healthwatch Walsall

Report of 'Inequalities for the Deaf & hard of hearing Communities in Walsall'

Health Care

February 2020

EXECUTIVE SUMMARY

One in 6 of the UK population is affected by hearing loss equating to approximately 11M people, and of these almost 1M people are severely or profoundly deaf.

Although the exact numbers of Deaf/hard of hearing services users for Walsall could not be established, given feedback and concerns raised, Healthwatch Walsall undertook a project to look at issues facing Deaf and hard of hearing service users within the Borough.

Focus groups and meetings were held at various times of the day to allow for as many services users as possible to attend and give us their views. Five key questions were used to start discussions.

The main findings were that BSL often is the first language and as this is not the same as English then some information leaflets are not of any use to service users.

It is not equitable that service users are asked to have their family members or friends interpret for them as they also have a right to privacy and confidentiality. If no interpreter is available, then this can result in the service user not being able to access health and social care services which can then impact on health and can lead to isolation. The availability of appointments was a major problem highlighted to us and it was noted that often appointments are missed for a number of reasons.

There were examples of good practice from within primary care where a GP practice had developed communication, information and advice systems to meet the needs of their deaf/hard of hearing patients.

There is also new technology being introduced at Walsall Manor Hospital which will provide the ability to use a video relay to a BSL Interpreter.

To address the issue of inequality with neighbouring areas, Healthwatch Walsall developed a card that can be used by deaf/hard of hearing service users to identify what support is needed for communicating with services and/or providers.

On conclusion of the work there were a number of recommendations made by Healthwatch Walsall which we will follow up in the forthcoming months. The full list of recommendations is shown on page 9.

Healthwatch Walsall will also be raising awareness amongst professionals during the Deaf Awareness week which is in May 2020.

Introduction

The project was driven by our intelligence gathered during our rounds of weekly contact with the service users and the public. On several occasions we received communication from deaf service users around issues accessing the Diabetic Prevention Program and Dental services. We undertook some basic research on the internet and found the following:

- Hearing loss is the third most common disability in the World.
- One in 6 of UK population is affected by hearing loss which equates to approx. 11m people.
- Of these 900,000 are severely/profoundly deaf.
- It was not possible to establish current deaf/hard of hearing service user numbers in Walsall as statistics available were out of date (2010).

Methodology

We held three focus groups with the deaf, deaf/blind and hard of hearing service users in Walsall. Meetings were held at various times of the day including an evening in Walsall to allow for all sections of the community to attend.

A BSL interpreter was available and communicating with and on behalf of Walsall deaf service users. Interpreters were supplied by Zebra Access.

What we were told by members/ service users of the deaf community.

- English is often not their first language. British Sign Language (BSL) often is.
- BSL language is not the same is English language so some information leaflets do not make sense.
- Professionals often wrongly assume deaf/hard of hearing patients can lip read. Not all patients can read lips.
- People who are deaf or hard of hearing have varying levels of reading and writing abilities.
- Some service providers will not offer a BSL interpreter to communicate with a deaf person/patient because of cost.
- There is an expectation by professionals that other deaf or hard of hearing people may interpret or use their friends to communicate with them. This removes the right of privacy for the patient.
- Not accessing primary care services can influence mental health as well as general health and treatment of conditions, diagnosed and undiagnosed. This in turn may lead to a service user needing support with their declining mental health.
- Not having timely access and effective treatment can leave a deaf person socially isolated and detached from their peers and other people in their community.
- Deaf or hard of hearing patients find it difficult to book appointments due to professional staff not having translation technology, training to deal with a deaf patient, access to a BSL interpreter at the time of the appointment, or having an understanding and the time or patience to deal with a deaf patient.
- Deaf patients can miss appointments as most venues do not offer suitable communication routes; technology, staff that can sign/communicate etc.
- Due to the lack of suitable communication routes often a deaf person cannot understand what is being said or has been said about their condition or treatment pathway.
- Environmental conditions can make it difficult for deaf service users to communicate with staff. Front line staff do not always look at the face of a deaf service user and therefore they are unable to lip read.
- Deaf people can feel isolated and become depressed and stressed as they cannot communicate or understand what is being said or happening around their health or social care needs.
- Interpreters can be of varying standards, level and abilities. They may not be sufficiently qualified or experienced enough to interpret for a deaf patient.

To identify more fully where and what is happening, we developed five key questions prompts to start the focus group discussions.

1. *What health or social care services do you have problems accessing?*
2. *What kind of issues/problems do you have?*
3. *How do the issues/problem(s)personally affect you?*
4. *What improvements or measures would remove those issues/problems for you?*
5. *How would such changes improve your life?*

Acronyms:
British Sign Language (BSL), Local Authority (LA), General Practitioner (GP).

1. What health or social care services do you have problems accessing?

From speaking with the groups, many primary care issues are around accessing services in GP Surgeries, Hospitals, Dentists and Opticians.

However, there are access and delivery issues around social care services with Local Authority services such as housing, equipment and education. Healthwatch Walsall would like to take a closer look at this in the forthcoming year.

2. What kind of issues/problems do you have?

- Examples were noted as difficulty in booking appointments, basic communication issues, unable to make telephone appointments.
- There may be environmental barriers in services such as glass windows/screen, poor lighting, staff do not face directly at the point of access to the service reducing the ability to lip read.
- Waiting times to see a GP for a deaf person is based on availability of BSL interpreters on top of the GP availability waiting times.
- Qualified and experienced interpreter standards vary and may not be consistent.
- Some service providers do not have screens/monitors to tell service users that their name has been called for an appointment. An example is the Accident and Emergency department at Walsall Manor Hospital. Staff call patients name out in the waiting area, with no visual prompt.
- Some service providers do not provide a BSL interpreter due to cost.
- Staff understanding, attitudes and knowledge vary and can be negative towards communicating and meeting the needs of deaf/hard of hearing service users.
- When attending booked appointments some interpreters do not turn up, leave if they over run their pre-booked time leaving the service user alone to communicate.
- Some appointments are only single appointments (10mins) and waiting to see a professional can overrun the appointment time booked. If this happens some interpreters have been known to leave as it past their booked time.
- If appointments are running over, some appointments can feel rushed and feel as though they have not fully met the needs of the service user.
- Information is not always appropriately converted to BSL/Deaf friendly, so service users are still unable to receive information on care/support.

3. How do the issues/problem(s) personally affect you?

- Service users find it more difficult to book appointments.
- Communicating with clinicians and professionals is drawn out and difficult.
- Waiting times to see clinicians/professionals have increased.
- Service users may not receive diagnosis/treatment for conditions in a timely manner or may not receive anything at all.
- Relationships with family members/friends can become strained due to the reliance on them to step in and translate for service users.

- Reduced access to services and treatment does lead to increase stress, frustrations and poor mental health issues.
- Visits to acute treatment centres may increase as conditions that may have remained untreated escalate to urgent requiring intervention/care needs.
- Some service users may decide not to access services so conditions may become long/lifetime altering conditions or may reduce life expectancy.
- Deaf/hard of hearing service users become socially isolated either through medical or poor mental health issues.
- If a hearing clinician/professional cannot communicate with a deaf/hard of hearing person, it may be perceived that it is down to lack of cognitive capacity rather than a communication issue. An individual has a right to make their own decisions and this may be lessened or removed.

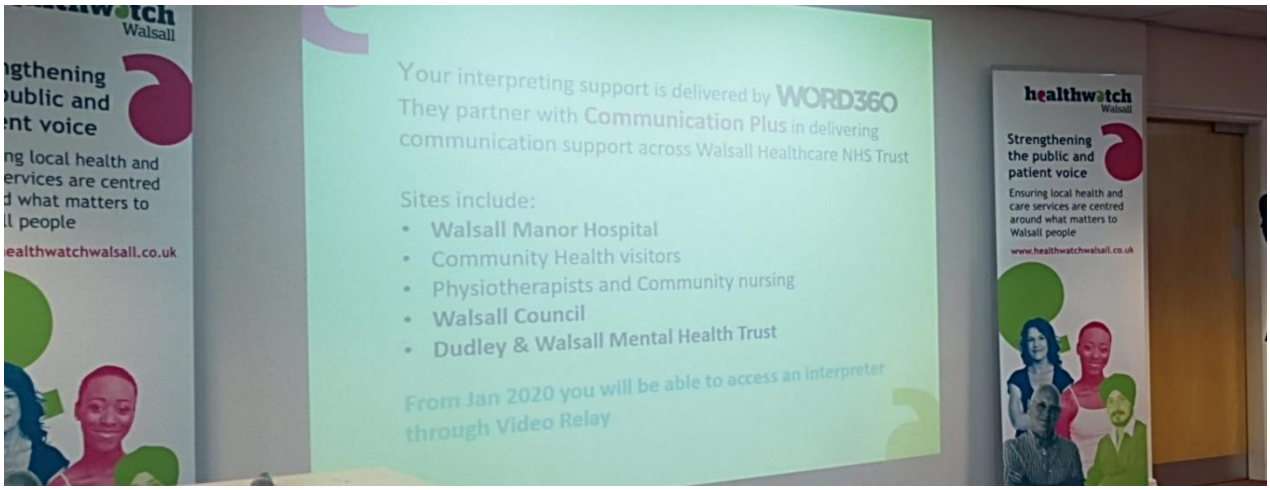
4. What improvements or measures would remove those issues/problems for you?

- Staff receive deaf/hard of hearing training so that they can effectively communicate. Ideally the training would be to BSL standards.
- Service providers provide more readily available BSL interpreters and have systems in place to do so.
- Environmental barriers be removed/reduced so that a person who may lip read has the opportunity to do so.
- Use of technology such as screens/monitors and vibrating pagers be considered/used with the use of available and future BSL sign language apps/opportunities.
- Deaf hard of hearing service users are given a double appointment automatically when appointments are booked as communication between three people takes longer than two.
- Dudley services have a good working model around meeting Deaf/hard of hearing and maybe good practices could be investigated and implemented into Walsall services.
- Text messaging (two-way, ability to reply) from/with service providers so that Deaf/hard of hearing service users can communicate.
- If service users are identified as deaf and require a BSL interpreter, this is logged on their records and automatically activate a booking for a BSL interpreter as required.

5. How would such changes improve your life?

- Access to services/diagnosis/treatment would be quicker.
- Increased condition awareness/treatment pathways could be enabled reducing future need to access acute/emergency care.
- Individuals would be empowered/enabled/involved and included in their own treatment/care pathways.
- Less duty and stress on relatives or friends to translate, thereby preserving better relationships.
- A smoother and less stressful transition through treatment/care pathways will allow individuals to have a more independent life and may reduce poor mental health episodes/issues that occur.
- Individuals may be more socially active as their health is managed more effectively/timely and allow them to be able to travel to other community-based services or support.

Picture from our recent 'Spotlight On'… public event, highlighting the use of forthcoming technology in Walsall Manor Hospital.



Examples of Good Practice

We identified a GP surgery, Sycamore House that has developed communication, information & advice systems to help meet the needs of a deaf/hard of hearing patients.

The surgery has set up a dedicated Email service for deaf/hard of hearing service users to book appointments.

- Set up email access for our other surgeries (Lichfield Street, The Limes, Mossley & Dudley Fields, Holland Park).
- Looking into utilising the Next Generation Text Service (NGT) app.
- Working towards using E-Consult – currently piloting at their Lichfield Street Surgery with a view to expanding across all 5 surgeries.

For more on the surgery's innovations visit their website:
http://sycamorehousesurgery.co.uk/help-support/hearing/

We were told that Anchor Meadow Medical Centre* has an interpreter available 4 days a week. If an emergency occurs the staff can arrange one same day.

*Two practices based there, Northgate and Portland Medical Practice.

We were told that Pinfold Surgery use an Email system to communicate with deaf/hard of hearing patients.

After contacting other GP surgeries, we established that there was varying levels of skills and technology used to communicate with deaf patients. At one surgery a staff member who could sign was available, there were hearing loops available and use of TVs or monitors to offer visual notifications.

We asked a Practice Manager of a local GP surgery if they code patients as deaf or hard of hearing to identify if a patient may require an interpreter or other support. We were told that there is a large list of codings to identify a patient's level/condition which can be confusing and difficult to navigate.

Hospital - A shared experience from a BSL Interpreter

Whilst visiting one of the focus groups we were approached by one of the interpreters who shared a recent interpreting experience at Walsall Manor Hospital.

They were asked by staff to interpret to and for a patient that was admitted on a ward. They asked the interpreter if they felt the patient had capacity. (Could understand mentally). The interpreter said it was not their field of expertise nor was it their role to make the decision.

The interpreter tried to sign/communicate with the patient who did not respond. The interpreter moved almost face to face with the patient and signed. The patient responded, "where's my glasses?" The interpreter then informed staff that the patient needed their glasses to see what is being signed and that the communication problems were not due to lack of capacity.

The patient may have been labelled incorrectly and their right to decision making for themselves removed because people could not communicate with a deaf patient.

This may illustrate that without an interpreter those who are not experienced and qualified to communicate with deaf person may perceive that because the party cannot communicate without an interpreter, they do not have cognitive capacity and their rights to make decisions about and for themselves could be removed.

We have been told that new technology will be introduced at Walsall Manor Hospital. **Word 360** who work with the Trust will introduce the technology in January 2020, which will provide the ability to use a video relay to a BSL interpreter.

This does not mean that it will replace the onsite BSL interpreter but may be of need in emergency referral/admission to hospital.

Healthwatch Walsall ran a random sample exercise.

We contacted a random sample of 5 Opticians, GPs and Dentists. They were a mix of local, multi-site (Midlands) and national organisations.

The questions asked were:

1. If a deaf person comes to the surgery/shop how do you communicate with them?
2. Do you offer to arrange for a BSL interpreter for deaf patients?
3. If yes, how long does it take to arrange an interpreter?
4. Do you feel the BSL interpreters have met patients/service users and your needs?
5. Do you have any special technology in the surgery/shop to assist deaf or disabled patients to communicate and receive treatment or care?

Opticians

1. Assistants try to communicate using pen and paper. Hearing loop in place for hard of hearing but that was all. Others would not comment.
2. One optician outlet said it was up to the patient to supply a BSL interpreter. One said yes but they were unsure how or who did it. One said yes 'They' would arrange an interpreter the others would not comment.
3. Not sure. The patient must do this and find their own interpreter. Next day, booked and funded by organisation (national chain), not sure? Two did not comment.
4. Don't book them. Not sure. Yes, and patients can be booked double appointments which can be booked online also.
5. Two outlets said they had hearing loops and visual aids. Another, no bigger stores may have information technology. Two did not comment

GP Surgeries

1. One surgery had a hearing loop in place which is shared with other surgeries on site. One surgery employee can BSL so would be asked to communicate if they were on site. One surgery employee said they would see if the patient can lip read. Others did not comment.
2. Two surgeries had not been asked to book a BSL interpreter. One said they would if they were referred to hospital (Walsall Manor book their own BSL interpreters). Two other surgeries did not comment.
3. One surgery said it can take a week to book an interpreter. Two others were unsure. Two other surgeries did not comment.
4. One surgery felt that they had or are meeting the needs of deaf patients. One surgery has a staff member who chaperones a deaf patient to an appointment. It was mentioned they liked that, so it may because they felt supported rather than the translation skills of the staff member as it was not said.
5. Surgeries had use of an onsite hearing loop. Two used TV or text display boards. The others did not comment.

It was noted the work that one GP surgery had put into and continued to put into supporting the communication needs of deaf or hard of hearing patients. That surgery is Sycamore House Surgery based in Walsall.

Dentists

1. If the patient has an appointment one outlet provide an interpreter which they book online (they did not explain how they communicate to book the appointment with the patient). Two outlets would use pen and paper to communicate with a deaf person. One would talk slower so they could lip read. Two outlets did not answer.
2. Four outlets said they offer/arrange a BSL interpreter if the patient had an appointment. However, of those four, one outlet said they would book an interpreter as a last resort. Another if it was a six-month check would book an interpreter for that forthcoming date.
3. A few days. Unsure. Others did not comment.
4. Two outlets said yes and that when patients meet with BSL interpreters they can clearly communicate and get to know each other. Others did not comment.

5. Three outlets had hearing loops. Of these three outlets, one also used text reminders and sought to book future appointments when the patient and interpreter had just completed their last appointment. But it was more difficult for patients to book emergency treatment appointments. One had no technology and another outlet did not comment.

Conclusion

- It may seem that patients who are deaf or hard of hearing are not easily and not readily identifiable, or that the number of such patients are low.
- It may also mean that patients do not come forward so that is why many service providers had not in the past booked a BSL interpreter.
- There is a reliance on friends and family members to attend appointments and translate.
- It seems that there is a lack of understanding of the importance and need to use a BSL interpreter when seeing a Deaf/hard of hearing patient.
- Being and remaining independent is very important to deaf/hard of hearing people so they do not wish to use family members to translate for them. Issues may be of a private nature and an individual has the right to their privacy being protected.
- When BSL interpreters are used, patients can more readily understand and be informed and involved in their own treatment.
- The use of video technology such as skype, WhatsApp and many other video-based apps may help to communicate with clinicians/professionals.
- Given choice the use of a real face to face BSL interpreter would be preferred.
- The use of BSL interpreters in services appears to be patchy. There is evidence of good practice but not across all the services/Borough.

Recommendations:

- A Borough wide exercise is undertaken to identify deaf/hard of hearing patients to assess numbers/type of deafness/hearing loss and needs.
- Front line staff have deaf awareness training to enable them to communicate with deaf/hard of hearing service users.
- Professionals should not assume that family and friends should/will support service users and efforts to supply a BSL interpreter should be the first and main course of communication.
- Any patient codes for Deaf/hard of hearing patients be rationalised and those requiring BSL interpreters or technology are clearly identifiable.
- Deaf service users have their appointment time ring-fenced with service provider(s) to ensure availability of interpreter.
- Service providers seek to ensure they retain reliable and qualified interpreters.
- Commissioner/providers look outside area to identify good practice that could be replicated in the Borough.
- To raise the profile amongst professionals and frontline staff especially around Deaf Awareness week, which in 2020 is the 4th till the 10th May.

<u>Technology</u>

- Use of screen technology to show patients name to call in for appointment.
- Vibrating pagers or text patient mobile phone to let them know their appointment is now.
- Use of pre-recorded signed messages for deaf patients.
- Improved use of Skype, WhatsApp, text messaging, Emails and signing apps. to book or communicate with deaf patients.
- Services have an Email or text appointment system for coded deaf patients with a response back facility so a deaf patient can confirm an interpreter was booked or ask other questions.

Healthwatch Walsall have developed a card that can be used by a deaf/hard of hearing service user to identify what support they need when accessing/communicating with services/providers. This will be distributed to individuals and groups within the deaf community.

The use of pagers that vibrate, such as those used in many restaurants, to notify service users that their appointment is now, and they are next to be seen.

This type of system is already being used in Dudley services and works well.

As part of continuing commitment to the deaf and hard of hearing communities Healthwatch Walsall will attend drop-in sessions at their pre-scheduled meetings to give services users an opportunity to share their health and social care experiences and where appropriate escalate issues to service providers or commissioners of services.

Other Useful Websites

The information/ support websites have been collated by a GP surgery Sycamore House

NHS 111
NHS 111 offers a video relay service that allows you to make a video call to a British Sign Language (BSL) interpreter. The BSL interpreter will call an NHS 111 adviser on your behalf and you're then able to have a real-time conversation with the NHS 111 adviser, via the interpreter.

Watch the video: https://youtu.be/4O0js0832Ng

999 For the Deaf/Hard of Hearing
A national text number has been set up that allows Deaf people, or people with hearing difficulties, to get 999 help quickly. But, unlike hearing people, they must register their phones before they make a call.

The video below explains in BSL how to register your mobile phone for the text service.

Watch the video: https://youtu.be/1Vv0snaORfk

Cancer

MacMillan Information BSL
Macmillan's British Sign Language cancer information videos are there to help you understand and cope with cancer. They cover what cancer is, signs and symptoms of cancer, what to expect if you are diagnosed, living with cancer, diet and cancer, coping with side effects, and cancer treatments.

Mental Health

Deaf CAMHS
The Deaf Child and Adolescent Mental Health Service provides a specialist mental health service for deaf and hearing-impaired children with a range of emotional and behavioural problems. This is a specialist team covering Central England with teams based in Dudley, Nottingham and Oxford which provide access to services as close to home as possible reducing travelling time for children young people and their families.

Visit the website: http://www.dwmh.nhs.uk/deaf-camhs-2/

Children and Young People

My Life, My Health- Supporting Your Deaf Teenager to Manage Healthcare Appointments. Aimed at parents, this booklet identifies common worries that parents and carers may have and suggests solutions which will improve a teenager's independence.

Link to download: https://tinyurl.com/r4pmaq4

British Deaf Association (BDA)

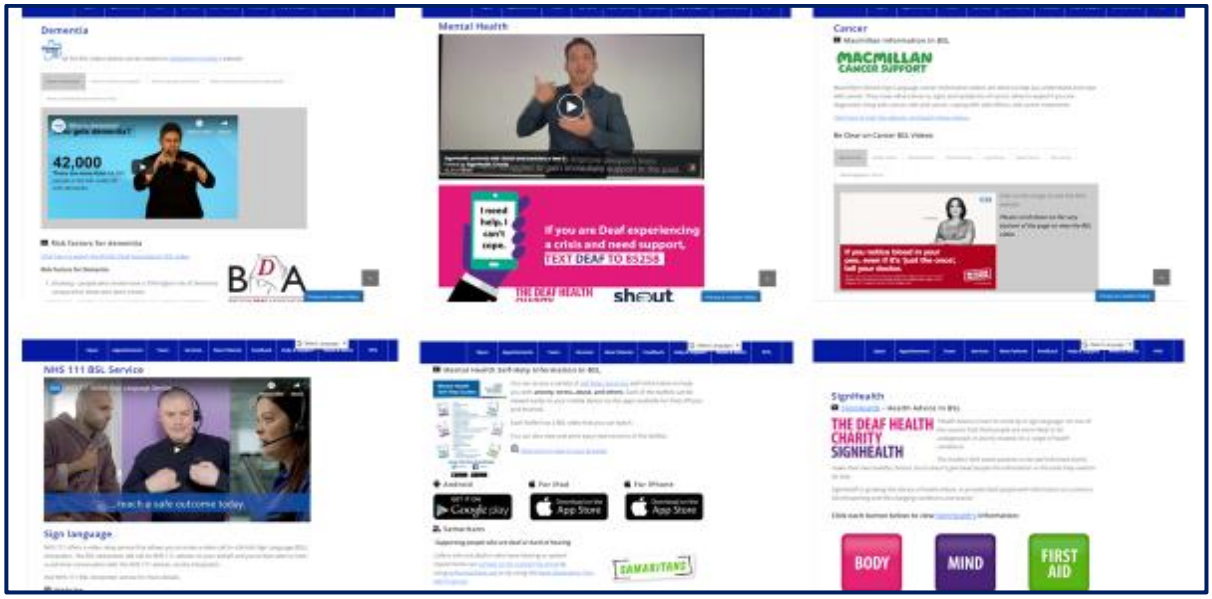
We believe that every Deaf person has the right to communicate in their preferred language

Can you imagine having to carry out everyday tasks in a different language, but not by choice? This is an everyday reality for Deaf citizens of the UK. Simple things like telling your GP what your symptoms are, asking a question in a shop or post office, finding out what's going on when something unexpected happens in a public place, or checking into a hotel – all communication that is forced into a secondary language for a Deaf person.

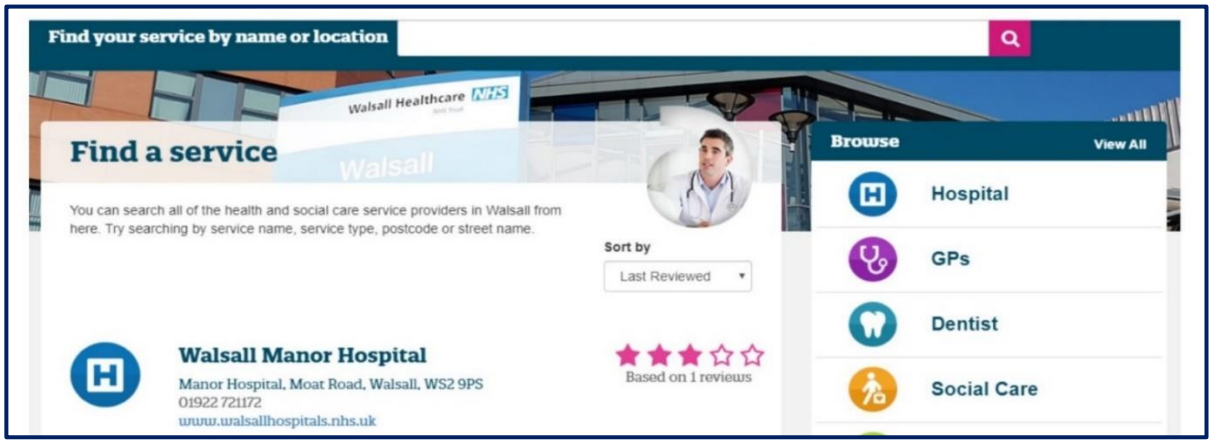
Link to website: https://bda.org.uk/project/bsl-charter/

National Deaf Children's Society

Give expert support on childhood deafness, raise awareness and campaign for deaf children's rights, so they have the same opportunities as everyone else.



If you have any NHS or Social Care service experiences that you wish to share, you can visit our online 24/7 Feedback Centre. Whether it's a: compliment, concern or complaint.
Link: https://healthwatchwalsall.co.uk/services/



DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.

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