

In partnership with Wakefield and District Society for Deaf People
2014



giving you advice • gathering your views • giving you a voice

Contents

Contents, acknowledgments and glossary	2
Summary	3
Background	4
Reasons for action	6
What did Healthwatch Wakefield do and what did we find out?	11
Request for information and responses from service providers	16
Next Steps and the Equality Mark	22-23

Acknowledgements

Healthwatch Wakefield would like to thank all Deaf and hard of hearing service users who have shared their experiences of accessing health and social care services with us.

We are grateful for the ongoing support and information provided to us by Wakefield and District Society for Deaf People and the Wakefield Deaf User Partnership.

We would also like to thank the service providers who responded to our request for information and demonstrated a commitment to improving access to service for Deaf and hard of hearing service users.

Glossary

British Sign Language/English Interpreter: British Sign Language (BSL) is a visual means of communicating. The deaf person uses a BSL interpreter to receive spoken information and is widely used amongst the Deaf community in the United Kingdom.

Deaf: Healthwatch Wakefield uses the word 'deaf' to refer to all types and degrees of deafness.

Deaf-blind Communication Methods: The deaf-blind manual involves spelling out words onto a deaf-blind person's hand. Block is another manual form of communication where words are spelled out on to the palm of the deaf-blind person's hand.

Hearing Loop System: A Hearing Loop is a piece of equipment used by people with hearing aids. The hearing loop provides a magnetic signal that is picked up by the hearing aid when it is set to 'T' (Telecoil) setting.

Sign Translate: Is an online interpreting service which uses a live webcam link to qualified British Sign Language (BSL) interpreters.

Speech to Text: STTR provides access audio information. Reporters type word for word what is being said with information displayed on a laptop or screen for the person who is deaf.

Text Relay Service: Text Relay is a telephone relay service. It allows people with hearing loss or speech impairment to use a textphone to communicate and access any services that are available on standard telephone systems.

Summary

This Report has been compiled by Healthwatch Wakefield to:

- give an opportunity to service users to tell their story and give their experiences of health and social care services;
- raise awareness of the issues faced by Deaf and hard of hearing people in accessing and using health and social care services in Wakefield District;
- give service users information on their rights and what they should be able to expect;
- give an opportunity to service providers and commissioners to state how they ensure services are accessible to Deaf and hard of hearing people and publish those findings;
- give service users information on how they can complain if services are not accessible to them;
- offer suggestions on how services can make reasonable adjustments so that they can give equal access to Deaf and hard of hearing service users.

The Healthwatch Wakefield 'Equality Mark' for Deaf and hard of hearing service users was developed like a kite mark to show that services had made some reasonable adjustments to ensure Deaf and hard of hearing service users were able to access services. It can be found on page 23 of this Report.

On publishing this report we will promote our findings and the equality mark with service providers, commissioners, the Care Quality Commission and the public.

Healthwatch Wakefield will also:

1. Contact service providers and offer support for them to make reasonable adjustments and access training that is available in the District.
2. Ask that each service provider makes a commitment to make at least one change in their services that makes them more accessible to Deaf and hard of hearing people.
3. Offer to engage volunteers and service users in 'reality checking' the changes that they are able to implement.
4. Encourage the Care Quality Commission locally to use Deaf people in their inspections as part of their 'Experts by Experience' programme.
5. Continue to champion equal access for Deaf and hard of hearing service users, along with all others who use services in our District.

We hope you find this report useful. Please feel free to pass it on to others who may be interested. If you would like to discuss anything that is included in the report please do not hesitate to contact us. Our contact details can be found on page 10.

Background

Ask yourself these questions...

How do you make an appointment at your doctors?

Do you usually walk in?

Do you usually take a family member or friend to do the organising or talking for you?

....how would you feel if you had no choice?

For many Deaf or hard of hearing people they have no choice. Some of our health and social care systems and ways of working make it very difficult to access services, and everyone seems to be in agreement that this is not how it should be.

One of the first jobs the government did when it came into power in 2010 was to present plans on changing the health and care system. They said:

“We will put patients at the heart of the NHS, through an information revolution and greater choice and control. Shared decision making will become the norm: **no decision about me without me...** Patients will have access to the information they want, to make choices about their care.”¹

The new Equality Act 2010² was also introduced in the same year. It says that if someone is at a substantial disadvantage of accessing services because of a disability, **reasonable adjustments must be made to allow access.**

Also, last year, the Department of Health published an updated version of the NHS Constitution³. Along with strengthening areas of the Constitution, various technical amendments were made to make sure it was up to date for the introduction of the new health and care system on 1 April 2013.

In addition, as part of the government’s initial response to the report into the failings at Mid Staffordshire NHS Foundation Trust by Robert Francis QC, the Department of Health changed the Constitution to reflect that **the NHS’s most important value is for patients to be at the heart of everything the NHS does.** The Francis report emphasises the role of the NHS Constitution in helping to create a positive and caring culture within the NHS.

On the next page you can see some of the values and rights that are in the new NHS Constitution. This outlines what service users are entitled to, and can expect from, health services. Unfortunately, we know that this is not often the case and Deaf and hard of hearing services users are having difficulties accessing and using services.

We know because local service users have told us this.

We know because other Healthwatch around the country, such as Healthwatch York and Healthwatch Kirklees have heard the same thing.

We know because this issue has been debated in the House of Lords.

We know because SignHealth published their Report ‘*Sick of It*’⁴, which shows that: “Our health service is making it difficult for Deaf people to get help. Potentially life threatening health conditions are being missed and poor treatment is offered when a diagnosis is made. It’s unfair and unjust.”

¹ Equity and Excellence: Liberating the NHS, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213823/dh_117794.pdf

² Equality Act 2010, <http://www.legislation.gov.uk/ukpga/2010/15/contents?view=plain>

³ NHS Constitution, <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

⁴ SignHealth’s ‘*Sick of It*’ Report can be found here: <http://www.signhealth.org.uk/health-information/sick-of-it-report/>

Some of the values and rights outlined in the NHS Constitution:

Values

Respect and dignity. We value every person - whether patient, their families or carers, or staff - as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest and open about our point of view and what we can and cannot do.

Everyone counts. We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind. We accept that some people need more help, that difficult decisions have to be taken - and that when we waste resources we waste opportunities for others.

Rights

Access to health services: You have the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.

Respect, consent and confidentiality: You have the right to be treated with dignity and respect, in accordance with your human rights.

Involvement in your healthcare and in the NHS: You have the right to be involved in discussions and decisions about your health and care, including your end of life care, and to be given information to enable you to do this. Where appropriate this right includes your family and carers.

Local Patient Story

A local man was admitted to hospital by his doctor in August. He stayed there for a week and was then discharged on the eighth day. This was because he had a terminal diagnosis and was discharged to the hospice. On the fifth day in hospital a long discussion was had regarding discharge where staff used a family member to translate.

During his time in hospital the Trust acknowledge that there was a communication barrier but felt it appeared to have been overcome by lip reading and written communications.

Throughout this time sensitive discussions were had about his diagnosis and prognosis; and decisions were taken on how to treat him. At no point was a British Sign Language (BSL)/English interpreter used.

Is it right that he wasn't communicated with in the method of his choosing? Would he have understood what was happening? Would his family have been comfortable relaying information to their relative in this situation?

Local Patient Story

A deaf sign language user needed to register with a GP. "I attended the medical centre with him and asked what access they had for a deaf patient wishing to register with them. I was told they have email/SMS for booking appointments and they booked interpreters for consultations. He asked if he could register and they gave him a form to complete, which I provided assistance with. He then handed it back to the receptionist who then gave him an appointment for the next day to see a healthcare practitioner. I explained that he would need an interpreter for this appointment and her reply was 'can't you do it?' I said I was not qualified to interpret at the level he required and that I was there as an advocate to register him with the practice only, and that upon arrival they said they provide interpreters for consultations. She said 'but it will only be ten minute appointment and an interpreter costs about £300 and I would have thought it would make more sense for you to see the registration process through to the end'. I told her the health service did not pay my wages or fund me to do this work and that under the Equality Act he had a right to communication in his chosen format. Her reply was that he wasn't registered yet with the practice yet so I asked if they were denying him registration because he was deaf. She then agreed to book an interpreter for his appointment and asked if she could ring me with the appointment time. I told her she could text him or email the patient with the appointment time. She then said this was not possible and asked him to call back the following day to check if they had managed to get an interpreter for the appointment. Incidentally he now has an appointment in over a week with an interpreter, so not next day as previously envisaged."

As told by Advocate

Both the situations outlined are not acceptable.

Healthwatch Wakefield has received a number of similar issues and concerns from Deaf and hard of hearing service users in relation to accessing health and social care services. Most involve communication issues, such as:

- Problems with either accessing BSL/English interpreters or not being informed that an interpreter has been arranged for an appointment - service users know that interpreters are available but this does not always happen in practice;
- People being asked to bring relatives to appointments in lieu of interpreters;
- A number of comments made highlighting a lack of understanding that BSL can be a Deaf person's first language;
- A lack of awareness regarding deaf people's degrees of hearing loss and the types of communication required, for example speech to text operators for non BSL users;
- A lack of awareness to the different communication methods people may use such as those who do or don't sign, such as requests for SMS/text messaging or fax to be used to confirm appointments and interpreters;
- Frustration that some issues have been raised with service providers previously but with no definitive, positive outcome; and
- Recent changes to health and social care services have made things more difficult, with a greater reliance on technology than before, for example the Choose and Book system.

The SignHealth *'Sick of It'* Report goes on to make it clearer. In it they say:

“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? Why are so many unknowingly living with health issues which can lead to heart attacks, strokes and other serious conditions?

The answer is lack of information, poor communication, and unnecessary difficulties in getting to the doctor in the first place. All of that is outside the control of Deaf people themselves.”

“There is a likelihood of reduced life expectancy in Deaf people.”

Researchers at the University of Bristol in partnership with SignHealth

“Missed diagnosis and poor treatment is costing the NHS £30m a year.”

Health Economists at the University of East Anglia, commissioned by SignHealth

So, not only is it unfair, it doesn't make sense for our services either.

And the organisations that pay for and check - or commission and monitor - health and social care services are currently looking at ways to change this.

In August 2014 NHS England launched the consultation on their draft accessible information standard⁵.

They have said:

We have a vision for the accessible information standard. Other words for a vision are ambition or goal. It describes the difference that we want the standard to make.

Our vision is that: “Patients and service users, and where appropriate carers and parents, with information or communication support needs relating to a disability, impairment or sensory loss have those needs met by health and social care services and organisations.”

In more straight forward words, our vision is that: “Health and social care services give disabled people information that they can understand and communication support if they need it.”

NHS organisations, and organisations that provide NHS and adult social care services, will have to do what the standard says.

The standard will tell organisations that they should ask people if they have any information or communication needs. Organisations should ask questions about information and communication needs when they see a patient for the first time, for example it should be on registration forms. If organisations already know the patient, they should ask them if they have any information or communication needs the next time they see them. If people have any information or communication needs, they want organisations to find out what those needs are. For example, they should ask if people need an advocate and/or a British Sign Language interpreter.

They want all organisations to record or write down people’s needs in the same way. This should mean that other organisations and other staff can understand what people’s needs are. It should mean that when someone goes to a service they have been to before, they already know about their needs and can make sure that they meet them. If possible, they think that organisations should share information about people’s needs with other organisations involved in the person’s care. They may need to ask for the person’s consent to do this.

They want organisations to make sure that if someone has information or communication needs this is very clear on their notes or records. They think that this should be highlighted in some way, or it should flag up so that staff know they need to do something.

As part of the standard, they want organisations to make sure that people get information that they can understand. They want organisations to send people letters that they can read, for example in braille or large print or via email or in easy read.

They want organisations to help people with communicating, for example if they lip read or use a hearing aid. They want organisations to make sure that people can have an advocate, British Sign Language interpreter or deafblind manual interpreter if they need one. They want organisations to give people with communication needs more time at their appointments if they need it.

Also the Care Quality Commission (CQC)⁶ announced in August new measures to hold services to account.

They have said that GP practices that provide inadequate care will be given deadlines for improvement or face closure, under a new system of ‘special measures’ proposed by Professor Steve Field, Chief Inspector of General Practice. This brings them into line with other sectors regulated by the CQC.

⁵ The draft accessible information standard can be found here: <http://www.england.nhs.uk/wp-content/uploads/2014/08/access-info-std-consult-pln-txt.pdf>

⁶ Care Quality Commission, [How we do our job](#) and [Our inspections](#).

The CQC will begin to introduce special measures from October this year. This will coincide with CQC starting to rate 8,000 NHS GP practices on the basis of whether they are outstanding; good; requires improvement or inadequate. Initially they will pilot the special measures regime to test the approach, working closely with NHS England. They will also work closely with the GMC, the Royal College of GPs and others to develop special measures.

Under these proposals, special measures will allow the regulator, CQC, in partnership with NHS England, to set out clear expectations for improvement, including a timescale to sort out problems. The proposals suggest that where aspects of a service are rated 'inadequate', practices will have six months to improve. If they fail to improve they will be put into special measures and if after a maximum of a further six months they are still found to be inadequate, they will have their registration with CQC cancelled and/or their contract terminated by NHS England.

The national standards of quality and safety in relation to GP practices

What you can expect when a GP practice is meeting national standards of quality and safety

- 1. You can expect to be respected, involved and told what's happening at every stage.**
 - You, or someone acting on your behalf, will be involved in discussions about your care and treatment.
 - You will get support if you need it to help you make decisions and staff will respect your privacy and dignity.
 - Before you receive any treatment you will be asked whether or not you agree to it.
- 2. You can expect care, treatment and support that meets your needs**
 - Your personal needs will be assessed to make sure you get safe and appropriate care that supports your rights.
 - You will get the care that you and your GP agree will make a difference to your general health and wellbeing.
 - Your healthcare needs are co-ordinated if you move between care services.
 - Staff respect your cultural background, sex (gender), age, sexuality (whether you are a lesbian, gay, bisexual or heterosexual person), religion or belief, and your disability, if you have one.
- 3. You can expect to be safe**
 - You will be cared for in a clean environment where you are protected from infection.
 - Where appropriate, you will get the medicines you need, when you need them, and in a safe way.
 - You will be treated in a safe and accessible place.
 - You will not be harmed by unsafe or unsuitable equipment.
 - Your GP practice will take appropriate action if they suspect that a patient is at risk of harm.
- 4. You can expect to be cared for by staff with the right skills to do their jobs properly**
 - Your general health and welfare needs will be met by staff who are properly qualified.
 - There will always be enough members of staff available to keep you safe and meet your needs.
 - You will be looked after by staff who are well managed and have the chance to develop and improve their skills.
- 5. You can expect your GP practice to routinely check the quality of its services**
 - The GP practice regularly monitor the quality of its services to make sure you receive the care you need.
 - Your personal records will be accurate and kept safe and confidential.
 - You, or someone acting on your behalf, can complain and will be listened to. Your complaint will be dealt with properly.

There are other standards that cover hospitals, care homes, care at home, and dentists. These can all be found on the CQC website at <http://www.cqc.org.uk/content/national-standards#1-hospitals>



What to do if you think your GP practice is not meeting national standards

If you, or someone you care for, experiences poor care you can:

- raise your concerns with the GP practice, including making a formal complaint; and
- tell us about the matter.

Raise your concerns with the GP practice

If you have concerns about the care being provided by your GP practice, the first thing you should do is tell the practice manager. If the problem cannot be solved, you can go through their formal complaints process. By law, every GP practice must have an efficient procedure for dealing with complaints.

If your complaint is about NHS treatment and you are not happy with the way your GP practice deals with your complaint, you can contact the Parliamentary and Health Service Ombudsman on **0345 015 4033**. Your rights are explained at www.nhs.uk/NHSConstitution.

If you pay for your treatment privately and you are not happy with the way your GP practice has dealt with your complaint, you can contact the Independent Healthcare Advisory Service (IHAS) at www.independenthealthcare.org.uk. You can also phone the General Medical Council (GMC) on **0161 923 6602**, or visit their website at www.gmc-uk.org.

Tell us

Our role as regulator does not give us the legal power to investigate or settle complaints, but we still want you to tell us about your experiences of care. Your information is valuable to us. It helps us decide when, where and what to inspect. When we find that a GP practice is not meeting the standards we will take action. You can tell us about concerns even when you do not want to make a complaint to the GP practice. We also want to hear about good experiences of care. The best way to get in touch with us is by filling in our 'Share your experience' form online at www.cqc.org.uk. You can also phone us on **03000 616161** or write to us at the address shown on the back of this guide. You can also tell us about your experience of care through your local Healthwatch team.

Service user can also contact Healthwatch Wakefield

If you're not sure about what to do, where to go or who to contact; and want to know what your options are you can contact Healthwatch Wakefield.

By email enquiries@healthwatchwakefield.co.uk
By telephone 01924 234007 or 01924 787389
By post 11-13 Upper York Street, Wakefield WF1 3LQ
By drop in Access Point, Citizens Advice Bureau, 27 King Street, Wakefield WF1 2SR
By website www.healthwatchwakefield.co.uk
By Facebook Healthwatch Wakefield
By twitter @healthywakey

What did Healthwatch Wakefield do and what did we find out?

At the start of Healthwatch Wakefield we had made contact with Wakefield & District Society for Deaf People to re-establish the relationship the LINK⁷ had with Deaf and hard of hearing/hearing impaired service users and organisations.

In July 2013 Healthwatch Wakefield facilitated the attendance of the Manager of our Walk-In Centre and GP Practice at the Deaf User Partnership. He had requested help from Healthwatch Wakefield as the CQC had gone through the registration process with the surgery and highlighted access issues as something to do further work on. Other issues raised by service users at the meeting related to access issues in relation to GPs, hospitals and 111. Further meetings took place with Wakefield & District Deaf Society and the Local Authority's Sensory Impairment Team to collect further evidence and discuss options.

Further partnership working with the Wakefield & District Deaf Society, the Local Authority and others, such as Age UK and Wakefield District Sight Aid, on access issues relating to both services and interpreters took place throughout the year. We continued gathering evidence, including contacting Healthwatch Kirklees about their survey work in partnership with Kirklees Council, resulting in their report: 'Welcome to my world', published in February 2014.

In addition we promoted dignity and respect training for working with sensory impaired people and used the local newspaper and other communication channels asking for service user views and experiences. This work tied in with both GP access issues and the NHS England survey on accessible communications.

We continued working on access issues relating to both services and interpreters and further evidence gathering, including looking at work done by Healthwatch York, which resulted in their report 'Access to health and social care services for Deaf people', published in December 2013.

Letters were written to all major service providers requesting information on provision made for Deaf and hard of hearing people. We then held our 'Access to Services' event, providing British Sign Language interpreters and a 'Speech to Text' operator. We were pleased that Deaf service users attended the event and raised issues with service providers there. We were also mentioned along with others in the House of Lords debate on Deaf Health at the end of March 2014, following the publication of Signhealth's excellent report, 'Sick of It', which can be found here: <http://www.signhealth.org.uk/health-information/sick-of-it-report/>

Following the collation of views from Deaf and hard of hearing service users, some of which can be found on the next few pages, and responses from service providers, the idea for an 'equality mark' has been developed, with a view to it being taken up by General Practices and others in Wakefield District; this could then be 'reality checked' by Healthwatch Wakefield volunteers and service users.

Significant dates:

- April 2013: re-establish contact with Wakefield & District Deaf Society and attend Wakefield Deaf User Partnership Meetings.
- Partnership working with Deaf people and with Local Care Direct regarding the Walk In Centre.
- October 2013: request made for pathway for local authority requesting interpreters.
- November 2013: campaign to ask for the views of the Deaf and hard of hearing on access issues.
- March 2014: letters to all major service providers regarding access issues for Deaf and hard of hearing people.
- Signhealth's deaf health study '*Sick of It*' published and debate in House of Lords on Deaf health 31st March.
- April-May 2014: draft Equality Mark for services working with Deaf and hard of hearing people for discussion with stakeholders.

⁷ LINK, Local Involvement Network, the predecessor to Healthwatch Wakefield

My husband attended audiology as he always does without an interpreter; he never had any bother till now. The Audiologist had difficulty communicating with him and was very angry with him, he did not know why. He asked for pen and paper, his written English is good, so all went well after that. We think she wanted him to have an interpreter with him to help her which makes us question who the interpreter is for.

I tried ringing Audiology via Text Relay yesterday to complain on behalf of XXXX. I first tried the minicom number which rang for ages no one answered. Then used the direct number same thing happened.

Ringling hospitals via the Text Relay Service is fraught with difficulties.

I would like Healthwatch to know about the sentence in a confirmation of appointment letter from Audiology that could cause confusion. 'If English is not your first language and could cause difficulty please ring this number'. But English is our first language, our mother tongue??

I do not want us to overburden the staff at the Deaf Centre, nor am I comfortable using a Social Worker, they have more important things to do.

I've had constant battles with access to healthcare and educating doctors about what being deaf means.

Ideally the Choose and Book website should be able to allow us to book an interpreter too, whether it is BSL or a foreign language. A confirmation logged, so we may check that it has been done and go to hospital in the knowledge that an interpreter will be there.

There's no point having Sign Translate if you don't have webcams.

Our doctors use choose and book online, there is nothing on the form for special requests like interpreters in any language.

It is most upsetting to arrive to find you have to struggle with specialists because the interpreter was not there.

None of my peers in the 50 plus group can use the Text Relay Service.

X said at their surgery they can book interpreters online, which is really helpful as when they try with the Text Relay Service (previously called Typetalk) they can't get through.

There is a phrase on audiology appointment letter stating: 'If English is not your first language and this will cause you difficulties please contact the department on the above telephone number'. I rang this number and they said will provide translator if my first language was not English.

It's not ok to use children to translate for their parents.

There's nothing on 'Choose and Book' to ask for one (an interpreter).

It was also suggested that in out of hours instead of using Sign Translate - and it confusing staff who don't know how to use it - they could have a list of interpreters from WICS for emergency contact. The reception in A&E would need this list and when a deaf person presents themselves the receptionist could make a call for an interpreter.

Everyone from the Government to the bottom of the healthcare tree and governments from the fifties onwards, in my experience have failed to provide adequate support for the deaf.

I lip read all the time but as I've got older and my eyesight and concentration have deteriorated I've found being deaf harder to cope with. It's only through lip reading I speak... But it's a double edged sword... Because I speak people including doctors think I can hear or manage.

Someone's deaf friend said that Harrogate hospital use the Yorkshire interpreters website to book interpreters and usually get a reply in a matter of 10 minutes they also text their deaf patients to let them know that an interpreter has been booked.

An email from you to say you have asked the hospital to book an interpreter for me is not good enough. Sorry. Am I to go to Pinderfields on xx August to see the Eye Specialist with trepidation?

X told me that at her surgery she faxes through for an appointment and requests an interpreter and they then fax her back with the appointment time. The fax never confirms that an interpreter has been booked and that if they did this she would be less anxious about waiting for the appointment.

If a deaf person's hearing aid breaks and needs repair the deaf person is left without a hearing aid until the aid is repaired this can take up to 2-3 weeks or more this will have a huge impact for the individual and families associated with them who rely on their aids for communication.

A patient went to see his GP with a foot problem. He was told the GP would refer him on, he didn't know where. He received a letter asking him to phone to arrange a date and time so he took this to the reception at his GP surgery. He was told they couldn't help him with that phone call and to ask a relative. He said that his parents do not speak English and that he wanted it keeping private from them. They still refused to help.

He then went home and used a Minicom to phone and book the appointment but the time it took to reply and doing this using Text Relay was about 45 minutes.

Booking interpreters should be the hospital's responsibility.

The Audiology Department is telling deaf people who use body worn aids or bone conductor aids (used with a head band) that they no longer issue this type of aid and therefore can't help them anymore! Are they allowed to do this as the aids are still obtainable from suppliers?

GP refused to use the webcam, which leaves no option but to book a translator. GP then said there was no need for the translator.

Our GP uses "Choose and Book" for our hospital referrals. This is most convenient for us as we can book online and choose appointments to suit us. Unfortunately we cannot book an interpreter at the same time; there is nothing on this website to facilitate this. My appointment is on (date) at 9am in the ENT department at Pinderfields. As the ENT is one of the worst departments for lack of Deaf Awareness it is important that I have an interpreter. Is there a number I could ring to ensure I get one? To be honest I am finding the new system rather stressful, because there will be no confirmation that an interpreter will surely be there. That means us deaf travel to hospital with trepidation. Text Relay calls are rarely answered, and if they are there is a message to leave a number so they can ring me back! The minicom number given on the Appointments literature is not answered, just rings out.

Request for information and responses from service providers

Following discussions with the Deaf Society and others it was agreed that it wasn't necessary to survey services again, such as general practice and hospital wards, as we already had evidence through patient experience and didn't want to prolong the process. We knew that Deaf and hard of hearing people were experiencing difficulties accessing and using services so decided instead to contact the major service providers in March 2014, outlining some of the issues that had been brought to us and asking the following:

We asked:

“We would like to request information about how your service(s) ensures that the needs of deaf and hard of hearing people are met when they access and use services.”

We received responses from all the service providers with information on work that had been done, or was ongoing, and how they felt they accommodated deaf and hard of hearing people.

The services were the NHS Wakefield Clinical Commissioning Group (CCG), Wakefield Council, Mid Yorkshire Hospitals NHS Trust, South West Yorkshire Partnership NHS Foundation Trust, and Yorkshire Ambulance Service

They said:

NHS Wakefield Clinical Commissioning Group (CCG)

The CCG has over the last few years engaged with Deaf and hard of hearing service users. Following feedback they agreed to continue to support a Sensory Impairment Project in Primary Care piloted in 2012 which aimed to improve dignity and respect by improving access to GP practices and other primary care providers faced by people with severe sensory impairments (visual and hearing). A gap analysis undertaken in 2010 by the predecessor commissioning organisations showed that there were variable gaps in information provision for people with sensory impairments who access GP practices.

Between October 2012 and January 2013 a pilot was carried out with 7 GP practices which involved each practice completing a self-assessment form of current activities and facilities and then having individual facilitated training sessions. The pilot demonstrated that there was both a willingness to engage with the issues raised by the survey and a desire to make what often were small changes to procedures and practices within each GP establishment e.g. better utilisation of hearing loops, and interpreting and translation policies.

Following a review of the project and the feedback at the event it was agreed that it should be extended to other GP practices across the district, and efforts should be made to engage with other primary care providers to seek their commitment to responding positively to the issues raised in the survey.

In May 2013 the CCG commissioned Age UK, in partnership with Wakefield Sight Aid and Wakefield Deaf Society, to roll out the dignity and respect initiative (sensory impairments) to GP practices and pharmacies by June 2014. This collaboration has led to awareness sessions delivered at 20 practices with each practice nominating a maximum of two staff to be Champions for their practice. Two in-depth workshops for 20 Champions representing 15 surgeries were then held and were well evaluated. In addition an event for pharmacies has also taken place to disseminate good practice around increasing access in line with the Equalities Act.

As an aide memoire, 'Top Tips' information sheet has been developed and circulated to all GP practices. In addition a request has been received by the project to deliver a workshop for 22 GP registrars, which presents a good opportunity for early intervention.

The CCG has developed a relationship matrix which provides a detailed breakdown of the relationships the Engagement Team have developed in the local area. It details our key relationships and was created as a result of extensive mapping and networking using the nine protected equality characteristics as a baseline of the primary characteristic for all organisations where relationships are developed. The relationship matrix is used as a tool to assist the CCG in reaching the organisations who engage with patients, carers and the public on an ongoing basis. On completion, the matrix was reviewed to ensure that our engagement processes included relationship with groups representing the nine protected characteristics. As a result of this gap analysis, we have proactively engaged and built strong links with the Wakefield Deaf Society.

Part of this review included the membership of our Public Involvement and Patient Experience Committee (PIPEC), our assurance committee for public and patient involvement (PPI) chaired by our Governing Body Lay Member which reports to the CCG Integrated Governance Committee. PIPEC provides a single recognised structure to oversee the delivery of patient involvement and patient experience activity and ensure impact and change is demonstrable both internally and externally. We wanted to ensure that PIPEC members represented the communities across Wakefield and the nine protected equality characteristics so have strengthened membership to reflect the diversity of our communities. PIPEC now includes a member from the Wakefield Deaf Society.

For the services we commission we will have service specifications and contracts in place which include requirements for providers to make reasonable adjustments to ensure equitable access to services for users from the nine protected equality characteristics - this includes interpreting and translation services.

The NHS standard contract used as the basis of contracts for all providers we commission services from states the following under Service Condition 13 - SC13 Equity of Access, Equality and Non-Discrimination

- 13.1 The Parties must not discriminate between or against Service Users, Carers or Legal Guardians on the grounds of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation or any other non-medical characteristics, except as permitted by the Law.
- 13.2 The Provider must provide appropriate assistance and make reasonable adjustments for Service Users, Carers and Legal Guardians who do not speak, read or write English or who have communication difficulties (including hearing, oral or learning impairments). The Provider must carry out an annual audit of its compliance with this obligation and must demonstrate at Review Meetings the extent to which Service improvements have been made as a result.
- 13.3 In performing its obligations under this Contract the Provider must comply with the obligations contained in section 149 of the Equality Act 2010 and section 6 of the Human Rights Act 1998. If the Provider is not a public authority for the purposes of those sections it must comply with them as if it were.
- 13.4 In consultation with the Co-ordinating Commissioner, and on reasonable request, the Provider must provide a plan or plans setting out how it will comply with its obligations under Service Condition 13.3. If the Provider has already produced such a plan in order to comply with the Law, the Provider may submit that plan to the Co-ordinating Commissioner in order to comply with this Service Condition 13.4.

In 2012 we commissioned a new audiology service for people aged 55 and over and now have a number of providers across Wakefield district providing this service which has enabled service users to be seen and treated closer to home with services operating in community venues.

During 2014/15 we will be reviewing the audiology and ENT services we commission as part of a planned programme of service reviews. Experience of current service users will inform the review and we would welcome information from Healthwatch about the experience of service users in relation to accessing health and social care services.

Wakefield Council

The Council provides a Sensory Impairment Team based within Adult Social Care, which offers specialist assessments and support to people with severe hearing loss and has a Social Work on Call Service that regularly assists service users with their communication needs, including making appointments and requesting interpreters.

The Council also currently provides the Wakefield Interpretation and Communication Service (WICS), which arranges interpreting for Council services and other local statutory providers, including hospitals, GP's and dentists. This service uses its own established list of interpreters and the National Register of Communication Professionals for the Deaf for all bookings and covers predominantly British Sign Language (BSL), speech to text and palantypists. Sign supported English can also be accessed if required.

In terms of the process, the WICS Co-ordinator, based within the service, takes the booking, identifies a freelance interpreter, provides a quote and then confirms the booking with the requesting organisation; it is not the responsibility of the WICS Co-ordinator to confirm appointments with the individual concerned. On occasion where the service is unable to provide an interpreter, the requesting organisation is notified and alternative dates or times sought. The service requests a minimum of 14 days notice for booking, (due to the difficulty of availability of BSL interpreters) and provides only registered Sign Language Interpreters.

The Council also commissions the Wakefield District Society for the Deaf to provide a range of services to support people who are deaf, hard of hearing and deaf-blind residents. This includes enabling deaf people to access services by providing communication support and providing deaf-awareness training to local organisations. The Sensory Impairment Team works alongside the Wakefield District Society for the Deaf to ensure a coordinated approach.

Other initiatives include the use of hearing loops within meeting rooms, access to portable hearing loops, and we are planning deaf awareness training for staff at the main access point at Wakefield One.

Mid Yorkshire Hospitals NHS Trust

A member of our team has recently attended Wakefield Deaf Club and picked up some useful feedback about ways we could improve the service. However, we are aware of only one complaint where this has been flagged as a specific issue and it would be helpful if you could let us have details of any specific complaints that you have received so that we can identify learning points.

As you may be aware, Kirklees Healthwatch has recently produced a detailed report on access to services for people who are deaf and hard of hearing and we will be using this to help us improve accessibility. This will include looking at the interface with primary care to ensure greater awareness of patients' needs at the point of referral so that we can take account of this

in offering and booking appointments. We have recently met with NHS England and are keen to engage with and learn from their work on accessible communications.

The issue of patients not being aware that a sign language interpreter had been booked was brought to our attention a couple of months ago and we now include this in the appointment letter. Our guidance specifically advises staff that it is not appropriate to rely on family members to provide interpretation for patients unless the patient insists.

Historically we did provide training for staff on working with patients with specific needs and use of interpreters but this is not currently running due to lack of take up. We will review whether there is an alternative approach that could be adopted to raising staff awareness.

With regard to speech to text our facilities lead who is responsible for interpreter services has offered, through the Deaf Club, to work with a deaf person to understand the needs patients might have and how we might respond to them. We are also looking to provide a dedicated email address and a mobile number for text messaging for those who prefer this method of communication.

NOTE: The Trust also provided the current Mid Yorkshire Hospitals Interpreting and Translation Policy, which can be found here: http://www.healthwatchwakefield.co.uk/sites/default/files/mid_yorkshire_hospitals_nhs_trust_interpreting_and_translation_policy.pdf or you can request a paper copy through Healthwatch Wakefield.

South West Yorkshire Partnership NHS Foundation Trust

Trust staff work to an interpreting, translation and transcribing policy. This policy sets out Trust's approach to the provision of interpreting and translation services. It also sets out a framework for the principles and practice of working with interpreters and gives guidance on appropriate use of transcriptions, telephone and face-to-face interpreters. The operational policy and the associated documents provide staff with the information required to access the relevant services, with the aim of supporting equal access to services, minimising the risk of potential miscommunication and meeting the equality duty core standard requirements.

Trust policy is currently being reviewed to ensure it is still current and meeting the needs of local people. The policy does reference the need to provide independent, impartial and confidential support within our health settings, and that family and friends are not necessarily best placed to undertake this task.

The Trust's Equality and Inclusion team support staff awareness raising and internal training in respect of the use of interpreters for all community languages including BSL.

Other recent initiatives include:

- Specialist Deaf Awareness Training for staff
- A bi-annual Disability Conference, incorporating all potential barriers to access
- A Hidden Impairments conference, which included work with the deaf community
- Use of consented case study material from a service user who had suffered hearing loss at a network for clinicians.

More generally, the Trust is a member of the Equality and Cohesion Partnership Board, which includes representation from health and social care, probation, police housing and education. This supports broader networking and a partnership approach to involvement and engagement with communities. Our Equality and Cohesion team also lead on membership recruitment for our Foundation Trust and work in each community across our geography to ensure representation and inclusivity.

Across Trust services, staff explore with individuals the most helpful way to engage and communicate. All services endeavour to be as responsive as possible to individual needs and, in addition, service users who have concerns about any aspect of their care and treatment are encouraged to work with our Customer Services team to resolve their issues. No issues have been recorded in our Wakefield Business Delivery Unit in respect of difficulties in accessing services due to any impairment. That said, we need to remain vigilant, with a continued commitment to good practice in this area in support of a positive service user experience.

Yorkshire Ambulance Service

At Yorkshire Ambulance Service (YAS) we recognise that people who are deaf or hard of hearing may face particular challenges in accessing and interacting with our emergency and urgent care services.

We are committed to understanding these needs and to continually seeking opportunities to improve accessibility and raising awareness.

Listening and engaging

Over the last three years we have supported a YAS Deaf Professionals group to understand the needs of deaf and hard of hearing people and to champion equitable access and deaf awareness.

We recognise the excellent work going on within Local Healthwatch organisations, in particular Kirklees, York and Wakefield. We look to learn from the insights and recommendations from these reports and for opportunities to support future Healthwatch engagement work.

We monitor feedback about access to our services for people with sensory impairment from the complaints and compliments received by our Patient Relations department and the results of our service-user experience survey programme.

Promoting deaf awareness

Through our continuing professional development programme we offer deaf awareness courses for ambulance staff in patient facing roles. These include:

- What is BSL?
- How is meaning expressed?
- Finger spelling.
- Greeting and simple conversations.
- Communication tips.

To support ambulance staff in communicating with people for whom English is not their first language, every ambulance carries a multilingual phrasebook. This includes pictograms of the BSL alphabet.

In addition, non-verbal communication is very much a core skill for our frontline staff. Patient feedback from our surveys and from letters to our Patient Relations department highlight and praise the ability of our staff to make connections with people with all kinds of communications needs in the most difficult of circumstances. We specifically look for these skills during recruitment and seek to reward, recognise and promote them further through training, CPD, personal development reviews and our staff We Care awards.

Examples from our survey feedback are:

“The ambulance service has been fantastic, very caring and reassuring. My mum is... deaf, but she was treated very well with her disability being taken into consideration. If need be the ambulance service wrote things down for her.”

“I am partially deaf; the ambulance people were very good speakers and good to lip read. Very patient and ask if I was deaf which is good and honest.”

Access to 999

There are two main ways that deaf people can access the 999 service:

- Text Relay www.textrelay.org/index.php
- eSMS www.emergencysms.org.uk/

Text relay where the caller uses a text-phone and communicates with the hearing recipient of the call via an intermediary in a call centre.

eSMS is an add on to the Text Relay services. It allows people to send a text to 999 and receive a response via a relay assistant. People must register their mobile phone number in advance in order to be able to use the eSMS service.

Using a relay service may make it longer to get through the full question set of the 999 call. However, the way that our emergency operations centre works means that people using this service will not be disadvantaged. As soon as the location of the call is known (the first question asked by the call taker) it will be passed from the call taker to the dispatcher for an ambulance to be sent. The time taken for the remaining questions to be answered will not delay the ambulance response.

Access to NHS111

YAS provides the NHS 111 service for Yorkshire and the Humber. Currently deaf people can access the service via Text Relay.

We recognise that deaf and hard of hearing people would like to see alternative access routes into NHS 111. We are working in partnership with our commissioners and the National NHS 111 team within NHS England to better understand these needs and look at how they can best be met in the future.

The future

We will continue to listen to and engage with people who are deaf or hard of hearing to understand their needs and preferences - particularly as new information technology develops.

We will support the upgrades to eSMS and Text Relay as these become available.

We will work in partnership with our commissioners and the national NHS England team to develop the access to the NHS 111 services.

Your views and experience matter

We welcome all feedback about the accessibility of our services and opportunities to learn and work in partnership. If you have an insight or experience you would like us to know about or a question you would like answered, please do get in touch.

Contact:

Karl Portz, Diversity & Inclusion Manager, karl.portz@yas.nhs.uk, tel: 07730 426033

And/or

Hester Rowell, Head of Engagement, hester.rowell@yas.nhs.uk, tel: 07887 846262

Address: Yorkshire Ambulance Service Headquarters, Springhill 2, Brindley Way, Wakefield 41 Business Park, WF2 0XQ

We would like to thank service providers and commissioners for responding to our request for information and hope to work with them in the future to further improve access for Deaf and hard of hearing service users.

Next Steps and the Equality Mark

The Healthwatch Wakefield 'Equality Mark' for Deaf and hard of hearing service users can be found on the next page.

On publishing this report we will promote our findings and the equality mark with service providers, commissioners, the Care Quality Commission and the public.

Healthwatch Wakefield will:

6. **Contact service providers and offer support for them to make reasonable adjustments and access training that is available in the District.**
7. **Ask that each service provider makes a commitment to make at least one change in their services that makes them more accessible to Deaf and hard of hearing people.**
8. **Offer to engage volunteers and service users in 'reality checking' the changes that they are able to implement.**
9. **Encourage the Care Quality Commission locally to use Deaf people in their inspections as part of their 'Experts by Experience' programme.**
10. **Continue to champion equal access for Deaf and hard of hearing service users, along with all others who use services in our District.**

Healthwatch Wakefield
October 2014

If you would like to discuss this report or our findings, or would like to volunteer to help Healthwatch Wakefield in our work, please get in touch:

By email enquiries@healthwatchwakefield.co.uk
By telephone 01924 234007 or 01924 787389
By post 11-13 Upper York Street, Wakefield WF1 3LQ
By drop in Access Point, Citizens Advice Bureau, 27 King Street, Wakefield WF1 2SR
By website www.healthwatchwakefield.co.uk
By Facebook Healthwatch Wakefield
By twitter @healthywakey

Every voice counts

Deaf and hard of hearing

<p>We have a staff member who is an ‘access champion’ Evidence: e.g. Who is the staff member?</p>	
<p>Deaf awareness training is undertaken by staff here Evidence: e.g. date of last training and who / how many participated?</p>	
<p>We know which of our service users are Deaf or hard of hearing and this is recorded Evidence: e.g. system used to flag Deaf or hard of hearing service users?</p>	
<p>We are aware of the preferred language or method of communication for our service users and carers who are deaf Evidence: e.g. records of how you find this out and where the information is kept</p>	
<p>We know how to book and confirm appropriate communication support, and inform our service users that this has happened Evidence: e.g. the process for booking and confirming communication support such as in a communication policy, which is known to all staff and easily accessible for reference about types of access and how to book or use support</p>	
<p>We inform service users that communication support has been booked in good time Evidence: e.g. process for informing service users</p>	
<p>We use technology to make our services accessible to our deaf and hard of hearing service users such as loops, SMS, fax Evidence: e.g. technology / methods used and is it working? How do you monitor it?</p>	
<p>When referring patients to other health professionals we pass on details of their communication needs? Evidence: e.g. process for sharing this information</p>	
<p>We have a loop system that is maintained and staff know how to use it? Evidence: e.g. records of maintenance, staff training records</p>	
<p>We have a loop system that is available for patients to use in consultations as well in the reception area? Evidence: e.g. where is the loop and what is the process for informing patients of its availability</p>	