

# Access to health and care for d/Deaf and hard of hearing people

A 'Your Care Your Way' campaign survey  
(Published July 2023)

# A bit of background


## About this report

- This research forms a part of our local contribution to *'Your Care, Your Way' (YCYW)*, a national Healthwatch campaign about receiving accessible information and support from NHS and social care services.
- These slides present the findings of a local 'YCYW' survey and engagement work that was co-produced with, and for, d/Deaf and hard of hearing people and communities in Suffolk.
- The survey aimed to find out how well local services are meeting people's needs, and acting on their duties to provide accessible information and support under the NHS Accessible Information Standard – a legal requirement on services that means people who have a disability or sensory loss should get information in a way they can access and understand.
- Ultimately, we hope to share information with local services about what people said could help them to access care in the future.

### Your Care, Your Way – Explore our campaign




**Click to visit** our campaign page, where you can find more information, resources and local research.




Over **114,000** people are deaf or hard of hearing in Suffolk. This is around **1 in 7** of the population.

**Sensing Change, 2023**




About **1 in 6** people have hearing loss in the UK, and **7 in 10** lose hearing at 70+. This is expected to **increase by 50%** within 20 years.

**NHS Inform 2023**



***“I felt frustrated, stressed, and incredulous that, in this day and age of ‘inclusivity and diversity’, that hearing loss and deafness awareness and accessibility is so badly lacking or non-existent.”***



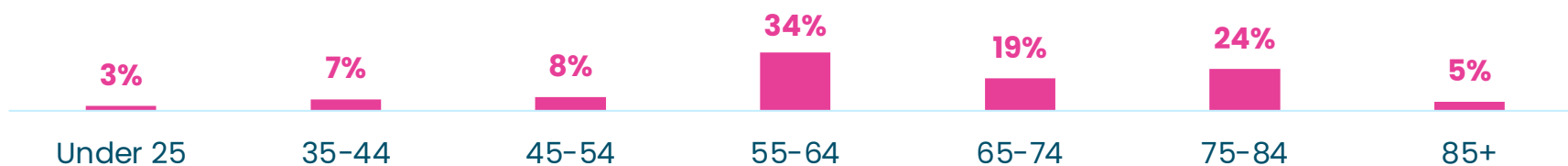
# Who took part?

## Demographics summary

- There were a total of **147** responses to the research gathered in various ways, including an online survey (**81**) and experiences shared directly with the Healthwatch Suffolk team through engagement (**66**).
- Response rate means results may not be generalised. However, the findings are important and likely to be a fair reflection of people's experiences.

## Survey data

- **64% (47)** of respondents were female, and **36% (27)** were male. No respondents described their gender another way.
- **99% (72)** were 'White – English/ Welsh/ Scottish/ Northern Irish/ British'. A further **1% (1)** identified as 'White – any other white background', and **8% (8)** preferred not to say.
- The largest proportion of responses were from people aged 55 to 64 (**34%/25**) (see age profile below), and most lived in Suffolk Coastal (**21%/15**), or St Edmundsbury (**21%/15**).



## How people shared their views



People could share their views in our survey.

**81 people took part this way.**



Our staff working in the community also recorded feedback in other ways, including by attending hospital audiology departments.

**66 responses were recorded this way.**

# I am...

## Describing hearing loss

We asked people how they would describe their hearing loss. **142** people answered.

- **Over half (52%/75)** of people identified as being hard of hearing.
- **1 in 5 (27%/39)** people identified as profoundly d/Deaf.
- Other ways people described their hearing loss are shown in the table to the right.
- The data emphasises the importance of understanding how people describe their hearing loss in different ways, the circumstances surrounding their hearing loss, and any associated health conditions.

*"People should have an understanding about being hard of hearing. **I have even been told that I do not look deaf!**"*

*"I have even had medical professionals question my hearing with one actually saying, '**You don't seem very deaf.**' Unbelievable."*

I am, or have...	Count
Hard of hearing	75
Profoundly d/Deaf	39
Having a hearing test	5
Parent of a child with hearing problems	4
Tinnitus	4
Deaf and blind	2
Severe hearing loss	2
Hearing impaired	2
Mixed profoundly & hard of hearing	2
Audio processing disorder	1
Deaf since birth & user of hearing aids	1
User of hearing aids	1
Severe sensorineural hearing loss following head injury	1
Work with d/Deaf people	1
Hearing problems & learning disabilities	1

# Support needs

We asked people about the support they needed when accessing health and social care services. **91** people answered.

- **33** said they don't need any support from services to receive information, treatment or care.
- **58** people felt they needed various forms of support to access health and social care services. You can learn more about these on the next slide.
- For instance, **more than 1 in 5 (21%)** people said they needed to be able to lip-read to understand the information provided to them.

It is clear from our findings that people have many individual communication preferences and needs.

This highlights the importance of health and social care services asking people about their specific communication needs and acting on those whenever possible to support better access to information, care and support.



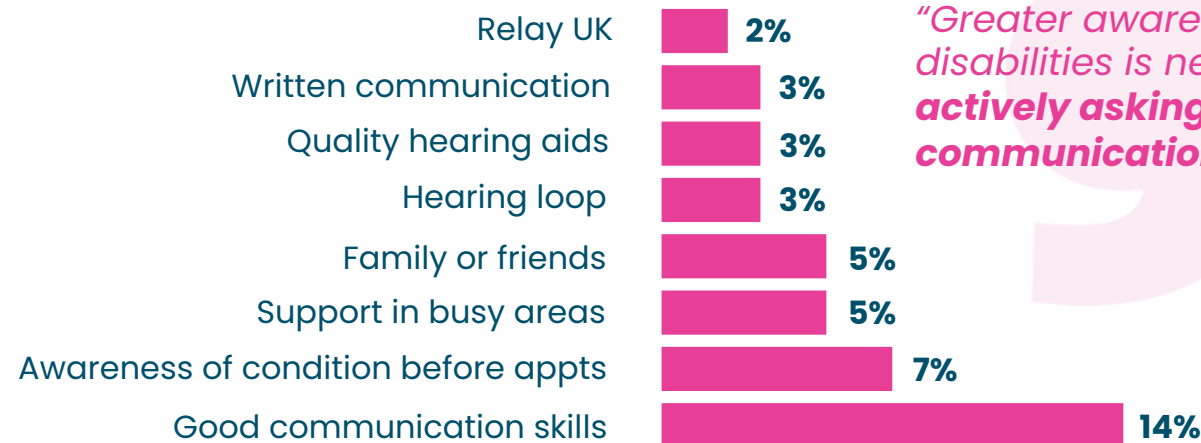
# Support summary

## The support people need to access information and care


### Top three support needs



### Other support needs



*“Greater awareness of hidden disabilities is needed, and staff actively asking about communication needs.”*



***“I have never been asked about my hearing loss and what adaptations could be made to support me. I don't even know if it is listed on my records as I lost my hearing in adulthood rather than something I was born with.”***

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***“I need healthcare providers to be more aware of hidden disabilities and remember when they are wearing masks, behind a screen, and speaking quickly. People like me struggle and are often made to feel uncomfortable asking for adjustments so we can hear and communicate.”***





# Meeting needs

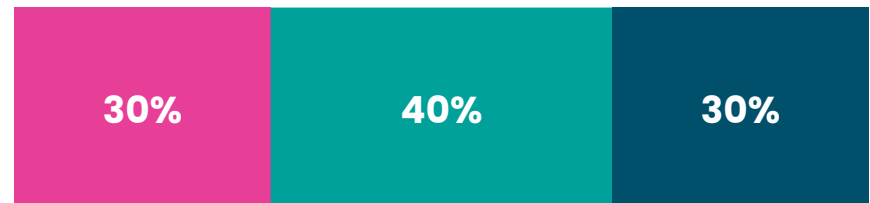
## Hospital care

We asked people if the services listed met their communication needs. **74** people answered.

- A proportion of people reported that their communication needs were met 'all of the time' by the hospital and A&E. This included **1 in 3 (33%/25)** people who attended either West Suffolk NHS Foundation Trust, James Paget University Hospitals NHS Foundation Trust, or East Suffolk and North Essex NHS Foundation Trust (Ipswich Hospital).
- Most people said the hospital and A&E had only met their communication needs 'some of the time', including **over half (57%/ 43)** of people who attended the **hospital** and **2 in 5 (40%/8)** people who attended **A&E**.
- **13** people also indicated their communication needs were 'never' met by the hospitals or A&E services. This included **30% (6)** of people who had attended **A&E** and **9% (7)** of those who had attended the **hospital**.

Anecdotally, experiences shared with our Community Engagement Officers showed that, whilst people stated their communication needs were being met 'sometimes' by services, people often relied upon others to help them to communicate. Ultimately, suggesting that services are not meeting their communication needs.

## Accident and Emergency (A&E)



## Hospital



- All of the time
- Some of the time
- Never

# Meeting needs

## Continued...

We asked people if the services listed met their communication needs. **74** people answered.

- Most reported that services only met their communication needs 'some of the time'. This included **3 in 5** that had attended **mental health services (60%)** and **dentists (60%)**.
- A smaller proportion of people reported that services met their communication needs 'all of the time'. This included **2 in 5 (41%)** that had used **physiotherapy services**.
- Despite smaller numbers there were still some people that reported their communication needs were 'never' met. This included **2 in 5 (40%)** that used **NHS 111**, and **1 in 5 people** who had attended **community services (21%)**, or **mental health services (20%)**.

*"I rely on my hearing daughter for everything connected with my communication needs, **it's always been this way.**"*

### General practice



### Community services



### Physiotherapy



### Dental practice



### Mental health services



### Social care services



### NHS 111



- All of the time
- Some of the time
- Never

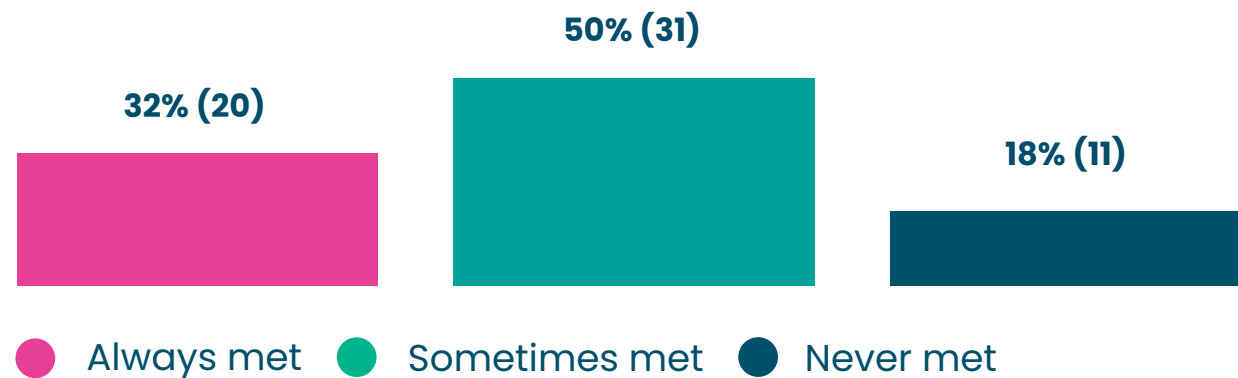
# Meeting needs

## Are preferences for communication followed?

We asked, 'If you have told services how you would like to be communicated with, to what extent do you feel that your preferences are followed?'

62 people answered the question.

- **Half (31)** of the people who responded said their preferences for how they would like to be communicated with are 'sometimes' followed by services.
- Out of 12 people who identified as 'profoundly d/Deaf', **over half (7)** said their preferences were followed 'sometimes'.
- **Almost 1 in 3 (20)** people said their preferences were 'always' followed by services. People that identified as 'hard of hearing' were most likely to say services had 'always' met their communication needs.
- **Almost 1 in 5 (11)** felt their preferences were 'never' followed by services.



# Meeting needs

## Do people need to ask?

We asked, 'Do you have to ask for your communication needs to be met when accessing information about your care, or when attending an appointment?'

- **71** people answered the question.
- **Over half (51%/36)** said they **always have to ask for their communication needs to be met by all services.**
- **69% (9 out of 13)** of people that identified as profoundly d/Deaf said they always have to ask. None said their communication needs were met without asking.
- **43% (19 out of 44)** of people that identified as hard of hearing said they always have to ask for their communication needs to be met.



***“Every time I attend my GP surgery I am faced with a person in a mask. They have access to my medical records and must be able to flag that I am hard of hearing. Yet, I must go through the same explanation every time.”***

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Masks are an important way to control the spread of infection within services, but they can also muffle sound and make it impossible for people who rely on lip-reading to communicate with services.





***“People need to understand that those of us with hearing loss don’t miraculously regain hearing 10 seconds after we tell them we have loss or that we can’t lip-read through masks.*”**

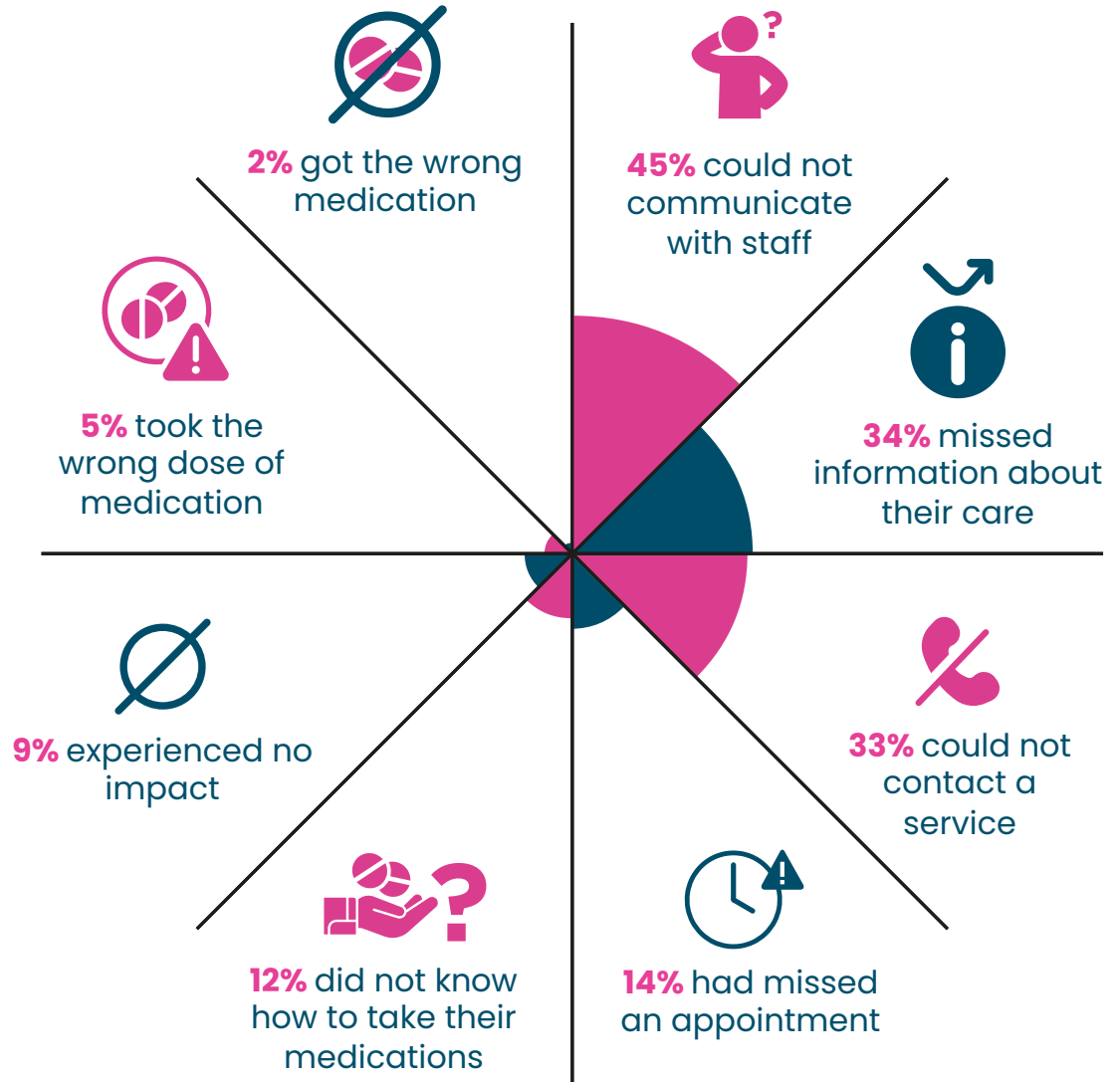
***“By having our hearing loss actively flagged up on notes or computer screens at our appointments would be a first step, so that we don’t have to keep telling each and every practitioner that we are deaf... repeatedly.”***



# Unmet need - impact

81 people highlighted the impact of not being provided with healthcare information they could understand or access.

- **28% (23)** said they always receive accessible information and support from services.
- **Almost half (46%/ 26)** of those remaining (57) said they were **not able to communicate with staff**.
- **1 in 3** had **missed information** about their care (**35%/ 20**) or **couldn't contact a service (33%/ 19)**.
- While fewer people experienced problems with medication (**19%/ 7**) and missed appointments (**14%/ 8**), this was the case for some people because they were not offered information in a way they could understand or access.
- Response numbers mean these results may not be generalised.



**1 in 3 (20)**

people missed information about their care as healthcare information was not provided to them in a way they could understand or access.





# Unmet need – impact

## Continued...

Here's how some people described the impact of their needs not being met.

### 1. Impact on... mental health



One respondent mentioned that they had experienced increased anxiety and stress because they are not provided information about their healthcare in a way they can understand.

***"It made me anxious and stressed."***

### 2. Impact on... missed information



A few people highlighted a sense that they may have missed information because providers of care do not always check information has been understood, and they do not always feel confident to ask for information to be repeated.

***"I MAY have missed important information about my care. Care providers do not always check that I have received the correct message."***

***"I frequently think I have properly heard and understood and then realised that I may have misheard something. In some situations, I am happy to ask for information to be repeated but there are occasions when I don't feel comfortable doing this."***

# Unmet need – impact

## Continued...

Here's how some people described the impact of their needs not being met.

3.

### Impact on... independence



Some people reported that they often rely on other people to access care, and this takes away their independence.

*"After COVID, I don't feel I should still have to speak via my husband. **I want to be seen in person and alone. I'm perfectly intelligent and haven't become dim because I'm going deaf.**"*

*"Using the telephone is a nightmare, I do not hear everything. **I try to have someone with me who can hear and then repeat the information to me.**"*

*"They were not given a time that the GP would call them back, but **they are in a situation where their partner is with them most of the time. However, they recognised that this now was taking their own independence away from them.**"*

# Awareness of rights

## NHS Accessible Information Standard...

The NHS Accessible Information Standard (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information they can access and understand, and that they get any communication support they need from health and care services.

Services are required in law to provide alternative formats where required, such as braille, large print, and easy read. They must also support people to communicate, for example by arranging a British Sign Language (BSL) interpreter, deafblind manual interpreter or an advocate.

Learn more about the AIS on <https://healthwatchsuffolk.co.uk/your-care-your-way/knowthefiverights/>



**81% (61)** of people who responded were not aware of the NHS **Accessible Information Standard**, and what it says about their rights to accessible information and support from NHS and social care services.



# What people said

Qualitative themes

# Experiences of care

## Service summary

**82** people reported an experience of using health and social care services in Suffolk. People's experiences related to GP practices (**31**), hospitals (**29**), audiology departments (**10**), dentists (**2**), A&E (**2**), adult social care (**1**), annual blood tests (**1**), BSL 111 (**1**), NHS 111 (**1**), cancer care (**1**), eye clinics (**1**), and pharmacies (**1**).

Service	Number of comments	Positive experience	Mixed experience	Negative experience
GP practice	31	5	10	16
Hospital	29	11	9	10
Audiology	10	4	2	4
Dentist	2			2
A&E	2	1		1
Adult social care	1	1		
Annual blood tests	1		1	
BSL 111	1			1
NHS 111	1	1		
Cancer care	1	1		
Dentist	1			2
Eye clinic	1			1
Pharmacy	1	1		

# Positive feedback

***“They have been brilliant to me in the audiology department. They listen well, make it simple and clear, their attitude is excellent...”***

**Twenty-five** people reported positive experiences of local services. Within these, a variety of factors had influenced people’s experiences. This included things like the department working efficiently, appointments being available when needed, and the use of screens to alert people in waiting rooms.

Staff also directly influenced people’s experiences. For example, people reflected positively on the use of clear face masks for lip-reading, positive staff attitudes, good communication skills and more.

*“I am very happy with the service I received. **It has been life-changing for me. I struggle the best of the times so having this service supporting me (adult social care) is brilliant.** Would recommend this service to anyone who really needs it.”*

*“**The audiologist was excellent – the best I have seen in some 20 years.** She explained everything, took her time and gave me the most comprehensive overview of my hearing I have ever had. I came away with more understanding of my condition and its impact and things I could do to help myself than I have ever had before.”*

*“GP is fantastic, you ring up and you get to see someone on the same day for my experience. **We have a patient screen which is very good for people such as myself who use hearing aids.**”*

*“**My GP uses a clear mask when speaking with me,** I was really chuffed about that.”*

*“I have found that the hospital is fantastic, **you always get to be seen quickly.**”*

# Staff awareness

*“A wider understanding that hearing loss is not just about volume or clarity but can be impaired cognitive abilities as well.”*

**Twenty-two** people felt better awareness of hidden disability and hearing issues among professionals could improve their experiences of health and social care appointments.

Better education has the potential to improve staff attitudes toward d/Deaf people, and their communication needs, which had been an issue faced by **five** people leaving feedback. Feedback included that staff had made people feel uncomfortable, leaving them feeling unable to ask for their communication needs to be met. Some people felt staff had spoken to them rudely when asked if they could remove their face masks or repeat what they were saying.

In one case, a person recalled an experience where ward staff ignored an elderly patient because they were d/Deaf and stated **“He can’t hear me anyway”** when questioned by a family member.

*“Staff are so stroppy when I cannot wear a face covering, and should oblige more readily with removing theirs or coming out from behind the screen so that I can hear better.”*

*“Not being listened to regarding exemption of wearing a face covering and being barked at from a distance to please wear one, then not being understood when I only heard some words and miss understood them.”*

*“The receptionist on the audiology desk was rude and was more interested in talking to her colleague than serving me. She didn’t remove her mask when I asked her, and she was sitting behind a big plastic screen. I had to ask several times what she said, and she got even more rude.”*



***“Terrible. Lack of deaf awareness.  
The worst place is the hospital, they  
have no consideration of what  
communication needs you need.”***





# Communication skills

***“I am a good lip-reader, so long as people face me and speak clearly. Too often people face their computer, and their head goes down and I do not stand a chance of lip-reading.”***

**Twenty-four** comments made a reference to the importance of staff having effective communication skills. People often stated that good communication skills were vital to their ability to understand information about their care.

For **eight** people, poor communication by staff meant they had struggled to understand information about their care. This included staff members not speaking clearly enough (e.g., speaking too fast or too slow), shouting instead of amplifying their voice or disrupting lip-reading by looking away from the person (e.g., when facing a computer screen or walking away).

***“The receptionist would not look at me and sat behind a plastic screen with a face mask on. I could not hear a word.”***

***“The doctor talks too fast, and I tell him to slow down - but he doesn’t.”***

***“They need clear concise speech with the understanding that not everyone has 100% hearing”.***

***“Talk clearly and not shout and remove masks. Don’t treat me like some idiot, I just can’t hear not understand and when I can’t understand it’s because you don’t talk clearly enough.”***

***“Shouting at us doesn’t work - it is clarity, not volume, that is essential for hearing - and who likes being bellowed at? Accents, mumbling, or out-of-context words are very hard for us to process. Walking away whilst speaking is counterproductive and rude.”***

# Use of masks

*“Staff should wear clear face masks or check my records before an appointment and note that I have communication needs as a result of my deafness.”*

**Nine** people reported experiences where the use of masks negatively impacted their experience. The use of masks not only prevents d/Deaf people from being able to lip-read but also can muffle sound significantly making it much harder to understand speech.

*“Practitioners and receptionists wear masks and **I cannot lip read.**”*

*“The audiology department is the worst, particularly reception. **They don't take off their masks even behind a screen, mutter, and look down when you speak to them.** They are rude and not understanding.”*

*“Telephone consultations do not work well for me, **neither does staff wearing masks.**”*

**Three** people suggested the use of a face mask with a clear window would improve their experience when accessing services as it would allow for more effective communication.

*“It would be easier if every health professional who wears a mask with me either removes it or wears a clear mask. **Masks, and clear screens at counters all make the sounds very muffled and hard to hear.**”*

*“**Why do hospitals etc. not routinely have clear visors or masks with clear mouthpieces available** for those with hearing issues?”*



***“Staff shout down the corridor  
and talk to you facing the way  
they are walking. You can't  
read their lips.”***





Across services, it is important that staff show understanding about the needs of people who are d/Deaf or hard of hearing. The delivery of d/Deaf awareness training may support this.

The use of clear face masks may help those who lip-read, allowing more time for communication, being compassionate when people need the information to be repeated, and similar changes can make a big difference to people's overall experience of care.

# AIS compliance – unmet needs

**“GP surgery adding alerts to your records to avoid having to repeat telling them every time. Especially in public areas. I am young and this is hard and has an impact on my wellbeing to keep repeating my disability.”**

**Sixteen** people demonstrated that their communication needs were not being met by services and they needed services to meet their needs without repeatedly needing to ask.

*“They **should automatically supply your needs** when having an appointment.”*

*“The difference between a hearing person waiting for a callback and a deaf person waiting for a callback is **the deaf person has to sit watching the screen on their device for the call whereas the hearing person can just put their phone in their pocket and carry on with things until they call back**, this is a real barrier for deaf people.”*

*“I have an issue hearing the POD that we have to contact for repeat prescriptions, **I asked my GP surgery if they would call the POD on my behalf as I could not hear they said that they would on this occasion only!** This is a problem for me.”*

In order to do this, **nine** people felt the use of a flagging system on patient records would help to alert staff to their needs and preferences – an existing requirement of services under the NHS AIS.

*“**Having my hearing loss flagged** on all communication/appointment info for practitioners.”*

*“**A flag of some sort on records to raise awareness** of my deafness.”*



***“They have access to my medical records and must be able to flag that I am hard of hearing/deaf, yet I have to go through the same explanation every time.”***



# Continued...

**Ten** comments recalled experiences where communication needs were unmet. For instance, services often failed to arrange BSL interpreters or contacted patients by telephone despite this form of communication being unsuitable for them. In one case, a d/Deaf person was told to arrange an interpreter themselves or not attend an appointment with their two young children. As a result, many d/Deaf people relied on family and friends to support them when communicating with services or attending appointments.

*"My husband is deaf and so am I. **He was offered a telephone appointment, but I have told them that he cannot hear on the phone.**"*

*"**My surgery will not provide an interpreter for me when I ask for it.** I rely on my sister and my friend to help me when I have to go."*

*"I am waiting for an operation, and **I phoned to advise them that I needed an interpreter to be provided and they said no to me.** So, I phoned back again, and they said they needed two weeks' notice to get an interpreter, so it's been rescheduled... I am concerned that I will arrive for my operation and there will not be an interpreter there - **this is an additional stress I don't want.**"*

There were also **four** comments that highlighted the need for loop systems to be available when attending appointments, particularly in busy environments. Whilst many services have loop systems installed, they were often unavailable, not on the correct setting, or switched off.

*"The hearing loop **is sometimes not available** or not turned on."*

*"**It should be compulsory for all health provision locations to have a hearing loop fixed in their establishments...** It makes such a difference when having a conversation and has such an impact on the whole appointment to a person who wears hearing aids if there is a loop system is available and switched on. **We should not have to ask for the loop to be switched on, it should already be switched on if they have one.**"*

# Waiting rooms

“Awareness of my condition prior to appointments. A clear and easy way to let me know that I have been called for my appointment.”

**Nine** people felt screens with alert sounds or pagers would improve their experience of being called to appointments. The absence of these tools meant many d/Deaf people struggled to hear their names being called and often left them feeling anxious about missing their appointment.

However, it is important to remember that everyone has different communication needs. So, while screens and pagers might be useful for some d/Deaf people, for others they might not.

*“They do not come out and get you. **It would be helpful for them to come and get me and know up front that I have hearing loss.**”*

*“**It would be so much better if the audio ‘ding-dong’ sound was much louder...**”*

**Eight** people shared negative experiences of waiting in services. They included comments such as:

*“A clinician came out to call people. **It was clear that people who had someone with them did not hear, but the person accompanying them had to prompt them.**”*

*“Please bring back the old screen that tells patients it is their turn. **I do struggle a bit to hear staff clearly, they speak so quickly.**”*

*“Previously, a chime was sounded to alert patients that the next patient was being called and their name would appear on the screen. On this occasion, this did not happen, and I was not aware that I had actually been called until the nurse came into the waiting room and called for me herself. She was very understanding about it, **but this still made me feel embarrassed and awkward.**”*





***“How about using a simple pager system that vibrates/lights up when activated by the doctor? Or scrolling screens, what happened to them?”***





Several comments indicated that people's fundamental rights to accessible support from local services were not always respected. This made it harder for people to navigate services and added to their stress.

This included that patient records were not flagging their needs to staff, and requests for interpreters were either rejected or required more notice than had been practical for the person who needed the support.

# Access to services

**“It is hard to get an appointment as I need to have a face-to-face and not over the phone, as my hearing loss means that I would not be able to do the appointment over the phone.”**

**Thirteen** comments indicated people had struggled to get a GP or hospital appointment. In some cases, people suggested hearing reassessment appointments were too infrequent, despite declining hearing and the need for hearing aid adjustments.

*“I have Meniere’s disease and **need to have a retune of my hearing aids at least every year, but couldn’t get appointments.** NHS hearing services seems to think I should only have a re-test every three years... I need to be able to hear clearly to be able to work and socialise...”*

Often the problem with appointments was related to services relying on telephone contact. Whilst telephone consultations were preferred by some people with Bluetooth hearing aids, they are not an accessible way to access care for most people. Instead, telephone contact presents a variety of challenges for d/Deaf people including accents, background noise, and service quality.

*“The subsequent contact is by phone and with different accents, **I can’t be sure I’ve heard or understood everything said to me.** This is partly because they ring anytime and **there can be all sorts of other noise going on in the background where I am** when they make the call.”*

Therefore, **19** comments suggested that increased availability of appointments, particularly in-person, would improve their experience. A further **14** recommended the use of technology (e.g., texts, emails, and apps) to provide information because contact by telephone often resulted in missed information.

*“I wish all aspects of health care would join up and all use text, and also be aware that I lip-read best. **I know that one of the services has it written down but that is only one service.**”*

# Access continued...

## At the hospital...

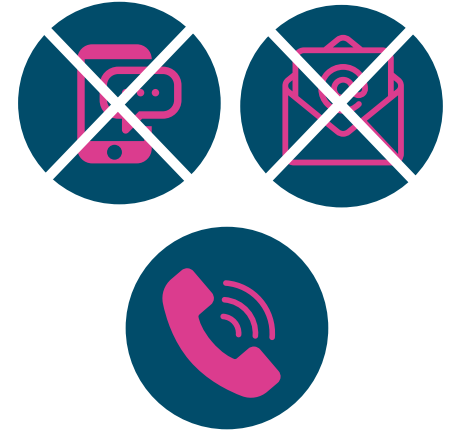
A group of people who needed British Sign Language support to communicate with services told us about the frustrations they experience when trying to communicate with a local hospital. They explained that there is a continued insistence on the use of telephone contact for arranging appointments.

Eventually, letters are received with details of an appointment but the hospital does not know if the person is available (because the insistence on telephone contact means they cannot confirm it with the d/Deaf person). The only way to change the appointment is by telephone, and this means d/Deaf people can be unfairly penalised for missed appointments or cancelling late. Frustrations are compounded by continued phone calls from the hospital to confirm appointments that cannot be answered by the d/Deaf person.

People have also raised concerns that current British Sign Language support at local hospitals is falling short.

*"I believe [the service] is failing the people we support at the point of need; whether this is because of a lack of understanding from NHS services as to how to use the system to book interpreters or inability of providers to source interpreters in a timely manner."*

*"...two d/Deaf people are in need of an eye sight check, yet the optometrist has been unable to get BSL interpreters. This leaves us in the position of the people we support not having the support they should be entitled to."*



### Telephone calls are not accessible


Insistence on telephone contact by services (particularly when people have indicated their communication preferences) is a significant barrier for profoundly d/Deaf people, and can mean people are unfairly penalised when problems arise with appointment systems.






Poor, or inaccessible, communication with d/Deaf people can result in lasting complications, and/or serious impacts on emotional health.

In the community, we heard of one example where a person who needed BSL support to access care was not properly informed about a treatment they were going to receive (because an interpreter could not be arranged). Their lack of awareness about what to expect, and their subsequent treatment, had a profound impact on their wellbeing. Simple measures to communicate better could have prevented this from happening.



***“I don’t like telephone appointments. Even though my Bluetooth hearing aids work well, it often depends on the type of phone the practitioner is using which can affect the quality... because I also use lip-reading and non-verbal cues to make sense of complicated or long conversations.”***



# Help to find support

*“Why don’t hospitals signpost you to where you can access support... I was not born deaf. I became deaf and it’s so hard to adjust.”*

**One** comment described how a person was not provided information about ongoing care and treatment, where they could access replacements or order new tubes for their hearing aids. Furthermore, **seven** comments indicated that people felt information about ongoing care, and their rights to accessible communication, could be improved. For instance, one person recalled not seeing any information about their rights to accessible communication or support when attending a hospital appointment.

*“There is **not one piece of information** about **equality communication or any information on support services available** anywhere.”*

Multiple comments suggested people did not know where they could turn for support whilst adjusting to hearing loss, and the significant changes it had brought to their lives.

*“I am having to relearn everything, and there is no proactive signposting to support in the pathway... so, I just don’t go out.”*

Lastly, it was suggested that all relevant information for d/Deaf and hard of hearing people (e.g., about ongoing care, support networks, how to maintain hearing aids, where to go for equipment replacements or adjustments etc.), should be available together on one dedicate website.

*“All NHS & Health services on **one system so all the information is together.**”*

*“A dedicated site **where ALL information can be searched, and advice is given.**”*

# What would help?

## Improving access to local care

The following recommendations are based on our analysis of what people said could have improved their experience of attending a health and social care appointment.

### 1. Deaf awareness training

Deaf awareness training can help staff to understand more about the challenges people can face if they are d/Deaf or hard of hearing, encouraging compassionate responses to those who have accessible communication needs. Depending on the course, it may also help to equip people with improved skills to communicate with people who are d/Deaf or hard of hearing.

### 2. Improving communication

Staff in services can make simple changes to communicate better with people who are d/Deaf or hard of hearing. For example, making sure people can lip-read if they need to (not talking away from people, or whilst looking at computer screens), enabling access tools that can help (e.g., speech to text applications) instead of shouting. Communication skills training may be available to support this from some providers.

#### Download our tips for local services

Download our summary of ways local services can improve access for people who are d/Deaf or hard of hearing. Our document is based on suggestions from people who took part in our project, as well as information available from other reputable sources (e.g., local charities and other local Healthwatch).





# What would help?

## Continued...

The following recommendations are based on our analysis of what people said could have improved their experience of attending a health and social care appointment.

### 3. Using clear masks and appropriate PPE measures

Services should consider the use of transparent masks, or policies around the use of masks when staff are communicating with those who may rely on lip-reading to understand information about their care. Glass screens and PPE can make it much harder for people to understand what has been said, and to follow direction from health or care professionals.

### 4. Alerting people

d/Deaf and hard of hearing report anxieties about missing information or appointments. Services should consider their systems for alerting waiting patients (e.g., the use of pagers, screens in waiting areas, audible alerts, and other options). We know including reminders for staff to collect people in person can also help to address people's anxieties about this.

### 5. Update records and flag needs to staff

People express to us that they do not want to repeatedly tell services that they are d/Deaf or hard of hearing. It is a lawful right that people should expect to have their communication preferences recorded, flagged to staff and their needs met. Services must consider their process for ensuring this happens as much as possible.

# What would help?

## Continued...

The following recommendations are based on our analysis of what people said could have improved their experience of attending a health and social care appointment.

6.



### Provide a range of contact methods

Often it is difficult, or impossible, for d/Deaf people to use the telephone to book appointments, have consultations, or receive test results. Despite this, people tell us that services have relied on this method irrespective of their communication needs. This prevents people from being able to understand information about their care.

Instead, services must ensure other contact methods are available, and staff should be trained on the different ways people may wish to be contacted. This may include email, online booking, SMS text, textphone, Relay UK, or video relay. People's preference for contact method must be recorded and flagged to staff involved in their care (see AIS service requirements).

7.



### Visible and accessible information

Some people felt it was difficult to access information about help and support for people who are d/Deaf and hard of hearing. This included about their rights to support when accessing care (and how to request it), local support networks and services (e.g., charities, advocacy, hearing assessments, hearing aid maintenance or replacement etc.).

All relevant services should make sure this information is available, accessible and easy to access. This is particularly the case for people who may have developed hearing loss, and may find it hard to adjust to life without hearing.

# Raise awareness

## Access our resources

The NHS Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and that they get any communication support they need from health and care services.

Services are **lawfully required** to provide alternative formats where required, such as braille, large print, and easy read. They must also support people to communicate, for example by arranging a British Sign Language interpreter, deafblind manual interpreter, or an advocate.

## Help us to raise awareness in services

We have developed some online information and resources that can be used to raise awareness of people's rights to accessible information and support. That includes an information card that can be handed to patients to record accessibility preferences, and a poster about people's rights.

We have also created a summary with some top tips for local services to consider based on the results of this research, and information from other sources.



## Know the five rights

Explore our web page with information about people's rights. You can also download our poster to display in services.



## Download our tips for local services

Download our summary of ways local services can improve access for people who are d/Deaf or hard of hearing.



# Sources of further help

## Click the box titles to access more information

All organisations that provide NHS care and/or publicly-funded adult social care are legally required to follow the Accessible Information Standard. It sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

[Click here to find more information](#) about the AIS.

### **RCGP video**

A video from the RCGP, with guidance on the care of patients dealing with hearing loss.

### **Open access e-learning**

eLearning for healthcare, together with NHS England, has created an open access interactive e-learning resource to support all health and social care staff to effectively apply and follow the Accessible Information Standard.

### **Communication Access UK**

Developed by charities and organisations that share a vision to improve the lives of people with communication difficulties.

This initiative is led by the Royal College of Speech and Language Therapists and includes the Communication Access Symbol (a new disability access symbol underpinned by a completely free training package and standards).

### **Sensing Change**

Contracted by Suffolk County Council to provide local needs assessments for people with sensory loss. Sensing Change is also a provider of bespoke awareness training locally.

# Sources of further help

Click the box titles to access more information

## Open access e-learning

e-learning for healthcare, together with NHS England, has created an open access interactive e-learning resource to support all health and social care staff to effectively apply and follow the Accessible Information Standard.

## Deaf Connexions

Provides help, support and training across Norfolk to support Deaf people and their families through the provision of information and communication support.

## Contacting NHS 111 if you have hearing difficulties

Information about how to contact NHS in other ways (including using British Sign Language, or text relay).

## RNID – Tips for GP practices

Information from the Royal National Institute for Deaf people (RNID) with top tips for GP practices.

## Accessible online conferencing

Information from the Royal National Institute for Deaf people (RNID) on the use of accessibility features in online conferencing tools (e.g., Microsoft Teams).

# Sources of further help

Click the box titles to access more information

## Norfolk and Waveney Integrated Care Board learning

Information with advice for local services from Norfolk and Waveney ICB, which completed work with local people who are d/Deaf and hard of hearing, and local support charity.

## Healthwatch Norfolk

Healthwatch Norfolk have developed a Hearing Loss and Deaf Friendly Practice Charter for their local area (together with commissioners). It suggests ways GP practices can ensure those affected by hearing loss are considered across all aspects of primary care activity, including making appointments, attending consultations, and receiving continued care.

# A note on our accessibility

## Our inclusive approach

- This is our inclusivity statement, and a promise to include everybody in our work: “Our differences are not always visible, and we embrace them all with respect and kindness. Healthwatch Suffolk wants everybody to feel equally valued, listened to, seen and heard.”
- Completion of this project has supported Healthwatch Suffolk to improve accessibility to d/Deaf and hard of hearing people and communities.

For example:

- We enabled people to contact us using a British Sign Language video relay service called SignLive. [Click here to learn more](#) about how this service works.
- We have created easy read information about how to join in with our project.
- We engaged with d/Deaf and hard of hearing people and communities at local clubs and networks.
- A project ambassador from the d/Deaf community has supported us to reach people by creating BSL videos for social media. They also helped us to create a [BSL format of our online feedback form](#) so that people can continue to share their experiences of services with us.
- We have sourced BSL interpreters to help with meetings about the project, and to meet with our project ambassador from the community.

**We continue to learn, and we will be responsive when people tell us we can do things differently.**