

Snapshot Insight Report: Deaf People's GP Challenges



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Introduction

In April 2021, Healthwatch Barnet attended a forum with the Jewish Deaf Association (for people of all faiths and none) to discuss Barnet residents' health and social care priorities and issues. The Barnet residents discussed the issues they have been having with GP surgeries, and, as a result of our discussions, we conducted a focus group with deaf residents to gather in-depth qualitative data on their experiences with GP surgeries. Their feedback has been broken down into 5 themes.

Key Findings

- **Theme 1 - Lack of provision for qualified interpreters and over-reliance on family/friends**

"I went to the doctor and when I arrived it was really bad, there was no interpreter, I was waiting for the doctor and I needed an interpreter. They should be aware when they contact deaf people, I need a face-to-face interpreter."

"I need the surgery to set up a remote appointment with an interpreter and that would be our way of communication as BSL users. All GPs should be aware of this and that deaf people need this provision, it's not just the COVID era, we've been doing this for years. The surgery forgets to book interpreters; they know how to, but they don't seem to do it."

"I don't want my partner or family members to translate for me because they're not qualified interpreters, I don't feel confident and leave the doctor's feeling insecure."

"We can't rely on our English, GPs simply need interpreters especially with COVID-19. GPs should never put the responsibility on family members as they don't give the full information anyway because they're not interpreters. It should be a fully qualified interpreter."

"We must have interpreters and deaf awareness so when they book a deaf person, they need to make sure there is an interpreter there. Without communication, it affects our confidence and is a waste of time. It's not up to us to provide family members as a substitute."

- **Theme 2** - GP staff not trained on being deaf aware

“Staff were wearing masks and I couldn’t lip read them. I found the attitude discriminatory and it was very uncomfortable and stressful. Staff need to drop their masks when talking to deaf people. They need to be confident in us using our technology to help them. It was a very bad experience for me. I think the treatment was unfair, and deaf people suffer. Staff need to know to let their masks down and have basic deaf awareness.”

“The issue is the surgery changes staff every month so the deaf awareness changes every month. I know there’s another 2 people who are deaf who use this place. Because this deaf place has more than 1 deaf patient, they should be more prepared, I’m not the only deaf person.”

“The receptionists change so much and they’re not deaf aware. Receptionists and GPs in the NHS need deaf awareness training and think different options.”

“I’ve told the manager of my practice the staff here at the JDA can teach deaf awareness to the staff, we have a resource here and the JDA is near the practice so it would be easy to get there. The manager says we’ll think about it, that was 2 years ago but nothing has happened.”

“The worst time has been during COVID because I can’t meet my doctor, I can’t visit the surgery, they can’t visit me, and the doctor always wants to talk to me with speech, but I can’t use speech because I’m profoundly deaf.”

- **Theme 3** - The impact upon deaf patients’ mental wellbeing

“If this carries on it affects deaf people’s mental health.”

“I had an in-ear problem and I couldn’t go to my regular place because they were moving due to COVID and I still haven’t got my hearing aid, so I have no environmental sounds to help me at the moment and I find that very frustrating. It’s not just a hearing aid, it’s an intrinsic part of our wellbeing and if we don’t have it, it can affect our day to day lives in a big way.”

“When I come home, I’m very down. I’m out but haven’t understood anything that’s going on around me. My family are worried about me, people are worried about me. COVID has made it a lot worse than it already is.”

- **Theme 4 - Accessibility in the use of written language**

“I was told me they would send it to me or email it and I was waiting for over 1 week and I heard nothing, so I emailed them again to ask them to ask the GP as I've heard nothing it's been over 1 week. I thought that's unfair because hearing people have an instant reply but for me as a deaf person we have to wait for email because we cannot communicate directly.”

“The GP surgery does not understand for deaf people English is not our first language. The English in letters has to not be so complex and at such a high level for us to understand.”

“When I buy tablets, I don't understand them, they're so confusing, whether I take them in the morning or night, to take them with or without food. I find the instructions very complicated on pharmaceutical things, they should be clearer.”

“Hearing people can phone and get an on-the-spot response but as a deaf person, I have to email, which gets a slow response.”

- **Theme 5 - Difficulty with physical accessibility to GP surgeries**

“I was outside the door [of the GP surgery] and there was a buzzer, there's a voice through the buzzer and a queue behind me. They don't know I'm deaf, there's a camera and I'm waving and saying I'm deaf, I need to get in. They should be aware that I'm deaf. Someone in the queue helped me and I had to tell them my name, but I had to rely on a stranger to help me. It's the entry system and these buzzers that are the problem, relying on voice and relying on people to hear.”

“There are all these signs saying you can't visit, you can't do face to face, you can't do all these things, you have to rely on the phone but obviously as deaf people we can't. Also, the staff are wearing masks which is a major problem for us. We can't even see when they are speaking let alone lip read them. When you go into hospitals, everyone has masks on and they're pointing and I say I can't understand you, I can't hear, I can't lip read. The person is saying something, saying it's my turn but it's impossible for me, I can't lip read my name as a deaf person, it's just a real problem and really difficult, the lack of accessibility, the lack of face to face has made it much, much worse.”

Analysis

Staff across the health and social care sector, including GP surgeries, have been placed under tremendous pressure and challenges to meet the needs of their local population during the COVID-19 pandemic, and many staff are feeling exhausted and concerns of burnout remain high. However, the COVID-19 pandemic has exacerbated inequalities in accessing GP surgeries faced by the deaf community due to restrictions in face-to-face GP appointments since March 2020, and the requirement of wearing face masks in public spaces has made deaf people who lip-read feel isolated, impacting their mental health and overall wellbeing.

People described the lack of qualified interpreter resulting in GPs asking deaf people to ask their family/friends to interpret for them. This is not an appropriate solution as family/friends may not be able to interpret the conversation with the exact details required. Furthermore, some people may not wish to inform their family/friends about their private and sensitive medical issues, or they may not have good relationships with their family/friends to be able to ask.

People also described issues with GP staff not being trained in basic deaf awareness to be able to communicate and engage both virtually and in-person with deaf people. Inadequate access and communication with GPs can result in deaf people having a poorer understanding of their health issues, leading to worse health outcomes and widening health inequalities.

Our Core Recommendations

1. Ensure all GP staff are trained in deaf awareness and their training is kept up-to-date to improve communication with deaf patients.
2. A process within GP practices' patient database that indicates patients who are British Sign Language users, and ensure qualified interpreters are provided instead of family/friends.
3. Offer deaf patients more accessible methods of communication to contact their GP surgeries such as email or text messaging.
4. Review written documents to ensure they are clear and in plain English for deaf patients to understand more easily by working with your local deaf community group, such as Jewish Deaf Association (for people of all faiths and none).

Patient Suggested Recommendations

1. "BSL health access was funded for 1 year, that was fantastic, but the NHS England decided to stop funding it which means we cannot access it, which is a real shame because that was a good service. Having this service funded would be useful for us."

Next Steps

We will be sharing our report with Barnet GP Federation to disseminate our findings to GP practices within the borough. We will also signpost GP practices to the Deafness and Hearing Loss Toolkit created by the Royal College of General Practitioners (RCGP) and encourage GP practices to sign up to the RCGP Hearing Friendly Practice Charter to reduce the challenges faced by the deaf community in accessing GP practices.