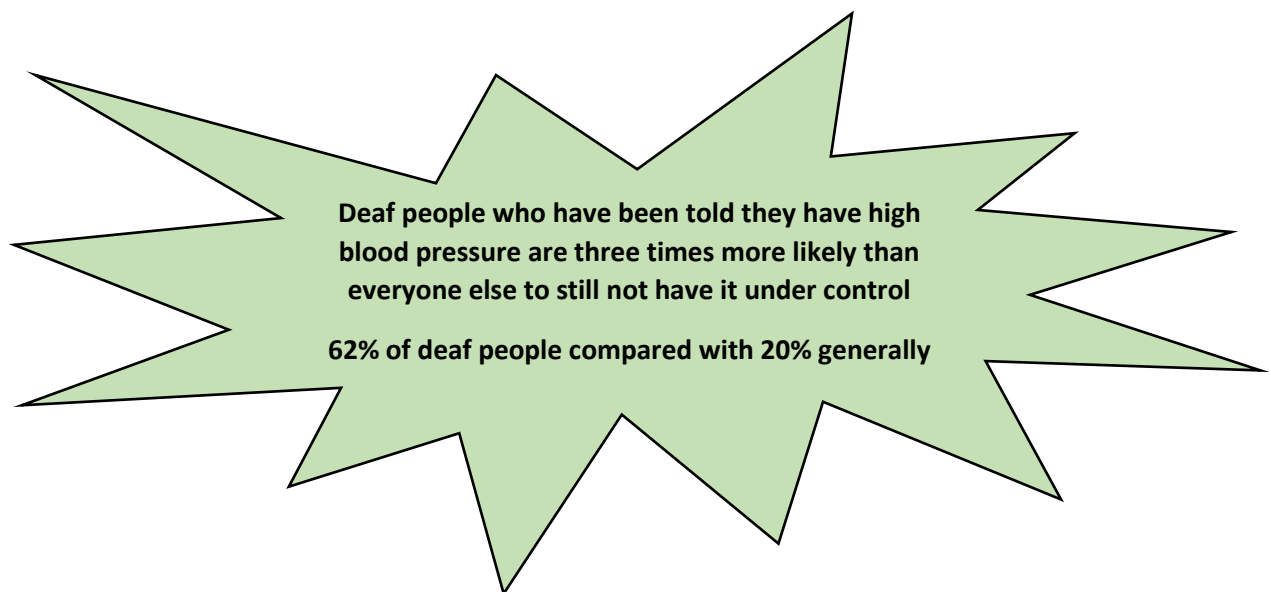
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<sup>5</sup> Sick of It – Deaf Health Charity

What is clear from the survey is that the provision made by GPs surgeries to improve access to health care for deaf and hard of hearing 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 organization to book appropriate communication support.

There is a cost to patients and their families who have negative experiences, but there are potential financial costs to the NHS due to missed and delayed appointments. The 'Sick of it Campaign' found that there was a reluctance amongst profoundly deaf people to access their GP services due to the communication difficulties and this can result in delayed diagnosis and difficulties in controlling long term conditions such as high blood pressure. There are also potential issues arising from misdiagnosis and inappropriate treatment and there could also be a risk of litigation .

Deaf patients are entitled to equal treatment and to be involved in decisions about their care. "No decision about me without me" <sup>6</sup> requires that patients have full access to information and the options available to them which involved improved communication methods.



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<sup>6</sup> Liberating the NHS – DoH 2012

<sup>7</sup> Sick of It – Deaf Health Charity



## RECOMMENDATIONS

The inconsistent approach to how deaf and hard of hearing patients access GP services across Worcestershire is evident and a more consistent approach could be implemented to ensure a better experience. It is recommended that:

RECOMMENDATION	WHO
1. Review the appointment booking and confirmation process to ensure that a range of options is available: email, on-line, text, Typetalk, fax and face to face to meet peoples' communication needs.	GP practices
2. Ensure that it is flagged clearly on patient records that the patient is deaf or hard of hearing. Patients should be asked about their communication preferences and these should be taken account of. Set up a clear and simple process for ensuring the patients are aware when it is their turn for their appointment.	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. Deaf Awareness Training would enable staff to: <ul style="list-style-type: none"> <li>• Understand the communication needs of Deaf people</li> <li>• Understand who is responsible for booking interpreters</li> <li>• Know how to book interpreters and the standards required.</li> </ul>	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: <ul style="list-style-type: none"> <li>• Displaying posters in surgeries, hospital and council offices to remind staff to book an interpreter</li> <li>• Making a checklist or leaflet available to all staff as a reminder of their responsibilities to deaf patients and how to book interpreters</li> </ul>	Health and Social Care service providers  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. Patients/Users of services should be asked what their preferred method of communication is and this should be flagged on their records.	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	Health and Social Care providers

7. Consider access to services for deaf people when tendering and reviewing contracts.	Commissioners of health and social care services
8. When patient is referred on to other services ensure letter/notification highlights that the patient is deaf or hard of hearing as this information is sometimes lost.	GP practices

NHS England are currently consulting on ‘Making Health and Social Care Information Accessible ([www.england.nhs.uk/accessibleinfo](http://www.england.nhs.uk/accessibleinfo)) The information standard would require all NHS and Social Care Organisations including GPs and Dentists to

1. 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.
2. Share and record needs.
3. Provide support/meet needs.

There are detailed requirements within each of the three stages many of which mirror the recommendations of this report.

It is our intention to circulate this report widely to all commissioners and providers of GP services asking for the recommendations to be implemented where appropriate. Healthwatch Worcestershire will be revisiting the survey in future to monitor outcomes and actions resulting from the report.

**Jo Ringshall**  
**Director**