



Snapshot Insight Report
Deaf People's
Healthcare Challenges

November 2021

Introduction

In May 2021, Healthwatch Barnet published a Snapshot Insight Report looking specifically at the challenges deaf people face with accessing their GP. The report followed local intelligence and a subsequent focus group with the Jewish Deaf Association (for people of all faiths and none) in April 2021.

We held another focus group consisting of different participants and staff in the summer with the Jewish Deaf Association (JDA). The scope of the follow-up focus group was to obtain further data on the experiences of deaf residents in accessing more general health services, including community, hospital and GPs. From the in-depth qualitative feedback gathered from 14 people, four themes have been identified.



Key Findings

Theme 1 - Lack of Provision for Qualified Interpreters

Participants from the focus group held in April 2021 described a lack of qualified British Sign Language (BSL) interpreters being provided during GP consultations, with GPs requesting that family or friends interpret for patients. BSL for many deaf people is their first language, providing control, empowerment and self-determination.

In our follow-up focus group, the same issue was reiterated with participants expressing their frustration with staff asking family or friends to interpret for them instead of a qualified BSL interpreter. Some participants also had experiences of being assured that an interpreter had been booked but upon attending the appointment no interpreter was present.

One participant stated that they had never been offered an interpreter by their GP surgery, though that is what a patient should expect in a public health and care service to meet the Accessible Information Standard.

They [the receptionists] said 'can anyone phone for you?' I was so angry at being asked that and then I said, 'forget it' and I walked out. For deaf people, when a hearing person says, 'please get a hearing person to phone for you', they lose their independence, that's why it's offensive.

The receptionists ask my daughter to phone for me, I feel that's wrong, she is my daughter, she's not involved in my healthcare. I'm responsible for my healthcare, not my daughter and my daughter will have to phone them in the end because they're not deaf aware to understand what I'm trying to explain. They're not seeing me, they're going through my daughter so they're not seeing how I'm suffering, my daughter's seeing. I would like to strongly recommend that GP practices use interpreters and never ask family members.

When efforts have been made to book a BSL interpreter, participants said there were often delays. Participants felt it was crucial that booking qualified BSL interpreters should be made a priority as delays in booking interpreters result in deaf patients' appointments being moved further back which can lead to delays in diagnoses and care.

This also adds pressure to support services such as the JDA with one JDA staff member stating:

We then have to phone up again and say, 'it's not fair that this client's appointment is moved back because they're deaf, it's your responsibility to see on their records that they're deaf.' It's always written in big letters and they should be able to automatically book an interpreter.

Participants also had the same issue of a lack or delay of interpreters being provided at hospital appointments:

I had an appointment, it's got better but the interpreter still has a big delay right up until now in my hospital, Barnet Hospital, just constant delays with interpreters. I never get to be seen quickly, ever. And what I think my worry is if it's an emergency, am I going to face the same situation in an emergency?

The BSL interpreter at the focus group also shared their insight about the delay in hospital staff booking interpreters.

As an interpreter I want to add something, many times I've seen hospital receptionists say to deaf people 'I'm sorry there's a two-week delay to book interpreters' but there's no delay anymore, there are so many interpreters now. When I get a text from an agency saying this hospital needs an interpreter, I have to grab it quickly because there are so many interpreters grabbing them quickly so when they say there's a delay of 2 weeks or 1 month, I'm really confused by that because we're grabbing the jobs.

There may be some situations when using family or friends to interpret for healthcare appointments may be appropriate. However, by and large, this is not a reasonable long-term solution because they may not be able to interpret the conversation with the precise details required; some may not wish to inform their family or friends about their private and sensitive medical issues, or they may not have good relationships with their family or friends to be able to ask.

Theme 2 - Lack of Deaf Awareness Training

Another theme echoed from our previous findings is the lack of basic deaf awareness training. The lack of deaf awareness can be stressful and distressing for the deaf community because it prevents them from communicating, which results in their needs not being met and widening health inequalities. Furthermore, when healthcare staff are trained in deaf awareness but leave their role there is a risk of loss of best practice and knowledge, therefore handover planning and new staff training is crucial.

If it was a hearing person, it would be sorted out in 1 appointment in 10 minutes but for me, I have to go all the way around before I get the treatment. The chaos because of the lack of deaf awareness and communication. One thing that I'm noticing is that the GP, they're not deaf aware, they're not deaf friendly.

I'm deaf and when I go to the GP, nobody knows any sign language whatsoever, not even some fingerspelling, nothing.

The staff need the proper training because what happens is they'll train someone up and then they'll move on but the next person coming isn't getting that training, so what they need to do is have a good handover process, not somebody leaving then there's a delay then somebody comes in and the receptionists have lost that knowledge.

A JDA staff member explained that deaf awareness training is needed throughout all health and social care services and shared her experience of supporting clients at opticians:

Even when you go in and tell them I'm here with our client and we're going to interpret, they'll [the deaf client] have their eye down in the machine, they'll [the optician] tell the deaf client on the top of their head 'click when you see green' and I have to turn around and say 'they're deaf, they can't hear you', 'but yes I'm just telling them to click when see the green flash' and I say 'but you need to stop, tap them on the shoulder and ask them to raise their head to raise and then click when they see green'.

How do you expect a deaf person to understand when their head is down? Even when you say, 'they're deaf they can't hear you', they say 'yes I know, I'm just saying'.



Theme 3 - Remote Appointments

The COVID-19 pandemic caused healthcare services to move online which resulted in accessibility challenges for many people, particularly deaf patients. Remote appointments are often not suitable for deaf people, with participants expressing their desire to return to face-to-face appointments:

Now GPs, why aren't they allowed to meet deaf people? Why can't they do face-to-face? We should be given that provision of face-to-face because phone appointments aren't helping us in any way and when I see my doctor face-to-face before coronavirus it was really lovely, and it was so much better but then that stopped almost overnight and now it's created more barriers for us as deaf people.

A JDA staff member also described the challenges with remote services:

They were not offering any face-to-face appointments, so the support worker had to speak on the telephone and on FaceTime with our client at the same time. So, she'd make a telephone consultation and she had to organise herself, we had to organise provider access for our client. The GP did not see our client's face. Every time something similar like that happens, we are the ones as a team that make it happen but even then, it's very time consuming in order to organise it.

When remote appointments were used participants discussed the need for GP surgeries to introduce remote interpreting services for BSL users. Video appointments are challenging for deaf people if a BSL interpreter has not been provided, therefore a remote interpreting service would be invaluable to reduce inequalities in healthcare access for the deaf community in Barnet.

When I used to go a different GP in Nottingham and Preston, they would have something that you could press and there would be a little screen that had a connection to a video relay service but there seems to be nothing like that here [in Barnet]. There should be something like that here where they could have a three-way conversation where they could phone an interpreter remotely who could then explain what was needed, just for booking an appointment, I think London is a bit behind actually.

Theme 4 - Communication Challenges

A recurring theme from our previous findings is the lack of written information in an accessible manner for deaf patients, often due to the complexity of NHS communications. The Accessible Information Standard makes it clear that NHS and social care services should be recording and meeting the information and communications needs of patients with a disability.

If you're a hearing person, you can just go there, sort it out and get it done but for a deaf person we are constantly having these barriers and I don't write English very well, so I have to go there but when there's a communication breakdown like this it's very upsetting for me. When they write something down, I don't understand it, so I have to take what they've written. You know with GPs, they write in high level English, and I have to ask for someone to translate it for me. I bring it here [the JDA] then they phone for me and book an appointment from here. That's the way we have to go.

I'm profoundly deaf, I try to make an appointment with the hospital and when I get a letter I don't know how to reply, how do I say, 'yes I need an interpreter?' I don't want third party help. When I make an appointment, they don't have the facilities for me to request an interpreter, there's no way to respond on the letter for an interpreter.

Furthermore, the COVID-19 pandemic has necessitated staff to wear face masks causing communication challenges for deaf patients, many of whom rely on lip reading to communicate. This problem could be remedied if staff wore clear face masks to allow deaf people to be able to lip-read, which would result in improved communication.

A JDA staff member stated: *"We have links on our website to a number of clear masks that are accessible. Every time I go with a client to an appointment, I always take a spare clear mask and give it to them to wear."*

The receptionist was talking to me with their mask on, I couldn't understand what they were saying, I couldn't lip read them, they refused to take their mask down. I was standing more than two metres away and it was very difficult, they were typing on the computer to show me what they were saying but I couldn't read it because I didn't have my glasses on me so there was a real communication breakdown.

Our Core Recommendations

1. Ensure all healthcare staff are trained in deaf awareness and that their training is kept up-to-date to improve communication with deaf patients.
2. NCL CCG to commission an interpreting service for BSL users for remote appointments in Barnet.
3. Offer face-to-face appointments for deaf residents when a remote appointment is not suitable.
4. Book qualified BSL interpreters for deaf patients in line with the Accessible Information Standard.
5. Provide staff with clear face masks to allow for lip-reading and improved communication with deaf patients.

Next Steps

Healthwatch Barnet will share this report with statutory services and partners in the borough to raise awareness of deaf people's challenges and support the improvement of local healthcare services.



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