Improving services for **Deaf patients in Enfield**

Enfield Disability Action

eda

healthwatch Enfield

This report has been written by Emma Friddin, Policy and Insight Officer, Healthwatch Enfield, using the experiences collected from Deaf individuals in Enfield during November 2013 – November 2014. We would like to thank everyone who shared their personal experiences to enable us to understand what it is like to access health services in Enfield as a Deaf patient. We would also like to thank all staff members and volunteers at EDA for their continued time and support throughout this project.

Many Deaf people whose first language is BSL describe themselves as 'Deaf', with a capital D. We have therefore used this formulation throughout the report.

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Foreword

Individuals within the Deaf community in Enfield face continual barriers in accessing basic healthcare services.

We constantly hear from Deaf individuals who struggle to access the same level of care as hearing individuals. Some of the stories are shocking, with cases of local Deaf patients being unaware that they have been diagnosed with diabetes, or even a heart attack.

Without a way to communicate effectively with healthcare services and staff, Deaf individuals can remain unaware of personal health conditions and are unable to self-manage their treatment and recovery. Without information and materials that are accessible, many Deaf people will be unaware of basic health information and unable to access health campaigns. This is stressful and traumatic for Deaf patients and results in poor health outcomes. This should not be happening.

This report outlines some of the difficulties that Deaf individuals have told us they face when trying to access health services in Enfield and makes recommendations for improvements to local services.

This report and its recommendations are issued using the powers given to local Healthwatch and should be a useful tool for Enfield Clinical Commissioning Group (CCG), NHS England, local hospital trusts including The North Middlesex University Hospital Trust, The Royal Free London NHS Foundation Trust and Barnet Enfield and Haringey Mental Health Trust (which also provides Community Services in Enfield), Public Health England and the Public Health team at the London Borough of Enfield. We are asking each of them to say what their organisation will do in response to the recommendations made in this report.

We hope that this report is the first step in aiding equal access for Deaf people to all health services in Enfield.

Lorna Reith, Chief Executive Healthwatch Enfield

Liane Burn, Chief Executive Enfield Disability Action (EDA)

Who we are

Healthwatch Enfield

Healthwatch Enfield (HW) is the independent champion for people using health and social care services in the borough. HW Enfield collects the views and experiences of local people and uses this information to persuade those who commission and deliver health and social care services to make improvements to both the accessibility and the quality of provision.

Healthwatch Enfield is registered as a Community Interest Company no 8484607 (under the name of Enfield Consumers of Care and Health Organisation).

Enfield Disability Action

Enfield Disability Action (EDA) is an organisation run by and for disabled people of all ages. EDA acts as an umbrella organisation for local disability groups and offers a range of services to local residents. EDA offers a Deaf service to local residents to provide opportunities for Deaf people to explore issues and access local services and support. EDA also supports a Deaf service user group: ENDIG (Enfield Deaf Image Group).

EDA is a Registered Charity No. 1082063 & Company Limited by Guarantee (England and Wales) No. 3937507.

Recommendations

This report highlights areas in which changes can be made to improve the experiences of Deaf patients accessing health services in Enfield.

The report focuses on the experiences of individuals who are profoundly Deaf and who use British Sign Language (BSL) as their first language, as these individuals face the greatest barriers in accessing services. We are, however, aware that many of the experiences and recommendations outlined are relevant to many individuals who are Deaf or hard of hearing.

Accessing BSL Interpreters

Recommendation 1
The Clinical Commissioning Group (CCG) should ensure that local GP practices are regularly reminded of the process for booking an interpreter, to ensure that interpreters are booked consistently for all individuals who use BSL. It is important that all GP practice staff are aware that this is their responsibility, as the provider, under the Equality Act 2010. GP practices report that it is hard to keep up with an overwhelming amount of information sent to them by the CCG so regular reminders about how to book BSL interpreters is essential.

Recommendation 2
There should be robust performance monitoring of the contracts in place for provision of BSL interpreters so that poor provision can be raised with providers and corrected. NHS England currently have a contract with one specific provider for GP surgeries, but Deaf people tell us that quite often interpreters cannot be provided or that interpreters are pre-booked but fail to attend.

We would also recommend that, in future, with the move to more localised commissioninag of primary care, the opportunity is taken to contract with several providers in an area. This would give GP practices, hospitals, dentists and other health and social care providers a choice of paid interpreters to use and should improve the availability of interpreters, particularly when needed for unplanned care.

Recommendation 3
Use should be made of technology to access remote BSL interpreters provided by agencies as an alternative when no other option is available, particularly in emergencies. Such arrangements are already in place in a number of health settings across the country.

Recommendation 4
The use of double appointments should be made available for GP consultations and hospital outpatient appointments. This ensures that there is sufficient time for the health professional to obtain the information needed from the Deaf patient to make a diagnosis, explain treatment options, and ensure that the Deaf patient has confirmed their understanding and expressed their views.

Recommendation 5
Where BSL interpreters are booked for appointments, it is essential to ensure that the appointment occurs on time and the patient and interpreter are not kept waiting. It is usual for the interpreter to have a subsequent assignment elsewhere. This means any delay has a knock-on effect on another BSL user or, if the appointment time is exceptionally delayed, the interpreter may have to leave before the current patient is seen. This predicament can be simply resolved by reception staff ensuring that the Deaf patient and interpreter are seen as soon as possible.

Recommendation 6

All referrals from GPs should include details of the communication needs of patients, and hospital trusts should ensure that their booking staff are able to transfer this information easily and take responsibility for booking interpreters. This information needs to be at the top of the letter to which receptionists and administrative staff have access, and not contained in the body of the letter that is not accessible to these staff.

Recommendation 7

Appointment letters sent to Deaf Patients should contain confirmation that a BSL interpreter has been booked for that appointment.

Lack of awareness among health staff

Recommendation 8

All local GPs and hospital staff should ensure that a patient's needs are clearly stated in the individual's notes and on all written correspondence, following the 'NHS England Information Standard' when this is put into practice. The need to book a BSL interpreter should be the most noticeable piece of information on opening the patient's file.

Recommendation 9

Systems should be put in place on inpatient wards to alert all hospital staff that the individual is Deaf. This could include signage by the person's bed, subject to the individual's agreement, clear guidance in the patient's notes and inclusion in verbal staff handovers.

Recommendation 10

Measures should be put in place by commissioners and providers to ensure improved awareness of all health care staff about the needs of, and difficulties faced by, Deaf patients. This includes an understanding of appropriate methods of communication with a Deaf patient, with or without an interpreter, and an awareness of the process of booking an interpreter. As of writing, The Deaf Project is working with Enfield CCG to commission Deaf Awareness training for GP staff at those surgeries which will be piloting remote video interpreting. It is hoped that this training will commence in Spring 2015 and be successful in showing how awareness can be raised.

Accessing services and information

Recommendation 11
Other possible methods of contact should be explored for individuals who are unable to use the telephone, such as mobile phone SMS text messaging or email services. It can be helpful to agree a Communication Plan with a Deaf patient, including information on communication during consultations, how the individual can contact the practice/hospital team and how results can be given. Every Deaf person has different needs and may manage their communication differently.

Recommendation 12
Hearing aid loops should be available in all healthcare premises and there should be systems in place to ensure that staff know how these work, test them regularly and fix them promptly if they are not working. Patients need to be aware of the facility so that they can request use of the loop if suitable for their needs.

Recommendation 13
All GP and hospital waiting rooms should have a screen to alert individuals when it is their turn. This would also be helpful for other patients who may miss their name being called, and for other individuals whose first language is not English.

Recommendation 14
Hospital outpatient settings should consider the use of pagers that vibrate to alert individuals when the doctor/nurse is ready to see them. This is particularly relevant in large and busy outpatient departments.

Recommendation 15
'Passports' should be made available for individuals to show to healthcare staff to explain that they are Deaf, outlining the adjustments that need to be made. All local hospital trusts and healthcare services should use the same passport.

Recommendation 16
Public Health campaigns need to specifically target Deaf people in terms of both the content of the campaign and the methods of communication. The Deaf community are uniquely less aware and less able to make their needs known, as BSL is not equivalent to any spoken language.

Patient participation

Recommendation 17
All service user groups and patient participation groups should actively seek representatives from the local Deaf community.

Recommendation 18
CCGs and other commissioners should make specific arrangements to ensure that Deaf patients are included in all their consultations.

Background

It is understood that 254 people in Enfield are registered with Enfield Council or known to EDA as Deaf. 139 of these individuals are recorded as being Deaf without speech and 115 individuals are recorded as being Deaf with speech (as of July 2013).

Furthermore, 23, 657 individuals in Enfield were recorded as having moderate or severe hearing loss in 2012. Projected figures show that by 2020, 27,884 people in Enfield will have moderate or severe hearing loss. This equates to an 18% increase from 2012[1] .

Nationally, more than 10 million people in the UK have some form of hearing loss and more than 800,000 individuals are severely or profoundly Deaf [2].

It is important to note that the issues discussed within this report are not unique to Enfield. These are issues faced daily by Deaf individuals across the country. The SignHealth report into the health of Deaf people in the UK outlines the extent of these problems nationally [3].

Local work around improving access to services for Deaf individuals has been done by a number of Local HW, including HW Oxfordshire[4], Islington[5], York[6], Leicester[7], Hackney[8], Waltham Forest[9], Wokingham[10], Sefton[11] and Leeds[12].

It is also important to note that these issues are not new. A report in 2010 by the HW Enfield predecessor, Enfield LINk, which was done from information provided by EDA's Deaf Project, identified similar barriers for Deaf individuals accessing health services in Enfield. This report outlined recommendations for The North Middlesex University Hospital NHS Trust, Barnet and Chase Farm NHS Hospital Trust (which is now part of The Royal Free London NHS Foundation Trust) and Barnet, Enfield and Haringey Mental Health Trust. The existence of the same problems five years later suggests that these recommendations were not implemented by these trusts and that little has changed.

Enfield Clinical Commissioning Group (CCG) did not receive a copy of the LINk report as CCG's have only been in existence since 2013. Likewise The Royal Free London NHS Foundation Trust only took over Chase Farm Hospital in 2014.

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1 Enfield Council Joint Strategic Needs Assessment http://www.enfield.gov.uk/healthandwellbeing/info/17/the_health_and_wellbeing_of_adults/82/sensory_impairment

2 Action on Hearing Loss http://www.actiononhearingloss.org.uk/your-hearing/about-Deafness-and-hearing-loss/statistics.aspx

3 The Deaf Health Charity: SignHealth http://www.signhealth.org.uk/health-information/sick-of-it-report/sick-of-it-in-english/ and http://www.signhealth.org.uk/sick-of-it-report-professionals/

4 Healthwatch Oxfordshire http://www.healthwatchoxfordshire.co.uk/sites/default/files/sign_lingual_rcvd_27.5.14_report_final_0.pdf

5 Healthwatch Islington http://www.healthwatchislington.co.uk/sites/default/files/report_on_Deaf_service_user_event.pdf

6 Healthwatch York http://www.healthwatchyork.co.uk/wp-content/uploads/2014/11/Healthwatch-York-report-on-access-to-services-for-Deaf-people.pdf

7 Healthwatch Leicester http://www.healthwatchleicester.co.uk/sites/www.healthwatchleicester.co.uk/files/web_Deaf_community_speaks_up.pdf

8 Healthwatch Hackney http://healthwatchhackney.co.uk/content/publications

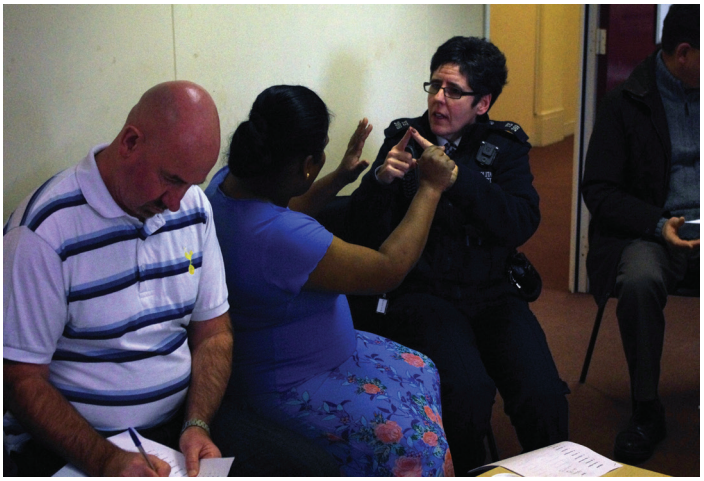
9 Healthwatch Waltham Forest http://www.healthwatchwalthamforest.co.uk/sites/default/files/deaf_and_hard_of_hearing_focus_group_report.pdf

10 Healthwatch Wokingham http://www.healthwatchwokingham.co.uk/sites/default/files/deafreportfinal.pdf

11 Healthwatch Sefton http://www.healthwatchsefton.co.uk/sites/default/files/healthwatch_sefton_report_on_experiences_of_interpretation_services_at_southport_and_ormskirk_hospital_nhs_trust.pdf

12 Healthwatch Leeds http://www.healthwatchleeds.co.uk/sites/default/files/bsl_healthy_day_final_0.pdf

How we collected experiences in Enfield



Working closely with EDA, HW Enfield has attended a range of settings to listen to Deaf people's accounts of their experiences of health services across Enfield.

Staff and volunteers at EDA have shared their personal and professional experiences with HW of what it is currently like to be a Deaf patient in Enfield and of the barriers to accessing health provision that they face.

EDA have welcomed HW to their Deaf Project user focus groups and meetings to collate experiences from a range of individuals within the local Deaf community.

HW has also collected experiences of Deaf individuals at local 'pop-up' stalls and events, and through the use of an online survey.

Our work so far

So far, the information we have collected has been used to try and improve access to BSL interpreters within GP services, by working through both NHS England and Enfield CCG. Over an extended period, HW Enfield has sought to influence NHS England and Enfield CCG to give greater clarity to Enfield's GP practices about how to book BSL interpreters, as a number have apparently not felt able to do so. We hope that a breakthrough has now been made after Enfield CCG wrote to all its member practices in February 2015 reminding them of the arrangements. As of writing, Enfield CCG is working on implementing a pilot of remote interpreting in 5-6 local GP surgeries, which is very welcome.

HW Enfield used information obtained from the experience of local Deaf patients to inform responses to two NHS England consultations. The first was a consultation on introducing an Information Standard to note an individual patient's needs; the second was a consultation on making 'The Friends and Family Test' accessible to all.

HW Enfield also provided evidence that contributed to a report on Deaf patients and access to services that was presented to the Greater London Assembly Health Committee in September 2014.

The expertise of EDA was very helpful to HW Enfield whilst organising our annual conference in October 2014 to ensure that individuals from the local Deaf community were represented and able to contribute. Their experiences were used as part of HW Enfield's work around improving access to primary care.

Furthermore HW Enfield are currently working on a project with 12 other local HWs in North, Central and East London to train Deaf individuals who use BSL to become HW Enter and View (E&V) Authorised Representatives and to do Mystery Shopping exercises for HW. This will enable Deaf people to take part in E&V visits and to assist with Mystery Shopping and will help HW to assess the service environment for Deaf patients and service users and to capture their experiences.

Other current local developments include the use of BSL videos on Enfield Council's most commonly used webpages, filming of which is taking place during preparation of this report.

'It can be done'

Some Deaf patients have had positive experiences of health and social care services in Enfield and these 'good practice' experiences show us that catering for the needs of the Deaf community can be done.

Positive feedback includes comments about the helpfulness of some hospital and ambulance staff and examples of good partnership working between an individual's GP and the hospital team.

> 'The referral from the GP to hospital specifically asked if the same BSL interpreter could be booked for all his hospital appointments... the hospital were happy to agree... The same interpreter was used at all appointments and also when the patient had been admitted for treatment, when the patient was transferred to a central London hospital again the same interpreter was used and this hospital also made regular contact with us.
>
> The health professionals involved knew the importance of continuity. They acknowledged and appreciated the Deaf Project's involvement'

Sadly this patient subsequently died, but through the co-operation given, his end of life journey was made much easier and bearable and he understood what was happening. It also contributed to making the process better for the medical staff as they were made aware of his needs and were enabled to communicate with him effectively. Good awareness of a Deaf patient's needs and catering for those needs has been reported in particular GP practices.

> 'They understood the importance of not only the need for a BSL interpreter to be arranged quickly but also giving the Deaf Patient time to digest the news of his illness. We were allowed to have a private room after the GP consultation to make sure the patient had grasped fully what they had been told and to see if there were any further questions that they would like to ask. The Deaf patient had no family'

Examples of good practice include having a staff member come and collect the individual from the waiting room for their appointment, rather than relying on them lip-reading their name. Continuity of the same BSL interpreter throughout treatment (as noted above) has been reported as useful as the interpreter is able to have an understanding of an individual's case and can be a reassuring presence at what can be a stressful time.

One local Deaf patient has arranged with his GP practice to book an appointment by fax and says this works well for him. Many other GP surgeries do not offer this facility, although it is not known how widespread the demand would be for it.

During optical appointments it can be helpful to have a card with large letters on for the Deaf individual to match to the eye test letters rather than the traditional method of relying on the patient to call out the letters they can see.

Individuals have reported good experiences of services which offer an alternative to using the telephone, such as the 999 SMS text service.

The experiences of Deaf patients in Enfield

We have been able to identify 4 themes in the experiences that have been shared with us. These are:

1. **Accessing BSL interpreters**
2. **Lack of awareness amongst health staff**
3. **Accessing services and information**
4. **Patient participation**

Accessing BSL interpreters

Many individuals face difficulties getting a BSL interpreter for GP, hospital, dental and optical appointments. The lack of availability of BSL interpreters in GP practices is a common problem experienced by a high proportion of individuals within the local Deaf community.

Not having an interpreter for consultations can result in individuals not knowing about or understanding their medical conditions adequately. It also makes it difficult for the doctor to do a thorough clinical assessment and explain the diagnosis and treatment to the patient. The Deaf patient is not able to ask questions or discuss concerns in the absence of a BSL interpreter.

> 'K still does not understand why he has cellulitis or how he got it as no health professional has explained to him with a BSL interpreter'

Individuals are often expected to rely on family members to interpret, but this is not always possible. Using family members as interpreters is anyway not appropriate as it compromises the privacy and autonomy of the Deaf patient and risks errors in translation and understanding of medical matters. We were told of one example where an individual was told by a member of reception staff to bring his wife as an interpreter.

> 'We do not do that, book interpreters at this surgery, the patient always brings his wife, she tells him what the doctor says'

This advice not only compromises the patient's privacy but it was impossible to follow this advice because the patient's wife was also Deaf. It also demonstrated the lack of awareness of the system

in place for surgeries to book BSL interpreters

These barriers to gaining access to an appointment can put Deaf people off contacting their GP and can result in conditions being undiagnosed or diagnosed late when treatment is more difficult. When these barriers are combined with a lack of knowledge about personal health (see page 19) the result can be extremely serious.

It is important that all GP referrals to outpatient and community services contain information that the patient will require an interpreter. This must then be picked up by those charged with making appointments so that arrangements can be made in advance. Local Deaf people told us of many instances of arriving for a hospital appointment only to be told that no interpreter had been requested or booked. HW Enfield raised this at a meeting of the Clinical Quality Review Group at the North Middlesex Hospital and as a result letters were sent by the relevant CCGs to all GP practices in Enfield (and also in Haringey) advising them of the need to flag sensory impairment needs on referrals.

There is also a need to access interpreters quickly, for example in emergency departments. There have been incidences where no interpreter has been available and Deaf patients are left not being able to communicate, unaware whether the medical staff have been able to diagnose their condition, or of what treatment they may be receiving.

> 'I was knocked down by a car and taken to A&E; I couldn't get an interpreter for 6 hours and had to cope without knowing what was happening'

This does not just happen in emergency departments, but also on inpatient wards.

> 'R did not know he had had a heart attack. To prove a point she wrote down 'Did you know you had a heart attack?' The look on R's face confirmed that he had no idea'.

This has implications for individuals being able to give informed consent to treatment, as well as causing distress for the individual involved.

> 'Doctor said K had signed patient consent stating she did not want further treatment. I challenged whether she had understood without a BSL interpreter. The Doctor immediately phoned and a BSL interpreter was there within half an hour.'

Lack of knowledge of personal health conditions impacts individuals' ability to look after themselves appropriately post-discharge.

> 'Presumably this means her GP had known but not explained to D through an interpreter. D was completely unaware that she had diabetes, and therefore had not watched her health and diet accordingly'.

Individuals have suggested that a bank of paid interpreters should be available to improve access to interpreters. It has also been recommended that remote BSL interpreters be made available using computer technology to use when interpreters cannot be/are not present. The option to have a same-sex

interpreter is sometimes preferred and it is advisable to have double-length appointments to allow sufficient time for interpreting during a consultation.

Recommendation 1

The CCG should ensure that local GP practices are regularly reminded of the process for booking an interpreter, to ensure that interpreters are booked consistently for all individuals who use BSL. It is important that all GP practice staff are aware that this is their responsibility, as the provider, under the Equality Act 2010. GP practices report that it is hard to keep up with an overwhelming amount of information sent to them by the CCG so regular reminders about how to book BSL interpreters is essential.

Recommendation 2

There should be robust performance monitoring of the contracts in place for provision of BSL interpreters so that poor provision can be raised with providers and corrected. NHS England currently have a contract with one specific provider for GP surgeries, but Deaf people tell us that quite often interpreters cannot be provided or that interpreters are pre-booked but fail to attend.

We would also recommend that, in future, with the move to more localised commissioning of primary care, the opportunity is taken to contract with several providers in an area. This would give GP practices, hospitals, dentists and other health and social care providers a choice of paid interpreters to use and should improve the availability of interpreters, particularly when needed for unplanned care.

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Where BSL interpreters are booked for appointments, it is essential to ensure that the appointment occurs on time and the patient and interpreter are not kept waiting. It is usual for the interpreter to have a subsequent assignment elsewhere. This means any delay has a knock-on effect on another BSL user or, if the appointment time is exceptionally delayed, the interpreter may have to leave before the current patient is seen. This predicament can be simply resolved by reception staff ensuring that the Deaf patient and interpreter are seen as soon as possible.

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All referrals from GPs should include details of the communication needs of patients, and hospital trusts should ensure that their booking staff are able to transfer this information easily and take responsibility for booking interpreters. This information needs to be at the top of the letter to which receptionists and administrative staff have access, and not contained in the body of the letter that is not accessible to these staff.

Recommendation 7

Appointment letters sent to Deaf

Patients should contain confirmation that a BSL interpreter has been booked for that appointment.

Lack of awareness among health staff

Local Deaf people report that in some hospital wards and outpatient clinics there are no systems in place to ensure that staff members know that an individual is Deaf. Individuals consequently feel that they are ignored.

> 'The tea trolley came round and he was shouted at to ask if he wanted tea. P gave no response - he could not hear. I had to explain that the tea lady needed to come up to him to get his attention'.

> 'There was still no mention above S's bed that he was Deaf. It then became apparent that he did not know how to order what he wanted for his meals and he was hungry'.

We have heard from hospital staff that they are unable to write 'Deaf' on the board over a patient's bed as this is a breach of data protection. This has been despite the patient's wish for their communication needs to be indicated in this way. We believe this is a misunderstanding of the provisions of Data Protection legislation. Provided the patient is in agreement, it is helpful for all staff to be made aware of their needs in this way. We are aware of many instances where inpatient life has dramatically improved for a patient once staff have been persuaded to write above their bed that the patient is Deaf.

Some Deaf patients report missing their appointment as they are unable to hear their name being called.

> 'You can't hear your name in outpatients at all'

The majority of staff members assume that communicating with a Deaf patient using pen and paper is an alternative. However there is a lack of understanding that, while some Deaf people are able to cope with English, other individuals who have been profoundly Deaf since birth often struggle to read or write English, as BSL is their first language, not English. This difficulty is likely to be exacerbated in a stressful situation like attending a medical appointment. BSL is a visual language with a different structure and grammar which does not follow the pattern of English, and cannot be written down. Deaf people are only able to communicate in English if they have been specifically taught it, as they cannot absorb spoken language as they grow up in the way that hearing people can.

> 'We are expected to write everything down when English not easy for us'

The need for good communication skills and the need to treat individuals with respect are important. Deaf individuals feel that they deserve to be treated like any other patient.

> 'The Deaf person s ignored and the person they are with is spoken to' as in the 'does

he take sugar?' scenario.

'The person doing the examination needs training in how to speak to someone that is hard of hearing and not treat them like they are stupid. She could have looked at me and spoke rather than talk behind my back whilst she was pushing the wheelchair'

Also Deaf and hard of hearing people frequently complain that their GP, hospital doctor, nurse and/or other staff are writing, reading through notes or using the computer and talking at the same time. Under these circumstances there is no possibility of the patient even attempting to lip-read.

Recommendation 8

All local GPs and hospital staff should ensure that a patient's needs are clearly stated in the individual's notes and on all written correspondence, following the 'NHS England Information Standard' when this is put into practice. The need to book a BSL interpreter should be the most noticeable piece of information on opening the patient's file.

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Accessing services and information

Local Deaf people feel that there should be alternatives to using the telephone to contact GP practices, Out-of-Hours services and hospital teams. Individuals have told us that most hospital correspondence refers to a telephone number as a point of contact with no option to make contact in other ways.

Online GP appointments are particularly useful but other methods are needed if individuals want to do more than book an appointment. One patient told us he had arranged to use a fax when booking appointments and this worked well for him.

When fax or mobile phone SMS text services are not available, it is difficult for a Deaf person to contact their GP practice.

'GP practices should use text messages'

'Reception areas should be able to receive text messages'

Fewer Deaf people use the Typetalk service now that mobile phones are so widespread. Typetalk requires a textphone/minicom which are no longer produced or serviced as technology has brought in more sophisticated methods of contact. They also require the use of written English and conversations can be long and complicated.

Local Deaf people report that many GP services in the borough do not have a hearing aid loop despite this being a low-cost method of helping those with a hearing aid.

> 'GP surgeries could have loop (very cheap) for hearing aid users but don't'

Portable induction loops are a very usable option and could be held at reception or in the surgery. They are simple and effective for some hard-of-hearing patients with suitable hearing aids. Patients simply need to be made aware of the availability so they can request it on arrival for their appointment, and of course this access preference should be highlighted on their records.

Some Deaf people miss their appointment whilst waiting in a waiting room because they don't hear their name being called. The use of a screen in reception has been reported as a helpful way of letting patients know that it is their turn, but only when used appropriately. When waiting for some time, it is clearly not possible for anyone to be constantly looking at the screen, and Deaf people will not hear any beeps that alert people when the information is updated.

> 'Screens in reception areas are a generally popular way of letting people know it is their turn'

> 'A screen was installed at GP surgery but the screen is now used for 'adverts' and not to call patients'

Some hospital trusts have adopted the use of pagers – which vibrate as a way of alerting individuals that their name has been called – and these have been positively received by Deaf patients.

Individuals have suggested that 'passports' should be available for individuals to take to appointments with information regarding their health history and their needs. Some years ago ENDIG produced a wallet size card for patients to hand to reception staff to explain that they are Deaf and need a BSL interpreter. These cards contain helpful tips for communication although some of the information on the Disability Discrimination Act and also contact numbers are now out of date.

Some Deaf patients can have difficulty accessing basic health information as most information is only available in leaflet form. Deaf patients who struggle to read English are unable to access this information. We were also made aware that many Deaf people (particularly those whose English is limited) lack knowledge about basic health messages because they are unable to pick these up from TV, radio, newspapers, magazines, posters, leaflets and general conversation in the way that hearing people absorb information.

For example a Deaf person may be asked by a doctor about smoking but may not understand why the question is being put to them if they are not aware that smoking can impact their health. Public Health campaigns

need to specifically target the Deaf community and medical staff need to explain themselves very clearly, without assuming that the individual has any background knowledge of the health relevance of key issues like smoking, exercise, diet, etc.

Using Easy Read formats and pictorial representations can aid understanding, but care must be taken to ensure that specific material is used for Deaf patients where necessary. It is important not to just use Easy Read material aimed at people with learning disabilities.

Accessing psychological talking therapies is a further difficulty faced by Deaf patients. EDA's Deaf Project had asked that local GPs be able to refer Deaf patients to a specific provider that specialises in talking therapies for Deaf individuals, but this was refused by NHS England. Work is now underway locally at Enfield CCG to ensure that this provider meets the compliance requirements necessary to provide specific talking therapies (e.g. to become a provider in the Improving Access to Psychological Therapies programme). It is hoped that referrals can be accepted from April 2015. It is essential that Deaf individuals feel that they have an equal level of choice and control over their care as that experienced by hearing individuals. This is especially important as such control can impact on an individual's recovery and the success of the treatment. Currently the provider commissioned to provide a national service for Deaf patients with mental health problems is located some distance from Enfield with no local sites so, understandably, many local Deaf individuals feel that this specific provider is not suitable for them.

Recommendation 11

Other possible methods of contact should be explored for individuals who are unable to use the telephone, such as mobile phone SMS text messaging or email services. It can be helpful to agree a Communication Plan with a Deaf patient, including information on communication during consultations, how the individual can contact the practice/hospital team and how results can be given. Every Deaf person has different needs and may manage their communication differently.

Recommendation 12

Hearing aid loops should be available in all healthcare premises and there should be systems in place to ensure that staff know how these work, test them regularly and fix them promptly if they are not working. Patients need to be aware of the facility so that they can request use of the loop if suitable for their needs.

Recommendation 13

All GP and hospital waiting rooms should have a screen to alert individuals when it is their turn. This would also be helpful for other patients who may miss their name being called, and for other individuals whose first language is not English.

Recommendation 14

Hospital outpatient settings should consider the use of pagers that vibrate to alert individuals when the doctor/nurse is ready to see them. This is particularly relevant in large and busy outpatient departments.

Recommendation 15

'Passports' should be made available for individuals to show to healthcare staff to explain that they are Deaf, outlining the adjustments that need to be made. All local hospital trusts and healthcare services should use the same passport.

Recommendation 16

Public Health campaigns need to specifically target Deaf people in terms of both the content of the campaign and the methods of communication.

The Deaf community are uniquely less aware and less able to make their needs known, as BSL is not equivalent to any spoken language.

Patient Participation

Individuals have enquired as to whether local hospitals and GP practices have an active group of Deaf patients within their service user focus groups and patient participation groups. The importance of Deaf individuals being made aware of these groups was highlighted, in addition to having support for Deaf individuals to enable them to contribute.

Recommendation 17

All service user groups and patient participation groups should actively seek representation from the local Deaf community.

Recommendation 18

CCGs and other commissioners should make specific arrangements to ensure that Deaf patients are included in all their consultations.

Next Steps

This report and its recommendations are issued using the powers given to local Healthwatch and should be a useful tool for the following organisations in particular:

- Enfield Clinical Commissioning Group (CCG),
- NHS England,
- North Middlesex University Hospital Trust,
- The Royal Free London NHS Foundation Trust,
- Barnet Enfield and Haringey Mental Health Trust,
- Public Health England, and
- London Borough of Enfield Public Health team

We will be asking each of them for feedback on the recommendations that affect them and what actions they plan to take. They must have regard to HW Enfield's report and recommendations and are required to respond to us explaining what action they will take, or why they are not taking action[1].

Together with EDA, we will decide how best to evaluate the responses, the actions taken and the ultimate impact that they have on the Deaf community locally.

More information about EDA can be found at www.e-d-a.org.uk

More information about Healthwatch Enfield can be found at www.healthwatchenfield.co.uk

A BSL version of this report is available on both our websites.

1 This is set out in Section 224 of The Local Government and Public Involvement in Health Act 2007 and implemented by "The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013"

Improving services for Deaf patients in Enfield

March 2015

A BSL version of this report is available on our websites

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