



Welcome to my world

Issues affecting people in Kirklees who are Deaf and Hard of Hearing as they interact with Health Services- Full Report

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Healthwatch Kirklees
Units 11-12 Empire House, Wakefield Road, Dewsbury, WF12 8DJ
Email: info@healthwatchkirklees.co.uk
Tel: 01924 450379





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Executive Summary

During the summer of 2013 Healthwatch Kirklees picked up a number of concerns from people who are Deaf or hard of hearing in Kirklees that they are having mixed experiences when they access NHS health services. A lot of the time this was reported as being around the lack of BSL interpreters at GP or inconsistencies when people are at the hospital or other NHS appointments. People said there needed to be more awareness raising and understanding from health professionals about the needs of people who are Deaf or hard of hearing.

When it comes to using health services, it is important that people with hearing loss have the same opportunities of access as hearing people. This wouldn't just be a *nice* thing to happen. Since 2010 it's a legal requirement for organisations delivering NHS services to make reasonable adjustments to make their services accessible for people who have a disability. And it says they should think ahead and promote how they will make their services accessible - rather than just respond to complaints.

Healthwatch Kirklees wanted to have a better understanding the experience (including barriers) of people who are Deaf or hard of hearing when accessing NHS health services in Kirklees. This was to influence local decision makers to challenge discrimination, change attitudes and break down barriers faced by those individuals when using NHS services.

Healthwatch Kirklees considers the following recommendations will help organisations delivering NHS services to make reasonable adjustments to make their services accessible for people who have a hearing impairment / disability and so comply with the Equality Act 2010. They will help providers anticipate people's communications needs and make their services accessible - rather than respond to potential complaints.



Recommendations

Recommendations	Applies to
<ul style="list-style-type: none"> Introduction of mobile phone system for SMS texting/email or introduction of internet appointment booking. These should be advertised to all patients so they know that these alternatives exist 	<ul style="list-style-type: none"> NHS providers
<ul style="list-style-type: none"> Deaf awareness training to be developed and rolled out for provider staff (roles and responsibilities including handling phone calls, personal visitors and booking of BSL interpreters) 	<ul style="list-style-type: none"> NHS providers
<ul style="list-style-type: none"> Patient records / computer systems to flag up communication support needs and information used in all direct dealings with that patient 	<ul style="list-style-type: none"> NHS providers
<ul style="list-style-type: none"> Patients to have confirmation of BSL interpreter bookings and names 	<ul style="list-style-type: none"> NHS providers
<ul style="list-style-type: none"> Use of on-line BSL translation services (e.g. SignTranslate) for emergency use in GP practices or hospitals. Low cost system uses a simple webcam to link to qualified BSL interpreters 	<ul style="list-style-type: none"> NHS providers
<ul style="list-style-type: none"> Visual display screens (operating in real time) to call patients in or for people to be approached and personally escorted into appointments 	<ul style="list-style-type: none"> GP's and Hospital Trusts
<ul style="list-style-type: none"> GP's to complete Choose and Book with appropriate communications needs / notify BSL interpreter required at hospital appointment 	<ul style="list-style-type: none"> GP's and Hospital Trusts
<ul style="list-style-type: none"> People to know their rights / policies and practices when it comes to communications support through an awareness raising campaign 	<ul style="list-style-type: none"> NHS providers
<ul style="list-style-type: none"> Recruitment of a Deaf/hard of hearing support person at the hospitals - to help patients and liaise with BSL interpreters 	<ul style="list-style-type: none"> Hospital Trusts



<ul style="list-style-type: none">• Induction loops¹ should be introduced into waiting rooms or consulting rooms that don't currently have them. These systems should be tested regularly and staff trained on how to use / test them	<ul style="list-style-type: none">• NHS providers
<ul style="list-style-type: none">• NHS 111 service to make suitable adaptations to the service to ensure it is fully accessible (text or video conference)	<ul style="list-style-type: none">• NHS 111
<ul style="list-style-type: none">• Awareness raising campaign to be rolled out on 999 emergency service registration system	<ul style="list-style-type: none">• NHS providers
<ul style="list-style-type: none">• Localised hearing aid after care service to be funded	<ul style="list-style-type: none">• Health & Wellbeing Board
<ul style="list-style-type: none">• CHSWG to report into an appropriate body within the CCG's or the council's Physical & Sensory Impairment Partnership Group	<ul style="list-style-type: none">• All NHS and Social Care Commissioners
<ul style="list-style-type: none">• Gain assurance from providers through the Quality Board mechanisms that they have implemented the recommendations of this report within 12months	<ul style="list-style-type: none">• All NHS and Social Care Commissioners
<ul style="list-style-type: none">• Strengthen the quality schedules of NHS contracts to include the recommendations of this report	<ul style="list-style-type: none">• All NHS and Social Care Commissioners

¹ A loop system converts the sound it picks up into magnetic inductive signals. When these signals reach the person's hearing aid, these are converted back into sound that the person who is Deaf or hard of hearing can hear. A loop system consists of a long length of wire, which has both ends attached to the loop amplifier. An infrared system is an alternative to a loop system. The signal is transmitted by invisible infrared light rather than by magnetic field.



Why have we focused on this issue?

The national picture

Ten million people in the UK have hearing loss - one in six of the population. When it comes to using healthcare services it is vital that people with hearing loss have the same level of access as hearing people. There is a clear legal foundation for this. The Equality Act 2010 requires (NHS) service providers to make reasonable adjustments to make their services accessible for people who are disabled, and states they must anticipate and promote their adjustments rather than make them on a responsive basis.

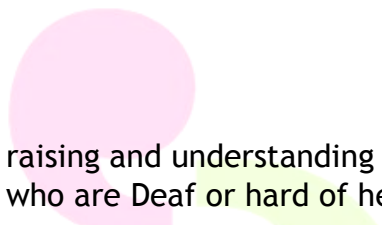
Action on Hearing Loss (formerly the Royal National Institute for Deaf People) has undertaken similar research on this subject (see References at end of report). 'Access all areas' found that patients who felt unclear after a consultation often attributed the misunderstandings to their GP not facing them or not always speaking clearly. These findings were reflected in some of the comments to Healthwatch in the early stages of this assignment. As a result, the work of Action on Hearing Loss is acknowledged and informed the scope and content of 'Welcome to my world' in Kirklees.

The local picture

In Kirklees, at the time of writing this report, 6290 people are registered with the council as having a hearing impairment. This includes people who are Deaf blind or with dual sensory loss. This comprises 1.48% of the total population of 425,517. Here is a further breakdown:

205 (3.3%) are registered as Deaf 55% are from North Kirklees 45% from South Kirklees
1219 (19.4%) are registered as hard of hearing 52% are from North Kirklees 48% are from South Kirklees
66% are female and 34% are male
The majority are over 65 years of age or older

During the summer of 2013 Healthwatch Kirklees picked up a number of concerns from people who are Deaf or hard of hearing in Kirklees that they are having mixed experiences when they access NHS health services. A lot of the time this was reported as been around the lack of BSL interpreters at GP or other appointments, or inconsistencies when people are at the hospital or other NHS appointments. People said there needed to be more awareness



raising and understanding from health professionals about the needs of people who are Deaf or hard of hearing.

Taken to its extreme, on-line research also revealed a number of examples where children or family members have had to communicate news of (terminal) illnesses to their Deaf relatives. The most significant of these has reached national prominence with a campaign called '*Spit the dummy*' www.limpingchicken.com/2013/04/23/i-told-dad-his-battle-with-cancer-was-lost-because-the-nhs-didnt-provide-an-interpreter

Ten million people in the UK have hearing loss - that's one in six of the population. In Kirklees, approximately 6000 people out of a total of 425,000 are registered as having a hearing impairment. So when it comes to using health services, it's really important that people with hearing loss have the same opportunities of access as hearing people. This wouldn't just be a *nice* thing to happen. Since 2010 it's a legal requirement for organisations delivering NHS services to make reasonable adjustments to make their services accessible for people who have a disability. And it says they should think ahead and promote how they will make their services accessible - rather than just respond to complaints.

Local examples were given of missed appointments, distressing situations arising from miscommunications during NHS consultations or an unwillingness of providers to make reasonable adjustments to cater for the needs of people who are Deaf or hard of hearing when accessing the NHS.


So Healthwatch decided to look into this in more detail, to get a better understanding of how things happen here. The idea was to do some of this in small meetings, face to face, but to offer a wider group of people the choice of completing an on-line or freepost survey.

Research aim

To understand the experience (including barriers) of people who are Deaf or hard of hearing when accessing NHS health services in Kirklees. This is to influence local decision makers to challenge discrimination, change attitudes and break down barriers faced by those individuals when using NHS services.

Objectives

- To capture the experience of people who are Deaf or hard of hearing at key stages in their 'patient journey'
- To identify barriers which could improve the patient / customer experience
- To make recommendations to improve NHS services for those individuals
- To maximise patient safety and minimise misunderstandings due to inadequate or poor communications and to narrow the gap in accessing



NHS health services for those who are hearing and those who are Deaf or hard of hearing

What did we do to investigate?

Research scope

The research framework was built around the most common situations where people experience communications problems with providers of NHS services, i.e. problems which wouldn't necessarily be experienced by hearing patients / clients. These were:

- Accessing GP appointments and hospital services - including in the reception or waiting area and during the consultation, and
- Accessing other NHS services, i.e. opticians, dentists, community healthcare, NHS 111 services etc

It did not cover experiences with social care services which is the subject of a separate piece of work led by Kirklees Council in 2014.

A mix of desk top research was carried out, followed by consultation with people and patients, including interviews with NHS professionals and/or providers. A working title of '*Welcome to my world*' was given to the work to convey to a hearing audience the challenges experienced by people who are Deaf or hard of hearing when they go about the day to day task of engaging with NHS services and providers.

Our research

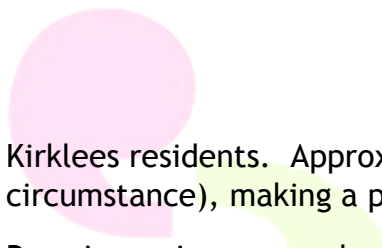
Marketing and communications

A variety of channels were used to raise awareness of the research. These included the use of social media to reach a younger audience and the production of a British Sign Language (BSL) signed film, uploaded onto YouTube and promoted on the Healthwatch and Council websites.

Quantitative research

A questionnaire was developed and sense-checked with a panel of service users and health and social care professionals. It was formatted as an on-line survey on the Healthwatch Kirklees website and a freepost survey, to reach as wide an audience as possible. An on-line survey was adapted to target young people and promoted through the council's Involving Young Citizens Equally Service.

The freepost survey was sent to everyone with a hearing impairment on the Kirklees Sensory Services database. In November 2013, this amounted to 1400



Kirklees residents. Approximately 50 were returned (change of address or circumstance), making a potential pool of 1350 respondents.

Drop in sessions were also offered to people to help them complete the surveys as people who are Deaf can find it difficult to understand written English, as the grammar and structure differs greatly from that of BSL. Approximately 20 people took up the offer for help in completing their survey over sessions. This lack of understanding about the literacy challenges experienced when health professionals use written English to communicate with Deaf patients came up on numerous occasions during the research.

Qualitative research

Focus groups

50 people took part in a series of focus groups with a similar set of questions to the written survey. The sessions allowed participants to express their views in a less structured and natural way so they were free to give views on any aspect of their access to NHS services or providers.

Other contacts

Meetings or interviews were held and contact established with the following NHS professionals / providers, to gain their perspective on current service provision and the potential for improvements:

Kirklees Sensory Services and specialist teams across Kirklees Council's Children & Adults Services, Greater Huddersfield and North Kirklees CCGs, Mid-Yorkshire NHS Foundation Trust (Head of Audiology), South West Yorkshire Foundation Trust, DWP Kirklees (Disability Employment Lead), Yorkshire Ambulance Service (Equality Delivery Leads), Locala Community Partnership, NHS England, CQC, West Yorkshire Community Pharmacy Service, Kirklees Sensory Impairment Development Group, Kirklees Physical & Sensory Impairment Partnership Board, Huddersfield New College, Kirklees Federation of Tenants & Residents, Brian Jackson College, Kirklees Singing and Signing Choir, Action on Hearing Loss, British Deaf Association

Every effort was also made to establish contact with the following organisations or agencies:

Calderdale & Huddersfield Foundation Trust, Huddersfield University, Greenhead College, Kirklees Deaf Children's Society



What did we find?

Profile of respondents

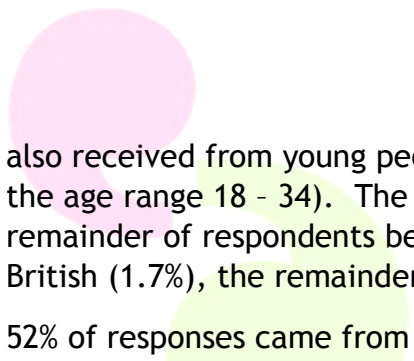
407 people took part in either the on-line and/or freepost survey. While it's not possible to identify how many of these people took part as a direct result of the mailshot from the Sensory Services database - it potentially represents approximately 30% of the number of Kirklees residents with a registered hearing impairment. The high response rate indicates that communications issues is an important issue for this group of people.

The majority of respondents (35.2%) said they were Deaf with 25.8% saying they were hard of hearing. A majority (72.3%) wear hearing aid(s). This table shows the range of hearing impairments, communications needs and ways people describe themselves as a result of their hearing loss. This is an important factor when it comes to improving understanding and deaf awareness for health professionals.

Hearing loss	Numbers / % respondents	
I am Deaf	35.2%	131
I am deaf	0.8%	3
I am severely deaf	23.1%	86
I am partially deaf	19.6%	73
I am deafened	2.7%	10
I am hard of hearing	25.8%	96
I use British Sign Language	9.7%	36
I wear hearing aid(s)	72.3%	269
I wear cochlear implants	4.3%	16
I have tinnitus	17.5%	65
Total respondents 372		

Most respondents became deaf or lost their hearing between the age of 65 and 74 (27.5%) or between the age of 50 and 64 (18.7%). This tallies with Action on Hearing Loss's general statistics that show hearing loss is often age related. For example 42% of people over the age of 50 are deaf or hard of hearing. However 18.3% of respondents were under 20 when they lost their hearing, so the communications needs of younger patients also need to inform policies and practices.

More women than men responded (60% to 40%). This is probably due to the fact that life expectancy is higher for women and most of the respondents were in the 65 and over bracket (75%). But a small number of responses were



also received from young people (1 from the under 18 age group and 11 from the age range 18 - 34). The vast majority were White (93.7%) with the remainder of respondents being Asian or Asian British (3.3%) or Black or Black British (1.7%), the remainder describing themselves as Mixed or Other.

52% of responses came from patients who used GP practices in Greater Huddersfield CCG area and 48% from North Kirklees CCG area. With regard to hospital usage, 53.5% used Huddersfield Royal Infirmary most frequently, with 44.5% of people using Dewsbury District Hospital. 2% use Barnsley or other hospitals out of area.

SECTION ONE: CONTACTING THE GP SURGERY OR HOSPITAL

Healthwatch was interested in finding out about people's experiences of the communication methods they used to contact their GP surgery or the hospital.

The results show that making contact with the GP surgery or hospital is a real challenge for people with a hearing impairment.

For a summary of key issues at this stage in the patient journey, see Table 1.

Many of the examples of poor communications, at this stage in the patient journey, appear to come from a lack of understanding and deaf awareness from reception staff, both in person and on the phone. This includes automated phone systems / messages which can be difficult for people to understand - resulting in them having to phone again to get the message repeated. A number of respondents mentioned the lack of patience of reception staff in dealing with them, which can sometimes give rise to rudeness and poor customer service.

Reliance on the telephone

Booking appointments by telephone is equally difficult for people who are Deaf or hard of hearing.

Our results show that most people will visit the GP surgery in person (48%) or phone themselves (39.5%) but a similar number of people (39%) have to rely on the use of friends or relatives. This undermines their right to privacy and confidentiality and disempowers them from managing their own health.

With regard to hospital appointments, this can either be through the Choose and Book system or appointments are made directly with the hospital. Again, the majority of people get a friend or family member to call the hospital on their behalf (36.75%) or phone themselves. Just under a quarter of people present at the hospital themselves (22.5%). But in both cases only a small minority use other means to make contact.



How do you currently contact the surgery or hospital?	Surgery	Hospital
I visit in person	48%	22.5%
By phone - calling myself	39.5%	30.5%
By phone - a friend or relative calls on my behalf	39%	36.75%
Text relay, typetalk, minicom, text, email or fax	Less than 7%	Less than 4%
Total respondents 373		

“The biggest barrier for me is in terms of the time it takes to go in person to do things which hearing people do by phone and which I should be able to do by email. Having to ask someone call on my behalf is embarrassing. But I love the text service from hospital.”

Participants at the hard of hearing focus group emphasised the difficulties of hearing dates and times correctly on the phone and how a number of them have to resort to going in person to either the surgery or hospital to make appointments, to ensure they understand.

Just over a fifth of respondents (21.5%) said they had put off making an appointment at the GP surgery because of communications problems, with 19.5% of people saying something similar about hospital appointments.

“I don’t understand written English well. I’ve got nobody to help me, if a translator’s not available. Sometimes it’s just too difficult and I think I’d rather not bother.”

Although a number of people did highlight communications problems when contacting their GP or hospital, others said they did not feel the need for any support.

“At present, I don’t need it if they speak clearly.”

“I can manage myself, at the moment. My health hasn’t been too much of an issue. But this might change as I get older.”

Patient records

Our survey asked whether people knew whether their hearing loss was recorded on their records.

Is your hearing loss recorded on your patient records, to make staff aware of your communication needs?	Surgery	Hospital
Yes	33.8%	32.2%
No	8.4%	8.7%

Don't know	57.1%	50.8%
Total respondents 382		

Where people confirmed this was the case it was still a source of frustration that their communication needs weren't addressed in their dealings with the surgery or hospital.

“Yes - the computer shows me as Deaf - but it doesn't state my requirements. That should be automatic. People should ask what you need, automatically and this should be on the records.”

“If it was recorded then why don't they take notice of it when I contact them for an appointment or when I go into the surgery? It's as though they have no idea. And they're surprised that you can't speak when you turn up. If it's on my records - they've had prior warning and should act accordingly.”

The active use of this information on patient records can alert staff to book appropriate communication support or highlight that they may need to be collected from the waiting room / reception area if a visual display screen is unavailable. The majority of respondents, however, didn't know whether their hearing loss was recorded on their records at all. This will be contributing to their uncertainty around their consumer rights or the level of service / support they should be receiving

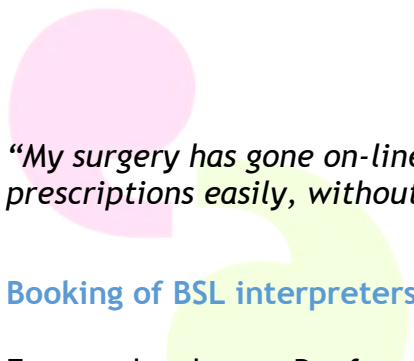
Preferred means of contacting the surgery or hospital

While respondents are still happy to phone themselves or through friends or relatives, or to present in person - our findings suggest there is unmet demand for alternative contact methods, such as texting and emailing. These methods may be particularly favoured by people with hearing loss who are unable to use traditional phones. Focus group discussions highlighted the interest and value in on-line booking for appointments.

Preferred means of contacting the surgery or hospital?	Surgery	Hospital
By phone, calling myself	48.9%	34.3%
By phone (friend or relative)	37.3%	34.3%
Visit in person	26.4%	17.3%
Text, email, fax	25.4%	21.1%
Textrelay, textphone, typetalk	2.1%	1.3%
Total respondents 370		

The use of smartphones and texting came out strongly from the younger participants in the focus groups.

I'd always prefer to text. It's the way I communicate with people. I don't have time to go down to the surgery in person.



“My surgery has gone on-line and I can now book appointments and get my prescriptions easily, without there being a hearing aspect to it.”

Booking of BSL interpreters

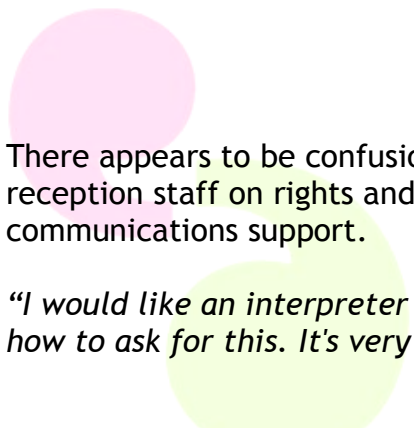
For people who are Deaf and need some communications support during an appointment, this poses significant problems where GP practices or hospitals are unclear or unaware of the role they should be fulfilling. This lack of deaf awareness appears to be a common factor running through the survey work and focus groups. For some people the preferred communications support might be a family member, but for others it will be the need for a suitably qualified BSL interpreter to be booked (male / female - depending on type of appointment).

People who are Deaf should be making their own doctor's appointment, with the surgery checking with them any communications support requirements. This might be booking a longer appointment and/or ensuring they are accompanied by their preferred person. If this is a BSL interpreter the surgery should ensure the booking is made through their contracted provider, which in the case of GP appointments is Kirklees Sensory Interpreting Service (KSIS); the booking should be managed by Locala. Respondents pointed out that urgent GP appointments don't always leave enough time for booking BSL interpreters or reception staff aren't aware of the need or importance of ensuring they confirm with the patient that a BSL interpreter has been booked. Practice staff should also ensure communications support needs are flagged up when the GP asks for a hospital appointment to be made.

Numerous examples of when this system breaks down were given in the comments area of this section and the focus groups.

“Making my first GP appointment after transferring from another area, the receptionist told me I had to book a BSL interpreter myself. They had my records and knew I needed one. But I pushed it back on them. When I checked up the day before, nothing had been booked. So I took a friend. I asked the Receptionist if I could see what was written on the computer for my appointment and the screen said ‘Maybe it would be a good idea to book an interpreter’. Maybe? What’s that about? The appointment was terrible. I was embarrassed with my friend in the room. They just weren’t deaf aware.

“Today I got a letter from the hospital, calling me to an appointment. It never mentioned whether an interpreter would be available. They know I’m Deaf and I always need one. They should be prepared and not expect me to phone ahead. My information should be on file and the admin people should use what they know about us. It should be confirmed in the appointment letter, to save us worrying.”



There appears to be confusion on the part of a number of patients as well as reception staff on rights and responsibilities in terms of booking communications support.

“I would like an interpreter for my appointments with the GP, but don't know how to ask for this. It's very difficult.”

Examples of good practice

Where opportunities have been made for people to use alternative means to book appointments, this seems to have been successful. And where reception staff have a reasonable levels of deaf awareness and patience, this is also appreciated by patients. A large number of people at the appointment stage rely on relatives, lipreading, telling staff they are hard of hearing and need to slow down, or writing things down.

“When I go to the surgery, I tell them I can't hear and they all speak slowly and clearly.”

“I do it all on the websites and choose doctors and times to suit me.”

“I do not have any problems in contacting my surgery. I am a long standing patient and have a good relationship with the practice. The same applies to the hospital. I am a volunteer at Dewsbury District Hospital so know my way around. The audiology staff are very helpful and friendly.”

Under the Equality Act 2010 GP surgeries and hospitals have a legal requirement to ensure their services are accessible to people with disabilities. So efforts should be made to provide a range of contact methods and promote them, so that patients can choose their preferred method of contact.

SECTION TWO: WAITING FOR A CONSULTATION IN THE RECEPTION OR WAITING AREA

Healthwatch was interested in the experiences of people when they are waiting to be called into their appointment. This can be a difficult situation for people who are Deaf or hard of hearing. They can potentially miss appointments because of poor communications, such as not being able to hear staff calling out their name.

The use of visual display screens can help to ensure that people with hearing loss can clearly see when they are being called for appointments. Missed appointments can incur a substantial cost to the NHS. But they also create high levels of stress and anxiety for people with a hearing impairment if they are kept in the waiting room, seeing later arrivals go into their appointments, i.e. unaware if they have missed their appointment or not. This is potentially something that could be easily avoided by surgery staff taking account of

patients' communication needs. Again, this flagged up a lack of deaf awareness by staff at GP practices and the hospital.

For a summary of key issues at this stage in the patient journey, see Table 1.

Alerting patients to their appointment

Respondents were asked to select all that apply

How does the surgery or hospital call you to the appointment?	Surgery	Hospital
They verbally call patients in	45.5%	59.2%
There is a visual display screen	44.4%	10.8%
The nurse or GP comes and collects me	21.2%	25.3%
Total respondents 363		

The display screen is a welcome facility to many respondents.

“My surgery has a visual display screen. It’s a lot better. I can relax when I’m in the waiting room. It makes a big difference. You’re already likely to be a bit anxious when you go to the doctor’s about what’s wrong with you. Just having a simple screen to call you in - it’s a big help.”

But it presents its own problems in terms of concentration levels or breakdown of equipment. While this may also be the case for hearing patients, it is particularly difficult for people with a hearing impairment.

“When the screen’s not working it’s really difficult. It knocks your confidence. You’re sitting in a crowd of people, watching the Receptionist - not taking your eyes off them in case they’re telling you to go in for the appointment. One time I waited 45 minutes. When I went up to them and asked what had happened they said they’d been waving at me, trying to get my attention. But they hadn’t. They’d forgotten about me. I got really upset and went home in frustration. I didn’t complain. It’s not worth it.”

There are inherent problems with verbally calling patients into appointments - for obvious reasons. This can be exacerbated when tannoy systems are used in an area where there might be a radio or television playing. This is particularly difficult for people who are hard of hearing.

There appears to be a reliance at the hospital, particularly the Audiology Clinics and Accident & Emergency, to call patients into appointments. There were a number of complaints about the experience at Huddersfield Royal Infirmary.

“You sit in the waiting room, right at the top of the corridor and they shout for you. You can’t possibly hear. The nurses really should come down to the main waiting area - but they don’t.”

“I had to go to A&E at HRI and went by myself. I made it clear at reception that I was severely deaf. But even with my hearing aids, I still missed my name being called out. I had positioned myself in an appropriate place so I could lip read. But the person calling my name was in a side room and they were not happy that I hadn’t responded.”

But this lack of deaf awareness is felt strongly by significant numbers of respondents, as expressed by this person:

“All reception areas and all audiology and ENT consultation rooms should have loop systems and portable loops should be available in every department. These should come with a loop tester and training for all staff in the department. I went to an HRI minor surgery unit- they had a portable loop at the reception- no one knew how to switch it on or what it did and it transpired the plug was cracked and loop didn't work. Having a loop is not a panacea for poor communication. Staff need communication skills training to do and what a loop is, how it works and how to test it regularly. Trained staff should have deaf awareness information. Trained staff should wear deaf aware badges. They could contact the UK charity Hearing Link to make some progress with loop work and for deaf awareness training”

It is worrying that a number of people experienced difficulties with staff and the environment at the HRI Audiology clinic - a department that should be demonstrating good practice in deaf awareness.

There is a strong reliance on friends, partners, relatives or interpreters accompanying people to appointments, to ensure they don’t miss their appointments.

“I have to rely on relatives telling me when it's my turn. There is a marked difference between hospital departments used to dealing with elderly deaf people and those who are not - in terms of patience, waiting and courtesy.”

Patients’ records should clearly indicate their communications needs and staff should be shown how to attract the attention of patients without calling their name.

Missed appointments

We asked people whether they had ever missed an appointment because they missed being called in the waiting room.

Have you ever missed an appointment because you missed being called in the waiting room?	Surgery	Hospital
Yes	9.3%	6.4%
No	84%	75.7%
Sometimes	4.5%	4.8%
Total respondents 375		

“Although I have answered no to missing appointments, if I wasn't able to have someone with me, I am sure I would have missed my name being called. At the doctors it is fairly easy to work out where you are in the waiting queue. At the hospital names are frequently called without anyone in sight. If I was on my own I would have no chance of recognising my name.”

In the focus groups, comments were often made about being missed to be called in.

“It happens all the time. People come in after you and you see them go in. The reception staff always say ‘sorry’ or that they shouted your name - but that’s not good enough.”

Who accompanies you to appointments?

Healthwatch was interested in finding out whether people ever had someone accompanying them to medical appointments to help them understand what is being said.

For appointments at the GP surgery, slightly more people said they never took anyone with them (31.9%) compared to those who said they *always* took someone with them (31.4%). For hospital appointments, the majority of people (39.2%) said they always took someone with them, compared to those who never took anyone (23.8%).

At appointments, do you ever take someone along to help you understand what’s being said?	Surgery	Hospital
Yes, always	31.4%	39.2%
Yes, sometimes	27.8%	27%
No, but I would like someone to accompany me	3.2%	2.4%
No, never	31.9%	23.8%
Total respondents 370		

For those respondents who don’t have anyone accompanying them, whilst a number of comments made were that this was because they could manage or cope on their own, a large number of people said that this was because they didn’t have anyone to go with them.

We then went on to ask who people *might* wish to attend with them. The preferred option for GP appointments was a male (52%) or female (52.2%) BSL interpreter. This was similar for hospital appointments. 48% of respondents would choose a male BSL interpreter, with 47.8% choosing a female interpreter. This is an important feature of staff deaf awareness when it comes to booking interpreters as it relates to people’s dignity.

“For private or personal matters I'd prefer a male BSL interpreter. But otherwise either gender is OK.”

But a number of comments were expressed on the lack of awareness of whether people were entitled to have a BSL interpreter, or the logistics of getting one booked. Similar comments were made with the questions about booking GP or hospital appointments and people's communications needs.

“I would like an interpreter at my GP appointment. But I don't know how to relay this to the reception staff and I don't know whether they could arrange this.”

“Sometimes at the hospital they tell me there's no need to get an interpreter. They say it's going to be really basic English and assume it doesn't need a costly BSL interpreter and that someone in the hospital can sign. But that's not right. The BSL signing was very basic - and it's not appropriate to use someone who's not a qualified signer.”

Others left comments that they would like to be accompanied by family members.

For those respondents who did have someone accompany them, this was most commonly their husband / wife or partner (38.8% at the surgery, 42% at the hospital) or a son or daughter (over 16) (29% at the surgery, 35.3% at the hospital).

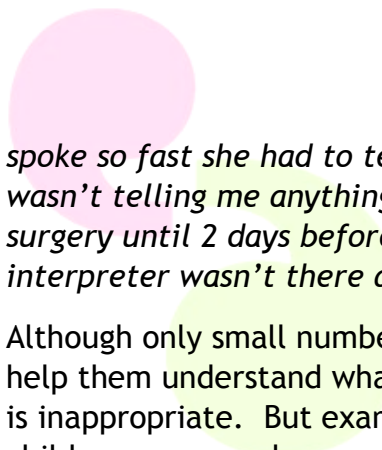
Who do you take along to help you understand what's being said?	Surgery	Hospital
Friend	7.1%	9.8%
Husband/wife/partner	38.8%	42%
Son/daughter (16 or over)	29%	35.3%
Son/daughter (under 16)	3.9%	2.4%
Other relative	9.4%	11.8%
Total respondents 255		

The majority of respondents or people in the focus groups said they were happy to be accompanied by a relative, but this does present difficulties and/or embarrassment for some people.

“The problem when you take a relation is the lack of privacy.”

“I take my daughter to appointments. Because sometimes it can take 2 or 3 weeks to get an interpreter. The doctor sometimes thinks my daughter is the interpreter - which isn't fair on her.”

“The interpreter didn't turn up for a hospital appointment for some planned surgery, so I had to use my Mum to avoid delaying things. The Specialist



spoke so fast she had to tell him to slow down to understand him. But she wasn't telling me anything. She didn't tell me about the date for the surgery until 2 days before. That's not right. All because a proper interpreter wasn't there and they forced me to use my Mum."

Although only small numbers of respondents said they took a child under 16 to help them understand what is being said, this contravenes good practice and is inappropriate. But examples were given in the focus groups of when small children were used.

"I was at A&E and the interpreter didn't arrive. I was forced to use my child as an interpreter. It wasn't right. She had to pass on all the information about me and she was only 7. She was upset as she was worried about me. It annoyed me. I ended up arguing with A&E as they should have sorted it out."

In the comments section of this series of questions and the focus groups - examples were given of GP surgeries and hospitals refusing to book BSL interpreters or to ensure one is in attendance with a patient.

"I was at Dewsbury Hospital A & E. They refused to provide me with an interpreter. They said 'Oh no - it'll be OK'. I didn't feel I could write down what I needed to. I secretly text my husband to tell him what a bad time I was going through. And then they told me to turn off my phone! It was awful."

SECTION THREE: DURING THE CONSULTATION

The potential for missing or misunderstanding important information during a consultation is both a worry and a reality for many people who are Deaf or hard of hearing. Healthwatch was interested in investigating this further.

"I went to the doctor's for a blood test, but the nurse didn't explain to me how to get the results. So it's not only the doctors who need deaf awareness training - it's the nurses and reception staff as well."

The good news from our responses was that the majority of people hadn't been unclear.

"Consulting room amnesia is very common. I take my wife with me to appointments. We both take a pad of paper, with questions and space to make notes. We check our understanding of the discussions before leaving. If my wife or I have any doubts - we ask again, until we do understand."

But there were worrying levels of people who felt they may have missed important information or were unclear about what went on in an appointment.

Have you ever been unclear about your diagnosis or medication after attending an appointment?	Surgery	Hospital
Yes (diagnosis)	19.1%	20.5%
Yes (medication)	19.7%	14.9%
No	65.5%	59.8%
Don't know	6.5%	5.9%
Total respondents 356		

It is vital that patients leave a consultation feeling that they have been able to access all of the information given, particularly since the consequences of not fully understanding health advice or medication may be dangerous.

People gave the following information from the comments section, or from the focus groups. Whilst some of the reasons (language and terminology) apply equally to hearing people - they can be more difficult for Deaf people who don't necessarily have English as their first language, or read to a high standard:

“The consultant visiting the GP told me I have a lump on the nerve in my ear. When I got home I Googled it to find out I had a brain tumour. I had to phone the consultant the next week when I knew he would be at the GP surgery to confirm one way or another.”

“When I saw a consultant in ENT after my MRI scan she didn't speak very good English and told me I didn't have a brain tumour which I didn't even know I was being checked for. I was unsure of what was the cause of my hearing loss but felt unable to ask questions as it was too hard to communicate. The next time I went I was able to ask the consultant and audiologist and they were brilliant and explained clearly.”

In order to understand more about where communication difficulties arose, we asked respondents whether a number of different factors ever contributed to them feeling unclear about information provided during a consultation.

The most common contributing factor reported was the GP at the surgery (48%) or hospital (60.3%) not speaking clearly. This was followed by the clinician not always facing the patient. For GP's at the surgery this was 41.7% and at the hospital this was 53.6%. For other contributing factors see the table below.

Have any of the following factors ever left you feeling unclear about information provided during a consultation?	Surgery	Hospital
They did not always speak clearly	48%	60.3%

They did not always face me	41.7%	53.6%
They used complicated language	20.2%	26.2%
They did not make sure I understood what was being said	32.5%	38.9%
I did not want to ask them to explain things further	23.4%	26.2%
There was no induction loop in the consulting room	20.2%	19.4%
Total respondents 252		

Given there are relatively high responses to all of the options offered, the findings suggest there is a lack of deaf awareness among clinicians and highlights that simple changes could be made to improve communications during a consultation. Facing patients (rather than the computer), speaking clearly and building in a check to ask patients whether or not they understood the information provided, are all simple steps that could be taken as part of a commitment to deaf awareness and improved communications.

“I find it quite rude when the doctor doesn't speak directly to me - but talks to the person I'm with.”

Other comments included:

“I know it's the same for hearing people - but I really struggle with my doctor's handwriting. Sometimes he says 'read my lips' and refuses to write anything down for me. When I complain he loses patience with me, rolls his eyes and huffs and puffs. But I did get him to write it down eventually. A lot of doctors don't understand - but English is my second language. BSL is my first.”

“In the scanning room, there is no way to communicate with radiographers as hearing aids have to be removed. It's very frightening.”

The focus groups highlighted further examples of the inappropriate use of friends or family members to interpret during consultations. This included situations where the person accompanying them couldn't translate and the patients had to leave the consultation and re-book with a BSL interpreter, or where they have had to resort to internet research when they got home.

There were also examples of poor standard of BSL interpreters booked for appointments. Largely these related to appointments at HRI which uses an independent contractor (The Big Word), rather than bookings through Kirklees Sensory Services. Concerns were raised about the use of unqualified translators and the inappropriate use of male signers for female / gynaecological appointments. These concerns extended to a lack of awareness or accessibility of complaints processes

"I went to HRI for an appointment. It didn't say on the letter if an interpreter was booked. The person who came along was awful - the worst interpreter I've ever had. I didn't understand what was being said to me but I was also sure they weren't translating what I was saying. I should have checked their badge to see if they were a qualified interpreter." (Blue is a trainee, yellow is qualified).

"I'm not sure of the policy if they book an interpreter I know doesn't suit me or I don't have confidence in. This needs to be checked out beforehand. It shouldn't be pot luck. And it's too late if someone arrives and I know I'm not happy with them."

"With some freelancers you can't complain if you're not happy. It's easier if you know they've come through the Sensory Services team - as you can complain to them. But sometimes it's more difficult. It's not easy to know if you can complain. It needs to be much clearer."

Examples of good practice

"A nurse realised the receptionist hadn't provided a BSL interpreter for me - after I'd asked for one in advance. She was very patient and asked for extra time with me to go through everything properly. I was pleased about the way she helped me - but it was a very stressful situation."

"My experience has always been positive. People have been helpful, kind and considerate at the surgery and the hospital."

"The nurses at my GP practice are very good at communicating. But I find there are not enough loop systems in GP surgeries or hospital consulting rooms. If there are then they do not advertise the fact that loop systems are in operation."

SECTION FOUR: OVERALL SATISFACTION

Healthwatch concluded this part of the survey by asking people their opinion of standards with key stages in their patient journey with their GP or hospital. The majority of respondents considered the services of their GP and most frequently used hospital to be good or very good.

In general, how would you rate the following aspects of your GP surgery or hospital?	Very good	Good	Neither good nor poor	Poor	Very poor	Don't know
Contacting your GP surgery	34.6%	34.9%	15.4%	6.9%	4.7%	1.7%
Contacting your hospital	18.4%	36.8%	21.7%	5.8%	2.2%	2.5%
Visiting your GP surgery	33.2%	38.2%	11%	5%	3.6%	1.4%
Visiting the hospital	18.1%	42%	18.1%	5.5%	1.9%	1.7%

During the consultation (GP surgery)	30%	37.4%	14.6%	2.8%	2.8%	2.5%
During the consultation (hospital)	21.4%	39%	18.1%	4.7%	2.2%	2.2%
Total respondents 364						

SECTION FIVE: ACCESS TO OTHER NHS SERVICES

Healthwatch concluded its survey and focus group discussions by considering people's access to other NHS services. These were predominantly opticians, dentists, community healthcare, pharmacies, the NHS 111 service or any other NHS services provided by 'Any Qualified Provider' (AQP). Since April 2012, patients have had more choice about which health services they can use within the NHS. The AQP scheme means that, for some conditions, patients are able to choose from a range of approved providers, such as hospitals or high street service providers, such as Specsavers or local dentists which take NHS patients.

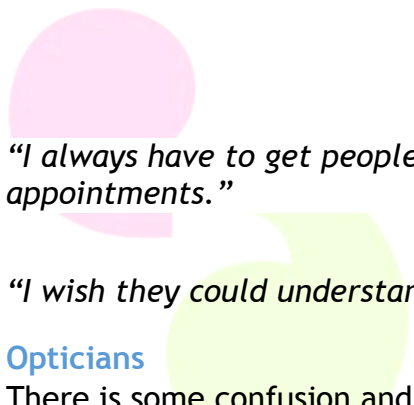
These services remain free for patients to use and access to them is based on clinical need, in line with the NHS Constitution. As such, they should also comply with the requirements of the Equality Act 2010.

For a summary of key communications issues see Table 2.

Our findings, however, found a number of criticisms with the providers of these NHS services which are largely funded by NHS England.

Have you experienced communications problems before or during appointments or when accessing other NHS services?	
Opticians	60.4%
Dentists	59%
Community healthcare, e.g. district nurses, health visitors, sexual health clinic (Locala Community Partnerships)	28.8%
Pharmacies	33.8%
NHS 111 service	29.5%
Total respondents 139	

The majority of problems appear to relate to a lack of deaf awareness by providers and for customers, a lack of awareness of their consumer rights in terms of NHS services by dentists, opticians etc or how their communications needs might be met when they're accessing specialist NHS services such as childbirth, mobile breast scanners etc or the emergency services.



“I always have to get people to help me book or attend other NHS appointments.”

“I wish they could understand what it's like being in the deaf world.”

Opticians

There is some confusion and frustration surrounding access to BSL interpreters at Opticians appointments. Deaf customers feel that since Locala took over the contract for providing BSL interpreters, they have not been able to get access to interpreters at appointments with Specsavers, who often provide the lowest prices.

After speaking with Locala, it is clear that they, and the providers who preceded them, state they have had no standard arrangement to provide interpreters for Opticians appointments at Specsavers. Any BSL interpreters that have been provided for Specsavers appointments in the past 5 years were not booked by Locala, or the previous provider. Their position is that Specsavers should be complying with the Equality Act 2010 and making reasonable adjustments for disabled clients and not receiving a subsidy for interpreters from the NHS.

The position of Specsavers is that they are opting out of the legislation as each high street store is a franchise and, as such, is a small business. They say it is not commercially viable for these small businesses to pay for interpreters. As a result, they refuse patient requests for interpreters to attend eye tests or hearing aid appointments.

Deaf people are being directly impacted here by the professionals' lack of understanding as to how BSL interpreters should be funded and provided. This needs to be resolved.

Notwithstanding this local difficulty, Healthwatch understands the 3 or 4 local cases which were taken up by the council's Sensory Services team have now been sent to the legal department of the Royal Association for Deaf People which is looking into this issue on a national level as a potential breach of the Equality Act.

“Boots provide interpreters - but not all of them do. But this means you're limiting your choice of where to go to and to get the best deals.”

But there are other factors which contribute to people having a poor experience during appointments. This stems from a lack of deaf awareness and people being unaware of the prevailing policies and their legal rights when it comes to NHS services.

“I had an optician's and they told me that I had to book the interpreter. It was short notice and I needed the test, so I took a friend who can lipread.”

But the room was dark - and the optician assumed my friend was hearing. It was a disaster. In the past I've used my mum."

"I don't understand how an NHS eye test should be covered by bringing in BSL interpreters - but other eye appointments aren't. Surely your eyes are part of your overall health. And I don't understand how the NHS vouchers system works. Private sector companies won't accept the vouchers - but they should. What about if you want some frames? What's the situation there? And what about hearing tests? If they're getting paid by the NHS, surely they should pay for interpreters."

Dentists

A number of respondents and focus group participants commented on a lack of deaf awareness by staff at dental surgeries and their difficulty in getting the practice to book BSL interpreters. There was a temporary problem, earlier in the year when, due to staff sickness, arranging a booking for a BSL interpreter for a dentist appointment became more difficult. Dental practices may have struggled to find the right way to access the interpreting service at this time. A reminder should be given to dental practices that they should agree to requests for interpreters from Deaf patients, and of the way in which this should be done.

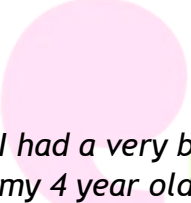
A number of comments were also made by people who are Deaf and hard of hearing, about difficulties they experience by tannoy systems and a lack of visual display screens in the waiting area and when dentists communicate with them with wearing face masks.

"It's particularly difficult at the dentists when they've got their mask on them and I can't understand what they're saying. Then I have to get them to stop and take their mask down to explain. They get frustrated - but so do I as I've got my mouth wide open!"

"I go to a private dentist and they tell me I've got to pay for an interpreter. It's the same for the optician. I'm unclear as to what my rights are on this. I'm on a low wage. I can't afford to pay for this myself. Hearing people don't have to lay out for this type of thing when they go to appointments. Why should I? Some people might say that's what we get DLA for. But I'm on low DLA and this wouldn't cover the cost of interpreters."

NHS 111 service

This service is not accessible for people who are Deaf. But significant numbers of respondents were unaware of the service which replaced NHS Direct on 1st April 2013. NHS England are aware of the problem and have suggested they will look to amend the service. But in the meantime, it presents real challenges for Deaf people and their families.



I had a very bad experience with the new 111 service. I had to ring because my 4 year old daughter was ill. I was obviously stressed because she wasn't well - but the only way I could communicate with them was through her. So she had to tell them what was wrong with her and translate and tell me what their advice was. They told her that she had to go to hospital. There was no interpreter there. There were other questions I had but I didn't want to use her - and worry her. There is vital information I need, as a parent and I shouldn't have to rely on my daughter to be the go-between. She's the patient

But other comments probably reflect the same access problems as hearing people. Healthwatch understands these issues are already being addressed.

Emergency services

A number of respondents and focus group participants were unaware of the SMS registration system for contacting 999 emergency services for people who are Deaf. This is where people register themselves so they can text 999. But if they also make a silent call, i.e. they can't communicate or text (because of injury or other circumstances) - the emergency services know who's called and will send someone round or track them on the GPS.

<http://www.emergencysms.org.uk/>.

"There's a real problem with the emergency services. It's OK when you need an NHS service in the day - and you can plan ahead and book an interpreter or make other arrangements. But if you've got an emergency in the middle of the night, you can't just pick up the phone and dial 999. It's not accessible."

"I'm not sure what 111 service is. If I had to call 999 I'd just call and leave the phone off the hook as I would not be able to speak on the phone".

Other respondents commended Yorkshire Ambulance Services.

Community healthcare and pharmacies

Despite respondents highlighting some communications barriers with community healthcare services (28.8%), it is less clear how these are directly related to communications problems associated with their hearing impairment. The most frequent comments were about difficulties in contacting district nurses, but a number of respondents complimented the work of district nurses and the service delivered.

For communications problems with pharmacies (33.3%), a number of comments were about difficulties in understanding what's being said in a noisy environment, or the lack of privacy in the open area of the shop floor. However, an equal number of comments were made which praised the sensitivity and responsiveness of pharmacies to people's communications problems. The situation is made easier as communications are largely through written prescriptions.

Other NHS service - Hearing aid aftercare

A number of comments were made about the difficulties presented by travel to hospitals for hearing aid aftercare, such as battery replacement etc. People suggested that this could be improved by this service being offered at the local GP surgery or alternative location within North or South Kirklees with easy access for appointments. Dewsbury and District hospital audiology department does already offer alternatives for community battery replacement in north Kirklees (at Batley, Cleckheaton and Dewsbury Health Centres), but it seems that deaf people may not be fully aware of this service.

Healthwatch understands this was the subject of a recent unsuccessful grant application by Action on Hearing Loss to North Kirklees and Greater Huddersfield CCG's (managed through the council's Community Partnerships) as the service was considered to be unsustainable. This is disappointing for clients of this aftercare as a localised, dedicated support service could potentially reduce waiting times for appointments and unnecessary travel to hospitals.

Other equipment

There was a lack of awareness by some respondents and focus group participants on the availability and access to other equipment to support their communications needs. As this is likely to form part of the council's planned research in 2014 on access to social care services and support for people who are Deaf or hard of hearing, it does not form part of this report. Healthwatch has shared the comments and feedback on this issue with the council.

SECTION SIX: OTHER THEMES EMERGING FROM COMMENTS MADE THROUGHOUT THE RESEARCH

A common theme running through people's comments was their complacency when comes to making a complaint about poor services or their lack of expectations when confronted with inequalities in communications between people who are hearing or hearing impaired.

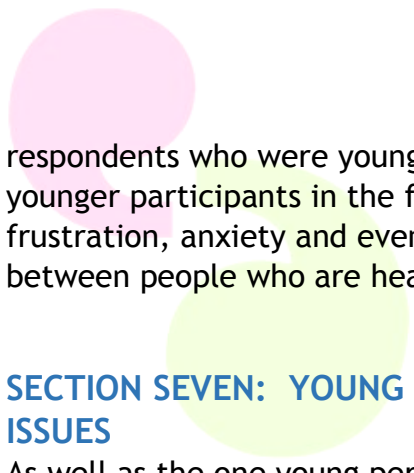
"It's just how it is. I just do the best I can. I don't complain."

"We're not treated the same way"

Documents containing complaints procedures are often not accessible for people who are profoundly deaf, who can find it difficult to understand written English, as the grammar and structure differs greatly from that of BSL.

Complaints are likely to be another research area for Healthwatch, so the subject will not be specifically covered in this report.

It is also worth highlighting that Healthwatch picked up a strong difference in the attitudes and expectations around accessible services between



respondents who were younger and those of older people. For example the younger participants in the focus groups expressed significantly more frustration, anxiety and even anger about communications inequalities between people who are hearing or hearing impaired.

SECTION SEVEN: YOUNG PEOPLE'S SURVEY AND CHILDRENS HEARING ISSUES

As well as the one young person (under 18) who completed the full survey analysed earlier in this report, a further 5 young people completed the simplified on-line survey. Although small in number, this was a welcome contribution from young people. The Involving Young Citizens Equally Team at the council had

Profile of respondents

3 young men and 2 young women completed the survey. Their ages ranged from 14 to 20. 3 were Asian / Asian British and 2 were White and all had moderate to severe hearing impairments, with the use / assistance of hearing aids, BSL or cochlea implants.

Their hearing impairments included severe deafness, hearing loss, use of hearing aids and a cochlea implant. They were all born deaf or lost their hearing at a very early age.

Key findings

- Most respondents got their parents to contact the GP or hospital for appointments, but one called in person
- They all confirmed their preferred way of contacting the surgery or hospital would be by phone, email or going on line
- 1 person confirmed they had been put off making an appointment before, because of communications problems. 2 respondents said they had sometimes been put off.
- Most respondents took a family member to their appointment. One confirmed the use of a BSL signer
- 4 of the young people confirmed they had missed being called into an appointment when they had been in the waiting area or reception
- 2 respondents confirmed they had communications problems at the dentists, when they wear masks
- Respondents offered the following suggestions for how services could be improved for them

“More technology to help me understand, for example using a laptop to help communicate or a monitor to use when I have arrived for an appointment”

“Having a BSL interpreter. If they could write things down or type things on a phone or tablet to show me.”



*“Get people take courses and be more aware”
“People to speak loud and clear or ask throughout the conversation ‘Are you able to hear me clearly?’”*

Children’s hearing services in Kirklees were highlighted at discussions with the Head of Audiology at Mid-Yorkshire NHS Trust. This focussed on the Kirklees Children’s Hearing Services Working Group (CHSWG).

This is a professional user group for staff who work with children with hearing impairments. It also includes parents and will be parent-led in 2014. It is largely an information sharing group, but it is clear the group have strong and untapped potential to influence service improvements in relation to childrens hearing services in Kirklees.

The Head of Audiology at Mid-Yorks Trust is currently chairing the group on a temporary basis while efforts are made to appoint a parent to the position. The group consider that with the move to integrated commissioning in Kirklees, it would be a significant benefit to local childrens hearing services if the working group had a clearer line of accountability with the relevant commissioning body in Kirklees.

The working group (CHSWG) could maximise its impact on future commissioning were it to report into another, more appropriate body within North Kirklees CCG or Greater Huddersfield CCG or the council’s Physical & Sensory Impairment Partnership Group.

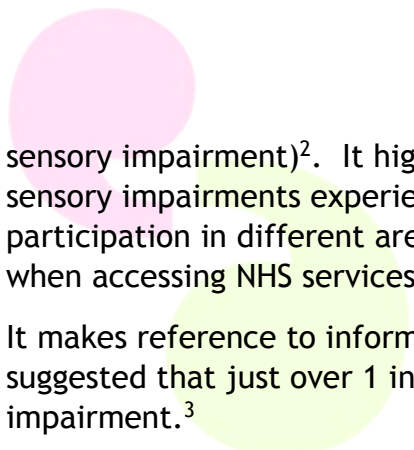
This would not only strengthen the group’s accountability but also its influence on commissioned services. In addition new born hearing screening services are now managed regionally and in future will be overseen by NHS England. So the enhanced profile of a local CHSWG would also link in with any potential regional CHSWG that may be established.

Healthwatch Kirklees support this proposal and this will form one of its recommendations in this report.

How does that tie to a local strategy?

Kirklees JSNA 2013 (Joint Strategic Needs Assessment)

This strategy provides a comprehensive picture of local health and wellbeing needs, identifies Kirklees’ key health issues and major health inequalities and what can be done to address them. Issues relating to people who are Deaf or hard of hearing are covered in the section on ‘Adults with a physical and/or



sensory impairment)². It highlights the disadvantages that people with sensory impairments experience due to barriers that restrict their participation in different areas of life. This includes communications barriers when accessing NHS services.

It makes reference to information collated by the council in 2012 which suggested that just over 1 in 7 (15%) of adults reported some form of hearing impairment.³

The strategy suggests commissioners and service planners should remove barriers that marginalise disabled people, giving them the opportunity to exercise their responsibilities as citizens - in the home, in the community and in the workplace.

It goes on to suggest that a step change is needed in the way commissioners and service planners view disability and that this should drive a change in attitudes and an increased commitment to inclusion and accessibility. The key messages in the JSNA are that there needs to be:

- learning from local surveys and research
- analysis of the interactions of barriers and impairments locally and
- an understanding of who and why people have benefitted from improvements and where more progress needs to be made.

This would give disabled people in Kirklees opportunities to fulfil their potential and to play a full role in society, resulting in improved health outcomes, participation and quality of life.

Kirklees Physical and Sensory Impairment and Long Term Conditions Partnership Board Goals 2010 - 2020

This document outlines the goals that the Partnership Board has set to reflect the aspirations of adults, and carers of adults in Kirklees with a physical / sensory impairment or long term condition. It will be used to help prioritise its work programmes, gain shared agreement on commissioning priorities and act as a measure of performance in improving services for this cohort of people.

It is a partnership document with a goal to give people more choice and control over the services they access.

² <http://www.kirklees.gov.uk/you-kmc/partners/health/jsna/pdf/KirkleesJSNAAdultswithphysicaldisabilityandorSensoryimpairment.pdf>

³ Kirklees Council, Making It Personal Market Position Statement for the Social Care Market in Kirklees - Services to Support Adults with a Physical/Sensory Impairment or Long Term Condition 2012 - 2015



Clinical Commissioning Groups (CCGs)

Both CCGs take their responsibilities for equality and diversity very seriously. They take a clear position in considering what local communities of interest need and how their needs can best be met by the services they commission. They share a determination to reduce health inequalities through understanding the health needs of local communities and making the services they commission inclusive and accessible. They share a commitment to design services that are equally available, making sure that people understand the information they are given and understand what to do if things don't go well. They are aware of their legal responsibilities which are carried out through the NHS Equality Delivery System⁴


Our conclusions

Whilst there is evidence of good practice in GP surgeries and hospitals, more could be done to address communications inequalities through increased deaf awareness for staff and other low cost service improvements. Healthwatch Kirklees considers *'Welcome to my world'* presents commissioners of NHS (and social care) services in Kirklees the opportunity to re-commit to their strategic aims in terms of inclusivity and accessibility of services and their legislative responsibilities in terms of the Equality Act 2010.

Acknowledgements

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⁴http://www.kirklees.nhs.uk/fileadmin/documents/publications/Equality_and_Diversity_scheme/Single_Equality_Scheme_2010-2013_-_Summary.pdf



Hard of Hearing Fellowship who welcomed the research and gave it a helpful boost by holding the first of the focus groups with their members.

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