

Accessible Information Standard - people's experience in Leeds

Introduction

The Inclusion For All Hub, led by Healthwatch Leeds, brings together representatives from health and care organisations across the city and individuals with lived experience to tackle the inclusion agenda.

Over the last two years, the hub has focused on AIS and how it's implemented based on the newer issues that have risen during Covid and lockdown.

Below is a summary of people's experiences in relation to AIS in Leeds and the recommendations we made based on people's suggestions.

We understand that the provision of a community language translator and/or interpreter is not currently included in AIS law. However, based on what we have heard from people with English as a second language, if organisations can apply the same AIS principles to their practice, it will improve people's experiences of accessing services.

We would like NHS England to consider including people with English as a second language in AIS law going forward, and we have included the experiences of this cohort of people in this document.

1. Making an appointment

Blind/visual impairment	Deaf/hearing impairment	Learning disabilities/autism	English as a second language
<p>Appointment letters were sent to blind patients who can't read independently. They often miss appointments as a result.</p>	<p>Appointment letters were sent to deaf patients asking them to ring to make an appointment which they can't do independently.</p>	<p>Preferred communication method is noted down, but patients are still being contacted in their non-preferred method.</p>	<p>People are not able to book appointments over the phone due to language barriers.</p>
<p>online appointment: Some older blind people don't have the right equipment to book an online appointment.</p>	<p>Deaf people are unable to phone their GP surgery so they have to go in person to make an appointment even if they are unwell.</p>	<p>Longer appointment slots are being declined despite patients needing longer to process things and make decisions.</p>	<p>Interpreter tried to book an appointment over the phone on behalf of the patient, but practice wouldn't speak to the interpreter because it was not the patient.</p>
	<p>Many GP surgeries don't allow patients to book and change appointments by text.</p>	<p>Some autistic people have found it difficult to follow changes made to GP practices, for example a one-way</p>	<p>Interpreters not offered at the appointment.</p>

		system. Some feel these changes have made GPs inaccessible.	
	Deaf people were not asked by the surgery whether they wanted an interpreter when booking an appointment.		

2. Attending an appointment

People with additional communication needs commonly reported that health professionals don't talk to the patients directly but to their interpreters or companions.

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Some older blind people don't have the right equipment for an online consultation. An alternative method should have been provided for these people.	During lockdown, some GPs used an intercom system for access. This has caused great difficulties for deaf patients as they can't	Reasonable adjustments are being disregarded so patients are not having a good experience during their appointments.	Interpreters are not offered at the appointment.

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	hear what the staff said via the intercom.		
When social distancing rules are in place, blind patients can't be guided anymore, which makes it difficult for them to navigate between different areas in a hospital or simply try to locate a vacant seat in a waiting room.	Masks have caused lip-reading issues.		Lack of confidence to ask questions due to language barriers.
People with visual impairment who rely on sound are impeded by masks, social distancing, etc. It's hard to tell whether someone is talking to them.	Delays in accessing BSL interpreters for regular appointments result in delays in getting treatment.		

3. General communication needs

People commonly reported that their preferred communication methods were noted down by the health/care organisations, but they are still being contacted via their non-preferred method.

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		Easy Read information was not available for people with learning disabilities.	People experienced different problems from the interpreter. i.e., the interpreter and the client do not understand each other due to different dialects. Interpreters did not admit that they did not understand, and this affected what was communicated to the doctor.
			People who come to the UK (refugees, asylum seekers) receive GP registration forms in English with no help or translation.
			Professionals using jargon that may not be understood. Interpreters need to check that the individual understands what is being said.
			Having to rely on family members to interpret - could create barriers due to privacy concerns.

Our Recommendations

1. AIS implementation Top 4 actions

- 1) A system should be in place to ask (or double-check with) patients if they have any communication and information needs and how these can be met.
- 2) A system should be in place that records and flags patients' additional communication needs and details of how these needs should be met.
- 3) Provide bespoke trainings to staff on how to meet patients' communications needs.
- 4) Information about patients' communication and information needs should be shared with other NHS and adult social care providers when a referral is made, with consent from the patient

2. Making appointments

- 1) A range of methods for making appointments should be available to meet people's communications needs.
- 2) Be mindful that not everyone can access appointments digitally.

3) It's practices' responsibility to book interpreters for patients, so ensure staff members have guidance on how to do this.

4) Make sure reasonable adjustments are being implemented.

Blind/Visual impairments:

- ✓ Appointments can be made and confirmation sent out via email if appropriate, and telephone calls should be made rather than sending letters.

Deaf/Hearing impairment:

- ✓ Appointments should be makeable via means other than phone calls. i.e. text or email.

Learning disabilities/autism:

- ✓ Appointment letter needs to be sent in an Easy Read format.

English as a second language:

- ✓ Practices should facilitate a 3-way call with an interpreter involved when an appointment is being made.

3. Front of house experience

- 1) Ensure front-of-house staff are fully trained in inclusive working and the rights of specific communities.

2) Staff should be friendly, welcoming and patient towards people, especially those with additional communication needs.

Blind/Visual impairments:

- ✓ Be sure you have the attention of a blind person, for example by lightly tapping them on the shoulder, before talking to them

Deaf/Hearing impairment:

- ✓ Show the person's name visually in the waiting room or give them a wave when it's my turn.

Learning disabilities/autism:

- ✓ A quiet place should be offered to autistic people as they wait for their appointment.

4. During an appointment

1) Extend the length of the appointment i.e. a double appointment should be offered to people with communication needs.

2) Health and care professionals need to speak directly to patients and make people part of the conversation during doctor's appointments.

Deaf/Hearing impairment and English as a second language:

- ✓ Provide clear information on whether a family member is allowed to interpret during appointments.

5. After an appointment

- ✓ Make clear to people how and where to give feedback on the quality of interpreters; ensure an effective process is in place for monitoring the quality of interpreters.
- ✓ Provide a written summary of what has been discussed.

Learning disabilities/autism:

- ✓ Provide information in Easy Read.

English as a second language:

- ✓ Written translations in people's preferred language in an Easy Read format when sharing information.