

**Accessing services  
in Devon:  
Feedback from the  
Deaf community**

August 2022

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# Introduction

Healthwatch in Devon, Plymouth, and Torbay is the independent consumer champion for health and social care services, ensuring the voice of the community is used to influence and improve services for local people. In February 2021, Healthwatch worked with the local Deaf community to find out about their experiences of the NHS 111 service. Our research showed that Deaf patients felt interpreters and information about how to access them should be made more easily available, and that awareness of the needs of Deaf patients was lacking.

Subsequently in early 2022, Healthwatch in Devon, Plymouth and Torbay held a series of meetings with the South West representative of the Royal Association for Deaf People to discuss various concerns that were being raised around access to British Sign Language (BSL) qualified interpreters. These concerns include:

- Interpreters to support appointments in hospital and GP surgeries
- Interpreters to support complaints process
- Access to information

The appendix to this report gives details where Healthwatch have raised requests for information around the complaints process at the 3 Hospital Trusts in Devon and the responses received. The responses indicated that there were differing procedures in place to supporting Deaf patients.

Following the success of engagement in 2021 about the impact of Covid 19, Healthwatch wanted to explore the experiences of the Deaf community in three further areas: complaints, GP services, and changing technology. An online meeting was conducted via Zoom. The meeting was attended by 12 members of the Deaf community, two British Sign Language (BSL) interpreters, two Healthwatch staff, one representative of the Royal Association for Deaf People and one representative of Living Options.

# Key findings

- Participants reported difficulties accessing interpreting services. Healthcare staff (in both hospitals and GP surgeries) were often unaware of how to source an interpreter, or that it was their responsibility to do this. Some participants said they would receive phone calls despite their notes clearly stating that they are Deaf.
- Difficulties using, accessing, and communicating with healthcare services left participants feeling excluded, ignored, and anxious about using services in future.
- Participants had several suggestions for improvement:
  - Accessibility provisions (e.g. software, interpreting services) should be more consistent across different healthcare services and areas of Devon. BSL accommodations should be integrated into existing NHS apps instead of requiring a separate app.
  - Healthcare staff require more training to improve their understanding and awareness of BSL communication. For example, staff should know that BSL and English are different languages, and that it is inappropriate to rely on family members to interpret in a medical setting.
  - Communication between different services should be improved to ensure that interpreters are available and that communication methods are appropriate.

# Detailed findings

## Accessing complaints service

- The majority of the feedback was negative, though one participant reported having a positive experience making a complaint through the Patient Advice and Liaison Service (PALS). This complaint related to emergency department staff knowing how to access a BSL interpreter.
- Participants generally found PALS difficult to access. Some participants said it was unclear where they should complain, and multiple said they couldn't easily access the service. Advocates said they regularly have to make complaints on behalf of their clients due to the inaccessibility. For example, the PALS would attempt to call patients, despite their notes clearly stating that they are Deaf.
- The inaccessibility of the complaints service led to participants feeling excluded and ignored, which impacts their mental health.
- Suggestions to make the service more accessible included: allowing patients to know the name of the interpreter allocated to them before meetings so they can verify the booking has been successful, allowing patients to pre-record a video if an interpreter is unavailable immediately, and improving awareness of the fact that BSL, not English, is the first language of many Deaf people.

**Note:** Each Hospital Trust and Mental Health provider in Devon has its own Patient Advice and Liaison Service (PALS). It was not clear in the findings above which PALS team was being referred to.

## GP access issues

- Feedback about GP access was mostly negative, though one participant reported that their GP had “brilliant” provisions.
- Multiple participants reported that their GP practice was unaware that it was not the patient’s responsibility to book an interpreter, despite surgeries having contracts with interpreting agencies. Surgery staff will often ask patients to bring a family member to act as an interpreter.
- As GP surgeries often fail to book interpreters for patients, patients will sometimes contact interpreters directly for an appointment, which has previously led to interpreters not being paid (interpreting agencies do not officially take bookings from patients).
- GP practices seem to lack sensitivity and awareness of BSL communication and accessibility; making calls and using intercoms is not straightforward for Deaf patients. Participants report that posters containing information about BSL accessibility have “disappeared” from surgeries.
- Suggestions to improve accessibility at GP surgeries included: bringing back BSL information posters, ensuring all surgeries have contracts with BSL interpreting software, and ensuring GPs allow Deaf people to communicate via text messaging.

## Technology changes

- Access to devices and software that enable accessibility (e.g. iPads, Sign Live) is inconsistent and only available in some practices and hospitals. Multiple participants reported that hospital WiFi is often too weak to run accessibility software.
- Participants reiterated that filling out online forms in English can be difficult for BSL users, as English may not be their first language.
- Participants felt there should be more consistency across Devon in the software packages used (e.g. Sign Live, Sign Video, Interpreting Now). It can be difficult for patients to learn and adapt to a new system every time they use a different service.
- Participants suggested that BSL options should be added to existing NHS apps, rather than requiring Deaf patients to use different apps. Participants added that there are already multiple different apps and digital services for BSL users,

## Other

- Lack of awareness about BSL communication is a problem among healthcare staff, particularly in hospital settings. Staff seem unaware that BSL is a separate language from English, and English is not the first language of many BSL users. Healthcare staff should be aware that support workers and hearing family members are not interpreters and should not be relied upon for interpretation in a medical setting. Participants reported that “many” staff members will refuse to remove their mask to enable lipreading.
- Participants also highlighted issues with communication in hospitals and emergency departments. Participants reiterated previous points about problems sourcing interpreters (e.g. interpreters being unavailable, unaware they have been booked, underqualified) and problems communicating with staff.
- Some participants reported that they had accepted treatment they didn’t understand because they were unable to communicate adequately with healthcare staff.
- Participants said that the issues with communication and accessibility had made them anxious about using healthcare services across Devon.



# Observations

Healthwatch in Devon, Plymouth, and Torbay have the following observations from the findings:

- Support for Deaf patients appears to be inconsistent across health services in Devon ranging from the booking process for an interpreter to patient records recording communication preferences.
- Deaf patients are becoming anxious in using health care services due to communication issues and staff understanding that could lead to further health inequalities.
- Technology has a role to play but supporting systems performance (such as Wi-Fi) can greatly affect that experience and confidence in the service.
- Access to information is problematical and Deaf patients often do not know where to find it. English language is often not a Deaf patients first language and therefore it should not be assumed that website information is fully accessible in its standard format. Healthwatch are aware of work being undertaken by the PALS team at University Hospital Plymouth to provide a BSL signed video to support accessible information. This could be used as a basis for all websites.
- BSL is more than just signing, and use of facial expressions/lip reading is part of the interpretation. It should be recognised that not all Deaf patients will be comfortable with a digital solution because of this. Equally, not being able to see a clinician's face can equally cause misunderstanding.
- Knowledge of staff around communicating with and supporting Deaf patients appears to be inconsistent.
- As the Integrated Care System in Devon evolves there is potential for patients to access multiple services, particularly services at different hospitals. A consistent process of booking, communications approach and access to information would greatly support Deaf patients to confidently access services.

# Recommendations

From this engagement work, Healthwatch in Devon, Plymouth, and Torbay have the following recommendations:

For NHS Devon

- There is an opportunity to ensure a consistency of accessible information and support for the Deaf community across Primary Care Services (including Dentistry, Pharmacy and Opticians) as the Integrated Care System develops. We recommend that processes on requesting an interpreter are reviewed to ensure consistency and that a Communications toolkit is available for accessible information including a signed video.
- Communication preferences should be easily accessible by staff on a patients record to avoid inappropriate communications. This should extend to the Devon and Cornwall Care Record (DCCR).

For Devon Hospital Trusts, Devon Partnership Trust and Livewell Southwest

- As with Primary Care Services, there is an opportunity to share best practice and align policies and procedures as much as possible to ensure that processes on booking an interpreter are consistent from a Deaf patient's point of view.
- Communication preferences should be easily accessible by staff on a patients record to avoid inappropriate communications.

For Devon County Council, Plymouth City Council and Torbay Council:

- To note the feedback within this report and audit Local Authority websites and services to ensure information is accessible to the Deaf community.

# Next Steps

Healthwatch in Devon, Plymouth, and Torbay will share this report with:

- NHS Devon who commissions Primary Care Services across Devon
- The three Hospital Trusts in Devon
- Devon Partnership Trust and Livewell Southwest who provide Mental Health Services in Devon
- Devon County Council, Plymouth City Council and Torbay Council
- NHS England/Improvements South West Head of Stakeholder Engagement
- Healthwatch England

# Response from One Devon

Inclusion is at the heart of everything we do in One Devon and ensuring our services are as accessible as possible is one of our key priorities. To achieve this, we know we have some work to do and we would like to thank Healthwatch in Devon, Plymouth and Torbay for undertaking this piece of work and gaining such valuable insight.

We are conducting a patient access review into the experience of D/deaf patients which will include patients who don't use BSL and those that do. This review will look into the BSL services currently available to patients and consider their accessibility and effectiveness. The review will take into consideration the feedback and recommendations from this report and additional feedback from Healthwatch in Devon, Plymouth, and Torbay. We will also look at regional and national patient feedback and understand the views of our local D/deaf communities in Devon, through focus groups and a survey.

If you would like to take part in this work or would like further information, please contact [d-icb.involve@nhs.net](mailto:d-icb.involve@nhs.net)

The findings from the patient access review will shape a new BSL service specification for patients and inform tools being given staff who will need to access BSL services. The learning will be used to spread awareness across One Devon (including primary care, hospitals in Devon, Devon Partnership Trust, Livewell Southwest and local authority partners) around D/deaf patient experiences.

# Recognition

Healthwatch in Devon, Plymouth, and Torbay would like to thank everyone who took the time to attend the meeting and provide their feedback. Healthwatch would also like to thank the BSL interpreters for their facilitating the meeting. We also thank the Royal Association for the Deaf, Living Options, and the Healthwatch Assist network for helping to promote the engagement and recruit participants.

# Appendix

At a meeting in April 2022 with the Royal Association for Deaf People we discussed issues being raised by Deaf patients who wished to make a complaint. The following scenario was presented to the Patient Experience Leads at University Hospitals Plymouth, Royal Devon University Hospitals and Torbay & South Devon Hospital.

A Deaf patient who wished to make a complaint through PALS would be offered a meeting and when attending would be told that an interpreter was not available and to come back in 2 weeks. Subsequently on returning, again no interpreter would be available, and the meeting would once again be deferred. The upshot of this is that the complainant becomes disillusioned with the process and does not further the complaint.

What process is in place to support a complainant whose first language is not English (both verbal and sign language)?

The following responses were received.

University Hospitals Plymouth	<p>We would usually arrange a BSL interpreter or use SignLive for any resolution meeting.</p> <p>We arranged a Teams meeting with one of our patients who required BSL, and the interpreter joined the meeting via Teams too and it worked really well.</p> <p>[We are] in the process of putting a BSL clip/video together for our website that informs those with hearing difficulties about how to make a complaint.</p>
Royal Devon University Hospitals	<p>As we have only just merged in April, I wanted to appraise you of the slightly different processes if a person who is deaf wanted to make a complaint across Eastern (Exeter) and northern (NDDH) sites.</p> <p>East</p> <ol style="list-style-type: none"><li>Initially, if at all possible, the team would try to communicate with the patient by writing down questions and asking the patient to write down their issues. If the patient could lip read, then they could ask questions to establish what the main</li></ol>

concern/complaint was (if it seemed it was a complex issue then this would not be a viable option)

2. Ask the patient by writing the question, if they would be able to put their concerns via email if they were able to do so being clear they are happy to arrange a face to face if the patient preferred that
3. Ask the patient if they had a family member/friend they would be comfortable to bring with them to help interpret
4. Offer to arrange a video call with our interpretation agency if the patient would be happy with that
5. Offer to arrange a face-to-face meeting on a date suitable for the patient and advise we would try to book an interpreter for them. Take the patient's details so the meeting date would be confirmed/amended for when an interpreter could be booked.

North

1. The team would identify with the complainant at triage how they would like to resolve, outcome they are seeking, any support, advocacy service / special adjustments needed for the LRM if requested.
2. Arrange a time suitable for the patient and then book an interpreter, quiet location etc. When arranging with sign solutions agree a plan B if needed (i.e. virtual)
3. The key principles of the communication access training would be followed (see attached) All the team, except the new starters, have completed this training.

An agreed agenda for the LRMs is always approved by the complainant in advance of the date so should there be an issue with lack of interpreter we could respond in writing and then invite them back to discuss after. Involvement and good communication with the complainant are key

	My aim is to ensure that our offer around accessibility of communication is aligned across the Royal Devon sites in the not-too-distant future, but I hope this goes some way to assure you of our processes.
Torbay & South Devon Hospital	The PALS and Complaints Team (as all services within Torbay and South Devon NHS Foundation Trust) have a duty to ensure that information is accessible to those who wish to make contact with us. We have an Accessible Information Team within TSDFT who can provide advice and guidance if required and we have contracts with external companies who we can use as required to provide interpretation services or preparing information in other formats.



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