

Hearing Loss and Deaf Friendly Practice Charter

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The Hearing Loss and Deaf Friendly Practice Charter

Across the UK, there are 12 million people affected by hearing loss and this is estimated to increase to 15.6 million by 2035¹. Healthwatch Norfolk and the Norfolk and Waveney Clinical Commissioning Group (CCG)² have compiled research that has demonstrated the need for changes to improve accessibility and consultations for patients who have hearing loss or are Deaf. These changes would improve the patient experience of making and attending GP appointments.

This Hearing Loss and Deaf Friendly Practice Charter suggests ways in which your GP practice can reduce variations in accessibility ensuring those affected by hearing loss are considered across all aspects of primary care activity, including making appointments, attending consultations, and receiving continued care. This Hearing Loss and Deaf Friendly Practice Charter was guided by the toolkit developed by the Royal College of General Practitioners (RCGP) and Royal National Institute for Deaf People (RNID)¹ and developed for Norfolk GP practices.

The Charter identifies seven areas that GP surgeries need to recognise and address to become a Hearing Loss and Deaf Friendly Practice. These are:

1. Hearing Loss Awareness Training
2. Accessibility
3. Communication
4. Patient Records
5. Digital Technology
6. Mental Health
7. Covid-19

A copy of the Charter Summary can be found in Appendix 4 and be reproduced for the purpose of display. This should be displayed in each Hearing Loss and Deaf Friendly GP Practice and on the website.

You will need to monitor and report on your progress as a Hearing Loss and Deaf Friendly GP Practice by completing and returning the checklist in appendix 8.

¹ <https://rnid.org.uk/>

² [Deafness and Hearing Loss Toolkit \(rcgp.org.uk\)](https://rcgp.org.uk/Deafness-and-Hearing-Loss-Toolkit)



1. Hearing loss awareness training

Hearing Loss Awareness Training will help GP Practice staff to learn simple ways to make communication easier for those patients who have hearing loss or are Deaf. In addition, the sessions introduce some of the types of hearing loss, hearing technology and supplementary listening technology available for people with hearing loss. As a Hearing Loss Friendly Practice, it is important to:

- Provide Hearing Loss Awareness training for GP surgery staff, especially for Receptionists, and GPs who are often the first point of contact.
- Appoint a 'Hearing Loss Awareness Champion' (this could be a receptionist, or receptionist supervisor). The Champion would: ensure all relevant staff have hearing loss awareness training, including new staff coming into the practice, be a point of contact for the Charter and ensure awareness of the needs of those affected by hearing loss are continually met. Please see appendix 9 for more information.

The link below is a useful three-minute video provided by the Royal College of General Practitioners highlighting the experiences of patients who have hearing loss or are Deaf and the issues they may face when making or attending a GP surgery.

<https://www.youtube.com/watch?v=GljqvP6eekw>

Hearing Loss Awareness Training themes:

- Terminology
- Facts and Figures
- Types of Hearing Loss
- Psychosocial Effects of Hearing Loss
- Risks of Developing Dementia
- Communication Tips
- Digital Technology

(Please see Appendix 1 for Hearing Loss Awareness Trainer Details.)



2. Accessibility

The Accessible Information Standard is a legal requirement to ensure that people with disabilities, health conditions or sensory loss can get information in a form they can access and understand. It also ensures they are supported by health and social care providers to access the communication support services they require. As a Hearing Loss and Deaf Friendly GP Practice, it is important to adhere to the Accessible Information Standard to enable patients who have hearing loss or are Deaf to:

- be contacted in a certain way (e.g., website, email or text)
- receive information in a different format (e.g., easy read version for BSL users who may not be confident with written English)
- ask the patient if they have any digital technology they use to make accessing the appointment easier
- receive communication support for appointments (e.g., use of digital technology to improve communication or access to a British Sign Language (BSL) interpreter, which will need to be booked by the practice in advance of the appointment)
- ensure that staff are aware that patients with hearing loss or who are Deaf may be affected by multiple disabilities and/or health conditions that make accessing GP services more difficult
- be given additional support to communicate (e.g., provision of digital technology for appointments - see options in section 5)

To adhere to the Accessible Information Standard, each Hearing Loss and Deaf Friendly GP Practice needs to identify the communication and information needs of those who use their service. This can be achieved by:

- inviting patients who have hearing loss or are Deaf to complete a Health and Care Communication Card. The patient will then ask the GP receptionist to 'Please record this information on my patient record' and add the appropriate read codes on their patient file. (Appendix 5 shows how to create a protocol that puts a status marker on a patient's record to alert the practice that the patient has hearing loss). These cards will help GP surgeries find out the patient's preferred method of contacting the surgery. (Please see Appendix 2 for an example of the Health and Care Communication Card.)
- making the Health and Care Communication Card accessible on the GP practice website for patients to download or provide hard copies in reception.
- ensuring your GP practice has a range of ways for patients to contact their GP surgery and training practice staff in how to use these methods.
- including an option box for booking a BSL interpreter on the 'Get Help From the Practice' form and 'Book an Appointment with the Nurse' form for practices using Footfall. Practices using other online consultation systems will need to



liaise with their supplier to ensure that patients can request a BSL interpreter in the event of a face-to-face appointment.

- offering the option of a BSL interpreter when the patient books an appointment if the patient record shows they require one. Language Empire are responsible for interpreting services for all primary care services for non-spoken languages and more information can be found in Appendix 10.
- recording a person's communication and information needs clearly and consistently, recording their needs and why they have those needs, for example 'patient is a lip-reader due to hearing loss'.
- having a consistent flagging system on patient records, so that it is immediately clear whether the person has a communication or information need (see Appendix 5).
- meeting the communication and information needs identified. For example: speak clearly and look directly at the patient.

When thinking about accessibility for patients with hearing loss or who are Deaf, it's important to consider the needs of those that live in rural locations, who may not have access to their own transport or may find public transport difficult to use. It would be worth considering alternatives to face to face appointments, like online video consultations. (Please see section 5 for how to use MS Teams with live captions).

More information about the Accessible Information Standard can be found at:

<https://www.england.nhs.uk/publication/accessible-information-standard-specification/>

Language Empire:

<https://www.language-empire.net/>



3. Communication

Each Hearing Loss and Deaf Friendly GP Practice will be implementing digital technology provided by Norfolk and Waveney CCG within the surgery to help improve the patient experience for patients who have hearing loss or who are Deaf as part of a pilot programme. Norfolk and Waveney CCG will fund the cost of purchasing the recommended digital technology / equipment in 2021. The supplier will install and provide training for each product. The technology will be implemented considering the ways of working within the practice. (See section 5 for details of the digital technology being provided).

Communication can be further supported by:

- providing patients with access to leaflets or visual display boards in the GP surgery that signpost to voluntary organisations for further support around hearing loss (see Appendix 3 for details of local and national organisations).
- providing links to local and national organisations that provide support to people who have hearing loss or are Deaf on the surgery website (see appendix 3 for details of local and national organisations). The links will be published on Footfall sites. Those using other online consultation systems will need to ensure that the links are published on their websites.



4. Patient records

The Hearing Loss and Deaf Friendly Practice Charter requires each GP surgery to ensure that patient records:

- clearly indicate when a patient is affected by hearing loss or is Deaf by adding an appropriate read code to their record (see Appendix 5).
- include basic information about their preferred method of communication and any communication support requirements by asking the patient to complete a Health and Care Communication Card and adding the appropriate read codes and alerts / protocols to their medical record (see Appendix 5).



5. Digital Technology

Healthwatch Norfolk and Norfolk and Waveney CCG have looked at the patient pathway from seeking an appointment to seeing the GP and identified digital technology that can improve this experience for people with hearing loss and Deaf people through the following stages:

- Making an appointment
- Being in reception / waiting room
- Seeing the GP / Health practitioner

5.1. Making Appointments:

Footfall

Within Footfall, we are adding an option box for Deaf patients who need a BSL interpreter for an appointment. There will be signposting links provided in the Wellbeing Hub section on Footfall for national, local and mental health charities and organisations that support Deaf people and those with hearing loss. These signposting links can be found in Appendix 3.

Other GP Websites

For other GP websites, GP surgeries will need to think about how they offer the option for patients to request a BSL interpreter for an appointment. Practices would be expected to add signposting links for national, local and mental health charities and organisations supporting Deaf people and those with hearing loss. These signposting links can be found in Appendix 3.

5.2. At the Reception Desk:

Hearing Loop

A hearing loop (sometimes called an audio induction loop) is a special type of sound system for use by people with hearing aids. Hearing loops can be portable, which means the user can carry them from one room to another. Please see Appendix 6 for more information.

Practice Funding for Hearing Loops

Practices can apply for an Improvement grant for some practice improvements for the following:

- Installation of a fixed hearing loop
- Installation of electronic patient call display
- Installation of audio patient call system

Please see Appendix 7 for further details.



Portable Hearing Loops - Contacta IL-PL20-2 portable induction loop system

A portable hearing loop is the ideal alternative to a fixed system and can be used anywhere within the GP surgery. Portable hearing loop systems are quick and easy to install. Patients can move about the GP surgery as they need, without the fear of losing auditory clarity or finding themselves besieged by unexpected inputs during an appointment. These should also reduce the risk of other hearing aid users being able to hear private conversations as they cover a maximum area of 1.2 metres.

5.3. In the GP Surgery Waiting Room

Vibrating Pagers

Vibrating pagers can call a waiting patient via a discreet silent flash and vibrate alert, the moment a GP or Health Practitioner requires the patient for their appointment. The pagers have a user-friendly design to provide ease of use. If required, the pagers can be programmed to cover patients that are waiting in their cars.

5.4. In the Consultation Room

Personal Listening Devices

Personal Listening Devices are small, portable devices that pick-up speech and make it louder. They can be useful if a patient with hearing loss is in a noisy place or finds it hard to hear someone at a distance. Personal Listening Devices are suitable for use by GPs and Healthcare Practitioners to assist communication. Some digital listeners can be used by hearing aid users, those who do not use hearing aids and are compatible with Hearing Loops.

If a patient requests to use a personal amplifier for their appointment, but is not a hearing aid user, it would be advisable to encourage the patient to have a conversation about whether they have had an up-to-date hearing test or have considered the need to use a hearing aid.

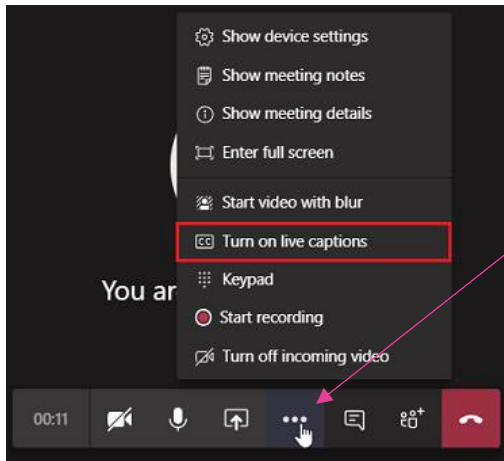
5.5. Recommendations for GPs and Health Practitioners

MS Teams Video Conferencing

NHS England has reported that although Microsoft Teams is not listed under the NHS Video Consultation Framework, it can be used to host a video consultation with a



patient 'to meet local requirements'. Therefore, it could be justified to use for hosting online appointments for patients affected by hearing loss, especially patients that may have multiple health conditions or if the GP practice is not accessible to them. Microsoft Teams has a live captioning and chat function which would be useful for patients affected by hearing loss.



To turn on live captions in MS Teams:

Click on the icon with three dots at the bottom of your screen, if you require captions.

From the menu, select 'Turn on live captions'.

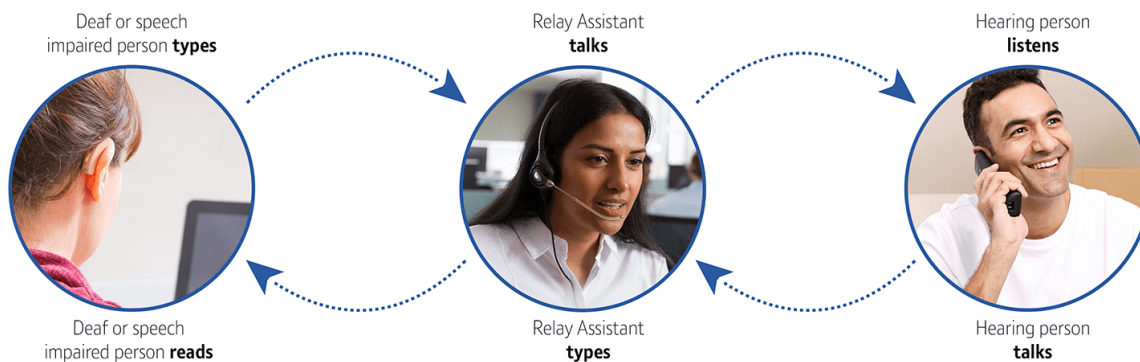
5.6. Patient Apps and Services

The apps and services mentioned below are ones that your GP surgery might like to mention to a patient affected by hearing loss or who is Deaf to support them in making and attending GP appointments. These apps and services are examples of digital technology that may be beneficial for a patient and there are other free apps and services available.

BT Relay UK

BT Relay UK helps patients affected by hearing loss or who are Deaf to talk to another person over the phone using the relay service. The service requires the patient to download the Relay UK app with their mobile, tablet or PC, or it can be used via a Minicom or Uniphone. The patient types their message to the person they want to call via the BT Relay app, the relay assistant reads out the message to the person they are calling, the person they are calling talks in response, the relay assistant types the response and the patient affected by hearing loss or who is Deaf can then read their response. All the patient pays is their normal call charges. The service itself is free.





Speech to Text Apps

Speech to text software allows you to read a transcription of everything that is said in a conversation. These apps can be used in group situations, or for one-to-one conversations. They are now widely available in app stores for smartphones and tablets. There are free apps available for Apple, Android and other smartphone models. Examples of these are shown below.

Otter.ai

Otter.ai can be used for 1:1 conversations or online video consultations. It's available for both Androids and iPhones or can also be used in a web browser. Otter.ai can be used as a captioning tool to help those affected by hearing loss or who are Deaf while they are interacting with someone else, especially if they are wearing a face mask.

Hearing Helper

The Hearing Helper app is only available on Apple devices and is completely free to use. It works on a push to talk basis and provides captions only while the red button on-screen is touched, so it may be useful for short bursts of captioning at moments where it is needed rather than ongoing captioning. The app also allows the user to scale the text produced up to rather large sizes for those whose eyesight may struggle with other apps.

Ava

Ava is a speech-to-text app that enables group conversations to be captioned. In the group conversation mode, all the group members involved in a conversation can add Ava to their own phones, join the Ava conversation group and speak. The text of what they say will show up on the screens of everyone involved, along with their name. Ava also works in simple single display mode too. Ava does require payment for the use of the service past a certain number of minutes used each month although only the person "hosting" the conversation needs to pay - the others can join free of charge.



6. Mental health

Hearing loss can cause challenges in a patient's social and personal life, relationships and their mental health. It can have a major impact on their daily functioning and quality of life and can affect communication, social interactions and have a negative impact on their work life, resulting in feelings of loneliness, emotional distress and depression. Each Hearing Loss and Deaf Friendly Practice should provide:

- information on where support can be received for mental health issues either on the surgery website or leaflets in the waiting room (see Appendix 3).
- Hearing Loss Awareness Training, which will discuss how patients affected by hearing loss may encounter mental health issues (see Appendix 1).



7. Covid-19

The advent of the Covid-19 virus has affected the world in many ways, and it has made it particularly difficult for patients with hearing loss and Deaf patients to access appointments and communicate with the GP or Health Practitioner during their appointment.

7.1. Masks and PPE

For patients with hearing loss and Deaf patients, masks are a physical barrier to communication. Both patients who are Deaf and those with hearing loss will use lip reading to aid their understanding of what is being said to them. Masks can also muffle the voice, making it harder for those with hearing loss to hear what is being said. If temporarily removing a mask is not an option, using clear facial visors, or masks with a transparent window to enable lip reading is recommended.

Please ensure that any staff using PPE during an appointment consider where they are positioned when talking to a patient with hearing loss or a Deaf patient (e.g., not in front of a bright light and facing the patient) and speak clearly. If a patient is struggling to hear what a member of staff is saying, consider re-phrasing what is being said, rather than just speaking louder or slower.

7.2. Social Isolation

For patients with hearing loss and Deaf patients experiencing social isolation due to the Covid-19 pandemic, there are local organisations offering support to reduce this and details for signposting can be found in appendix 3.



8. Appendix

8.1. Appendix 1: Hearing Loss Awareness Training Provider

Hear For Norfolk will be providing the Hearing Loss Awareness Training.

For more information, please visit: www.hearforfolk.org.uk/training

Hear For Norfolk

14 Meridian Way
Meridian Business Park
Norwich
NR7 0TA

01603 404440

Email: NDA@HEARFORNORFOLK.ORG.UK



8.2 Appendix 2: Health and Care Communication Card



Health and Care Communication Card for Patients affected by Hearing Loss and Deaf Patients

Type of Hearing Loss:

<input type="checkbox"/>	Temporary Hearing Loss	<input type="checkbox"/>	Hearing Loss in One Ear
<input type="checkbox"/>	Permanent Hearing Loss	<input type="checkbox"/>	Hearing Loss in Both Ears
<input type="checkbox"/>	Partial Hearing Loss	<input type="checkbox"/>	Tinnitus
<input type="checkbox"/>	Deaf	<input type="checkbox"/>	Other

What would help me during my appointment:

<input type="checkbox"/>	A British Sign Language (BSL) Interpreter
<input type="checkbox"/>	I will bring someone to support me
<input type="checkbox"/>	Using a hearing loop system
<input type="checkbox"/>	Ability to lipread Doctor or Healthcare Professional
<input type="checkbox"/>	Taking notes during my appointment
<input type="checkbox"/>	Other (please specify below)



The best way to contact me is:

Telephone

SMS Text Message

Other (please specify below)

I would like to use the following digital technology during my appointment:

Personal Hearing Loop

Personal Amplifier

Speech to Text App

Other (please specify below):

Please can you ensure this information is recorded and flagged on my patient record, in accordance with NHS England's Accessible Information Standard.

Find out more at: [england.nhs.uk/accessibleinfo](https://www.england.nhs.uk/accessibleinfo)



8.3 Appendix 3: Signposting

Signposting: Local Support Norfolk

Hear For Norfolk

www.hearfornorfolk.org.uk

Hear For Norfolk aims to improve the lives of young people and adults of all ages in Norfolk with all degrees of hearing loss. They achieve this by offering personal, emotional and practical support, undertaking hearing aid maintenance, ear wax removal using microsuction, providing information on hearing loss and related conditions, and training.

Telephone: 01603 404440

Fax: 01603 404433

Email: nda@hearfornorfolk.org.uk

Cuppa Care

www.hearfornorfolk.org.uk/cuppa-care/

The **Cuppa Care Project** has been initiated and developed by the Rotary Club of Norwich and delivered by a partnership of local charities working jointly towards bringing people together and tackle loneliness that may be caused through poverty, disability, age, gender, lack of accessible local support and information services, geographical remoteness, poor transport or other needs.

Whether you just want to get out of the house, to meet new people, or chat about something that's worrying you - we have friendly people on board of our Cuppa Care Bus who can help. Apart from us (Hear for Norfolk) you will be able to access support from Age UK Norwich, Vision Norfolk, Norfolk LGBT+ Project, Norfolk and Waveney Mind, Norfolk CAB, Age UK Norfolk and The Wellbeing Service.

Email: cuppacarenorfolk@gmail.com

Deaf Connexions

www.deafconnexions.org.uk

Deaf Connexions is a voluntary organisation working in Norfolk to provide a range of services to support Deaf people and their families through the provision of information and communication support.

Telephone: 01603 660889

Minicom: 01603 661113



Text Phone: 07932 069352
Email: mail@deafconnexions.org.uk

West Norfolk Deaf Association

www.wnda.org.uk

WNSDA is a local charity providing support to Deaf people and those with acquired hearing difficulties in West Norfolk. Operating across two sites as well as in the community at GP surgeries and residential homes. They provide a whole range of comprehensive services for people of all ages and all levels of hearing loss, all designed to help Deaf people live independent, fulfilled lives.

Telephone: 01553 773399
Textphone: 01553 774766
Email: info@wnda.org.uk

Norfolk Deaf Children's Society

<http://www.norfolkdcsc.co.uk>

NDCS is a local Deaf children's society that also supporting the families of deaf children with activities, events and advice.

Telephone: 01603 526664

Sensory Support Services

<https://www.norfolk.gov.uk/care-support-and-health/support-for-living-independently/sensory-support/sensory-support-services>

The Sensory Support Unit aims to promote the inclusion, wellbeing and quality of life for residents of Norfolk who have a sensory loss. They provide social care assessments for people who are Deaf or have a dual sensory loss and provide an assessment and rehabilitation service where sight loss has become a critical or substantial barrier to independent living. The Sensory Support Unit can offer advice and training to carers, families and other professionals depending on assessed need.

Telephone: 01603 224 087
Email: information@norfolk.gov.uk



Signposting: Local Support Waveney and Suffolk

Lowestoft and District Deaf Society

<https://www.facebook.com/LowestoftDeafCentre/>

Lowestoft and District Deaf Society offers: BSL courses, Lip-reading classes, Hearing aid clinics and hosts coffee mornings and social activities.

Telephone: 01502 512073

Email: lowestoftdeaf@yahoo.com

Suffolk Hearing Advisory Service

<https://www.nhs.uk/services/service-directory/suffolk-hearing-advisory-service/N10943951>

Suffolk Hearing Advisory Service provides hearing aid maintenance and repairs with monthly clinics in Lowestoft.

Sensing Change

<https://www.sensingchange.org.uk/>

Sensing Change is a professional Social Work Practice providing a range of services including social work, rehabilitation, support and communication to people with sight and/or hearing loss throughout Suffolk and Waveney. We are contracted by Suffolk County Council to provide free social care assessments to Suffolk adults with sight and/or hearing loss, including carers who may be providing care for a relative or friend.

Telephone: 01473 260030

Text: 07739 249056

Minicom: 01473 711825

Email: info@sensingchange.org.uk

Waveney Deaf Children's Society

<https://www.facebook.com/WaveneyDeafChildrensSociety/>

Waveney Deaf Children's Society are a local group affiliated to the NDCS. They support Deaf children and their families and organise social events for Deaf children and their families.

Email: waveney@ndcsgroup.org.uk



Signposting: National Support

RNID

rnid.org.uk

Support Deaf people and those with hearing loss or tinnitus to make life fully inclusive by providing the following services: information about hearing loss, signposting to local support services, information about Assistive Technology, Employment Support, Benefits Advice and Communication support.

Telephone: 0808 808 0123

Email: information@rnid.org.uk

Deaf Blind UK

www.deafblind.org.uk

DeafBlind UK provide practical help, emotional support, help with technology, information and advice to people living with sight and hearing loss.

Telephone: 0800 132320

Text: 07903572885

Email: info@deafblind.org.uk

deafPLUS

www.deafplus.org

DeafPLUS offers information and advice about hearing loss, advocacy services, support with independent living, an advice line, health and wellbeing information and hearing loss support.

Telephone: 020 7790 8478

Email: info@deafplus.org

Sign Health

signhealth.org.uk

Sign Health are a Deaf-led team that work to improve the health and wellbeing of Deaf People. Sign Health provide psychological therapy, Domestic Abuse support and provide an advocacy service to ensure that Deaf people get fair and transparent treatment and services.



Text: 07966 976749
Email: info@signhealth.org.uk
Telephone: 020 3947 2600

NHS National Deaf Mental Health Service

www.swlstg.nhs.uk

National Deaf Services provides a range of comprehensive mental health services for Deaf adults, children and their families. They are committed to: the employment of deaf service users and carer involvement in all aspects of care. respect and promotion of Deaf culture and language.

Telephone: 020 3513 4640
Fax: 020 3513 4643
Mobile: 07789 501 491
Email: adultdeafinpatientservicebluebell@swlstg.nhs.uk

Hearing Link - UK

www.hearinglink.org

Hearing Link England is a team of staff and volunteers who deliver group and one-to-one support for people with any level of hearing loss, and their family and friends. They also deliver community events and provide training to local organisations, to raise awareness of the practical and emotional challenges faced by those living with changes in their hearing.

Telephone: 01844 348111
Email: enquiries@hearinglink.org

National Deaf Children's Society

www.ndcs.org.uk

NCDS provides support for families, Deaf children and young people and professionals to give expert support on childhood deafness, raise awareness and campaign for Deaf children's rights, so they have the same opportunities as everyone else.

Telephone: 020 7490 8656
Fax: 020 7251 5020
Email: ndcs@ndcs.org.uk



Signposting: Mental Health and Wellbeing Services

Norfolk and Waveney MIND

www.norfolkandwaveneymind.org.uk

Mind is a mental health charity offering an extensive range of mental health services, along with associated training, advice and information. They offer a wide range of services including 1:1 talking therapies, gardening projects, access to employment services, mental health training and education for businesses, schools and individuals, residential care and support programmes. The services support young people aged 14-25, adults and carers affected by mental ill health.

Telephone: 0300 330 5488

Email: enquiries@norfolkandwaveneymind.org.uk

Samaritans

www.samaritans.org

Samaritans is a registered charity aimed at providing emotional support to anyone in emotional distress, struggling to cope, or at risk of suicide throughout Great Britain and Ireland, often through their telephone helpline.

Telephone: 116 123

Email: jo@samaritans.org



Signposting: Reducing Social Isolation

CAN Connect - North Norfolk CCG Area

www.canconnect.org.uk

A project that uses Life Connectors and Volunteers to help those who are feeling alone and isolated to identify and achieve goals, provide advice and coaching, help find other sources of support if specialist help is needed and find and support the individual to get involved with activities in their community

Telephone: 0300 303 3920

Better Together - Norwich, Great Yarmouth, South Norfolk and Broadland

www.bettertogethernorfolk.org.uk

Better Together brings people together and offers information, advice and support to help people make the most of activities and opportunities in their area. Online and phone referral, 1-to-1 assessment, coaching and support from a team of Life Connectors, support to access groups and activities and freephone helpline open 9-5pm, Monday-Friday.

Telephone: 0300 303 3920

Email: info@bettertogethernorfolk.org.uk

Lily - King's Lynn and West Norfolk

www.west-norfolk.gov.uk/info/20168/lily_careline_and_care_and_repair/234/lily

Lily provides a comprehensive range of support in west Norfolk to combat loneliness and social isolation in adults of all ages. The project is linked to the 'No Lonely Day' initiative. It encourages residents to develop friendships and engage in their local communities. Trained Lily Advisors can provide support over the phone or face to face to help people overcome feelings of loneliness and social isolation. They will work with clients to consider how engaging with the community can support their health and wellbeing.

Telephone: 01553 616200

Email: asklily@west-norfolk.gov.uk

The Silver Line

The Silver Line is the only confidential, free helpline for older people across the UK open every day and night of the year. Their specially trained helpline team can:

- offer conversation and friendship
- provide information and support
- link callers to local groups and services
- refer people on to receive regular friendship calls



🌸 protect and support older people who are suffering abuse and neglect.

Telephone: 0800 470 80 90

Email: info@thesilverline.org.uk

Lowestoft and District Deaf Society

Lowestoft and District Deaf Society provide weekly coffee mornings, the Hand in Hand Club for dual Sensory loss and monthly Bingo sessions.

Telephone: 01502 512073

Email: lowestoftdeaf@yahoo.com

Royal Deaf Association

Royal Deaf Association have launched a new project in association with East Suffolk Council to reduce social isolation for Deaf people aged 55+ living in East Suffolk.

Email: Deafage@royaldeaf.org.uk

BSL Video: <https://youtu.be/Jc9J6tw9H9I>

Cuppa Care

www.hearfornorfolk.org.uk/cuppa-care

The **Cuppa Care Project** has been initiated and developed by the Rotary Club of Norwich and delivered by a partnership of local charities working jointly towards bringing people together and tackle loneliness that may be caused through poverty, disability, age, gender, lack of accessible local support and information services, geographical remoteness, poor transport or other needs.

Whether you just want to get out of the house, to meet new people, or chat about something that's worrying you - we have friendly people on board of our Cuppa Care Bus who can help. Apart from us (Hear for Norfolk) you will be able to access support from Age UK Norwich, Vision Norfolk, Norfolk LGBT+ Project, Norfolk and Waveney Mind, Norfolk CAB, Age UK Norfolk and The Wellbeing Service.

Email: cuppacarenorfolk@gmail.com



8.4 Appendix 4: Charter Summary

Hearing Loss and Deaf Friendly GP Practice Charter

(Insert GP Practice name) is committed to meeting the needs of our patients who have hearing loss or are Deaf. We will achieve this by:

- Making sure our staff have completed **Hearing Loss Awareness Training** and appoint a member of our team to act as a **Hearing Loss Champion**.
- Improving the ways that we communicate with you - helping you to contact us in several ways including online.
- Offering a BSL interpreter if a face-to-face appointment is required, when an appointment is requested through our receptionists.
- Making sure you can request via our online consultation system or website a **British Sign Language** interpreter being present if a face-to-face appointment is required.
- Making sure that when we meet with you that we **look at you directly and speak clearly** to help you understand what is being said.
- Using **technology** that makes it easier for you when visiting the surgery.
- Making sure **our records show that you have hearing loss or are Deaf** and what your preferred methods of communication are.
- Recognising **the impact that hearing loss can have on your mental wellbeing** and letting you know where you can get support for this.

Date:



8.5 Appendix 5: Patient Record Flagging and Read Codes

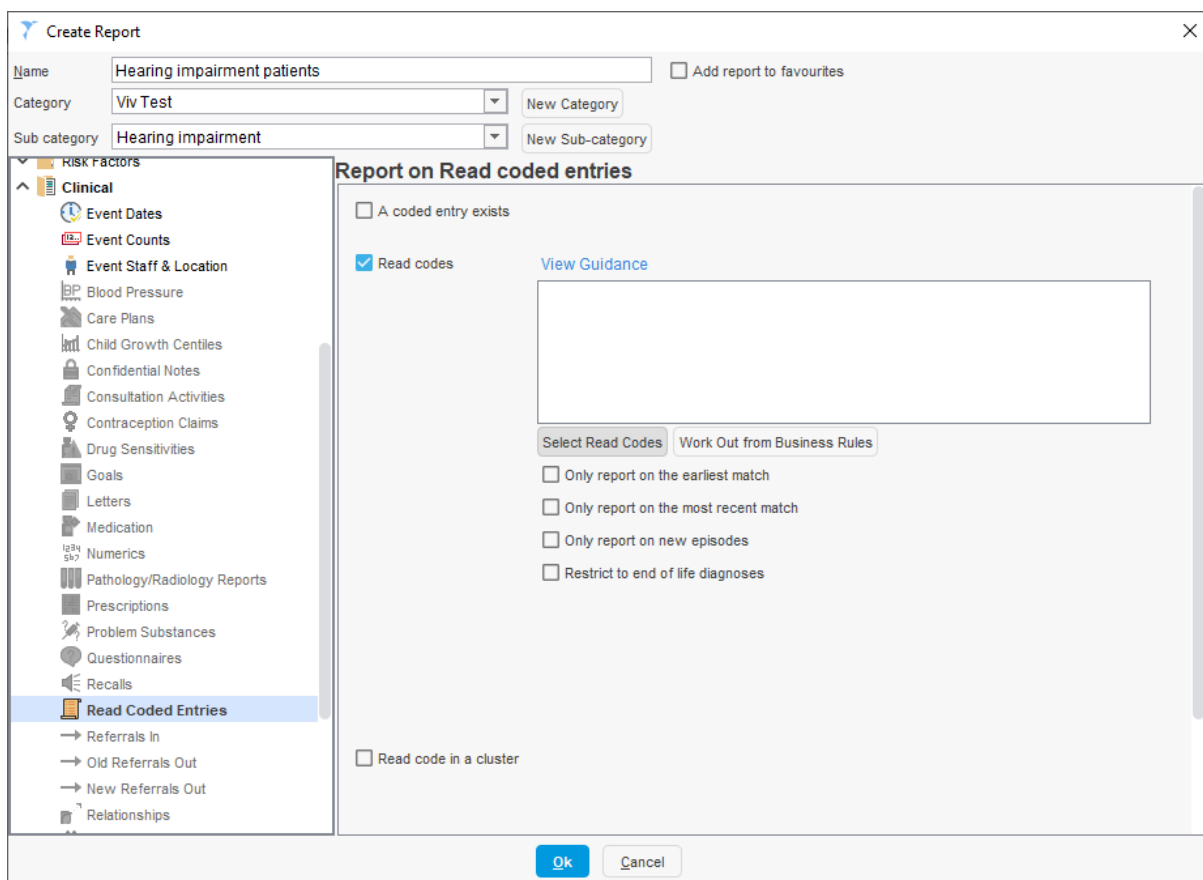
How to create a report to trigger adding a patient alert to patients with hearing loss: read code recorded.

Select:-**Reporting>Clinical Reporting** from the Main Menu.

Click **New**. The Create Report dialog is displayed.

Type a name for the report.

Using the tree on the left-hand side of the Create Report dialog, select the **Clinical** folder and then **Read Coded Entries**. Click the **Read codes** box, and then **Select Read Code**



Search for Hearing Loss in the read code browser and it should return CTV3 XE0s9 and SNOMED 15188001

SNOMED Code Browser

Browser | Synonyms | Formulary | QOF QOF Clusters | Templates | Settings

hearing loss Search

CTV3 Description	CTV3 Code	Flags	SNOMED Code
Hearing loss	XE0s9		15188001
Sensorineural hearing loss	XE17N		60700002
Conductive hearing loss	F590.		44057004
Presbycusis	F5801		49526009
Sensorineural hearing loss, bi...	F5916		194424005
[V]Family history of deafness o...	ZV192		439750006
Conductive hearing loss - otiti...	Y059b	X	
Conductive hearing loss, bilat...	F5905		194417009
[V]Problems with hearing	ZV412		15188001
Conductive hearing loss - otiti...	Y059d	X	
Noise-induced hearing loss	F5812		73415002
Mixed conductive and sensori...	F592.		77507001
Other specified forms of heari...	F59y.		118230007
Sensorineural hearing loss - ...	Y058f	X	
H/O: Hearing loss	Y4480	X	
Sensorineural hearing loss - ...	Y0590	X	
Sensorineural hearing loss - ...	Y0592	X	
Conductive hearing loss NOS	F590z		44057004
Mixed conductive and sensori...	F5921		194429000
Unilateral sensorineural heari...	Y0598	X	
Unspecified sudden hearing l...	F582.		79471008
Unilateral sensorineural heari...	Y0597	X	
Sensorineural hearing loss - ...	Y0591	X	
Neural hearing loss	F5912		73371001
Hearing loss associated with ...	X00kX		232333009
Unilateral sensorineural heari...	Y0594	X	

66 Matches, refine search to view more results

SNOMED hierarchy

- Hearing loss (15188001)
 - Acquired hearing loss (721294001) X
 - Aphonia, deafness, retinal dystrophy, bifid halluces, intellectual disability syndrome (702441001) X
 - Arts syndrome (702441001) X
 - Asymmetrical hearing loss (427772009) X
 - Bilateral deafness (162344009)
 - Chronic deafness (232325008)
 - Combined visual and hearing impairment (433147009)
 - Complete deafness (8531006) X
 - Conductive hearing loss (44057004)
 - Congenital anomaly of ear with impairment of hearing (111339003)
 - Deaf mutism (61947007)
 - Deafness craniofacial syndrome (716245003) X
 - Deafness symptom (272033007)
 - Hearing loss associated with syndrome (232333009)
 - Hearing loss of left ear (473424007) X
 - Hearing loss of right ear (473423001) X
 - Hystrix ichthyosis with deafness (254173004)
 - Kawashima Tsuji syndrome (716112005) X
 - Melnick-Fraser syndrome (290006)
 - Mild to moderate hearing loss (21451000119101) X
 - Neonatal hearing loss (95821001) X
 - Noise-induced hearing loss (73415002)
 - Oro-facial digital syndrome type 11 (718681002) X
 - Paradoxical hearing loss (42853003) X
 - Partial deafness (343087000)
 - Psychogenic deafness (30169000)
 - Robinson nail dystrophy-deafness syndrome (26718008)
 - Sensorineural hearing loss (60700002)

Ok Cancel

Click OK.

The code will now be showing in the white box, under the box click on Only report on the most recent match. Then click ok.

How to create a new patient status alert from the Patient Status Alerts screen:

Select **Setup>Data Output>Patient Status Alerts** from the Main Menu.

Click **New Patient Status Alert**. The New Patient Status Alert dialog is displayed.

Type a name for the alert.

Select Patient Status Alert from the drop-down list or click New Category to create a new category.

Select an icon from the drop-down list.

Type a description for the alert. This will be displayed in the tooltip that is displayed when you hover the mouse over the icon in the Patient Demographics Box.

Select **Clinical Report** from trigger type from the drop-down list:

Click on the icon next to **Trigger report** and browse to the report created earlier

Under the Output section, click the **Show icon below top-right Patient demographics box**

Click **OK**.

Please note that once report and Patient Status alert have been created it takes overnight for the effects to take place



8.6 Appendix 6: Hearing Loops

What is a hearing loop?

A hearing loop (sometimes called an audio induction loop) is a special type of sound system for use by people with hearing aids.

The hearing loop consists of a microphone to pick up the spoken word; an amplifier which processes the signal which is then sent through the final piece; the loop cable, a wire placed around the perimeter of a specific area i.e. a meeting room, a church, a service counter etc. to act as an antenna that radiates the magnetic signal to the hearing aid.

Hearing loops can be small for a small area, such as a reception desk, or can be set-up round a whole room.

Along with cutting out unwanted background noise, loop systems are also beneficial to hearing aid wearers as they require no additional equipment to hear clearly, and the sound they do receive arrives directly in the hearing aid. Hearing loops also overcome the problems that those with [hearing loss](#) face of hearing a speaker who is some distance away such as in a church or theatre.

If you provide a hearing loop you should display this sign to let people know:



Portable hearing loops are also an option - these are a loop with a signal area of approximately 1 metre and can be moved from room to room, or on visits. They look similar to this.



Benefits of a Hearing Loop for Patients with Hearing Aids

Most NHS hearing aids have a 'T' setting for 'telecoil'. When a hearing aid is set to 'T' it allows the user to pick up the wireless signal from the loop, which transfers sound direct to the hearing aid, reducing most background noise.

However, for many hearing aids, there is no way of knowing by looking as to what programme options the hearing aid has - so the user will need to ask their audiologist.



Patients without hearing aids can also use the hearing loop if they have access to a personal listening device that can link to the hearing loop.

Maintaining a Hearing Loop System

Hearing loop must be regularly checked and maintained. Many users complain that the hearing loop system has not been switched on or does not work.

Those who wear hearing aids would be classed as having a disability, and are therefore protected by the Equalities Act 2010, and not maintaining a hearing loop system could be a breach of the Act.

Your Hearing Loss Champion should take responsibility for checking the hearing loop equipment weekly.

They should:

- Identify your induction loop amplifier
- Ensure it is switched on
- Check the input signal and sounds are transmitting.
- Check with hearing aid wearers that they can clearly hear speech on a continual basis with a comfortable volume.

It is possible to purchase equipment to test hearing loops.



8.7 Appendix 7: Hearing Loop Improvement Grant

NHS Norfolk & Waveney CCG CAPITAL GRANTS FOR GP PREMISES IMPROVEMENTS

Commissioner Business As Usual (BAU) Capital - 2021/22 and 2022/23

Please note: The next opportunity GP practices will have to apply for capital grants will be in 2022/23. Any capital funding available in 2022/23 for estates schemes is likely to be oversubscribed, so potential schemes being put forward are likely going to need to be prioritised,

Each year the CCG is in receipt of a small ‘business as usual’ capital funding allocation for the use in Digital, Estates and Learning Disability projects. In order to facilitate the continued improvement of primary care, the CCG is inviting expressions of interest (EOI) for 2021/22 and 2022/23 Minor Improvement Grants.

The CCG will undertake an assessment of all EOIs received to determine if the EOI is eligible. In considering the proposal the CCG will consider the following factors:

- PCN estate strategies;
- STP estate planning;
- Affordability of any revenue consequences;
- Is the scheme required for patient and/or public safety;
- Is the scheme required for maintaining service quality;
- Is the scheme required for service development of transformation;
- If the proposal is eligible for an improvement grant;
- If the proposal for 2021/22 can be completed and invoiced for by 31 March 2022 (2022/23 proposals by 31 March 2023)

The NHS (General Medical Services) Premises Costs Directions 2013 permit Grant awards of up to 66% of the total value of the scheme; practices are expected to meet the remaining 34% of the costs. Practices must also be aware that if the improvement grant is approved, any increase in rent as a result by this work can be subject to an abatement.

In order to support practices, this document outlines the eligibility criteria and the CCG strategic priorities. The key objective for using these capital funds is to make improvements to primary care premises which deliver a direct benefit to patients such as increasing capacity and improving access to services; changes required due to the impact of Covid 19 changes to practice; or to enable practices to comply with national standards such as CQC.

Please note this is for minor capital works and is designed to only meet capital schemes with a value of up to £500,000 including any non-recoverable VAT. Historical “business as usual” allocations have been approximately £2m per annum and it is



expected this level of allocation will continue. For 2021/22 some schemes across Estates, Digital and Learning Disability have already been approved to progress this year. This reduces the amount of allocation available to bid against in 2021/22 but the CCG encourages practices to submit expressions of interest because it is hoped a number of practices can still be supported with smaller scale improvements this financial year. No investment decisions for 2022/23 have yet been made and the full allocation is available to bid against.

All GMS, PMS and APMS practices throughout N&W CCG are eligible to bid for a capital grant and practices can bid regardless of whether the premises are owned by the practice, leased from a private landlord or leased from NHS Property Services or another NHS body.

There are national guidance and governance arrangements for these grants i.e. the maximum award (in terms of % of the overall project costs) that may be awarded to a practice, the way the grants can be used and the time frames for using these funds, which means that N&W CCG has little flexibility in the application of the rules. One of the key points to note is that if a practice is awarded a capital grant, the building works need to be completed and all funds spent in the same financial year that the grant is awarded, which means 2021/22 schemes must be completed and invoiced for by 31 March 2022. 2022/23 schemes must be completed and invoiced for by 31 March 2023.

Please only place bids if you are totally confident you will go ahead with the scheme and can complete it in the timescale required.

This document outlines the application process for practices and should be read prior to submission of the application to avoid wasted effort and ensure that applications are aligned with the commissioning priorities set nationally and locally for these funds. The applications will be assessed by the CCG primary care commissioning and estates teams, reviewed by finance and ultimately approved by the CCG executive team.

The NHS [GP Premises Costs Directions \(2013\)](#) provides a list of the type of premises improvement projects that can be carried out using a capital grant and for completeness the entire list is shown. However, please note that the CCG will be giving priority to particular kinds of projects and this is explained more fully below.

Projects that will be given high priority locally

N&W CCG's key objective when using the capital grants is to make improvements to primary care premises which deliver a direct and tangible benefit to patients such as



increasing capacity and improving access to services, making changes required due to Covid impact or to enable practices to adhere to national standards such as CQC.

Therefore, particular types of projects will be given higher priority and these are listed below:

1. Improvements that increase capacity and improve patient access to services
Reconfiguring internal space, so that capacity is increased or to enable space to be used more productively. Examples of such projects include; converting an office or under-utilised area into additional clinical space; reconfiguring / remodelling internal space to gain extra rooms. As projects of this nature do not change the overall footprint of the building and so result in minimal recurring revenue consequences to the CCG in terms of additional rent reimbursement to the practice, these projects will be given priority. Changes required to allow better flow or social distancing requirements due to the impact of Covid 19 will be viewed under this heading.

The Premises Directions make provision for capital grants to be used to build an extension, but as this will increase the overall footprint of a building, it will result in additional on-going revenue costs i.e. additional rent reimbursement. Higher priority may be given to projects that do not result in additional rent reimbursement, such as internal remodelling. It should also be noted that where practices use a capital grant to build an extension, the rent reimbursement for the new extension will be adjusted accordingly to take account of the capital monies that the NHS has contributed, this is referred to as abatement. Please refer to the final page for an example of an adjusted payment calculation.

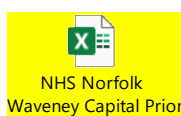
2. Co-locations, mergers
Projects which facilitate practice mergers, co-locations and the rationalisation of existing buildings / facilities.
3. Improving physical access
Projects that improve physical access to and within the building in order to comply with the Equality Act (formerly the Disability and Discrimination Act).
4. Improvements to Infection control
Projects that improve infection control standards and enable a practice to comply with CQC standards.
5. General CQC compliance
Other appropriate projects that enable a practice to comply with CQC standards for example remodelling a reception / waiting area to create a separate area to improve privacy and confidentiality



N&W CCG will follow the guidance set out in the Premises Costs Directions (2013) in terms of the sum that can be awarded to a practice (in % terms) as a grant and will only consider projects that meet the definition of capital expenditure (see below).

Practices that will be given priority

As there is only a finite sum available, if the total number of “high priority” category projects exceeds the resources available, the bids will be prioritised, using the embedded template as follows. In this scenario the template would be completed by the CCG using the information supplied by the practice within their EOI submission.



The CCG will also take into consideration the number and value of previous bids and whether they have progressed. This consideration will not be used to automatically exclude practices from having the ability to access the BAU funding.

Those practices who are engaged in supporting the CCGs priorities, such as medicines optimisation, which focus on patient quality and/or better value for the public purse will be given higher priority than those practices who are not engaged with such activities. Historic engagement will not prevent practices from accessing BAU funding but the award of grants will be conditional on future engagement.

Full List of projects that MAY be funded with a capital grant (as set out in the Premises Directions 2013).

1. Improvements to practice premises in the form of building an extension to the premises, bringing into use rooms not previously used to support delivery of primary care medical services or the enlargement of existing rooms.
2. Improving physical access to and within the practice premises, and alterations or additions to ensure compliancy with the Equality Act (2010) formerly known as the Disability and Discrimination Act (1995). Examples of such projects include; automatic opening doors; access ramps; grab rails and installing a lift.
3. Improving lighting, ventilation and heating installations (including the replacement of other forms of heating by central heating) within the premises.
4. The reasonable extension of telephone facilities within practice premises (but not the initial purchase or replacement of an existing telephone system). An



example of an eligible item would be an extension to the telephony infrastructure such as additional cables & floor boxes (but not handsets), in order to provide telephony services to newly created rooms.

5. The provision of car parking required for patient and staff use, subject to the number of parking spaces being agreed by the Board.
6. The provision of suitable accommodation / facilities at the premises to meet the needs of children, elderly or infirm patients. Examples of such projects include; baby changing facilities, disabled toilets, and improved waiting areas and patient toilet facilities.
7. Fabric improvements to practice premises such as double glazing, security systems and work required for fire precautions and other statutory building requirements.
8. Refurbishment of a building not previously used for the provision of primary medical services but which is to be used as practice premises on a temporary basis.
9. Improvements which are necessary in connection with emergency planning, such as the provision of electronic storage facilities at a location remote from the practice premises or the installation of a connection for an emergency generator.
10. Improvements which are necessary to meet infection control or decontamination requirements at practice premises including the installation of specialist floor covering, fittings and surfaces in areas used for the treatment of patients.
11. The installation of a water meter.

Projects that CANNOT be funded with a capital grant (as set out in the Premises Directions 2013)

1. The cost of acquiring land or new buildings or the cost of constructing new premises.
2. The repair or maintenance of premises, or the purchase, repair or maintenance of furniture, furnishings, floor covering (with the exception of specialist floor covering in clinical rooms to meet infection control standards).
3. Restoration work in respect of structural damage or deterioration.



4. Any work in connection with the domestic quarters or the residential accommodation of practitioners within the premises.
5. Any extension not attached to the main building by at least a covered passage way.
6. Improvements designed solely to reduce the environmental impact of premises, such as the installation of solar energy systems.
7. Any cost elements in respect of which a tax allowance is being claimed.
8. Any work made necessary as a result of fair wear and tear.

Further detail regarding items which can and can not be claimed for as part of an improvement grant is found in appendix A.

Please also note that the scheme has to be capital in nature (see below) and that N&W CCG is unable to support any scheme which commences without its prior approval.

General guidelines for the award of minor capital grants

1. All works must be completed and all funding spent by 31 March 2022 or 31 March 2023 depending on year applying for.
2. In order for a project to be eligible for a minor capital grant, it must meet the definition of *capital* expenditure. When proposing projects, practices should consider the following accounting definition of capital expenditure:
 - a. Expenditure must be on assets that individually cost more than £5,000.
 - b. An exception to the £5,000 limit is when assets can be regarded as “grouped” assets. The latter are assets which individually may be valued at less than £5,000, but when grouped together form a single collective asset which meets the criteria for capitalisation. In order for assets to qualify as “grouped” they should fulfil the following criteria.
 - i. All the items are functionally interdependent.
 - ii. All the items are acquired at approximately the same date and are planned for disposal at approximately the same date.
 - iii. The items are under single managerial control.



- iv. Each individual asset thus grouped has a value of over £250 and the group as a package has a value in excess of £5,000.
 - c. Some examples of works that qualify as “grouped” for capitalisation purposes; assets acquired in the course of the initial setting up of a new area within the premises or as part of a refurbishment project; a package of works such as making DDA improvements.
 - d. The CCG will consider applications for totals less than £5,000 if supported with a statement outlining why the asset can not be funded from existing revenue funding.
3. The CCG’s contribution (in the form of a grant to practices) can range from 33% to 66% of the overall project costs. N&W CCG is proposing to apply a minimum of 50% to give more certainty to practices on affordability.
4. All schemes will require NHS England approval. For schemes with a capital value <£100k approval will be assessed against the completion of a Project Initiation Document (PID). For schemes with a capital value >£100k approval will be assessed against completion of a PID, Outline Business Case (OBC) and Full Business Case (FBC). Some practices will already be familiar with these documents but guidance and the templates will be provided upon review of expressions of interest.
5. Practices can submit more than one application and are encouraged to do so where the projects are distinct and cover different criteria - e.g. increasing patient capacity might be one bid and improvements for DDA compliance might be a separate bid where the two issues are not combined. Bids for multiple premises must also be separated.
6. It is a requirement that the benefits of any grants under this scheme will have a minimum life of 5 years to ensure value for money for the tax payer element of the grant.
7. If supported:
 - a. Practices will need to obtain quotes as listed below for the works being undertaken and agree with the CCG which quote represents best value for money. At this EOI stage, and given the short timescale, no quotes are required.
 - b. Practices will need to supply the CCG copies of any necessary architectural plans, where applicable to the project.
 - c. If the improvements are to premises that are held on a lease or licence to occupy, the practice will need to supply a copy of the written consent to the improvement from the landlord or licensor.



Application and payment process

1. Practices wishing to apply will need to:
 - 1.1. Submit an Expression of Interest for consideration by N&W CCG using the form provided.
 - 1.2. All proposals must be for \leq £500,000 including any non-recoverable VAT.
2. Bids will be assessed and prioritised. Given the timescale, additional supporting documentation will not be required prior to approval being given, however to ensure payment the practice must obtain supporting documents as follows:
 - 2.1. For schemes under £10,000 - Two written quotes
 - 2.2. For schemes from £10,000 to under £50,000 - Three written quotes
 - 2.3. For schemes from £50,000 to £500,000 - Three quotes obtained under a formal tender process
3. N&W CCG cannot make direct payments to third parties such as building contractors. Therefore, practices will need to pay building contractors / suppliers directly and then claim reimbursement from the NHS England (to the level of the grant awarded, based on the lowest written quote). Any claims submitted must be accompanied by proof of expenditure e.g. invoices / receipts.
4. Timescales for applications Practices will need to submit 2021/22 EOIs by **31/10/2021** and 2022/23 EOIs by **31/12/2021** using the following template.



NEW EOI form.docx



8.8 Appendix 8: Hearing Loss and Deaf Friendly GP Practice: Charter Checklist

Once this checklist has been completed, please email a copy to:

Viv Phillips at Norfolk and Waveney CCG: vivienphillips@nhs.net

- Confirm that patient facing staff are booked into or have completed Hearing Loss Awareness Training.
- Appoint a member of staff to act as a Hearing Loss Champion. Please see appendix 9 for more information).
- Check a patient's record to see if they have hearing loss, or are deaf and if any extra communication support is required (e.g. lip reading or access to a hearing loop, before their appointment.
- Provide Deaf patients the option to book a BSL interpreter if a face-to-face appointment is required.
- Ensure there is a way for Deaf patients to request a British Sign Language interpreter on the GP website, if a face-to-face appointment is required.
- Speak to patients with hearing loss and deaf patients directly and clearly to help them understand what is being said. If there is difficulty communicating with a patient, try re-phrasing the sentence.
- Provide the opportunity for patients with hearing loss and deaf patients to utilise the digital technology, when visiting the surgery.
- Establish a protocol for ensuring that patients with hearing loss and deaf patients have their communication needs flagged on their patient record.
- Start offering the health and communication care cards to patients with hearing loss and deaf patients to capture their communication needs and once completed, record them on their patient record.
- Recognising the impact that hearing loss can have on a person's mental wellbeing and make sure that there are signposting links to relevant organisations (see appendix 3) on the website and staff are aware of their presence.
- Consider how masks can affect communication with patients with hearing loss and deaf patients and how effective communication can be established (e.g. masks with clear windows, PPE facial visors or lowering a mask if social distancing is in use).



8.9 Appendix 9: Role of a Hearing Loss Champion

A Hearing Loss Champion is a designated member of staff at a GP practice and their role will include supporting colleagues to meet the needs of patients with hearing loss and Deaf patients.

The Hearing Loss Champion will be responsible for:

- Ensuring their GP practice is committing to and meeting the requirements of the Hearing Loss and Deaf Friendly GP Practice Charter.
- Displaying the Summary Hearing Loss and Deaf Friendly GP Practice Charter somewhere visible in the GP practice.
- Returning the Charter checklist to Vivien Phillips (please see appendix 8).
- Ensuring that patient facing GP staff have completed or are booked in to receive Hearing Loss Awareness Training.
- Receiving training and understanding how the digital technology provided by Norfolk and Waveney CCG works from the supplier.
- Reporting if any of the digital technology provided by Norfolk and Waveney CCG is faulty or needs replacing.
- Knowing how to book a BSL interpreter for a patient if a face-to-face appointment is required.



8.10 Appendix 10: Interpreting and Translation services in Norfolk and Waveney

Patients who have a hearing loss or sensory loss are informed of the current providers for non-spoken interpreting and translation services across Norfolk and Waveney from 1 November 2021.

These are provided by:

Language Empire for non-spoken languages - <https://www.language-empire.net/>

This will include provision of services for all Primary Care contractor groups: Dentists, GPs, Optometrists and Pharmacies. Details of the services to be provided include the following:

Provider Service	Non-Spoken Languages - Language Empire
Interpreting	<ul style="list-style-type: none"> • British Sign Language (BSL) • Irish Sign Language (ISL) • Foreign Sign Language • Deafblind Interpreters • Video Relay Interpreting Services • Cued Speech/Makaton • Deaf Relay (Intralingual language modification) • Lip speakers
Transcription	<ul style="list-style-type: none"> • Speech-to-text reporting (Palantypist) • Electronic and manual note takers
Translation	<ul style="list-style-type: none"> • Audio/Video recordings to written text • BSL (Written Text into Video) • BSL In-Vision Translations • Braille • Subtitles • EasyRead • Pictorial English

Availability of services:

	Non-spoken
Face to face	Between 08:00hrs and 18:00hrs Monday to Friday of each week and on Bank Holidays and weekends. An additional out of hours' facility shall be made available between 18:00hrs and 08:00hrs which will include access to GP Improved Access services and Extended Hours services, and other NHS



	commissioned primary care services outside of core services.
Telephone and video interpretation	24 hours a day, 365 days a year

These services are for appointments where NHS treatment is provided and should not be used for private appointments.

GP and other health care providers will book translation and interpretation services according to individual patient needs.

These services have been commissioned to support the Accessible Information Standard (2016) which aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support, to enhance communication with services.