



# Breaking Down the Barriers

February 2022

Looking at the barriers faced by the Deaf and hard of hearing community when accessing GP Services across Hull and East Riding of Yorkshire.

**healthwatch**  
East Riding of Yorkshire

**healthwatch**  
Kingston upon Hull

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# 1. Disclaimer

All the views, opinions and statements made in this report are those of the public who participated in our research across the Hull and East Riding of Yorkshire region.

This report presents the data collected with regard to what Deaf people and those who are hard of hearing have experienced when accessing GP services.

# 2. About Healthwatch

We are the independent champion for people who use health and social care services. We exist to make sure that people are at the heart of care. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to make sure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

In summary Healthwatch is here to:

- Help people find out about local care.
- Listen to what people think of services.
- Help improve the quality of services by letting those running services and the government know what people want from care.
- Encourage people running services to involve people in changes to care.



# 3. Why this subject?

In March 2020, as a result of the Coronavirus 'COVID-19' pandemic, the United Kingdom went into its first national lockdown. This lockdown lasted three months until June 2020 and during this time members of the public were told to stay at home and face to face appointments were very limited.

From June 2020, non-essential services were allowed to open and the 'stay at home' restrictions were eased for the majority of people, however, this was not so for individuals who were identified as 'Clinically Extremely Vulnerable' (CEV) and subsequently, a large number of individuals were still shielding at home.

The Government issued further lockdowns and restrictions between June 2020 and January 2022. These included local lockdowns when Hull and East Riding residents were placed in tiers three and four, and a further two national lockdowns.

This period of time particularly highlighted many barriers to communication within the Deaf community, especially when mask-wearing became mandatory in many health and social settings. Many individuals rely on lip reading as a key method of communicating, and this inevitably became difficult when people started wearing masks.

Telephone appointments and video consultations were increased to limit attendance in healthcare settings such as GP practices, which created a greater disadvantage for people who are deaf or hard of hearing.

The intelligence we received at this time began to show a pattern across both Hull and the East Riding of Yorkshire. Healthwatch Kingston upon Hull and Healthwatch East Riding of Yorkshire made the decision to collaborate jointly to explore these issues further with the Deaf and hard of hearing community.



"Masks were important, but it felt like we lost communication overnight. We could no longer understand what people were telling us. It was scary."

Healthwatch found through our intelligence that the barriers facing individuals who are deaf or hard of hearing were exacerbated by the pandemic; however it was not the cause of them. By taking a deeper dive into the information we gathered, we unearthed issues such as access to British Sign Language (BSL) interpreters and general support within GP Practices existed prior to the pandemic.

From this, we decided to expand our engagement beyond the experiences during the COVID-19 pandemic so we could further understand the challenges faced by individuals who are deaf and hard of hearing.

Healthwatch also enquired with local Clinical Commissioning Groups (CCG) to understand local provision of interpreter services and the current situation for accessing interpreters', we found:

**Hull CCG:** AA Global to deliver the interpreting and translation services for GP Practices, Dental Practices, Community Pharmacists and Ophthalmic Practices based in the City of Hull.

**East Riding CCG:** hold an agreement with Language is Everything to provide interpreting services for GP Practices within the East Riding area. However this is not an exclusive agreement and alternative provision can be accessed if required from AA Global and Language Line.

## Local Picture

To highlight the importance of understanding and meeting the needs of the Deaf and hard of hearing community, Healthwatch conducted research to demonstrate the size of this community in each local area. Our findings showed in 2014 according to [RNID](#), there were:

- 38,500 people who are deaf or hard of hearing in Kingston upon Hull; this represents 14.86% of local population. (259,126)
- 72,500 people who are deaf or hard of hearing in the East Riding of Yorkshire; this represents 21.12% of local population. (343,201)

# 4. Foreword

The Hull and East Riding Centre for The Deaf (HERCD) were keen to support the engagement undertaken by Healthwatch, to ensure that the Deaf community were given a voice and that their views, thoughts and opinions were listened to.

Healthwatch worked in collaboration with the staff at HERCD, as they play a key role within the Deaf community and could offer support in gathering feedback from individuals.

As communication was a key issue, we arranged for Sarah Regan, the Centre Manager, to provide basic British Sign Language and Deaf awareness training for Healthwatch staff and volunteers before the engagement started.

Everyone who attended found this very valuable, giving an insight to many issues people face along with a basic understanding on how to communicate with Deaf people.



“I really loved the training that Sarah provided the team with, and it was great seeing staff and volunteers using their new skills to engage with BSL users.”





## Sarah the HERCD Centre Manager said:

'Healthwatch initially contacted me to introduce themselves and ask how the Deaf community were coping during the pandemic. This was the first contact I had had from any professional service. The pandemic hit the Deaf community really hard; this is a community that was under represented and misunderstood beforehand, they were truly ignored during the lockdowns.

As I worked more and more with the Healthwatch representatives I think they gained a better understanding of the Deaf community's needs and just how services were letting them down.

They came on site and met with many deaf BSL users and realised first-hand how (standard working procedures) do not work within the Deaf community, and how the lack of training and Deaf awareness as standard across all NHS departments impacts on Deaf people's physical and mental health.

I hope there is a positive outcome from the surveys and the work Healthwatch did with us all at the Hull Deaf Centre. We, unfortunately have not seen an improvement as of yet; we are still incredibly short on BSL interpreters, and still fighting battles every day with frontline staff who do not know how to, or refuse to book interpreters. "



"It felt positive having Healthwatch on site and engaging. Having another level of support from my personal point of view was incredibly important. As this is a charity, we only have two members of staff, and things can at times become overwhelming."

# 5. Aims and Approach

This report examines the findings of the engagement conducted by Healthwatch across both Hull and East Riding areas in partnership with HERCD.

The report looks at whether people who are deaf or hard of hearing face any barriers in accessing their GP practice services; if staff were supportive of their additional communication needs, and what procedures they offer to further aid this. It also explores what access people have to BSL interpreters.

In addition to seeking the views from members of the Deaf community, the report also takes a look into feedback received from GP practices and what procedures they have in place to support patients who are deaf or hard of hearing.

## Methodology

Healthwatch worked in collaboration with HERCD to design a survey. Taking on board HERCD staff expertise, we produced two paper questionnaires (one for patients and one for GP surgery staff) and two online questionnaires (one for patients and one for GP staff.) We also collected feedback in the following ways:

### Face to face approach



#### Individual interviews

Healthwatch staff attended a number of sessions held at HERCD over several weeks to speak with attendees about the survey and discuss any issues they were facing. We also helped attendees to complete paper copies of the questionnaires and signposted individuals to access the on line version.

As Healthwatch staff were only able to communicate via sign language in a very basic way we were very grateful to HERCD staff who were available to act as interpreters.



## Emma Hardy MP

In September 2021 our Healthwatch East Riding Manager attended HERCD alongside Emma Hardy MP, the local MP for Kingston upon Hull West and Hessle, to listen to individuals about what matters most to them when accessing GP services as a Deaf person.



"Earlier today I visited the Hull and East Yorkshire Centre for the Deaf.

It was heart breaking to hear the struggles Deaf people are having in getting doctors, dentists and hospital appointments using what appears to be a broken system.

I will be reaching out to the government asking for explanations and I will be speaking to local surgeries to look at how to improve the provision of support that Deaf people need.

May I add that the wonderful people at the Centre for the Deaf are an amazing bunch and to quote the message of the day "sign language is just Deaf people's first language, it does not mean they are incapable."

- Emma Hardy, MP for Kingston upon Hull West and Hessle

## Community Engagements



HWERY staff attended a youth event at the HERCD one evening, to capture the views from younger people who were deaf. They also attended the Bridlington Deaf Club on a separate evening, to listen to the experiences of people from that particular area.

## Audiology Clinics

We displayed posters and circulated paper questionnaires through the Audiology Department at Castle Hill Hospital, and we also attended the hearing aid clinic at Beverley Community Hospital to further publicise the engagement and to encourage people to complete the questionnaire.

## Online Survey



### Do you have a hearing impairment?

We need to understand the barriers you face when accessing GP services and the changes that you need to be made in future services

[Click here to find out more](#)

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The patient survey was made available for members of the public to complete online for those who didn't wish to complete a paper copy. We created posters, where a QR code gave them direct access to the survey online.

The posters were circulated throughout the Hull and East Riding areas and made available through the Healthwatch Hull and Healthwatch East Riding websites, social media and was shared digitally with other local partnerships who also shared the survey with their staff.

The GP surgery questionnaire was emailed to all GP surgeries in the Hull and East Riding area (98 in total), outlining the reasons for the engagement exercise, and containing the QR code, online link and a paper version of the questionnaire. This was also followed up with a reminder about the surveys via the Local Medical Council, and the surveys were also shared with both local Clinical Commissioning Groups (CCG's). In total we received 10 completed surveys, covering 19 GP practices.

## Other Research

To ensure we reached as many Deaf and hard of hearing people as possible, Healthwatch contacted 22 different organisations, both locally and nationally to inform them of the Deaf and hard of hearing survey. We received replies from Hear Together, UK Council of Deafness and Royal National Institute for Deaf (RNID) who agreed to promote the survey across their social media platforms.

# 6. Looking at the data

## GP Practice Feedback

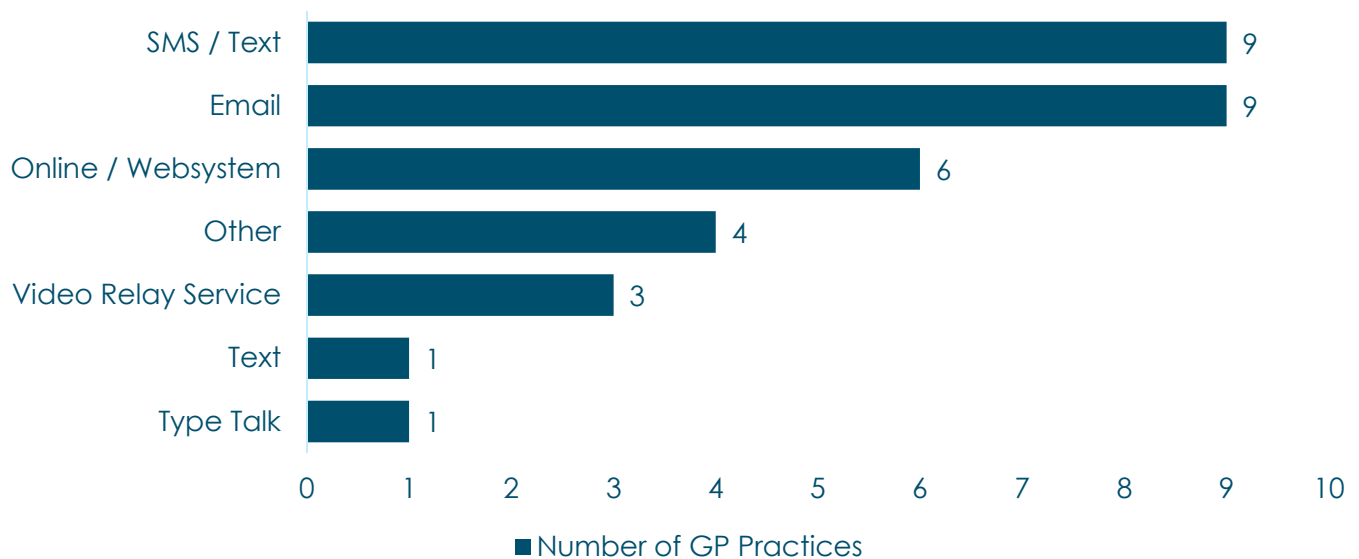
We reached out to every GP practice across Hull and the East Riding. We only received 10 responses covering 19 practices, which was disappointing.

Nevertheless, the feedback that we did receive was valuable, and allowed us to look closer at the current provisions in place for patients accessing GP services who are deaf or hard of hearing. The map pinpoints the locations of GP practices that did respond to our survey.

### “What technology do you use to ensure services are accessible for those who are deaf or hard of hearing?”

We asked GP practices what technology they used to communicate and engage with Deaf patients and those hard of hearing, where speaking over the telephone was not a possibility. The majority of GP practices told us that they used emails and SMS texting as their main way of engaging with such individuals.

**Technology used at GP practices**



### “When a patient who is deaf or hard of hearing requests an appointment, what is your procedure for arranging an interpreter / translator?”

During our research, people told us that they were not offered a British Sign Language (BSL) translator for their appointments. This puts extra pressure onto that individual's immediate family members or on Sarah Regan (Manager at Hull and East Riding Centre for the Deaf) on being readily available to attend such appointments. People told us that they sometimes didn't want close relatives at

certain appointments, because they were concerning sensitive and confidential subjects.

We asked GP practices what their procedure was for arranging BSL translators when a Deaf person wanted to book an appointment. The majority of GP practices told us that they would arrange for a translator, if the patient requested them to do so.

Only 2 GP practices said that they had a system in place (ACCURX software) that would alert the member of staff who was booking the appointment to ask the patient if they required a BSL translator. As a result this largely places the responsibility of ensuring a translator is available onto the Deaf individuals when booking an appointment.

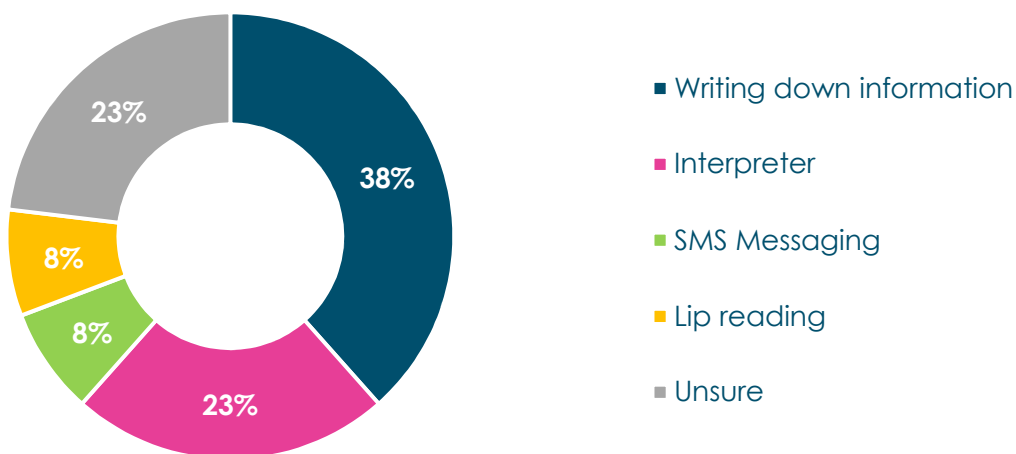
### “What methods do you use to ensure that a person who is deaf or hard of hearing understands their condition?”

Under the Equalities Act there is a requirement for service providers to make reasonable adjustments for disabled people, such as providing extra help or making changes to the way they provide their services.

We wanted to explore the methods of communication that medical staff used within GP practices, to ensure that the patients they were engaging with fully understood the conversations they were having and the details of their conditions, including diagnosis, further appointments and possible treatment plans.

23% of GP Practices that responded told us that they were unsure of what methods were available to them to support an individual to understand what was being communicated about their condition, and only a further 23% said that they relied on interpreters.

The highest level of response of GP Practice respondents told us that they rely on written communication through the use of diagrams, which they reported has the potential to see appointments taking longer than planned.



## “Since the start of the pandemic, have you had to restrict deaf people from attending face-to-face appointments?”

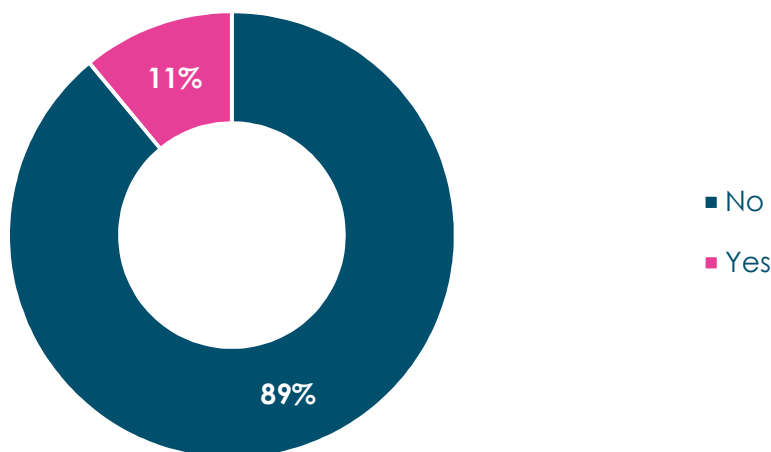
We asked GP practices if the COVID-19 pandemic has had a negative impact on providing face-to-face appointments for people who are deaf or hard of hearing, and we were happy to see that 90% responded that they hadn't had to restrict patients.

## GP Practice Feedback: Staff Training

We were interested to know what training staff at GP practices had in relation to working with people who were deaf or hard of hearing, as individuals had told us that they felt unsupported by staff when trying to access GP services.

### “Do you provide Deaf awareness training to your staff?”

We asked GP practices if their staff received any Deaf awareness training as part of their induction or continuing professional development, and we were surprised to find that the majority of them had not.



We also asked GP practices if any of their staff had training in basic British Sign Language, to which the majority told us that they had not.

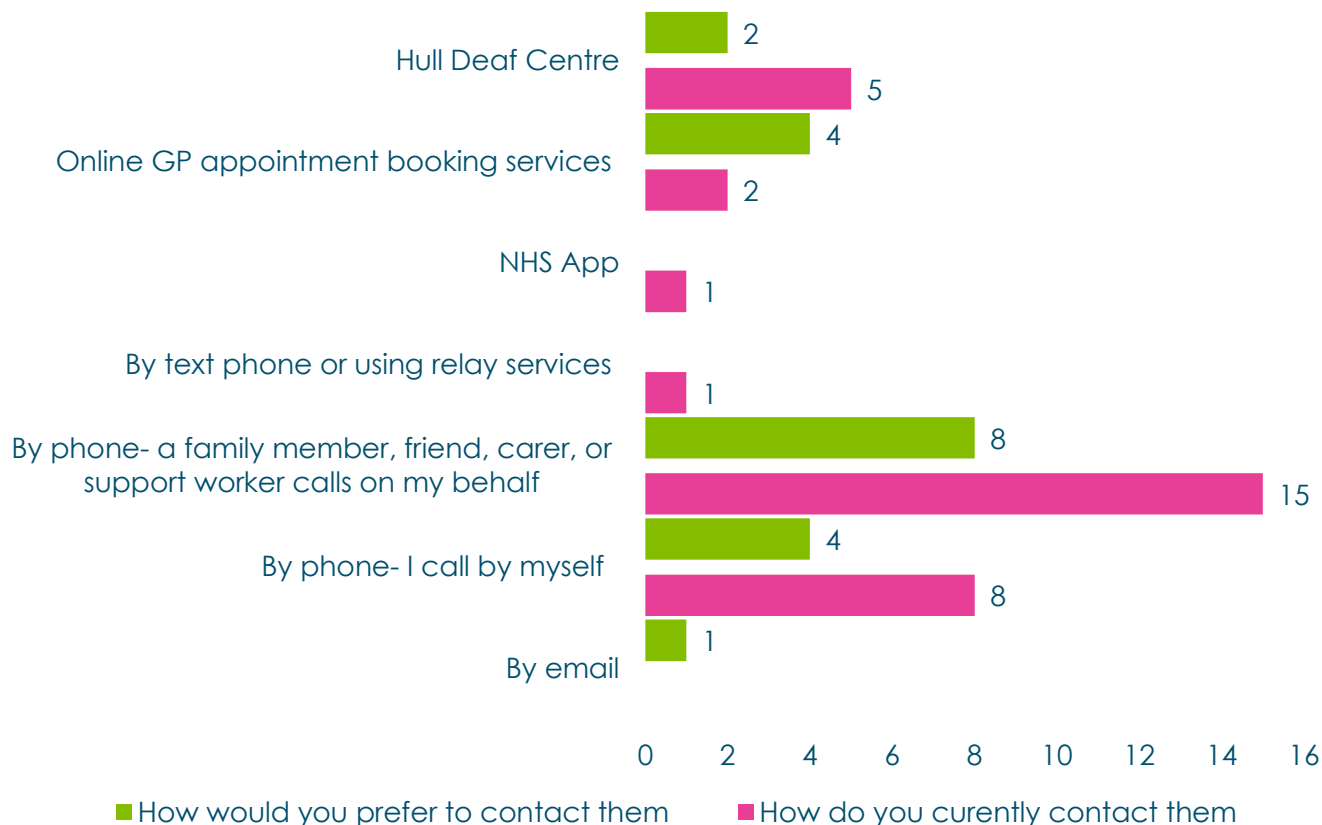
We asked if staff were trained in using Type Talk or Relay UK, which are mobile applications that can be downloaded onto a person's mobile phone to assist those who are deaf and hard of hearing with telephone calls, and only one practice responded that staff had knowledge on using these apps.

When asked what improvements could be made to ensure Deaf people are not disadvantaged when communicating with staff in GP practices, staff told us that they would like to receive training - particularly in Deaf awareness to improve their engagement with such individuals.

## Patient Feedback

### “What methods of communication do you use to book an appointment with your GP?”

We wanted to find out how people who were deaf or hard of hearing communicated with their GP practice, in order to book an appointment. The majority of people who responded told us that relied on a family member, friend or support worker to book their appointments on their behalf, because alternative methods of communication weren't available at their GP practice.



We asked people if they had ever been asked if they needed support or assistance when getting in contact with the GP practice to book an appointment, and 94% told us that they had not.



“It is difficult for me to book an appointment and I have to rely on my relatives trying to get through on the phone line to arrange this for me.”

“I have had to go to walk in centre as I do not have family to assist with ringing for appointments.”



“I have to call into the GP practice, write down request and show reception staff.”

“Everything has changed dramatically - getting through on the phone very difficult now - needs to ask the Deaf Centre to assist”



People told us that relying on other people to arrange appointments for them on their behalf was difficult, often because the receptionist wanted to speak to the patient themselves.



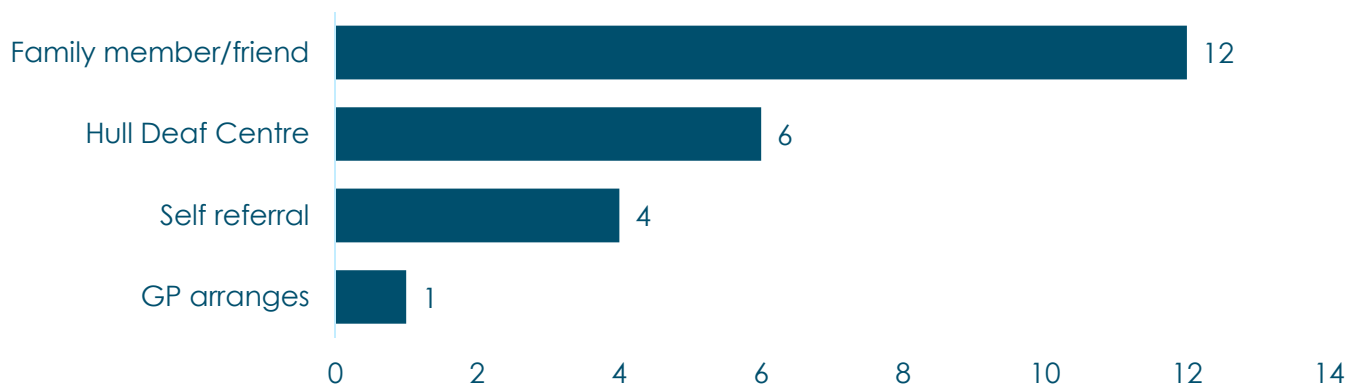
“[They] won't speak to nominated person ringing on my behalf. And I can't hear what they are saying.”

“I struggle when getting in touch with the surgery. I am getting snotty responses towards husband who is on the system to speak on my behalf. Forgetting I'm deaf. System doesn't flag I'm deaf. No communication via emails to sort things out. No text messages services to create appointments or routine bloods or smear tests”.

### “Who provides British Sign Language translator services for you?”

We asked people whether or not they required a BSL translator for their appointments in order to access GP services. There was a 50/50 split as to whether or not people required this.

Of those who told us that they did, we then asked who provided BSL translator services for them. The majority responded that they relied on either a close relative or Sarah Regan (Manager at HERCD) to provide this for them. Only one person told us that their GP practice had arranged this for them on their behalf.



We asked people who attended appointments with them. 33% of people said that they attended appointments alone, and 59% of people said that they attended with a close relative or friend.

People told us that they didn't like having close relatives with them for appointments, but were often left with no alternative due to a lack of translator being available.

People also said they found it embarrassing and sometimes inappropriate to have family members to translate for them. They said that their appointment should be as confidential as other people who aren't deaf.



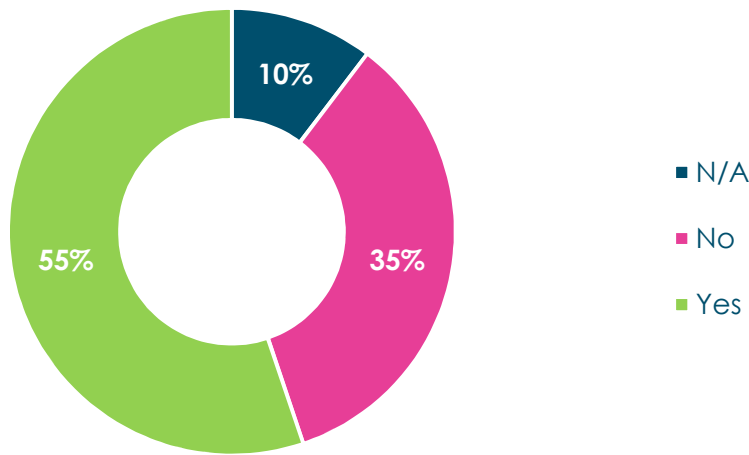
“It depresses me that I have to take my partner or daughter with me.”

“I don't want to rely on friends or the Deaf Centre to accompany [me.]”

“I will take a relative with me to help explain my problem but I would prefer to be able to do this independently - I don't always want to share my health concerns with family members.”

### “In the past year, have you experienced any difficulties when trying to book routine appointments?”

We wanted to establish whether the COVID-19 pandemic had an impact on people who were deaf or hard of hearing from accessing routine appointments with their GP practice. More than half of people who responded to our survey said that they had experienced difficulties.



57% of people who responded to our surveys also told us that they had experienced difficulties trying to book an urgent or same day appointment in the past year.



“I have been unable to get an urgent / same day appointment so I have had to visit a walk in centre instead.”

“Inaccessible via the [NHS] app. It unhelpfully advises me to ring 111.”

The restrictions in being unable to go in to Practices to book an appointment were also reported as an issue, particularly for those who are unable to use a telephone.



“I've not been allowed to go into the surgery and have had to rely on my relatives trying to get through on the phone to arrange [an appointment.]”

## “Do you ever have difficulties in understanding everything your GP/nurse says?”

We asked people if they had experienced difficulties in understanding what is being said at face-to-face, video and telephone appointments. The feedback that we received was mixed, however the majority of people had experienced challenges around this at some point if not at every appointment.



People told us that there were a number of different reasons as to why they experienced difficulties. Some of which were as a result of the COVID-19 pandemic, where mask-wearing became compulsory. Others could have been resolved if an appropriate translator had been made available at their appointment.



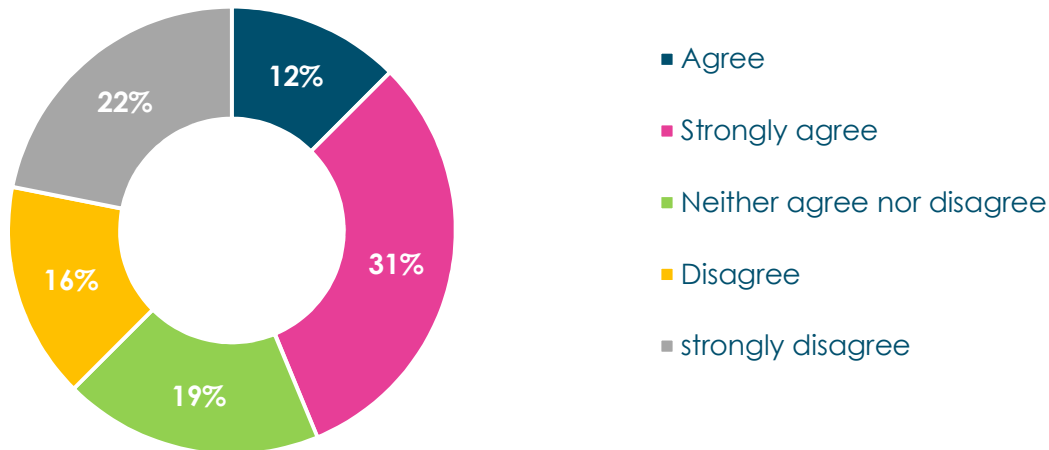
“I can't lip read as they won't lower their mask.”

“I ask them to write things down but it needs to be simple English because i don't understand long complicated medical words. “

“If I attend alone and don't understand I would ask my sister-in-law to contact the surgery to explain what was said”

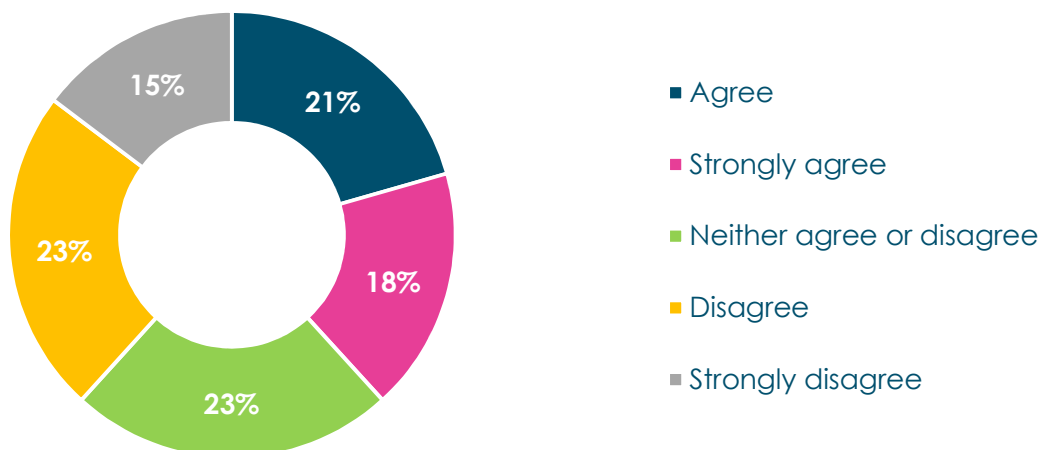
## “Do staff who work at your GP practice understand your deafness and/or hearing loss?”

We asked people if they felt that staff understood their deafness and/or hearing loss, and we received a mixed response.



### “Do you feel staff at your GP practice know how to support you?”

We then asked people if they agreed that staff at their GP practice knew how to support them, and again a mixture of responses were received.



Our final question was open-ended, allowing people to provide any additional feedback relating to our survey. People gave us some valuable comments, outlining issues that they had experienced when trying to access GP services.



“Staff should know I am deaf, I shouldn't have to always tell them.”

“Appointments get moved all of the time due to interpreter availability.”

“I would prefer an appointment with an interpreter but was refused by reception staff”



"I would prefer an appointment Face to face - would like interpreter - can lip read her GP but others are more difficult to understand. GP writes down information but cannot always understand some of the words".

"Mask wearing has been a problem, I have asked for them to pull it down when discussing things with my daughter"

"I end up with only 'part' information. Nothing else I can do"



"I ask the doctors to repeat it but often say they are short of time".

"Surgeries have been overwhelmed by calls re COVID/ walk-ins/ booster clinics- it's very difficult to speak to a receptionist re appointments"



"My issues are simply in accessing - no communication it seems in place - personally that is - service and treatment/consultation not promoted"

"There are now posters over plastic screens so can't always see staff clearly at the other side. Face masks are big problem and some staff reluctant to take mask down while try and lip read".

# 7. Emerging Themes

## Emerging Theme One: issues booking a GP appointment

The 2018, NHS England 'Guidance for commissioners: Interpreting and Translation Services in Primary Care' highlights:

"Patients should be able to access primary care services in a way that ensures their language and communication requirements do not prevent them receiving the same quality of healthcare as others."

However, Healthwatch identified 57% of people who responded to our survey told us that they had experienced difficulties trying to book an urgent or same day appointment in the past year, and the majority of people told us that relied on a family member, friend or support worker to book their appointments on their behalf, as they weren't aware of alternative methods of communication available at their GP practice.

Furthermore 94% of respondents said they had never been asked if they needed support or assistance when getting in contact with their GP practice to book an appointment.



"The manager at the Deaf Centre makes appointments but would like to do it ourselves - if had Text Talk could do it for ourselves".

"I just want to get passed the receptionist(s) and to see, via attending face to face, a GP or nurse"

## Emerging Theme Two: Communication with GP Staff

In February 2021, Healthwatch England highlighted:

"People who are blind, deaf or have a learning disability are increasingly being failed by health services that aren't meeting their communication needs, which is putting services in breach of their duty under the Accessible Information Standard, a legal requirement created by NHS England in 2016."

Respondents told Healthwatch that relying on other people to arrange appointments for them was difficult, often because the receptionist wanted to speak to the patient themselves.

Healthwatch found that respondents didn't like having close relatives with them for appointments; but were often left with no alternative due to a lack of translators being available. They found it embarrassing and sometimes inappropriate to have family members with them to translate for them, feeling their appointment should be as confidential as other people who aren't deaf.





"If I have to I will take a relative with me to help explain my problem but I would prefer to be able to do this independently - I don't always want to share my health concerns with family members".

"I want to still attend with sister in law for small/minor issues but for anything more serious I would prefer interpreter"

### Emerging Theme Three: Lack of BSL Interpreter

Healthwatch asked whether or not individuals required a BSL Interpreter for their appointments in order to access GP services. There was a 50/50 split as to whether or not people required this.

Of those who told us that they did, we then asked who provided BSL translator services for them. The majority responded that they relied on either a close relative or Sarah Regan (Manager at HERCD) to provide this for them. Only one person told us that their GP practice had arranged this for them on their behalf.

Furthermore, Healthwatch England Chair, Sir Robert Francis QC said:

"Healthwatch England findings show clear evidence of a failure to protect the rights of our most vulnerable patients to accessible information and communication support through poor accountability across our health services.

"Health and care services within the newly created 42 integrated care systems must act to ensure no one is excluded from access to healthcare because of their communication needs."

Additionally, Sarah Regan told us about important legislation due to be heard which would have future impact if passed:

"The BSL Bill will be having its third reading in the House of Commons in March 2022. If this goes through, it will give BSL full language status and have it recognised by the government as an official language. With that recognition comes government guidelines for how organisations should move forward. I think this will be a very important factor with all healthcare services and it should be addressed as soon as possible."

"Patient appointments get moved constantly due to availability of interpreter - which aren't always confirmed straightaway by practices so they may take another booking. Cost of interpreter is an issue and travel long distance for only 10-minute appointment".

"My preference is face to face, but I can't have an interpreter I have asked and they are never available"

### Emerging Theme Four: GP Staff Training

From the engagement with GP Practices, Healthwatch identified the majority of staff had no training in basic Deaf awareness or British Sign Language.

Healthwatch also asked if staff were trained using Type Talk or Relay UK, which are mobile applications that can be downloaded onto a person's mobile phone to assist those who are deaf and hard of hearing with telephone calls, and only one practice responded that staff had knowledge on using these apps.

"More/ better training re hearing loss for all staff, particularly those answering the phone".

"We would like training on all aspects of being Deaf"

## **Emerging Theme Five: NHS records not highlighting communication needs**

In 2021, Healthwatch England highlighted:

"The (Accessible Information) standard requires that all publicly funded health and social care providers identify, record, flag, share and meet the information and communication needs of those who use their services, to ensure equal access to healthcare. However, the statutory duty is being significantly compromised and that its implementation has been patchy."

In Hull and the East Riding, only two GP Practices reported they had a system in place (ACCURX software) that would alert the member of staff who was booking the appointment to ask the patient if they required a BSL translator. As a result this largely places the responsibility of ensuring a translator is available onto patients when booking an appointment.

"I can call in and make an appointment for myself, if the GP who can sign is available to speak with me and if the reception staff are all aware of my communication needs and are patient"

"Video appointments are too difficult for me to manage without support setting it up, my screen is too small and I can't hold the phone and sign with both hands at the same time".

## 8. Conclusion

Since prior to the pandemic, issues affecting the Deaf and hard of hearing community in accessing health and care services have been regularly well documented. Indeed when Healthwatch first commenced this engagement, we were met with an overwhelming feeling by this community of 'being here before' and despite individuals and supporting organisations repeatedly raising the issues, little change has been enacted and the same challenges still pervade. As highlighted in this report, this has been an ongoing challenge nationally, with Healthwatch England highlighting the issue too in 2021 as part of their activity relating to the Accessible Information Standard.

Since the arrival of the pandemic, these issues have been compounded further, with measures aimed at restricting the spread of the virus having in fact increased the barriers to access for this community. Communication with GP practices has been made even more difficult, with the reduction of face to face access and the increase of telephone appointments and video consultations. Likewise, the introduction of mask wearing has cut off the ability to lip read which is the main form of communication for many of these individuals.

Individuals reported difficulties in getting in touch with health and care services. Despite there now being a number of different options available which overcome the challenges that calling by telephone provides, the majority of people we spoke to are not using these methods. Instead they are calling on the support of friends or family members or the goodwill of individuals working in other services they access to make calls on their behalf. This however is impacting on the individual due to reduced independence and confidentiality, and also provides challenges for services in determining consent in place to have conversations about the patient with a third party.

For attendance of appointment themselves, although there are commissioned pathways to interpreting and translation services, there does not appear to be a clear understanding on the part of service or patient, as to the right to and procedure for accessing BSL interpreters if this support is needed. Where interpreters have been arranged, we heard of people experiencing high costs and moved or delayed appointments, and patients accessing alternative interpreters outside of the commissioned services due to not knowing they were available.

Likewise there does not appear to be a consistent system or procedure for recording patient's communication needs or for this to be flagged at the point of contact, resulting in patients having to reaffirm their needs at every contact before being able to progress any further. This mirrors the national findings reported by Healthwatch England who highlighted there is patchy implementation of the Accessible Information standard in requiring care providers to identify, record, flag, share and meet the information and communication needs of those who use their services.

When communicating with patients during their appointment and ensuring the patient understood what was being said to them, there were again inconsistencies in the

procedure used by services and knowledge of the methods available to them. The most common response by services was 'to write things down', if interpreters were not present or lip reading wasn't a possibility. For patients, they are either relying on friends or family to attend with them to interpret with many patients again raising the issue of independence and confidentiality; or they are attending alone with little assurance that information have been accurately absorbed. Nearly everyone we spoke to had experienced issues at some point in understanding information given at appointments, and again this has been heightened during COVID-19 restrictions.

Finally there was a shared consensus amongst staff and patients that staff do not always have enough knowledge or understanding of Deaf awareness and/or basic BSL or of other communications tools that could assist them in supporting patients. However there was an overall desire by staff to receive training to support their engagement with patients.

Earlier in this report we cited Healthwatch England's findings which highlighted "people who are blind, deaf or have a learning disability are increasingly being failed by health services that aren't meeting their communication needs." Based on the feedback we received, this very much appears to be the case in Hull and East Riding also, largely as a result of there not being a comprehensive enough understanding of what these communication needs are.

Likewise the feedback received also suggests that NHS England guidance stating "patients should be able to access primary care services in a way that ensures their language and communication requirements do not prevent them receiving the same quality of healthcare as others" is also not being fully met locally, due to patients not experiencing the same levels of independence, confidentiality and at times, understanding. However due to the extent that patients are relying on family members and the goodwill of other agencies beyond their remit, the extent of these issues locally is potentially being disguised as a result.

# 9. Our Recommendations

In February 2022 Healthwatch England published 'Your Way, Your Care' in response to their campaign about the Accessible Information Standard. This asks the Government and health and care services to take five steps to make sure that more people with a disability, impairment or sensory loss are given information in the way they can understand. These are:

1. Health and care services to be made more accountable for delivering the Accessible Information standard.
2. Every health and care service to have an accessibility champion.
3. Better IT systems so patients can tell services their support needs.
4. People with communication needs to be involved in designing better services.
5. Compulsory accessibility training for NHS staff.

In addition to the localised recommendations below, Healthwatch Hull and Healthwatch East Riding suggest that local services and commissioners review the [recommendations](#) made by Healthwatch England as part of their approach to improving access to care for those who are deaf and hard of hearing.

Based on the feedback received from patients, carers and local support services, Healthwatch Hull and Healthwatch East Riding of Yorkshire makes the following practical recommendations, which if implemented will go a long way to making tangible improvements to these long standing issues:

1. Local commissioners to consult with Deaf and hard of hearing patients directly to understand their communication challenges and needs, and to determine the level of demand for BSL interpreters and other communications support that would reduce reliance on family members. From here commissioners should then assess if the current commissioned services in Hull and the East Riding meet these needs and demands. We suggest that recommendation 4 from Healthwatch England is also considered as part of this.
2. Local commissioners to publish clear guidance for both healthcare staff and patients with regards to the availability, roles and responsibilities on the part of both the patient and service in arranging interpreters and communications support.
3. Awareness to be raised amongst the Deaf and hard of hearing community within GP Practice and Primary Care Network populations as to the full range of means that patients can make contact and book appointments/services with their GP practices, with evidence or plans to demonstrate how this will be achieved.

4. Local IT systems should be reviewed at GP Practice and PCN level to determine how the hearing impairment status, communications needs and consent requirements of those who are deaf and hard of hearing are recorded and flagged to ensure greater responsiveness to need and compliance with the Accessible Information Standard. We suggest that recommendation 3 from Healthwatch England is also considered as part of this.
5. A campaign to be undertaken in partnership with healthcare and VCSE services who support those who are deaf and hard of hearing to encourage and support these individuals to register their status and communication needs with their GP Practice. Healthwatch would be happy to support in the coordination of this.
6. Training to be provided at GP Practice and PCN level to support front line staff improve patient engagement through greater Deaf awareness and understanding of the Accessible Information Standard. We suggest that recommendation 5 from Healthwatch England is also considered as part of this.
7. In line with recommendation 2 from Healthwatch England, GP Practices to consider nominating an accessibility champion to ensure best practice is delivered when supporting patients who are deaf or hard of hearing.



# 10. Next Steps & Acknowledgements

## **What will happen next with this report?**

The report will be submitted to local commissioners and providers under the Healthwatch power to make reports and recommendations. Services have 20 days from receipt to respond.

Healthwatch Kingston Upon Hull and Healthwatch East Riding of Yorkshire will monitor responses to our recommendations and keep members of the public and stakeholders informed of progress and actions to deliver improved services.

## **Acknowledgements**

Healthwatch East Riding of Yorkshire and Healthwatch Kingston upon Hull would like to thank the following organisations for their contribution and involvement to this engagement:

- The Hull and East Riding Centre for The Deaf
- Beverley Community Hospital
- The Quays
- St Andrews Surgery
- The Old Fire Station Surgery
- Oaks Medical Centre
- Goodheart Surgery
- The Haxby Group
- Leven and Beeford Medical Practice
- Greengates Medical Group
- Park View Surgery
- All patients, carers and staff who took the time to speak to us or complete our surveys.

# 11. Report Responses

Following our report being submitted to local commissioners and providers, we received responses from both the Hull and East Riding of Yorkshire Clinical Commissioning Groups (CCG); with feedback received for each recommendation made by Healthwatch.

## **Hull CCG:**

"I would like to thank Healthwatch for conducting this valuable work which certainly enhances the engagement work we have already conducted. We would welcome the opportunity to work with you in refining our action plan and would appreciate the opportunity for further discussion.

I have set out below each of the report's recommendations, along with the CCG's responses."

## **East Riding of Yorkshire CCG:**

"Thank you for your letter which we received on 1 April 2022 enclosing the above report and asking for an explanation of any action the East Riding of Yorkshire Clinical Commissioning Group (CCG) intends to take in respect of the following recommendations:

As requested, please find enclosed our response which is submitted on behalf of ERY CCG only. As you can see, we intend to undertake an audit, the outcome of which will inform next steps and timelines. I would like to take this opportunity to thank Healthwatch for liaising with the public and partners and producing this report which provides valuable insight into the difficulties some of our Deaf and hard of hearing community members experience when attempting to access general practice services."

### **Recommendation 1**

Local commissioners to consult with Deaf and hard of hearing patients directly to understand their communication challenges and needs, and to determine the level of demand for BSL interpreters and other communications support that would reduce reliance on family members.

### **Feedback for Recommendation – Hull CCG**

It is widely acknowledged that the pandemic, and the widespread wearing of masks, has brought additional challenges to the deaf and heard of hearing community. Engagement work undertaken across the whole Humber area in 2020 looked at Barriers to Accessing Primary Care services during the early stages of the pandemic. This work raised concerns around communications barriers including translation services.

As a result, in 2021, NHS Hull CCG Engagement Team was asked to undertake informal engagement with communities regarding their experience and views of translation services in Hull. This included the Deaf and hard of hearing community.

The findings of this piece of engagement, whilst wider in scope, are reflective of the key emerging themes highlighted in the Healthwatch: Breaking the Barriers Report.

### **Specifically:**

- Lack of staff awareness on how to identify communication and language needs of patients.
- Lack of clarity on how to obtain/ book communication support (including who is responsible for booking and paying for the support)
- Lack of clarity on how healthcare staff use translators / communication support staff during the consultation process.

In addition to Healthwatch's findings that relate to confidentiality issues that arise when patients rely on relatives to support them with communication, the engagement exercise undertaken by Hull CCG highlighted additional concerns relating to trust in translators or communication support staff. This was raised as a barrier to accessing communication / translation support.

Whilst BSL is one means of communicating with the Deaf and hard of hearing community, the engagement exercise found that those who develop hearing impairment as they get older are unlikely to know BSL or read braille and require other means of communication.

This highlights the need to determine the demand for BSL and other communication support methods across this community. The CCG has also been working with the Deaf Society in Hull to further understand needs of this community.

The full engagement report was presented to the Primary Care Commissioning Committee on 25th February where it was agreed to develop a full action plan to address the issues raised within the report and the Healthwatch findings will also be considered as part of this plan.

This engagement report has been shared with colleagues in East Riding CCG and further engagement will also be undertaken across Hull and East Riding to further understand issues raised to develop possible solutions.

Hull CCG's Commissioning Lead – Quality has also joined the NHS England National Network for Translation and Interpretation to learn from other areas on how to improve the service we offer.

### **Feedback for Recommendation – East Riding of Yorkshire CCG**

As a CCG, we recognise the additional difficulties that the pandemic has brought and welcome the opportunity to engage with the Deaf and hard of hearing community to

further understand their communication challenges as set out in this Healthwatch report.

The CCG does have arrangements in place with local translation and interpretation services for the provision of BSL but there may be opportunities to complement this with other ways to support people and to raise awareness of these.

We will work with partners in Hull CCG and Primary Care Networks to take this forward.

## Recommendation 2

Local commissioners to publish clear guidance for both healthcare staff and patients with regards to the availability, roles and responsibilities on the part of both the patient and service in arranging interpreters and communications support.

### Feedback for Recommendation – Hull CCG

Hull CCG commissions Interpretation and Translation Services (ITS) for primary care from AA Global and this includes access to BSL Interpretation. AA Global produce a comprehensive Client Information pack and this is shared with GP practices, along with frequent reminders about accessing ITS.

It should be noted that there is a national shortage of BSL interpreters in the whole country, and only 3 BSL interpreters currently available in Hull for face-to-face consultations, although there is a wider staff bank available for video consultations. However, the CCG is in discussion with AA Global around options for enhanced BSL interpreter resources.

Practices have been reminded of the requirements within [NHS England » Accessible Information Standard Implementation Guidance](#) and in particular section 11.6.4.1 which refers to access to communication professionals and 11.6.4.3 the use of family members, friends or carers as interpreters. They have also been reminded to book interpretation with as much notice as possible.

The CCG has also reviewed the document <https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissionersinterpreting-and-translation-services-in-primary-care.pdf> and taken measures to ensure we are meeting the requirements.

The Humberside Local Medical Committee has also issued guidance to all practice staff last month, which was endorsed by NHS Hull CCG <https://www.humbersidelmc.org.uk/websitefiles/download/16425> The LMC has stated that it plans to reiterate this guidance at their practice manager reference group meetings.

With the support of the LMC, the CCG does plan to relaunch the service offer and booking requirements which will also serve to raise the importance of professional interpretations services for deaf and hard of hearing patients. Further engagement will

also be undertaken, and we will look to co-produce local guidance and information for staff and patients around wider accessibility issues.

### **Feedback for Recommendation – East Riding of Yorkshire CCG**

The CCG has arrangements in place to enable GP practices to access translation and interpretation support and has offered training to all practices. We will ensure this information is reshared with practice staff and work with them to offer refreshed training.

We welcome the opportunity to engage with the Deaf and hard of hearing community and consider additional ways to provide guidance for them.

### **Recommendation 3**

Awareness to be raised amongst the Deaf and hard of hearing community within GP Practice and Primary Care Network populations as to the full range of means that patients can make contact and book appointments/services with their GP practices, with evidence or plans to demonstrate how this will be achieved.

### **Feedback for Recommendation – Hull CCG**

Hull CCG is looking to support PCNs to develop clear guidance regarding availability, roles and responsibilities; and help raise awareness of the full range of methods available to patients to make contact and book appointments/services with their GP practices. We would be looking to broaden the scope to include accessibility guidance and awareness for patients who do not speak English or who use English as an additional language, and patients who have a visual impairment. Guidance will be co-produced with the Deaf and hard of hearing community along with materials for an associated awareness campaign.

Deaf and hard of hearing patients access to primary care would be improved by having better technology with enhanced links to patient booking of interpreters on GP clinical platforms, CCG websites, NHS App and onsite equipment. NHS Hull CCG has already met with an online consultation partner regarding the opportunity to customise appointment confirmation messages to include in BSL and this is currently being explored by the system developers.

### **Feedback for Recommendation – East Riding of Yorkshire CCG**

We will work in partnership to develop campaign materials aimed specifically at the Deaf and hard of hearing community to raise awareness of the ways they can contact primary care, including online booking via the NHS App or website, awareness of NHS 111 online, 18001 111 textphone services, text relay, etc.

#### Recommendation 4

Local IT systems should be reviewed at GP Practice and PCN level to determine how the hearing impairment status, communications needs and consent requirements of those who are deaf and hard of hearing are recorded and flagged to ensure greater responsiveness to need and compliance with the Accessible Information Standard.

#### Feedback for Recommendation – Hull CCG

A clinical system report has been requested to understand the number of patients recorded as deaf. GP practices are being requested to write to all the patients on their list who are deaf or hearing impaired asking them what their preferred communication method is and then ensure this is recorded in the patient record for all staff to be able to view. There will be ongoing work as part of the patient facing campaign to ensure patients understand the importance of informing practices of any communications needs in order that these can be met appropriately.

It is also worth noting that the AccruX system deployed in general practice is able to send a text message out to patients to advise them of their appointment date and times – this goes out as a text message.

#### Feedback for Recommendation – East Riding of Yorkshire CCG

We will work with all practices and undertake an audit to understand how the requirements of those who are deaf and hard of hearing are recorded and flagged and acted upon when practices are contacted. An action plan will be developed in response including a systematic approach to monitoring ongoing compliance and training.

#### Recommendation 5

A campaign to be undertaken in partnership with healthcare and VCSE services who support those who are deaf and hard of hearing to encourage and support these individuals to register their status and communication needs with their GP Practice.

#### Feedback for Recommendation – Hull CCG

A co-produced campaign is being planned as part of the wider accessible communications work, which will focus on the areas identified from the engagement work undertaken to date and will include encouraging patients to register their status and highlight their communication needs. The next phase of engagement will also inform the ongoing approaches.

As detailed within the Engagement Report several VCSE organisations have already been involved, including the Deaf Centre, Hull and this will continue and expand in reach.



## Feedback for Recommendation – East Riding of Yorkshire CCG

Once the audit and training is complete, we are committed to working collaboratively to support and encourage individuals to register their status and communication needs with their GP practice.

## Recommendation 6

Training to be provided at GP Practice and PCN level to support front line staff improve patient engagement through greater Deaf awareness and understanding of the Accessible Information Standard.

## Feedback for Recommendation – Hull CCG

From a more general Equality Diversity and Inclusion perspective, practices participate in Protected Time for Learning events and general accessibility issues are covered as part of Equality, Diversity and Inclusion training.

Hull CCG is delivering some specific EDI training aimed at Primary Care staff working within PCNs. The two sessions currently planned will be delivered in May and June and whilst taking a broad lens on EDI issues will include some specific elements around accessible communications and communication challenges including for the deaf and hard of hearing community. As part of this training all PCNs will be supported to develop their own Equality, Diversity and Inclusion Action plans to address specific inclusion issues within their practices, and additional support or training needed will be identified as part of this process.

In addition, the CCG's independent Equality, Diversity and Inclusion specialist, Amanda Heenan, has identified an online training resource [Disability Matters](#) that would support primary care. Training is provided free through Health Education England. Amanda has registered and completed their [d/Deaf Access](#) and [Accessible Information Standard](#) courses which include video case studies and the Deaf access training includes plenty of GP practice examples. We will be recommending that relevant CCG staff undertake this training along with communicating this offer out to practices.

## Feedback for Recommendation – East Riding of Yorkshire CCG

We will encourage practices to increase the uptake of existing training through a variety of ways:

- Protected Time for Learning events to raise awareness of how to access or use translation services (ie video, text relay)
- Efh accessible information standard training
- Deaf awareness e-learning

This will be enhanced once the outcome of the audit is known.

## Recommendation 7

GP Practices to consider nominating an accessibility champion to ensure best practice is delivered when supporting patients who are deaf or hard of hearing.

### Feedback for Recommendation – Hull CCG

As part of the EDI training described under recommendation 6, the CCG will be working with practices to help them identify EDI champions for each PCN. This may result in PCN identifying a network of champions for particular EDI areas including accessibility and the CCG will be happy to support any further appropriate training.

In addition, we will work with the Integrated Care Board's Equality, Diversity and Inclusion lead, once in post, to consider establishing an accessibility champion network approach across the Humber and North Yorkshire Primary Care Networks.

### Feedback for Recommendation – East Riding of Yorkshire CCG

We will work with the Integrated Care Board's Equality, Diversity and Inclusion lead, once in post, to consider establishing an accessibility champion network approach across the Humber and North Yorkshire Primary Care Networks.



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