Improving the Experience at the Doctors' Surgery for Patients Affected by Hearing Loss and Deaf Patients in Norfolk and Waveney.

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Please contact Healthwatch Norfolk if you require an easy read; large print or a translated copy of this report.

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Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Summary

Why and how we looked at this

Healthwatch Norfolk was commissioned by Norfolk and Waveney Clinical Care Group to explore how digital technology could improve access to primary care for people who are Deaf or affected by hearing loss. We did this by conducting a public survey and through interviews with those who are Deaf or affected by hearing loss and through consulting with stakeholders.

What we found out

The results of the survey showed that most people who are Deaf or affected by hearing loss always or sometimes have difficulty making appointments, knowing when the doctor is ready for them and communicating with their doctor. The results showed that most people use some type of technology in their day to day lives and that most respondents were open to trying out technology in their surgery to aid communication. Visual display screens were identified as being particularly helpful in the waiting room. People were particularly interested in personal listening devices and neck loops as digital tools that could improve their communication.

Feedback from the survey and interviews identified that a lack of awareness of the issues faced by those who are Deaf or affected by hearing loss exacerbates the barriers to communication. Respondents expressed frustration that staff still chose to telephone them even though their records should show that they were Deaf or had hearing loss. The barriers for those who use British Sign Language (BSL) as their first language are greater as not all BSL users are confident with the written word. Easy access to BSL Interpreters is vital for BSL users.

The COVID-19 pandemic has added some additional barriers for those who are Deaf or affected by hearing loss, mostly commonly the use of masks, which make it harder to hear and understand people but also hinder those who rely on being able to lip-read. Many people with hearing loss rely on "informal" lip-reading to enhance their communication. The COVID-19 pandemic did mean that some surgeries increased their use of their websites to make appointments, which was broadly welcomed.

What this means

As a result of the feedback from the survey, interviews, and consultation with stakeholders a pilot project was designed to run in a number of doctors' surgeries that expressed an interest in participating in the pilot. Participating surgeries were asked to read and adopt the "Hearing Loss and Deaf Friendly Charter", which was developed to give guidance and information on what doctors' surgeries should have in place to improve their accessibility for those who are Deaf or affected by hearing loss.

The steps identified in the Charter included hearing loss awareness training for staff, improvement in the information held on the patient record about hearing loss, improving accessibility to booking BSL Interpreters for appointments, providing information on support for hearing loss and mental health issues.

The doctors' surgeries that signed up to the pilot were issued with three pieces of technology to use with their patients: vibrating pagers, personal listeners, and portable hearing loops. We asked the surgeries to complete a survey on how they found using the equipment and to get feedback from the patients. The pilot project ran for a period of six weeks.

Staff and patient feedback on the equipment was positive. The personal listening devices appear to have been the best received. The vibrating pagers were useful in helping to manage social distancing by allowing patients to wait away from the waiting room, which was helpful to those who were anxious about contact with others.

Norfolk and Waveney CCG funded Hearing Loss Awareness training for the surgeries that participated in the pilot project. All the surgeries accessed this training for their staff and feedback showed that it increased awareness and that staff had a better understanding how to communicate with those who are Deaf or affected by hearing loss.

Following the end of the pilot the participating surgeries are keen to continue to provide the technology for their patients to use as they have experienced how it can positively improve communication.

1. Why we looked at this

In the UK there are 12 million adults living with hearing loss and this is equivalent to one in five adults, (ONS, 2020). By 2035, the Royal National Institute for Deaf People (RNID) estimates that there will be approximately 14.2 million adults with hearing loss living in the UK (RNID, 2020).

Hearing loss can have a major impact on daily functioning and quality of life. It can affect communication, social interactions, and work life, leading to loneliness, emotional distress, and depression (Maru et al., 2021).

When it comes to using healthcare services, it is vital that people affected by hearing loss and Deaf people have the same level of access as hearing people.

There is a clear legal foundation for providing access to healthcare services for people with hearing loss. The Equality Act 2010 requires service providers to make reasonable adjustments to make their service accessible for people who are disabled, and states that they must anticipate and promote these adjustments, rather than make them on a responsive basis.

According to the Accessible Information Standard (2016), it is important that doctors' surgeries are accessible (NHS, 2017). All primary healthcare providers have a responsibility to ensure digital access to their services, regardless of a patient's health condition, disability, impairment, or sensory loss, is accessible so that patients get information that they can access and understand and that they get any communication support they need from health and care services.

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly funded adult social care are legally required to follow the Accessible Information Standard. The Standard 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, (NHS, 2017).

In a recent survey conducted by the RNID more than 70% of respondents reported that they *"did not feel confident that their communication needs would be met during remote appointments"* [using digital tools to access primary healthcare] and over half admitted they had *"put off"* seeking advice from their doctor because of issues with communication, meaning they were at risk of missing out on vital medical care (RNID, 2008; RNID, 2018).

It can be difficult to book or attend a doctor's appointment if you are affected by hearing loss or are Deaf, especially if requests need to be made via the telephone. Often, individuals need to be assisted by a friend or family member

to make or attend the appointment. This is not always convenient or appropriate for the individual, who may wish to maintain privacy around their treatment. It should be the case that people that experience hearing loss and Deaf people can both make and attend healthcare appointments independently and take control of their treatment.

Healthwatch Norfolk was commissioned by Norfolk and Waveney Clinical Commissioning Group (CCG), to engage with people affected by hearing loss and Deaf people, to explore how digital technology could be used to make booking appointments and visiting their doctors' surgery easier.

Examples of digital technology covered within this project include using: a smartphone, tablet, the internet, an app, hearing aids or an induction loop to book or attend a doctor's appointment.

Healthwatch Norfolk designed a survey for the public to find out more about the challenges faced by people with hearing loss and Deaf people in making and attending GP appointments.

We wanted to know:

- How people with hearing loss and Deaf people rate their skill level with using technology.

- What difficulties people with hearing loss and Deaf people encounter when:
  - making appointments with their doctors' surgery.
  - attending appointments at their doctors' surgery.

- What types of digital technology and support people with hearing loss and Deaf people already use when:
  - making appointments with their doctors' surgery.
  - attending appointments at their doctors' surgery.

- What types of digital technology and support people with hearing loss and Deaf people would like to use when:
  - making appointments with their doctors' surgery.
  - attending appointments at their doctors' surgery.

- Whether their doctors' surgery already has anything in place that makes booking or communicating during an appointment easier.

The project plan was to identify digital technologies that could improve access to doctors' surgeries for people with hearing loss and Deaf people, based on the report findings and pilot these technologies within several doctors' surgeries.

Feedback from the survey, interviews and from the steering group helped us to identify three pieces of technology that could help making a booking or communicating during a doctor's appointment easier. It also became clear that there was a need for training to help raise the awareness of practice staff of the challenges for people with hearing loss and for a more holistic approach to be taken. Therefore a "Charter for Hearing Loss and Deaf Friendly GP Practices" was developed, which covered the key things that doctors' surgeries should implement to improve the experience of patients who are Deaf or have hearing loss.

Therefore, Healthwatch Norfolk and Norfolk and Waveney CCG designed a pilot scheme to run in eight doctors' surgeries in Norfolk and Waveney. The surgeries agreed to sign up to the Charter, follow the recommendations in the Charter and trial the three pieces of digital technology.

The results are evaluated in section 3 of this report.

> **Please note:** this project involved people affected by hearing loss and Deaf people. We have used the term 'Deaf' with a capital D to refer to people who have been deaf all their lives, or since before they started to learn to talk, as this is the term that Deaf people use for themselves. It is an important distinction, because Deaf people tend to communicate in British Sign Language as their first language. There is a strong Deaf community within the UK, with its own culture and sense of identity, based on a shared language.

This project was led by Rachael Green (Healthwatch Norfolk) with special thanks to Cindee Crehan for her support and involvement on this project and the wider Healthwatch Norfolk team.

The project and digital technology pilot were a joint venture with the Digital First Primary Care Team at Norfolk and Waveney Clinical Commissioning Group. Healthwatch Norfolk worked closely with Viv Phillips, the Digital Projects Manager within the Digital First Primary Care Team. The project would not have been possible without her input, and we would like to say a special thank you to Viv for her involvement!

2. How we did this

2.1. Methodology

This project aimed to find out how patients with hearing loss and Deaf patients experience of accessing their doctors' surgery and if introducing digital assistive technology into their doctors' surgery could make this experience better. Feedback was gathered via three qualitative methods: a survey, one to one interviews and a focus group.

2.2. Steering Group

Healthwatch Norfolk set up a steering group comprised of representatives from relevant voluntary organisations supporting Deaf people and those affected by hearing loss in Norfolk and Waveney and patients with lived experience. The purpose of the steering group was to support the progress of the project by supporting the engagement with wider stakeholders, support the development of the survey and project communications and help the HWN project team overcome any barriers or issues they may face through problem solving, advice and support.

2.3. Survey

Healthwatch Norfolk compiled a survey with a series of questions to get feedback from the public and meet the aim and objectives of the project. An online survey was deemed the best way to collect information to allow for as wide a reach as possible, and to ensure consistency and ease of analysis. The survey was available online through SmartSurvey, in paper form and easy read. There was also the option to call Healthwatch Norfolk so that the survey could be completed over the telephone. This was to ensure that those who may be digitally excluded had the chance to take part. There was another option for people that use British Sign Language as their first language to contact local organisations (Deaf Connexions and the West Norfolk Deaf Association) to access a BSL Interpreter who would assist them with completing the survey.

Most responses (143) came from members of the public completing the survey online which ran from 31st July 2021 to 15th September 2021. 40 paper responses were completed through engagement with local hospitals and through a local charity (Hear for Norfolk) totalling 183 responses in total.

The survey was promoted via Healthwatch Norfolk's social media channels (LinkedIn, Facebook, Instagram, and Twitter), our Healthwatch Norfolk website and our newsletter, in audiology departments at the local hospitals, through the mobile Hear For Norfolk Hearing Support Service, through stakeholders on the steering group and via a survey link on Footfall.

Patient involvement and Consent

Participation in the survey was entirely voluntary and anonymous, however, to complete the survey participants had to give their consent for their answers and feedback to be shared. If participants wanted to leave more in-depth feedback or leave any comments on the survey itself, they were advised to contact Healthwatch Norfolk at: enquiries@healthwatchnorfolk.co.uk

Survey Data Analysis

The survey comprised of a range of question types (including multiple choice, closed-ended, and open ended), so analysis was broad to reflect this spectrum. Answers where respondents could type their own comments, were analysed using thematic analysis in NViVO. This enabled participants' free text responses to be coded to establish themes, which are reflected in section 3 of this report. Comments in this report are direct quotes from survey respondents and these have been left unchanged to ensure originality. Percentages in this report are rounded to the nearest whole number.

A copy of the survey questions can be found as appendix 7.1.

2.4. Interviews

To obtain more in-depth information and opinions regarding patients affected by hearing loss and Deaf patients' experiences of digital access to their doctors' surgeries, Healthwatch Norfolk conducted ten one to one, semi structured interviews and three interviews with British Sign Language Interpreters either online via MS Teams or in person, according to COVID-19 restrictions present at the time. This enabled more detailed data to be collated through open-ended responses from participants, provided an opportunity for Healthwatch Norfolk to learn about a patient's experience in more depth and allowed participants time to open up about their experiences.

The interviewer had a list of broad topic areas and questions that mirrored the contents of the online survey, to cover during the interview process. The interviews varied in length from just ten minutes to up to an hour depending upon the experiences of the participant and the extent of their use of digital tools to access their doctors' surgery. There was another option for people that use British Sign Language as their first language to contact local organisations (Deaf Connexions and West Norfolk Deaf Association) to access a BSL Interpreter who would assist them with a one-to-one interview.

Patient involvement and Consent

People that completed the survey who expressed an interest in participating further with the project and consented to being contacted to talk about their experiences in more detail were contacted for interview.

Interview Data Analysis

The interview transcripts were analysed using thematic analysis in NViVO and the themes are reported in section 3. A copy of the interview questions can be found as appendix 7.2

2.5. Focus Groups

Healthwatch Norfolk conducted a face-to-face focus group with Deafblind participants to explore how accessible their doctors' surgery is. Whilst the pre-set questions were asked in a particular order, their open-ended nature encouraged a conversation to form amongst the group participants. 20 participants were asked about their experiences of making and attending appointments at their doctors' surgery. The focus group information can be found in appendix 7.3.

The focus group was used in this research because it enables and encourages participants to provide fuller answers to questions through guided conversation. Focus groups are also a more accessible way of engaging with participants who may be more confident talking rather than writing in a survey. Group settings also encourage fuller conversations in terms of participants interacting with and responding to each other, rather than just the interviewer.

Patient Involvement and Consent

A British Sign Language (BSL) signing social group was contacted following contact with one of the members of the group. The group consented to participating in the project and to being contacted to talk about their experiences in more detail.

The focus group was held face to face according to current COVID-19 regulations and the conversations were recorded using a Dictaphone, with prior consent from the participants. The focus group comprised of 20 Deafblind participants.

Focus Group Data Analysis

The focus group transcripts were analysed via NViVO using thematic analysis and the themes are reported in section 3 of this report.

3. What we found out

Survey Results

An online survey was set up to receive feedback from the members of the public who have hearing loss or are Deaf regarding their experiences of accessing primary care. The survey was open from the beginning of August to mid-September 2021. Hard copies of the survey were also made available and distributed by other stakeholders.

The Respondents

A total of 183 people completed the survey. Most respondents who gave their age, were aged 56 years or over. Seven people skipped this question and one person said they would prefer not to say. 26 (15%) people were aged 55 years and under.

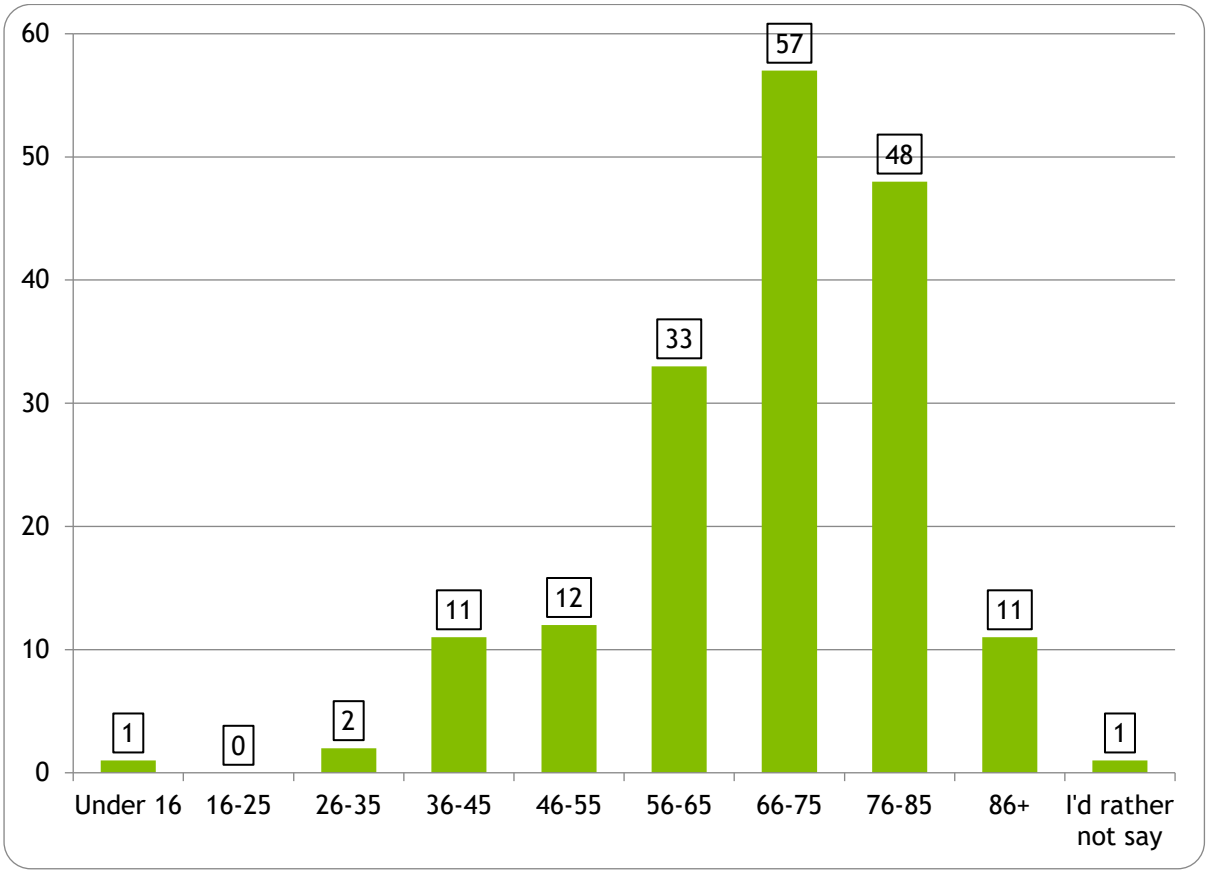

Figure 1 This graph shows the age range of the people that completed the survey.

Of the 174 respondents who responded to the question "what is your gender?", there were slightly more women than men, with 89 (51%) women respondents and 81 (47%) males. One person identified as a trans man. Three people (2%) chose not to say, and nine people did not answer.

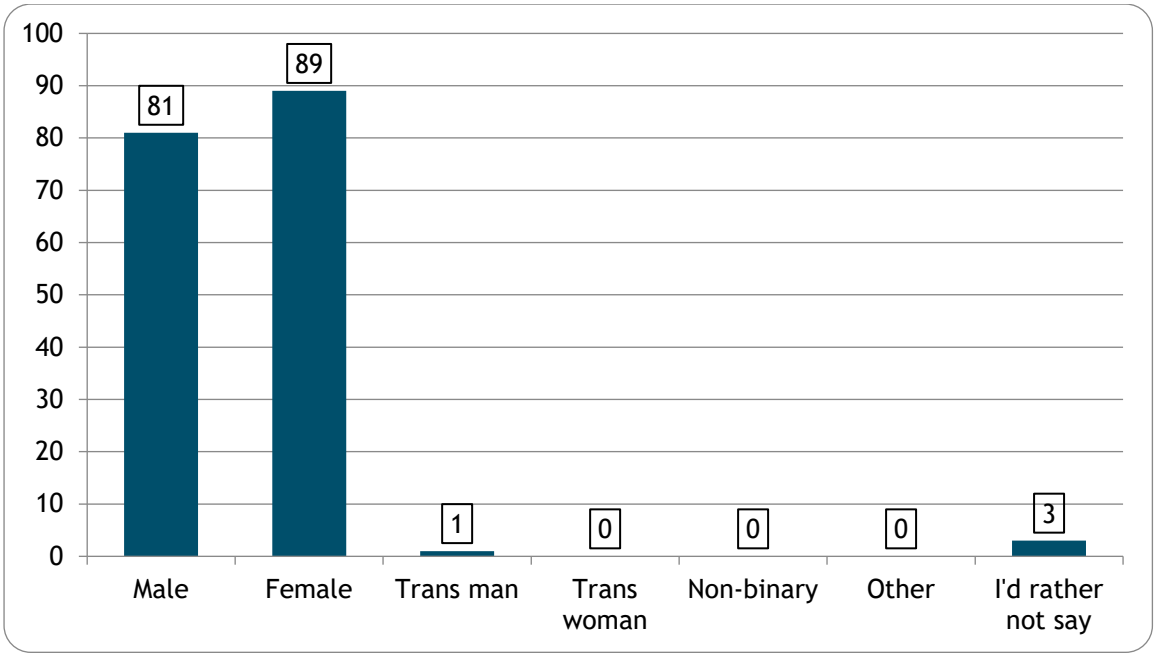

Figure 2 This graph shows the gender identity of those who responded to the survey.

100 (58%) of people considered themselves to have a disability, 60 (35%) people said they did not and 11 (6%) of people preferred not to say. Twelve people skipped this question.

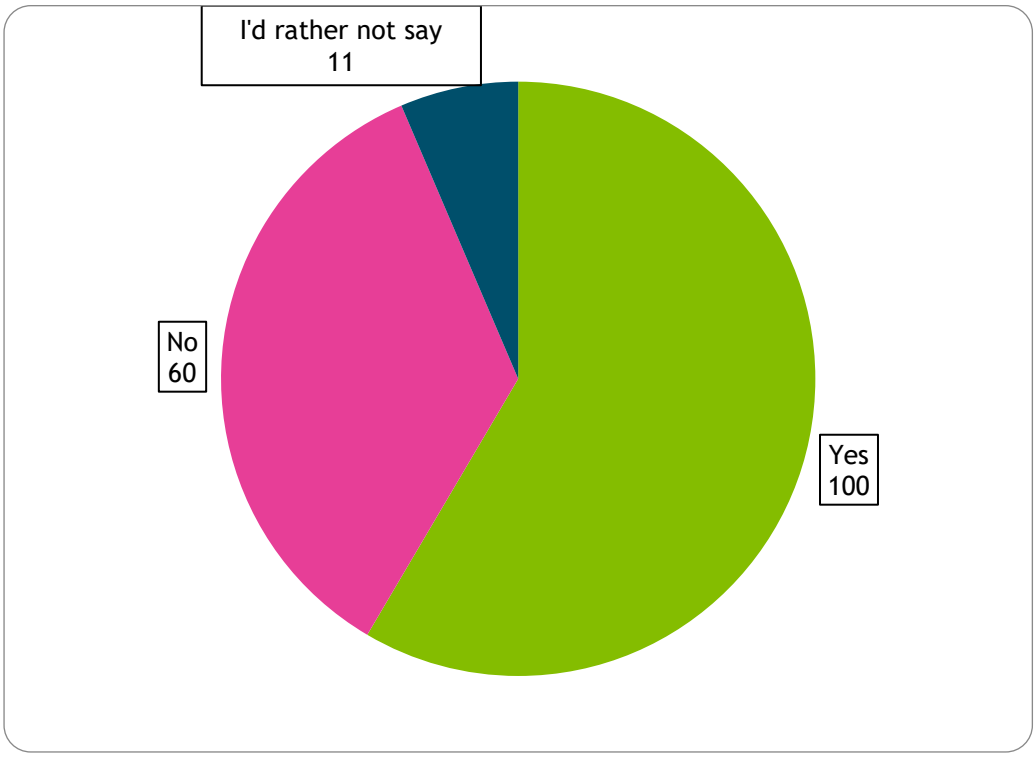

Figure 2 A graph showing people's response to the question "do you consider yourself to have a disability"?

People's Experience of Hearing Loss

We asked people when they first experienced hearing loss. There was a broad range in the age that this happened, from birth to 85 years. 59% of respondents experienced hearing loss over the age of 46 years. Three people skipped this question.

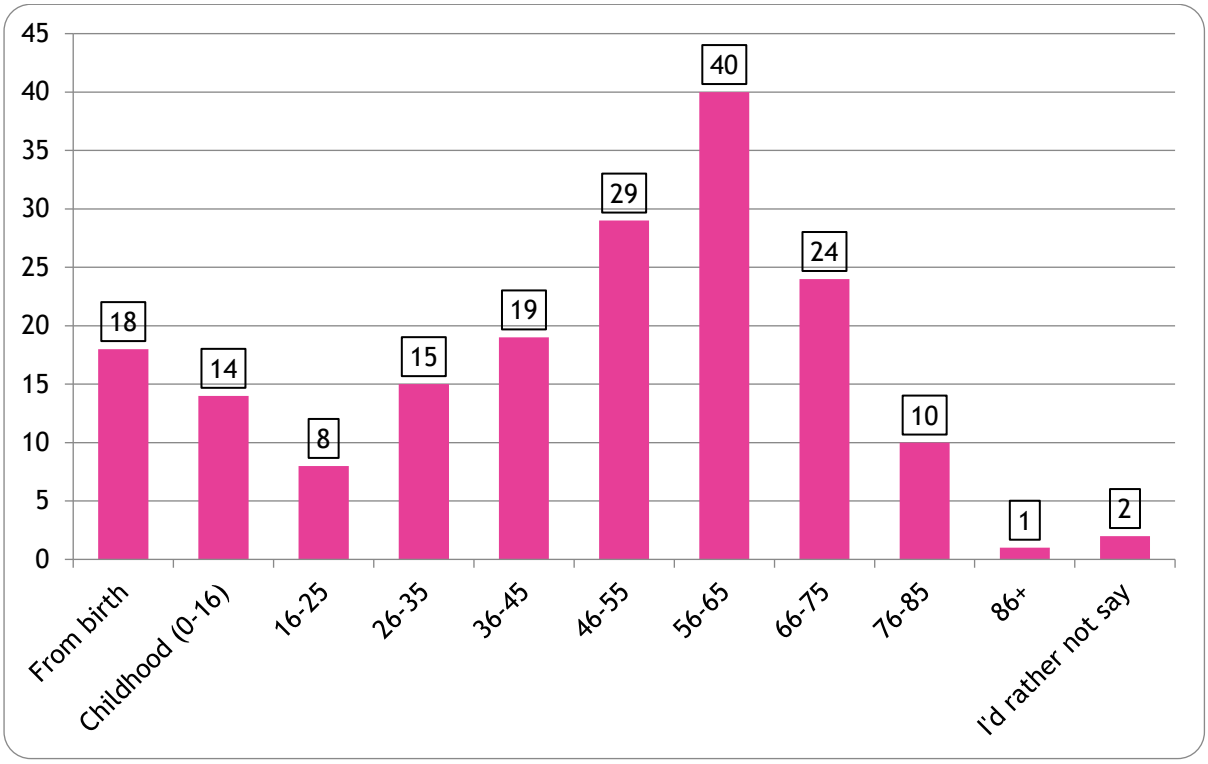

Figure 3 This graph shows the age that people were when they first experienced hearing loss.

83 (46%) of respondents had moderate hearing loss, 68 (38%) people had severe hearing loss and 29 (16%) had profound hearing loss (over 95dbl). Three people skipped this question.

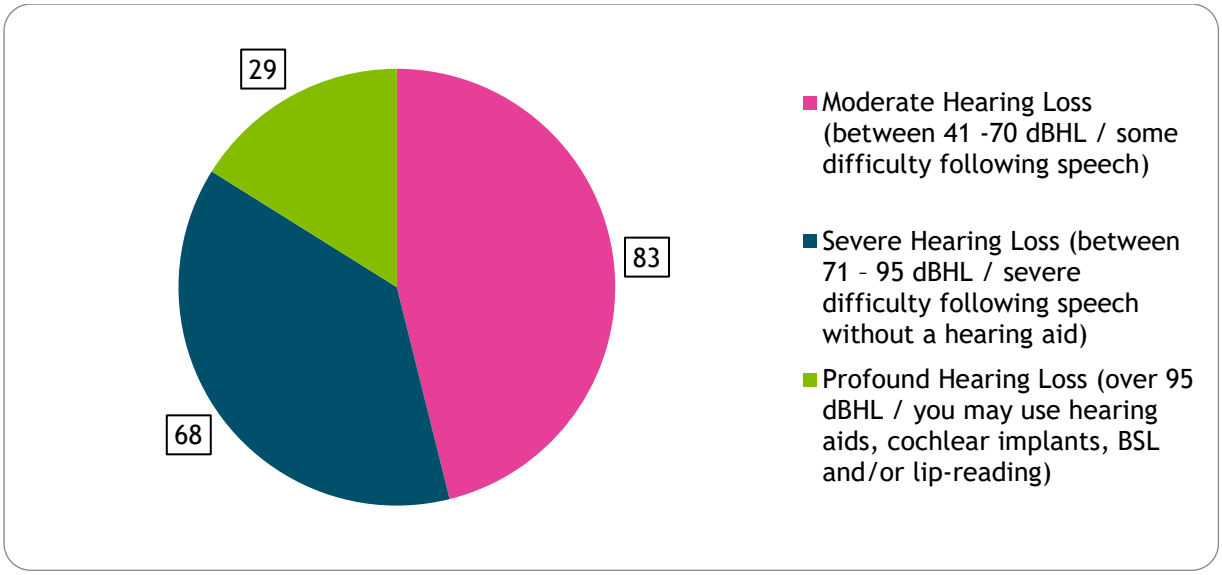

Figure 4 This graph shows the levels of hearing loss of the respondents.

People's Use of Technology

We wanted to understand people's use of technology generally and asked them what their skill level was in using technology. 59 (33%) of people described their skill in using technology as good, with 80 (44%) of people stating that they were average. 15 (8%) of people stated that they did not use technology at all and 26 (14%) of people felt they were poor at using technology. Three people skipped this question.

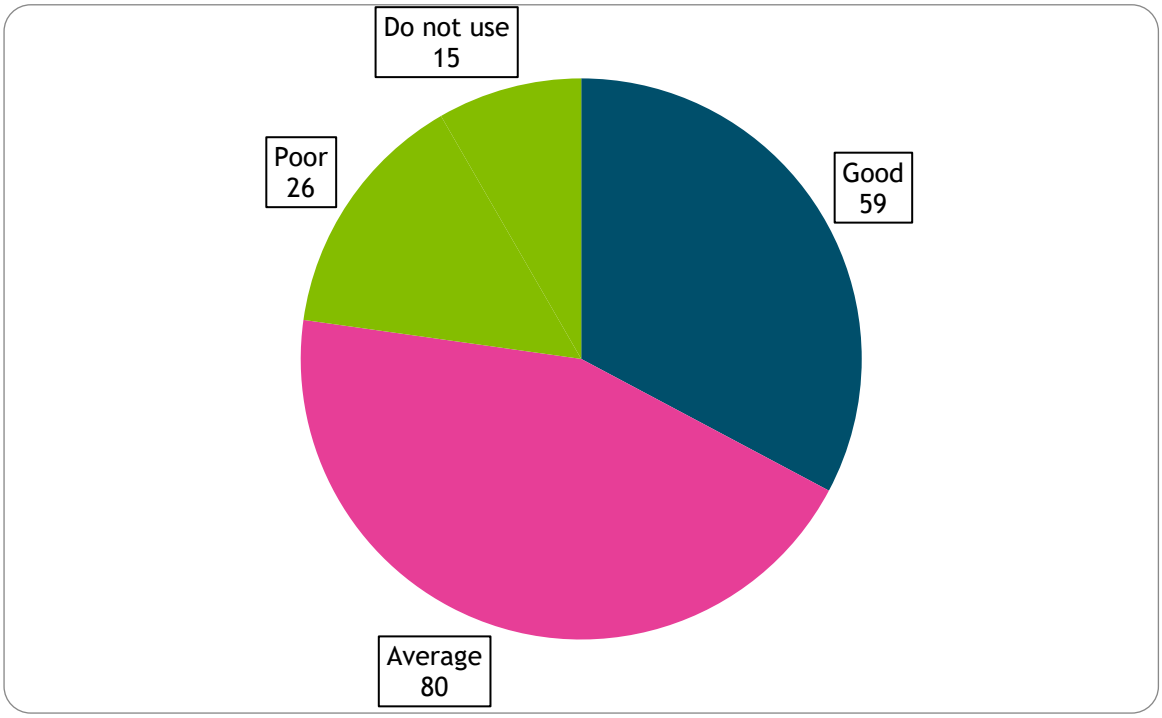

Figure 5 This graph shows how people described their skills level in using technology.

We asked people about the types of technology that they generally used. Smart phones are used the most, with 129 (76%) of respondents using a smart phone and 118 (91%) of these using it daily. However, 40 (24%) respondents had never used a smartphone.

Tablets were also used by 114 (71%) of people, with 91 (80%) using them daily. 98 (64%) respondents used a laptop and 68 (48%) used a computer.

18 (10%) of people that responded to this question did not use a smart phone, tablet, laptop, or PC. Three stated that they used other technology, two used a fax machine and one replied *"just the phone"*.

15 people did not use any technology at all. Of these 15 people, five described their hearing loss as profound, five stated it was severe and seven said moderate. One person did not respond to this question.

11 of these respondents were 76 years or older, two were aged 66 – 75 years and two were aged 36-45 years. Three people did not give their age.

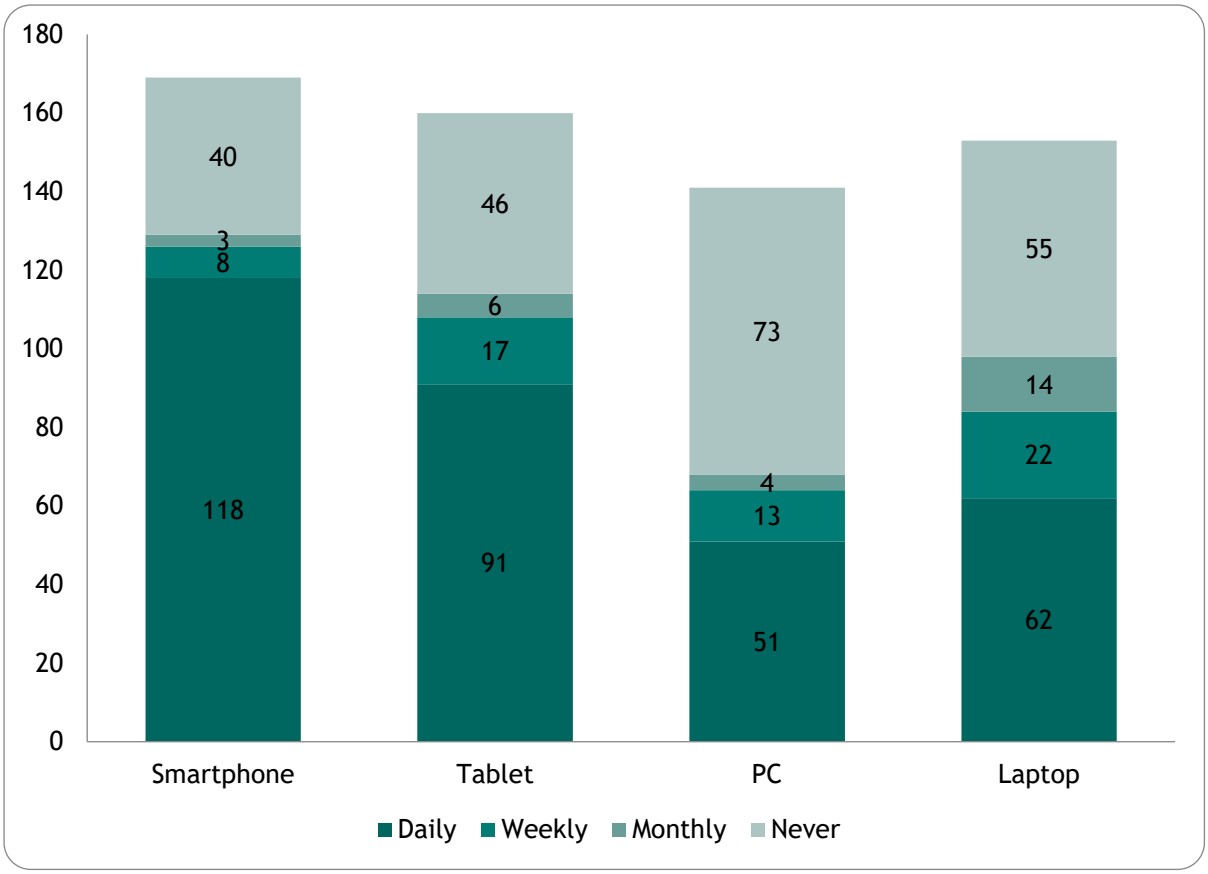

Figure 6 A graph showing people's use of technology and how often they use it.

32 (18%) people responded that they used other technology. This technology included use of the phone, including a mobile phone, Bluetooth equipment, hearing aids, personal hearing loops / listening devices and fax machines.

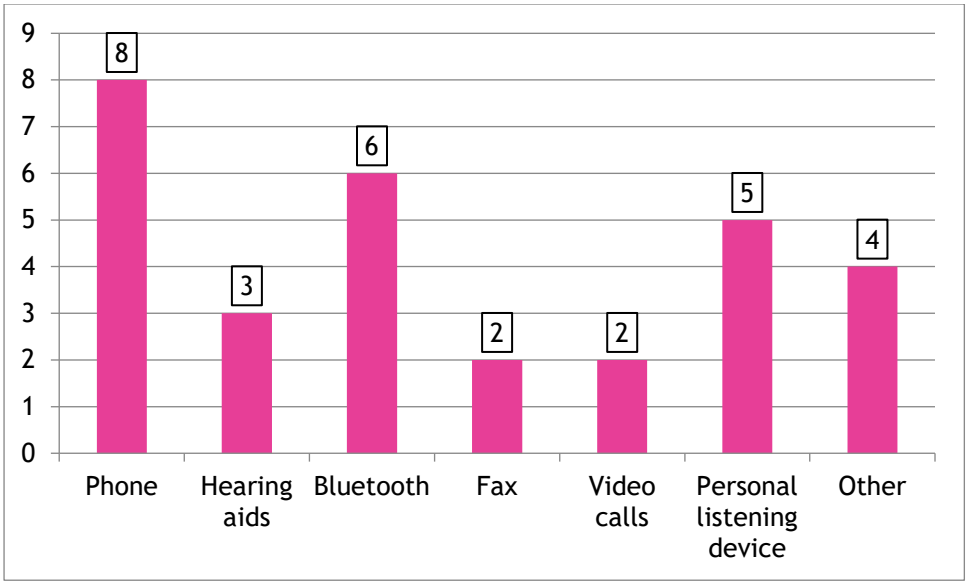

Figure 7 This graph shows the other types of technology that people use.

The other four items included the following:

- Music writing programmes and Bluetooth
- Mac (*sic*)
- TV using subtitles.
- Loud ringing, light flashing doorbell, vibrating, flashing smoke alarm

One person stated, *"I struggle with all"* and one stated *"Lip reading just no mask or a spy hole in the mask please"*.

People's Experiences of Making Appointments

We asked if people experienced difficulties in making appointments at their doctors' surgery. 33 (18%) people stated that they never had any difficulty making appointments, with 95 (52%) people stating sometimes and 54 (30%) stating that they always had problems making appointments. One person skipped this question.

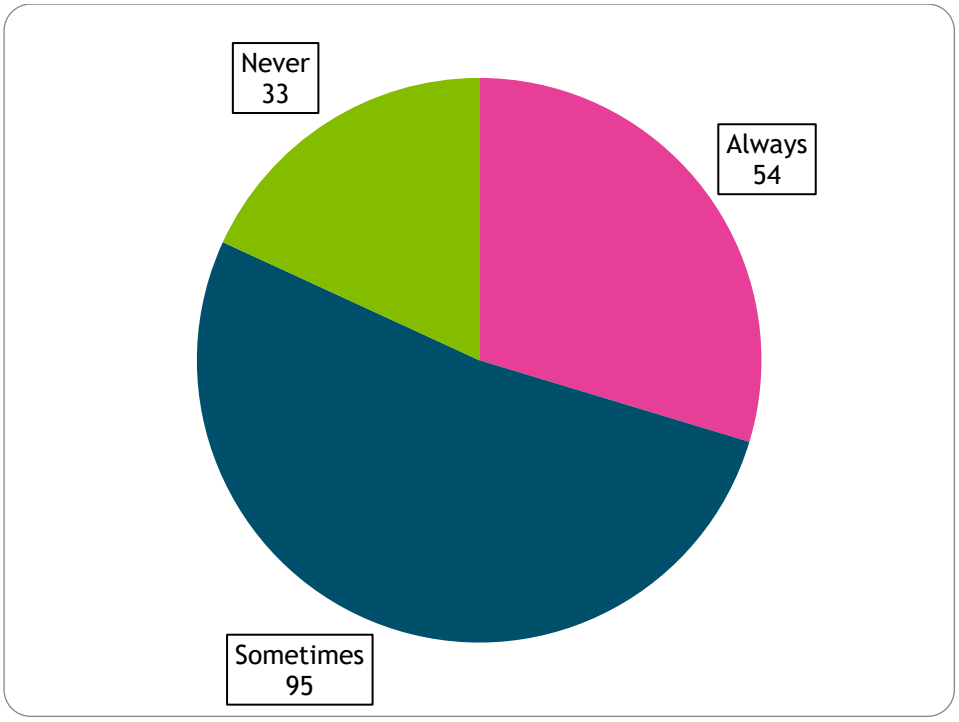

Figure 8 This graph shows how often people have difficulty making an appointment with their doctor's surgery.

Those People Who Always Struggle to Make an Appointment

We looked at the data of the 54 people who always struggle to make an appointment with their GP; this included ten of the people that do not use smart phones, tablets, laptops, or PCs.

There were more men than women in this group – 27 (50%) men and 22 (41%) women. This does not reflect the percentage of overall respondents to the survey, which had a higher percentage of women completing the survey.

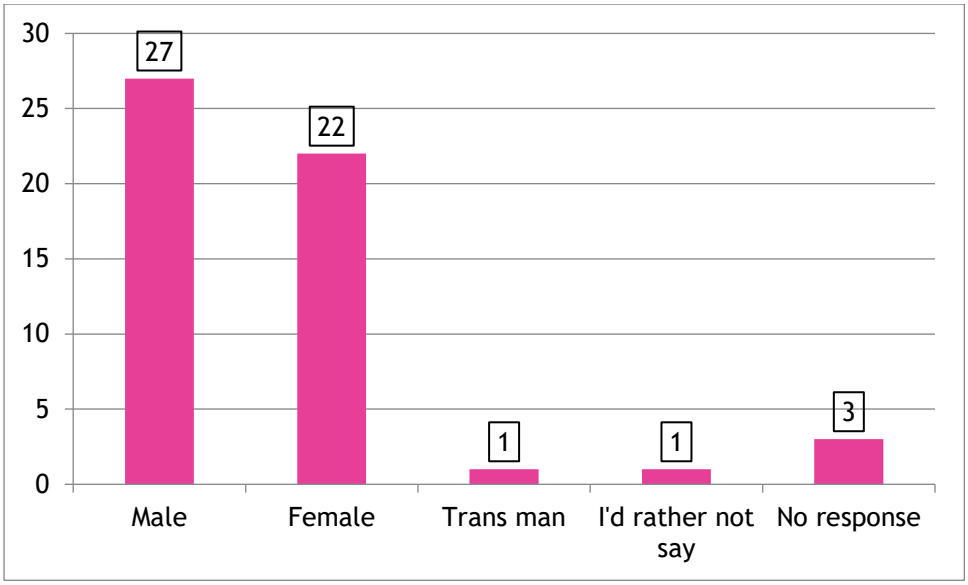

Figure 9 This graph shows the gender of the 54 people who always have difficulties making an appointment.

The age range of those who always struggle to make an appointment appears to increase with age, with the largest group being over 76 years.

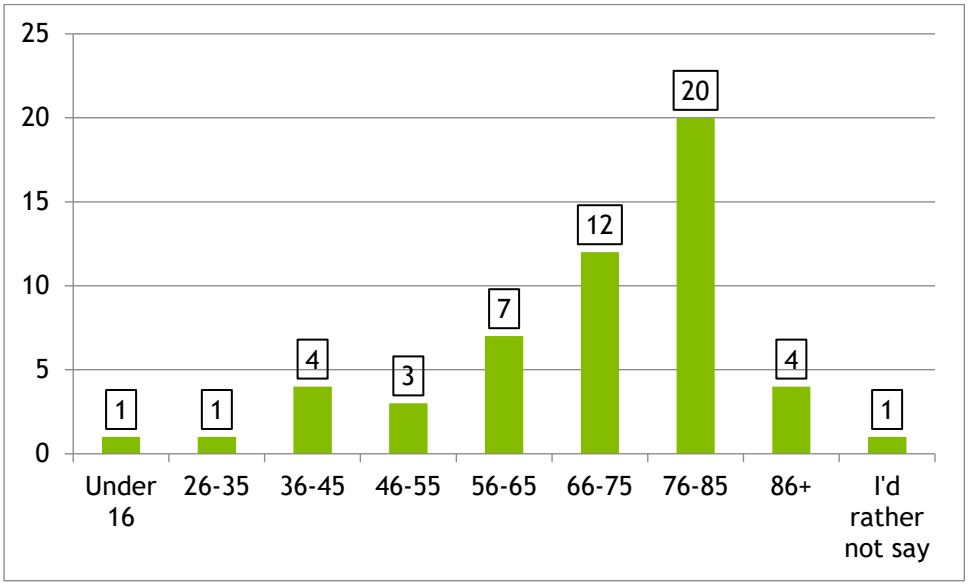

Figure 10 This graph shows the age range of those people who always struggle to make an appointment.

The reported levels of hearing loss of this group of respondents were 18 (33%) people with profound hearing loss, 24 (45%) with severe hearing loss and 12 (22%) with moderate hearing loss.

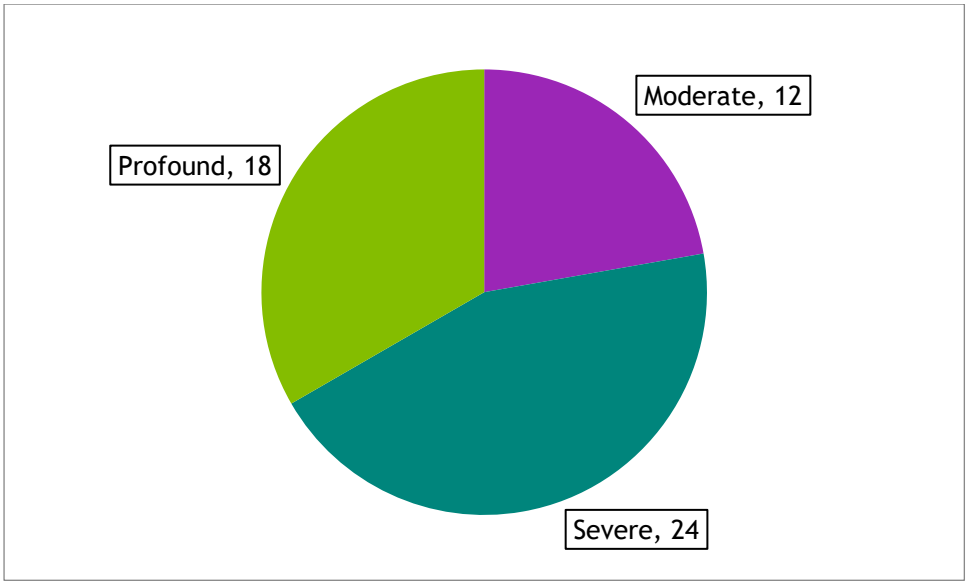

Figure 11 This graph shows the levels of hearing loss of those who always struggle to make an appointment.

How People Make an Appointment

People used a variety of ways to make their appointment at their GP surgery, with most respondents, 98 (54%) of people used the telephone to make their appointment. 87 (48%) used the GP surgery website. 42 (23%) people used email and 31 (17%) made the appointment in person. 38 (21%) people asked a relative to help them and 5 (3%) sought help from an organisation such as Deaf Connexions to assist them. One person used a support worker to make the call and one person used an interpreted telephone call. Nine (5%) people said they used other means to make the appointment:

- Reception has a portable loop, but doctor's office does not as far as I'm aware
- My cleaner or a district nurse may help
- My Wife
- Difficult to get an appointment
- No other options are available
- Use mobile with Bluetooth
- My wife phones for me

Three people skipped this question and four (2%) people said they didn't use any of the options.

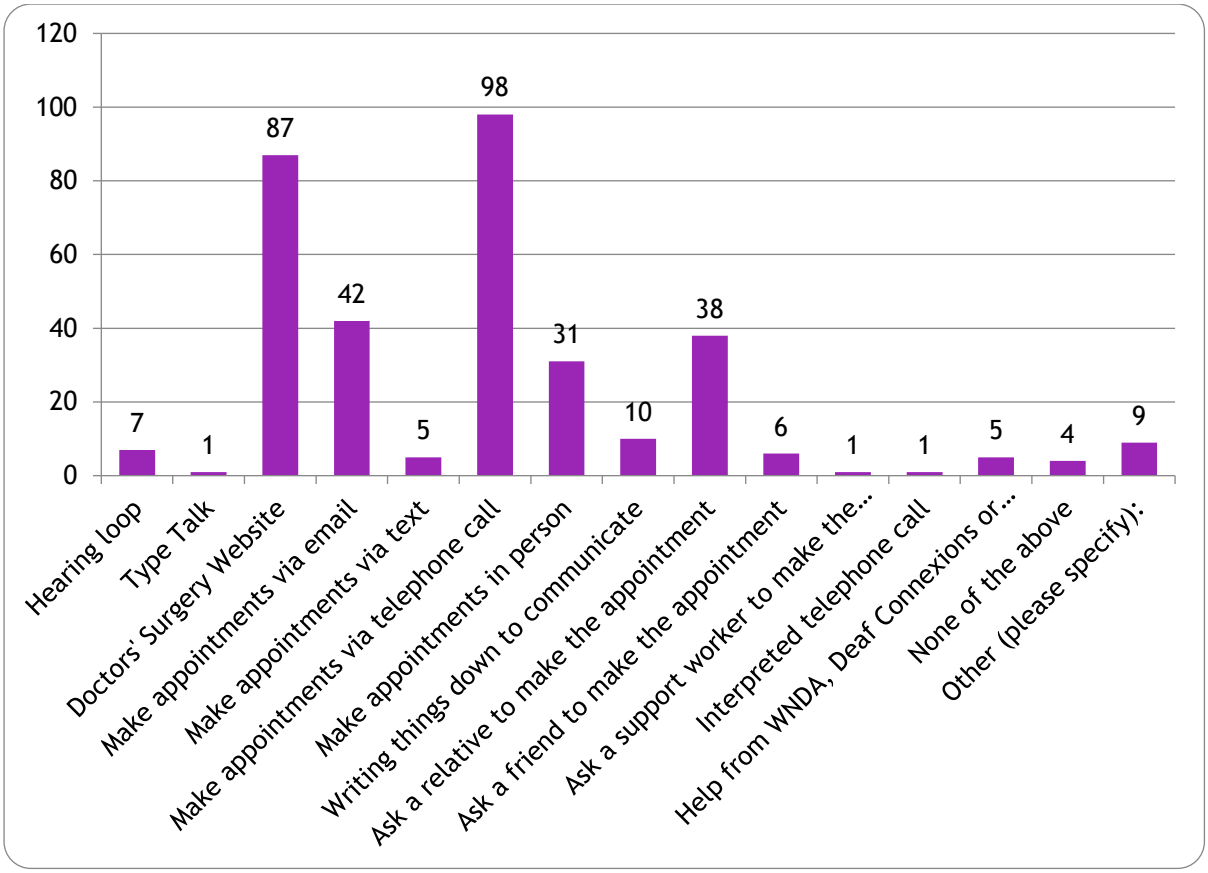

Figure 12 A graph showing how people make their appointment.

Patients with hearing loss reported that when they are making appointments, it can often be made more difficult by the speed, volume, and way they are spoken to by reception staff.

> I'm all right if someone speaks at a reasonable speed … but some of the receptionists-- well, people will speak too quickly, and that does give me a bit of a problem.

Barriers to Accessing Doctors' Surgery

The first physical barrier reported by survey respondents was the ability to access their doctors' surgery, which due to COVID-19 saw many surgeries locking their front doors and requiring patients to ask for access via an intercom.

> You walk up to the door which is currently locked, and then you push a button and you have to then kneel down to waist level to actually get close to the box because that's where they put it, and then having got down to that particular level and you then push the button, wait a couple of minutes and

somebody says, "Hello. Are you there?" and it's difficult to hear if you have hearing loss, and I say, "Yes, it just didn't push itself.

Experiences in the Waiting Room

We asked people if they had any difficulty knowing when the doctor or health practitioner was ready for them. 53 (29%) of people stated that they never had difficulty, but 37 (21%) stated that they always had difficulty and most people 91 (50%) said that they sometimes had difficulty. Two people skipped the question.

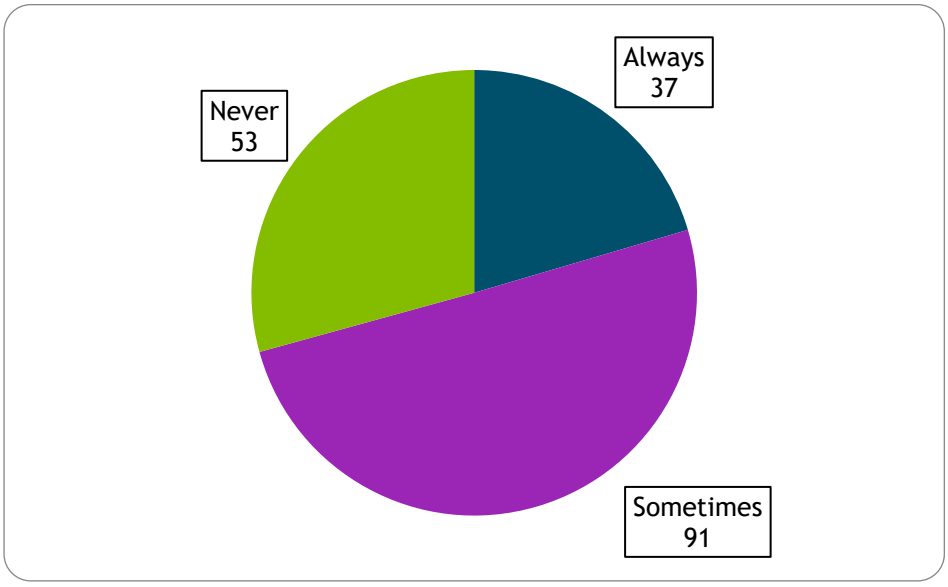

Figure 13 This graph shows how frequently people have difficulty knowing that the doctor or health practitioner is ready for them.

We asked people to tell us why they thought this is the case and 102 (72%) of people responded.

Difficulties were simply that "***I can't hear my name being called***" – or issues around lack of clarity of speech. 43 people told us this (just under half of those who left a comment).

- *"Someone comes personally to call me in from the waiting room, they are sometimes indistinct."*
- *"I don't always hear my name being called and constantly looking around to see who comes out to call the next patient so I can also lip read."*
- *"If my name is called out (in-person or via intercom/loudspeaker) I sometimes do not hear the announcement at all or, if I hear it, I often mishear the name called. Sometimes I find myself getting up and heading for the consulting room door with another patient whose name I have misheard as my own. Very embarrassing (sic)."*
- *"Not very clear when calling (your) name"*

Similarly, patients shared that they struggled to hear when the **waiting room was noisy**.

- *"I have problems in certain environments/ space/ background noise level & also with my type of hearing loss I cannot understand what is being said."*
- *"Depends on the level of noise around me which thankfully in the practice waiting area is usually quite low."*
- *"There is usually a radio or other patients waiting that make it difficult to hear."*
- *Noisy Environment, difficulty in hearing*

Some patients also told us that it depended on their **distance and position** from the person making an announcement.

- *"I may have my back turned due to the seating arrangements at the surgery and therefore miss the visual clue."*
- *"There are two waiting rooms covering a row of consulting rooms and the staff come out to call you in so if they're at the far end of the row it may not be easy to hear"*
- *"Unless the doctor comes right into the waiting area to say who is next, it is almost impossible to hear them. This can be embarrassing. I have to hope that the other people can hear - and if no one gets up at a certain point, then it is likely to be my turn. It doesn't help that I have an unusual surname, which is often mispronounced."*

Tannoy systems were seen as difficult to understand by 8 patients.

- *"Difficult to hear audio announcement - poor quality sound."*
- *"Sound system not too clear"*

91 people identified things that made it difficult. We grouped these responses into key issues that people identified as making it difficult to know when the doctor or health practitioner is ready for them. 34 (37%) stated that they couldn't hear their name, with nine (10%) people stating that it was because of poor clarity of speech. 13 (14%) identified issues with background noise, such as radios and noisy waiting rooms making it difficult and 13 (14%) referred to problems with the display screen.

Screens were mainly viewed as a positive way to know when it is time to go in, however difficulties were raised because they were **unable to hear the screen beep** which meant they had to keep watching constantly or when the screens were not working.

- *"My doctors do not have a screen to watch out for your name to come and i dont hear being called", (sic).*
- *"My surgery used to use a digital board which would ping and show the name of the person being called, which was much better for people with hearing loss as even if you couldn't hear the ping you could just watch the board for your name."*

- *"Name is displayed on a screen. I need to constantly watch the screen but this is a much better option than relying on being called."*
- *"If name is called may not hear, if it comes up on display need to be vigilant as don't hear the ping", (sic).*
- *"Do not always hear the chimes on the screen"*

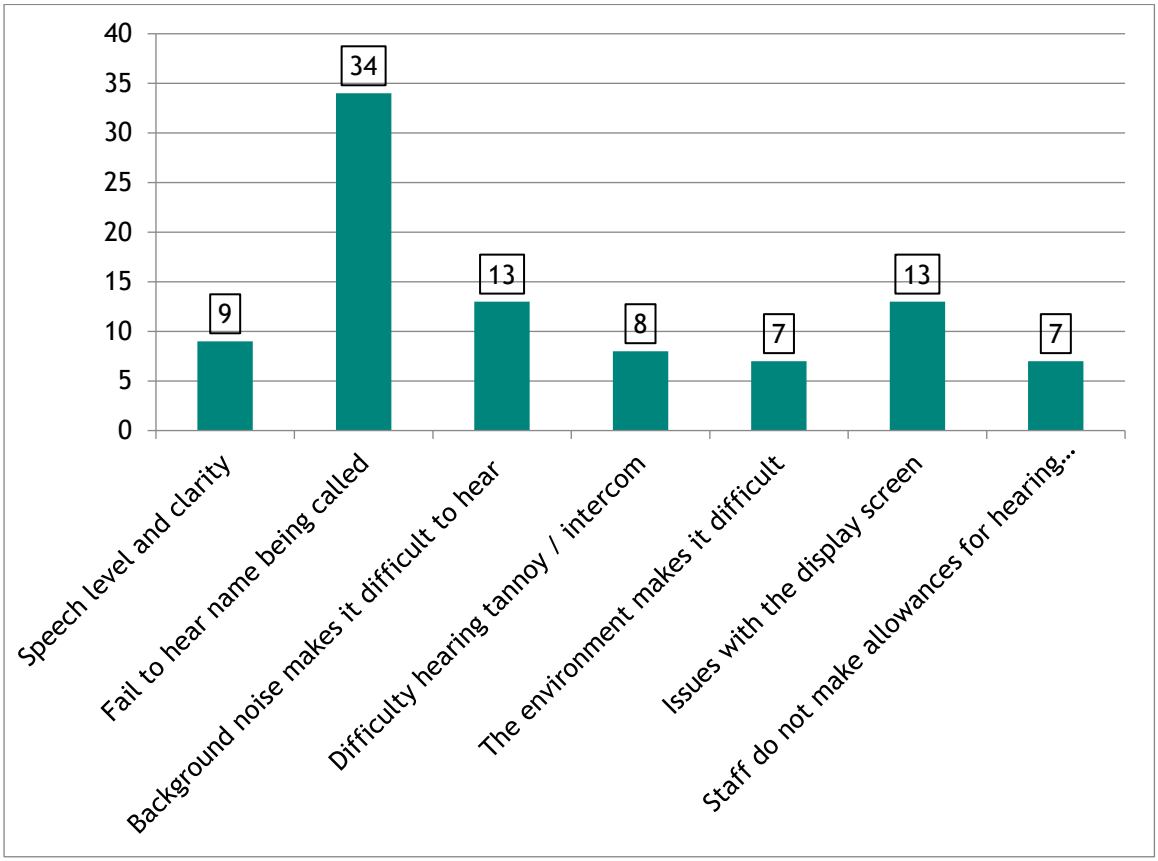

Figure 14 This graph shows a summary of the issues that make it difficult for people to know when the doctor or health practitioner is ready for them.

Of the 35 people who stated that they never had difficulty knowing when the doctor or health practitioner was ready for them, 25 told us why this was. 16 (64%) of these said that the display screens helped them. 5 (24%) praised the clear communication of the receptionist of GP "*GP always comes out of their room, gains eye contact and says name. Surgery have sectioned areas for each GP so that there is minimal number of people in each space*". Three people (12%) gave different reasons, with one stating "*I lip read and keep a look out*", one person stated, *"I am housebound"* and the third person stated, "*Luckily I haven't needed to attend very often*".

Those people who always have difficulty knowing when the doctor is ready for them

We wanted to understand a little more about those people who always have difficulty knowing when the doctor or health practitioner was ready for them. Of the 37 people that said they always had difficulty, 16 (43%) were male and 20 (54%) were female. One person (3%) did not give their gender.

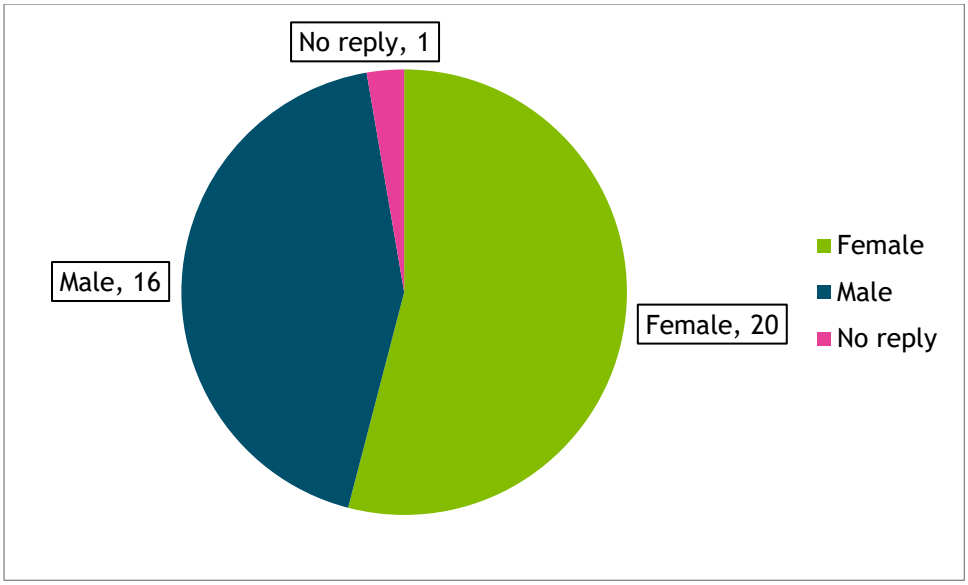

Figure 15 This graph shows the gender of those who always have difficulty knowing when the GP is ready for them.

Most respondents, 28 (76%) were aged 56 and over, with 15 respondents (40%) being 76 years or older.

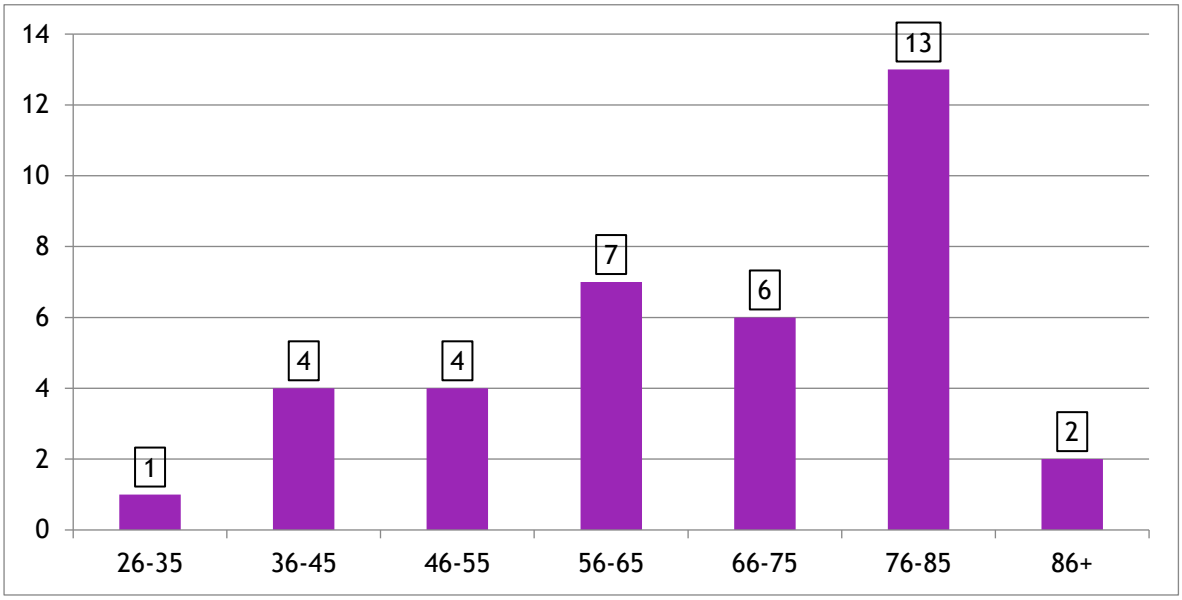

Figure 16 This graph shows the age range of respondents who always have difficulty knowing when the doctor is ready for them.

Of those people who always had difficulty knowing when the doctor was ready for them, 17 (46%) had profound hearing loss, 16 (43%) had severe hearing loss and 4 (11%) had moderate hearing loss.

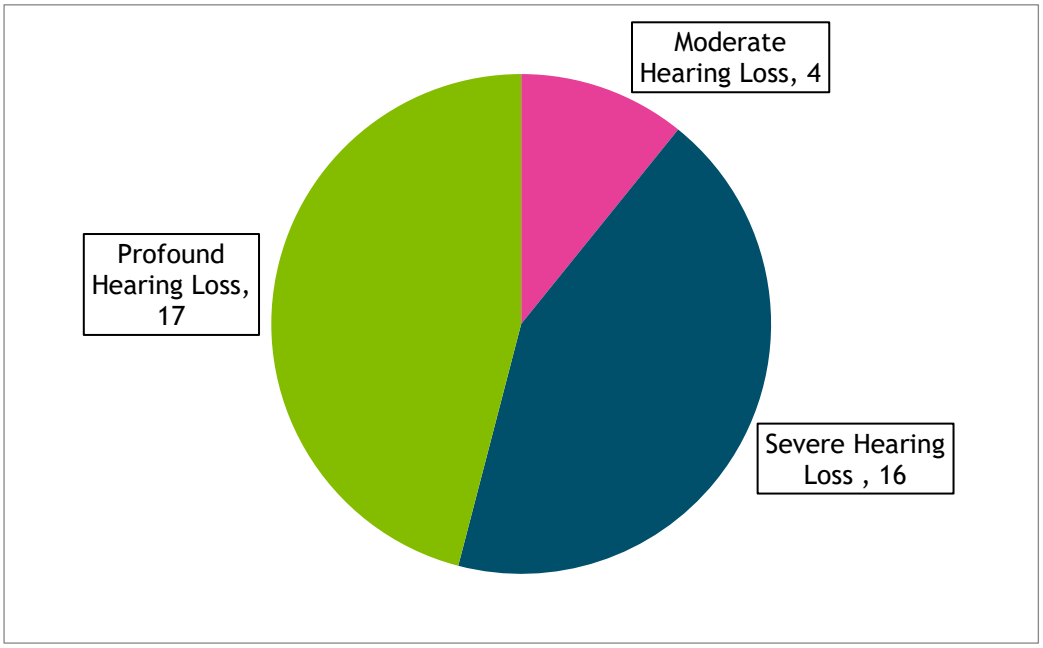

Figure 17 This graph shows the level of hearing loss of those who always have difficulty knowing when the doctor is ready for them.

Digital Technology in the Waiting Area

We asked people whether a display screen, vibrating pager or hearing loop would be helpful for knowing when your doctor / health practitioner is ready for you. 155 (85%) people responded to this question, the other 28 (15%) skipped the question.

This was a multiple-choice question; people could select all or any of the three pieces of technology. 141 (91%) people felt that a visual display screen would be of help to them, 43 (28%) selected the vibrating pager, and 20 (13%) selected the hearing loop.

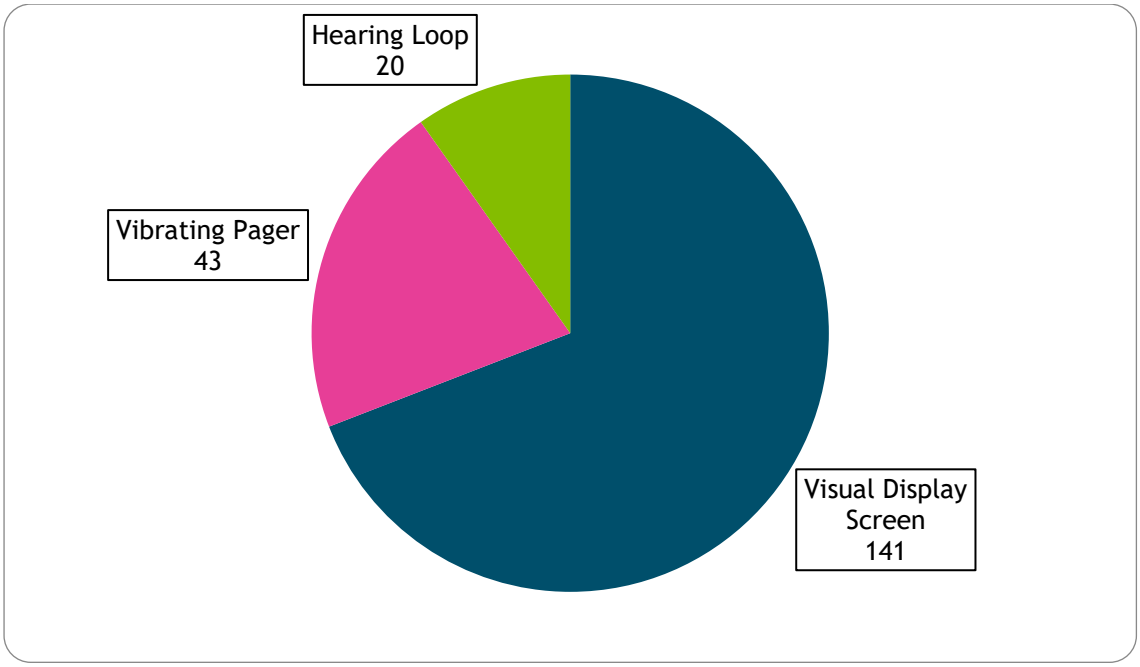

Figure 18 This graph shows the preference for the three types of technology that people would find useful.

The breakdown of the people according to their preference of technology is shown below.

Visual Display Screen

Of the 141 that stated a visual display screen would be useful, 63 (45%) had moderate hearing loss, 51 (36%) had severe hearing loss and 25 (18%) had profound hearing loss. Two people (1%) did not state their level of hearing loss.

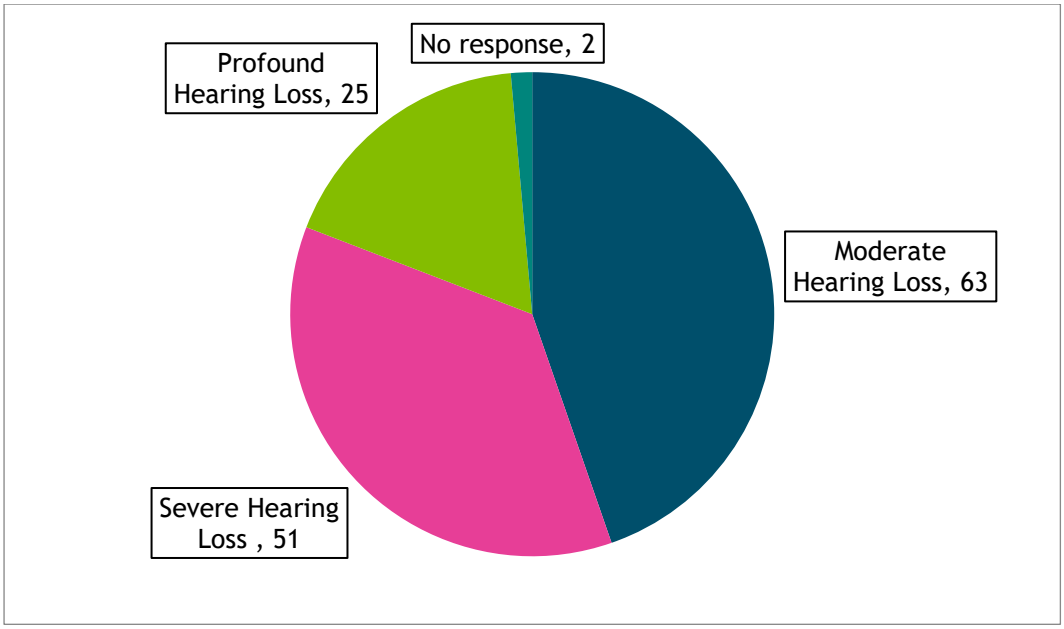

Figure 19 This graph shows the levels of hearing loss for people who felt display screens would be useful.

The age range of people that felt visual display screens would be useful was broad and reflective of the age range of those who completed the survey.

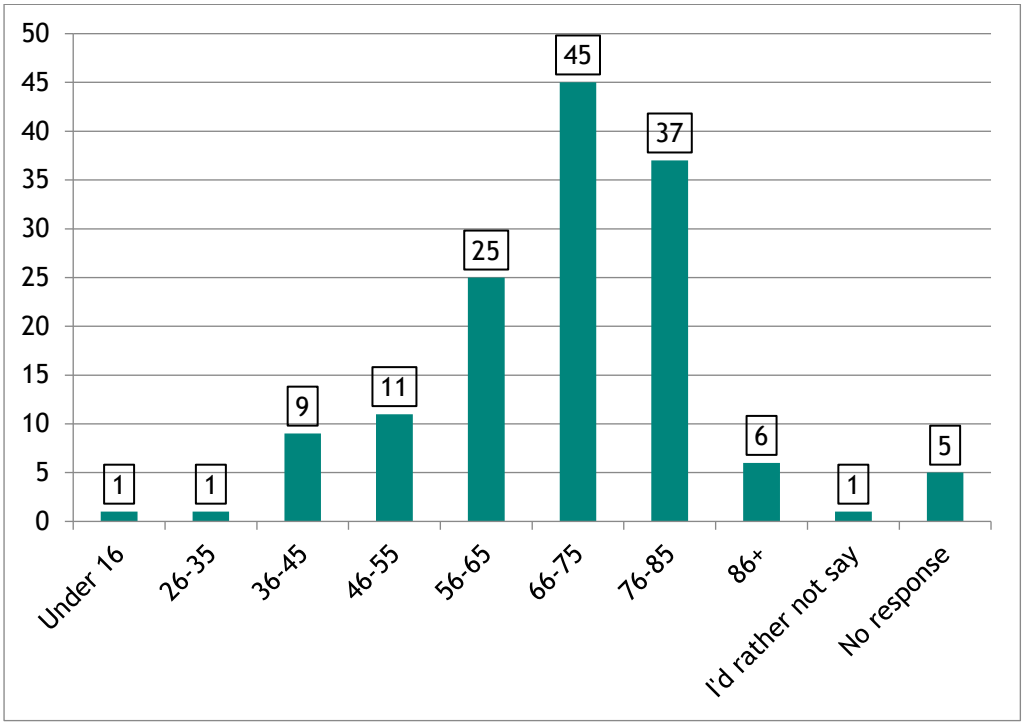

Figure 20 The age range of those people who felt a visual display screen would be useful.

Vibrating Pagers

Of the 43 people that stated a vibrating pager would be useful, 12 (28%) had moderate hearing loss, 12 (51%) had severe hearing loss and 9 (21%) had profound hearing loss.

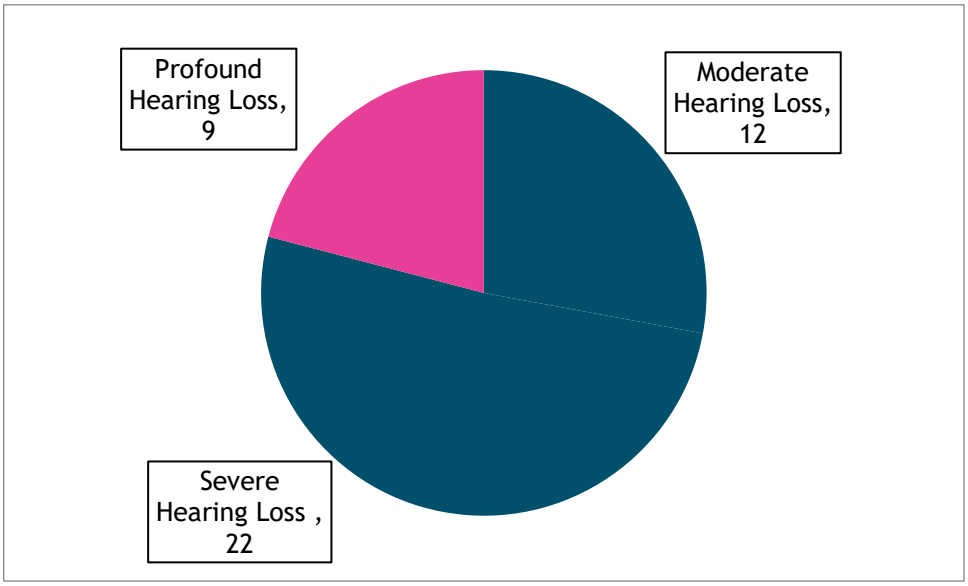

Figure 21 This graph shows the hearing loss of those people who felt a vibrating pager would be useful.

The age range of those that thought a vibrating pager would be useful was quite broad and covered all age groups.

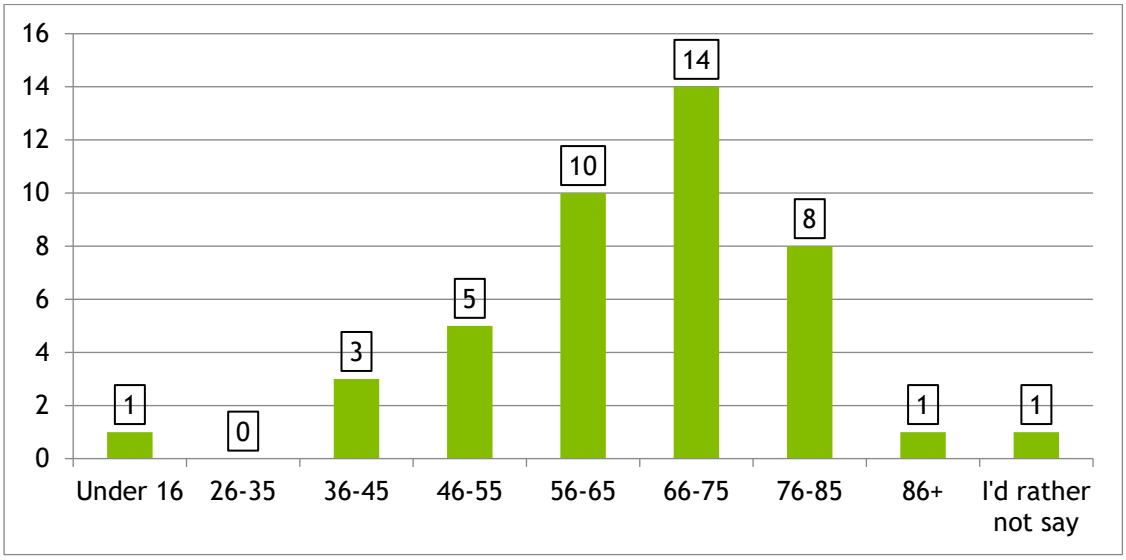

Figure 22 this graph shows the age range of the people who thought that a vibrating pager would be useful.

Hearing Loop

Of the 20 people that thought a hearing loop would be useful 4 (20%) had profound hearing loss, 11 (55%) people had severe hearing loss and five (25%) people had moderate hearing loss.

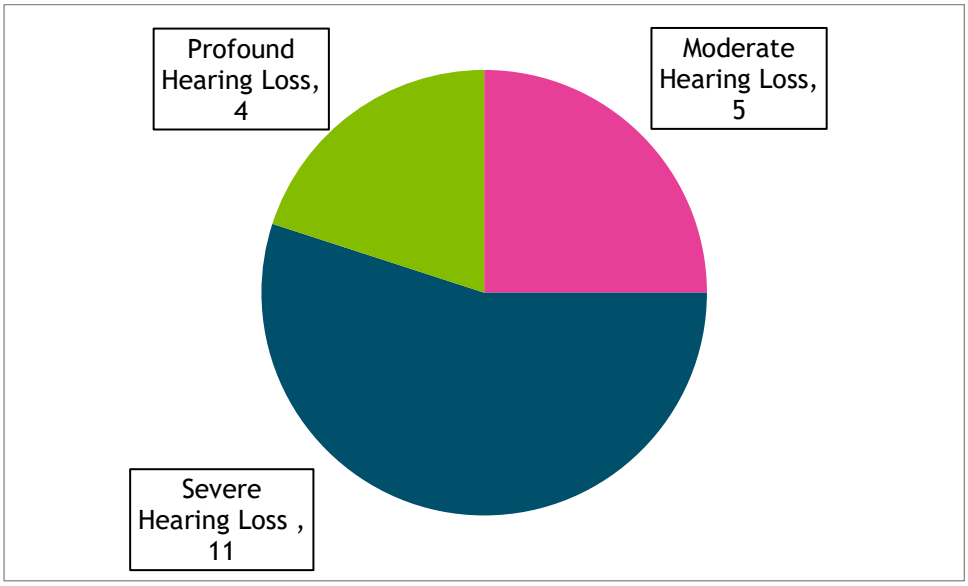

Figure 23 This graph shows the levels of hearing loss of the people that felt a hearing loop would be useful

No-one aged 45 years or younger felt that a hearing loop would be useful. The majority of 16 (80%) being 66 years or over.

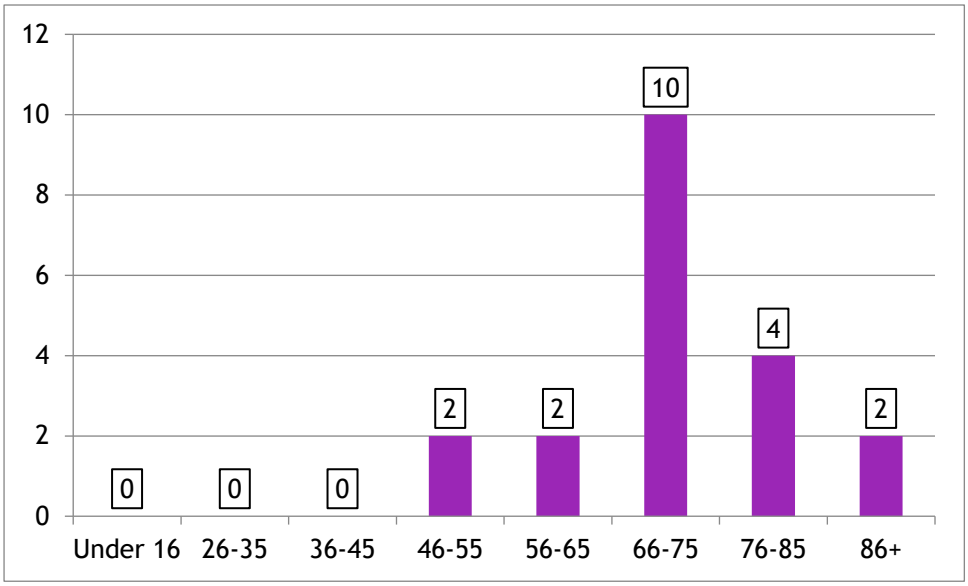

Figure 24 this graph shows the age range of those people who felt a hearing loop would be useful.

People's Experience with their Doctor

We asked if people had difficulty communicating with their doctor or health practitioner during the appointment. Only 20 (11%) people stated that they always had difficulty, 48 (27%) people said that they never had and difficulty and 111 (62%) said sometimes. Four people skipped this question.

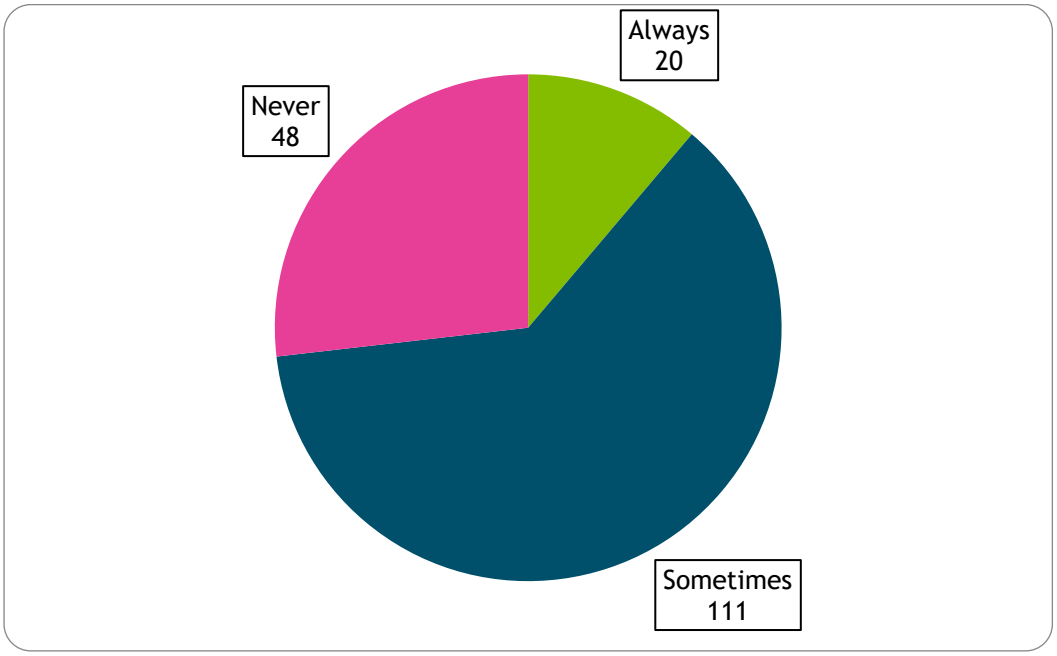

Figure 25 A graph showing how often people had difficulty communicating with the doctor or health practitioner.

Of the 20 (14%) of people that always had difficulty communicating with their doctor or health practitioner, 12 (60%) have severe hearing loss, 3 (15%) have profound hearing loss and 5 (25%) have moderate hearing loss.

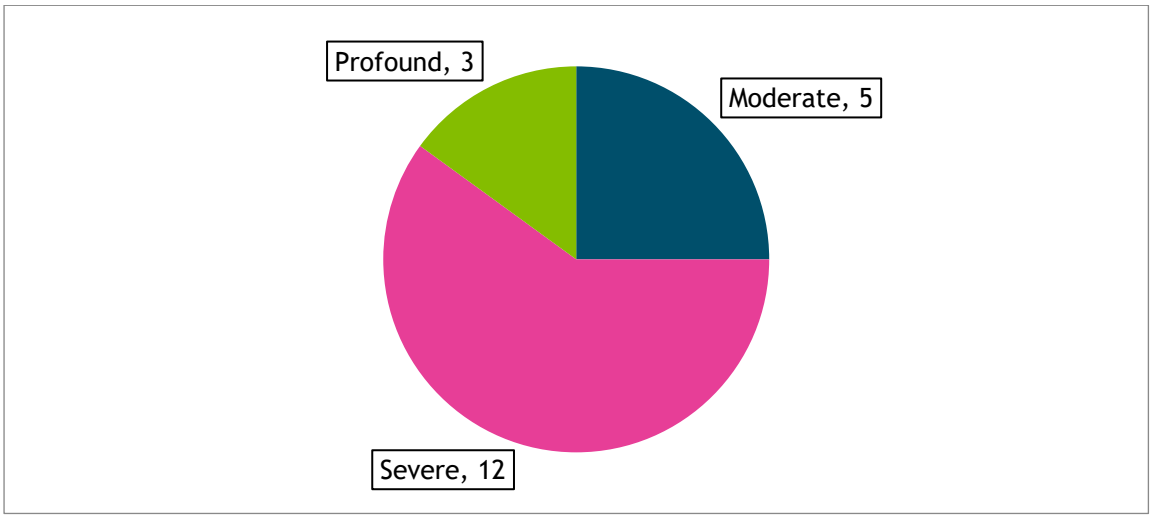

Figure 26 This graph shows the level of hearing loss of those people who always have difficulty communicating with their doctor or health practitioner.

The age range of those people who always have difficulty communicating with their doctor or health practitioner was again quite broad with 14 (70%) of people aged 56 years or older.

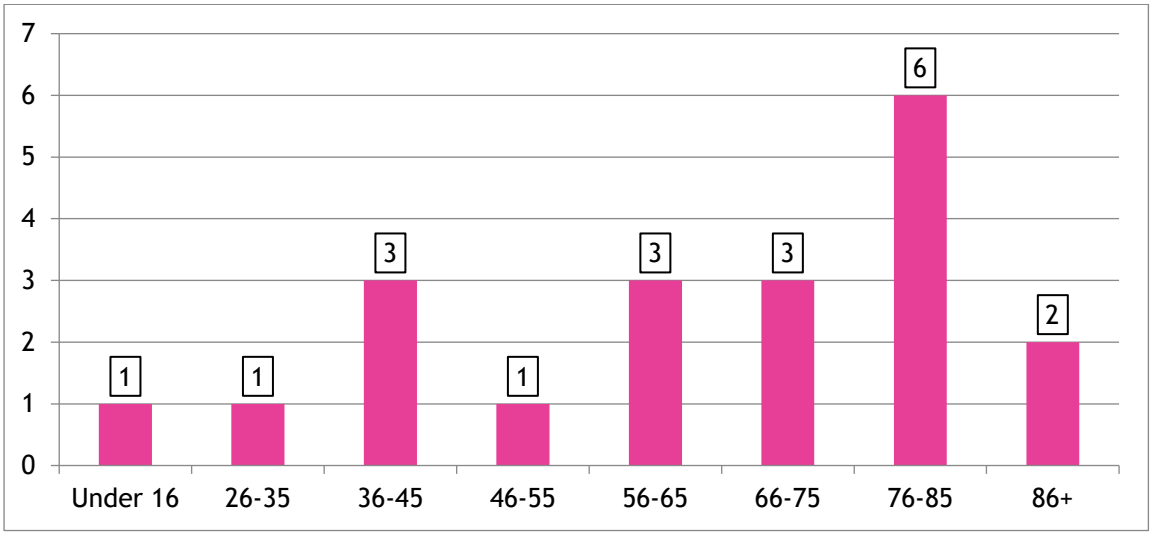

Figure 27 This graph shows the age range of those people who always have difficulty communicating with their doctor or health practitioner.

We asked people what they used to help them communicate with their doctor or health practitioner during their appointment. 61 (39%) people relied on lip-reading to help, and 47 (30%) relied on the support of a relative or friend. 25 people skipped this question.

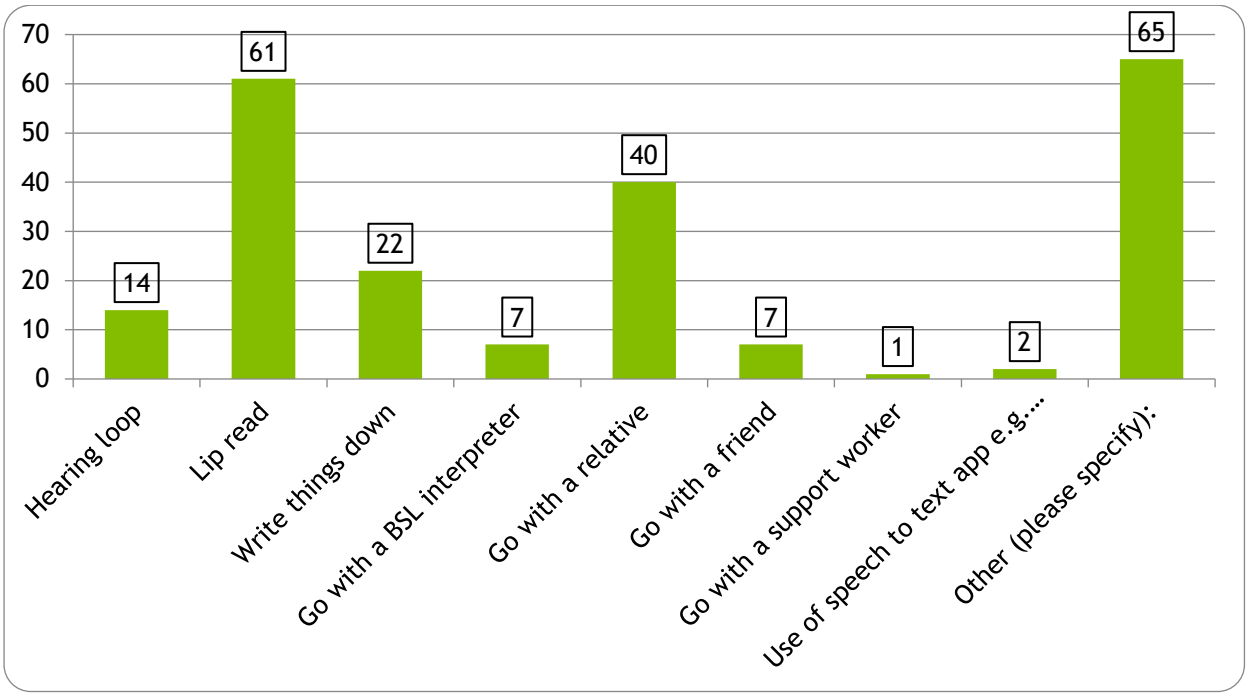

Figure 28 A graph showing what people use to help them communicate with their doctor or health practitioner during their appointment.

In the ‘other’ category some respondents repeated the options already available e.g., hearing loop or lip reading. However alternative options identified included hearing aid (18 people), asking the professional to modify how they speak (14 people), that they were okay and didn’t need help (eight people), that it takes concentration or needing to listen carefully (four people), one person mentioned using a Roger pen and another mentioned how the GP lets them read from their screen.

Some people said that it helps if the doctor or health practitioner fully faces them, but some expressed frustration that this didn’t always happen, *“I wish to be independent but am compromised by the doctors looking at their PC screen and not attending 100% to me”* and *“Try and decipher by lip reading but GPs are often looking at their screen and not the patient”*.

Survey respondents reported that lip-reading what the doctor is saying can be very difficult, particularly due to complicated medical terms, *“I can't lip-read them because it's a long medical word that I don't understand and what they're saying is too complicated.”* The position of the doctor during an appointment can also cause a problem for lip-reading patients.

> “You're having a face-to-face conversation with the GP. Because I'm a lip-reader, that's okay, but what is difficult is if they want to examine you and pull a curtain round they're the other side, and they're chatting, and you don't know if they're talking to somebody that's walked in the room or you, or whether you're meant to be pulling your knickers up or not.”

If a doctor or healthcare professional is not mindful of a patient’s hearing loss, it can become very difficult for the patient to hear and communicate with that person.

> My own GP I've found very difficult. I did ask her if she could slow down or face me when she was speaking and she just couldn't. She just was typing looking up to her screen jabbering away. And I asked at least twice, "I'm sorry. You're talking too fast and I can't see your face." And I think she was-- I think she was just so busy and so keen to get all the info and I'm trying to type down what you're saying and she just couldn't manage.

There were survey respondents that explained that appointments often aren’t long enough, *“The timeslot is very short because I think you need to double the time, the timeslot, to make sure you understand the information.”*

Others reported the efforts that the surgery staff make to help *“My doctor has an alert on my file alerting them I lip-read and they brought in see through masks*

and when I go they change into them. I also use an app on my phone to transcribe into text for me".

Two people reported issues with the hearing loops "*I would use a hearing loop if they worked better. I have never yet found one that worked well enough to help. The doctor often shows me the computer screen so I can read things for myself*" and "*hearing loops not always working*".

The Technology that People thought could be useful

We asked if people would find any of the following pieces of technology helpful for communicating with their doctor / health practitioner during their appointment:

- personal listening device (a small amplifier worn by the patient, connected to a microphone used by the doctor)
- neck loop (worn around the neck with the hearing aids turned to the 'T' to reduce background noise),
- speech to text apps
- Interpreter Now (immediate access to an online BSL interpreter).

62 (62%) people felt that a personal listening device would help, 46 (46%) of people were interested in the neck loop. 22 (22%) people felt that speech to text apps would be useful, and 4 (4%) people felt an online interpreter such as the Interpreter Now service could be useful. 83 people skipped this question.

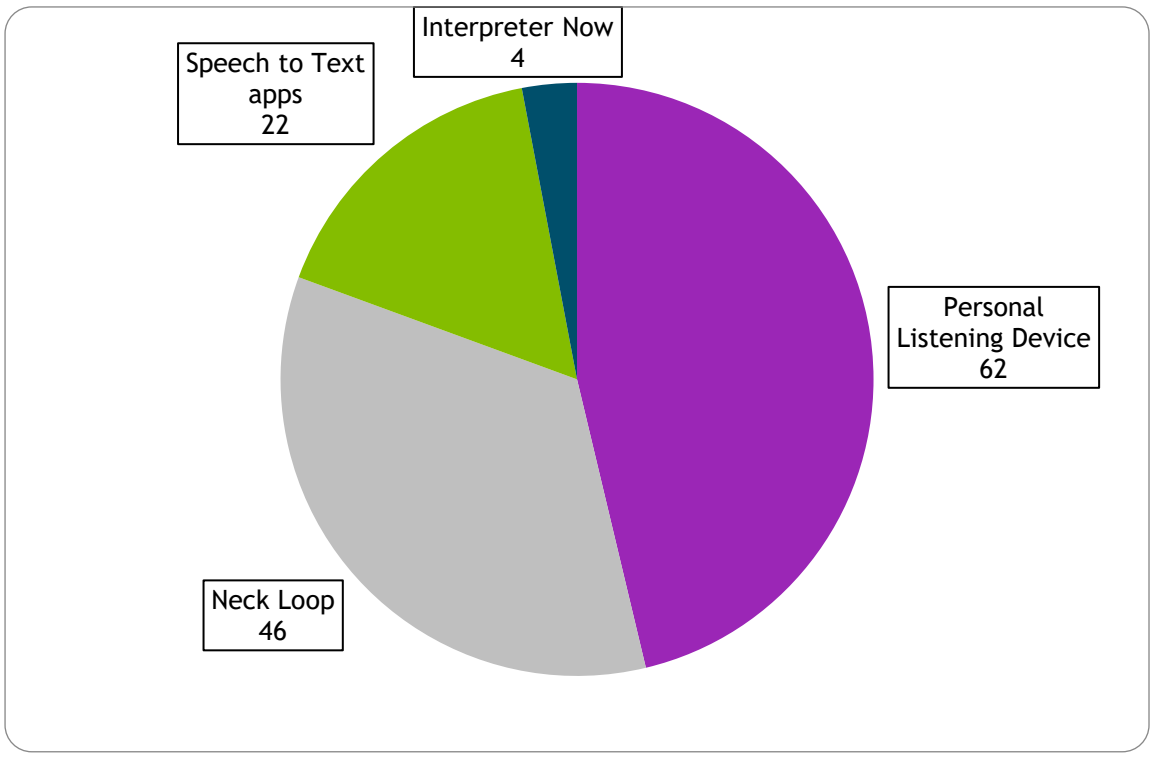

Figure 29 Graph showing which technology people felt could be useful.

The breakdown of the individuals who felt the various pieces of technology would be useful is shown below.

Personal Listening Device

Of the 62 people that felt a personal listening device could be useful 33 (53%) have severe hearing loss, 21 (34%) have moderate hearing loss, 7 (11%) have profound hearing loss and one person did not identify their level of hearing loss. Two of the seven people who stated they did not use smart phones, laptops, tablets, or a PC were interested in a personal listening device.

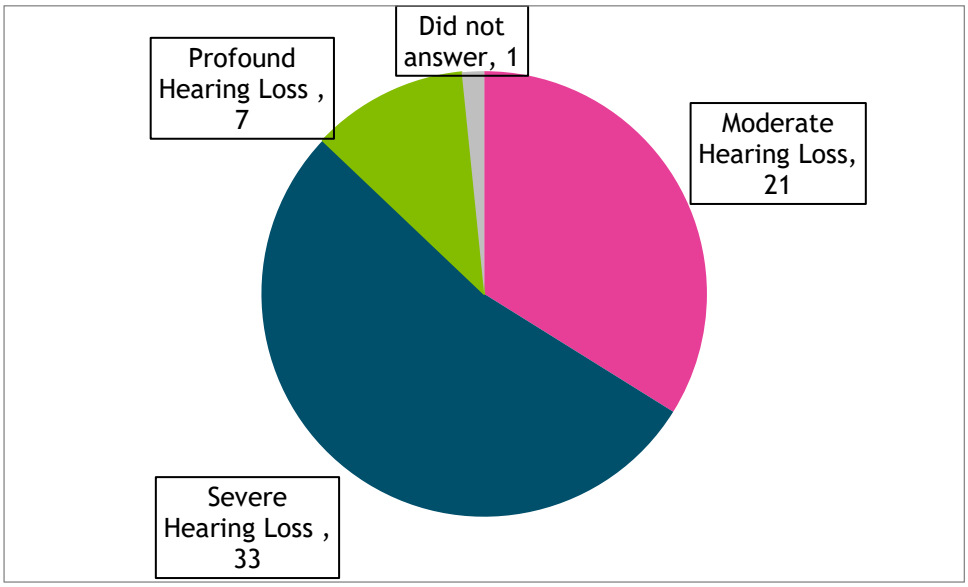

Figure 30 This graph shows the levels of hearing loss of those who felt a personal listening device would be useful.

The age of these 62 people is mixed but with the majority aged 56 years or older.

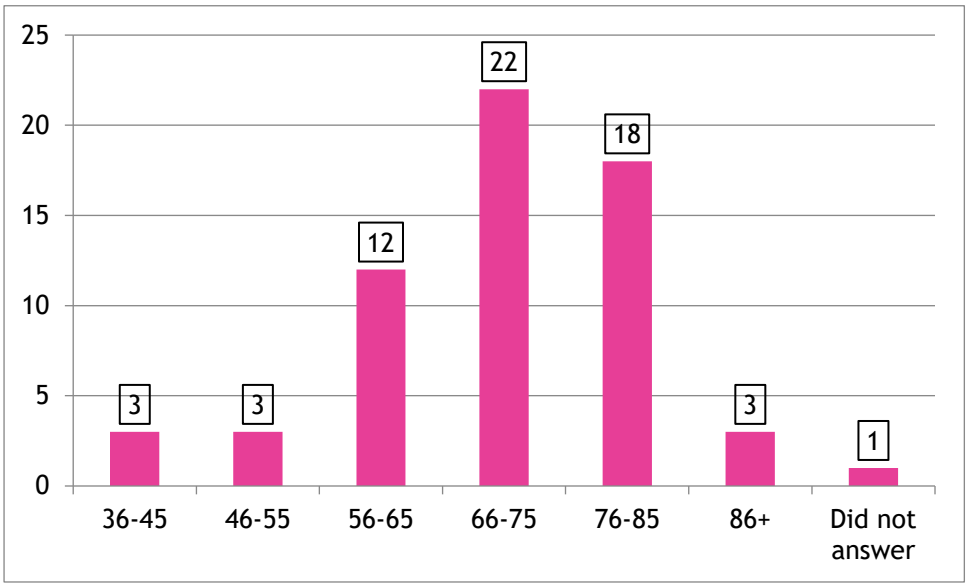

Figure 31 The age range of those people who felt a personal listening device would be useful

Neck Loop

46 (46%) people were interested in a neck loop (worn around the neck, with the hearing aids turned to the 'T' to reduce background noise). Of these 46 people, 9 (19%) have moderate hearing loss, 26 (57%) have severe hearing loss and 11 (24%) have profound hearing loss.

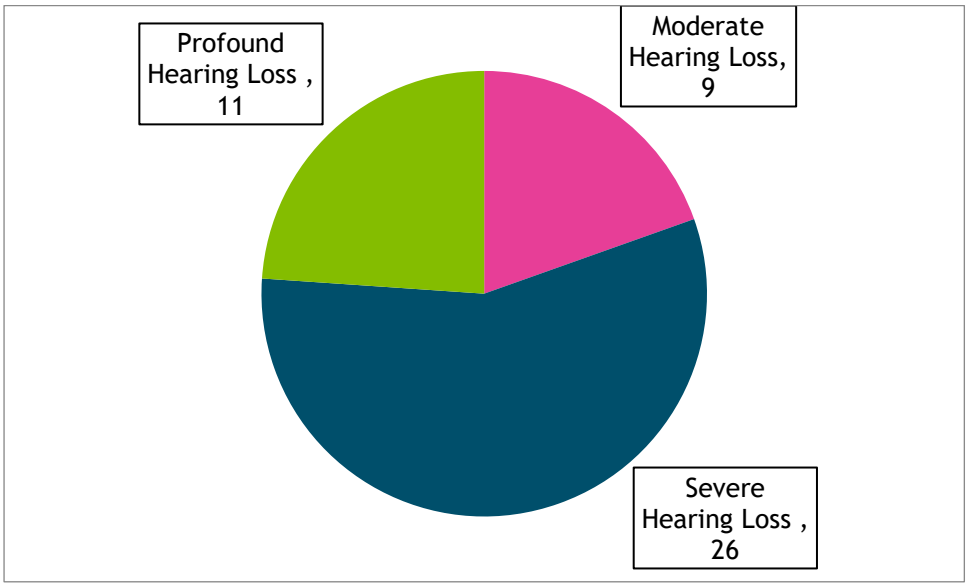

Figure 32 This graph shows the levels of hearing loss of those who felt a neck loop would be useful.

The age range of these 46 people was mixed, but 35 (76%) were aged 66 years or older with 11 (24%) of people aged 65 years or younger.

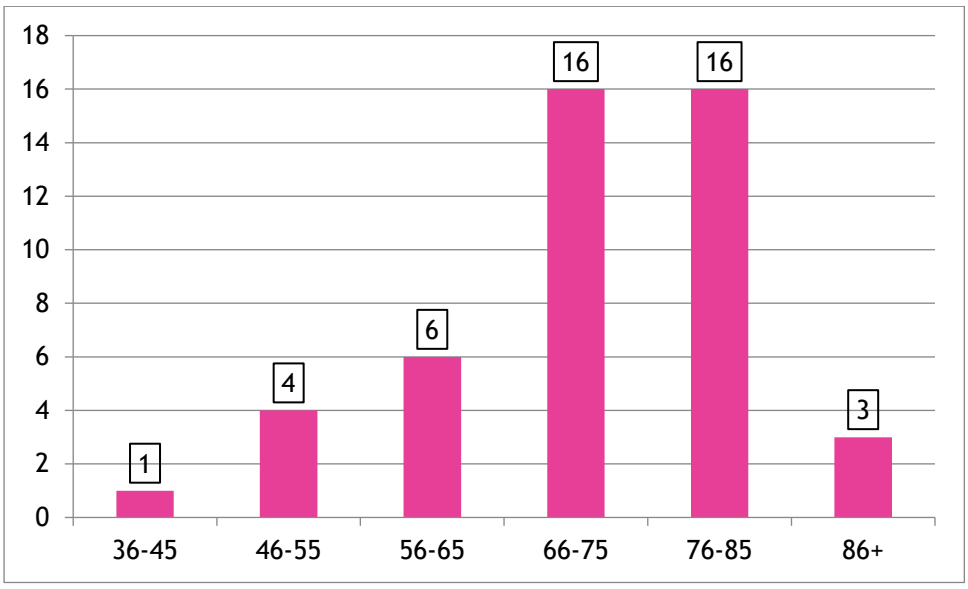

Figure 33 The age range of those people who felt a neck loop would be useful.

Speech to Text Apps

22 people stated that they felt that speech to text apps would be useful. Of these 3 (14%) have moderate hearing loss, 7 (32%) have profound hearing loss and 12 (54%) have severe hearing loss.

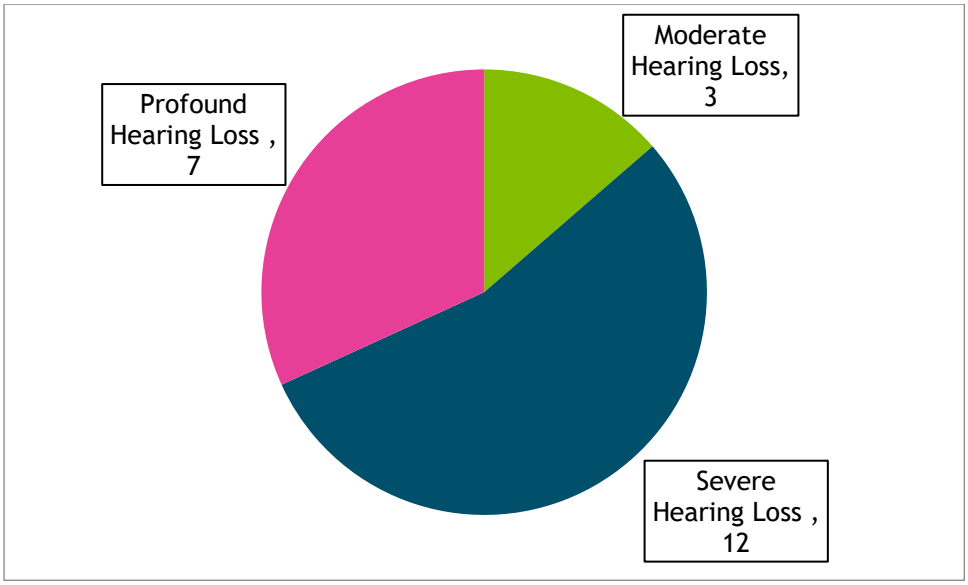

Figure 34 This graph shows the levels of hearing loss of those who felt a speech to text apps would be useful.

There was a notable difference in the age range of those people who felt that speech to text apps could be useful, with 14 (64%) people aged 65 years or younger and 8 (36%) aged 66 years or older.

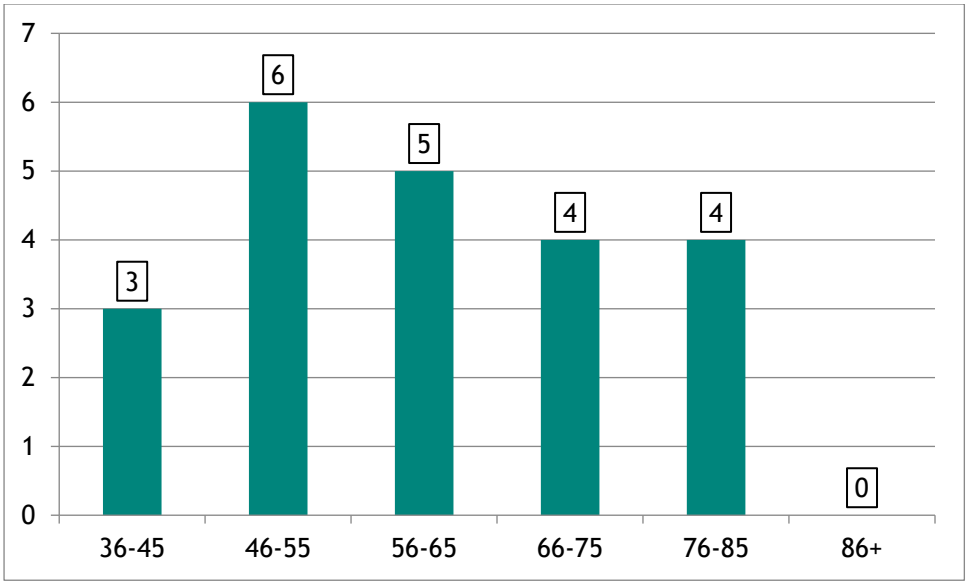

Figure 35 This graph shows the age range of those people who felt speech to text apps would be useful.

Interpreter Now

Four people felt that a service like Interpreter Now, which provides immediate access to an online BSL interpreter, would be useful. All four people have profound hearing loss.

The four people who were interested in this service were 55 years old or younger.

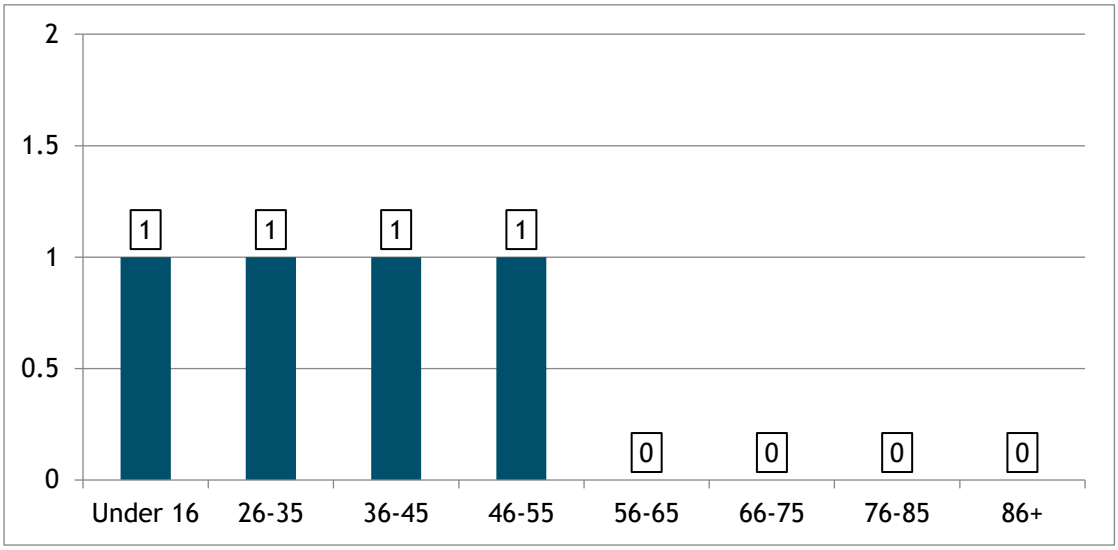

Figure 36 This graph shows the age range of those people who thought Interpreter Now would be useful.

Improving Communication

We asked if the respondent's doctors' surgery had anything in place that makes booking or communicating during their appointment easier. 25 (14%) people said that it did, 38 (22%) said they did not and 114 (64%) did not know. Six people skipped this question.

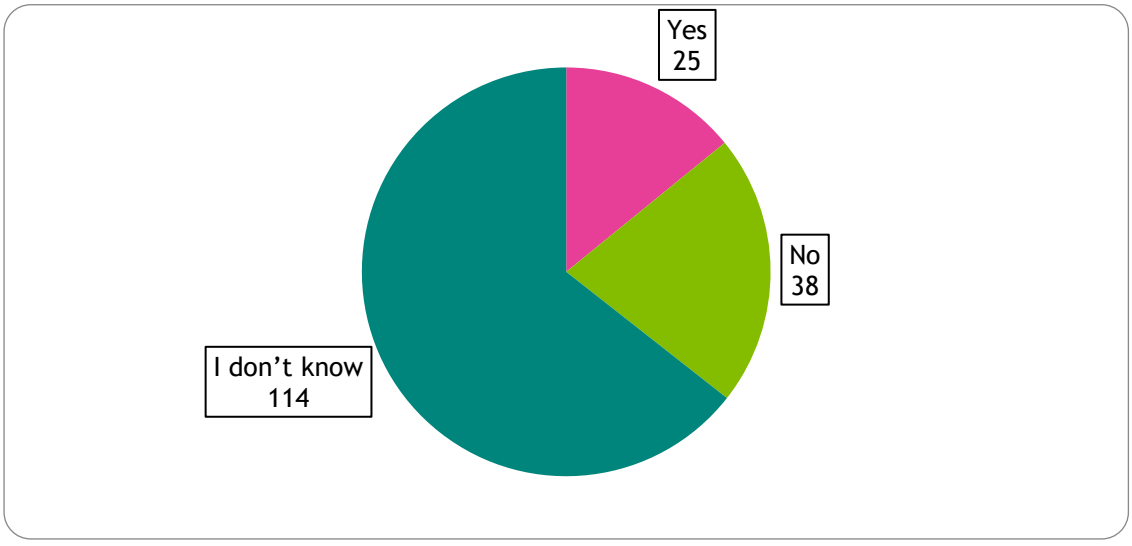

Figure 37 Graph showing if surgeries had anything in place to help booking or communication.

Things in place included the website and online booking systems (14 patients):

- *"Online booking system. That includes a fill in box to explain your reasons for the appointment"* and *"easy to use website"*.

Others included using email (three patients), screens (three patients), two mentioned the hearing loop system, but one was unsure about asking for this:

- *"I think the surgery may have a portable hearing aid loop but I am so nervous when going to the doctor I forget to ask about it and, if I did remember to ask, I would feel that with all the faff about setting it up would waste the doctor's time and I would feel embarrassed about this and about having to ask in the first place"*.

Two people commented about their frustrations with communication: "*Communicating can sometimes be difficult during my appointment if there is background noise, bad lighting and they do not speak clearly and do not face me as I am unable to read their lips*" and "*They say there's online but when trying before it said 2 working days for a reply after waiting a week I had to ring as had nothing from them*".

We asked if there was anything that the doctor or health practitioner could do to improve communication. 103 (63%) of people felt that there was something that could be done to help improve communication with the doctor or health practitioner, but 61 (37%) didn't think that there could be. 19 people skipped this question.

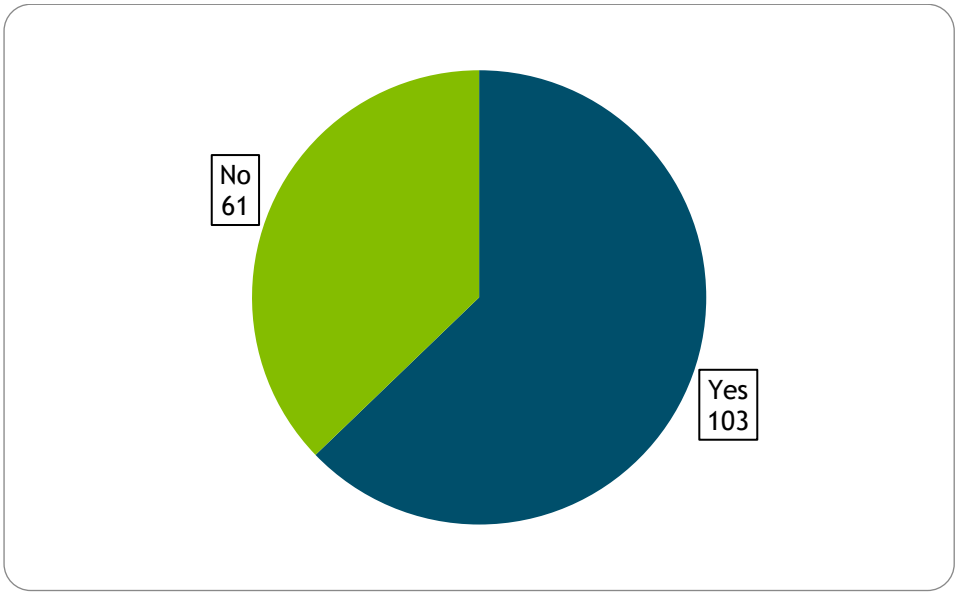

Figure 38 A graph showing whether people believed that something could be done to improve communication.

A significant theme throughout the open-ended answers was that there was **not enough Deaf awareness** in doctors' surgeries, and this was seen to cause difficulties

at every stage: booking appointments, in the waiting room, or communicating with doctors. This included staff not showing their face to aid with lip reading (due to masks and due to looking at the computer screen in appointments) and needing to speak with more clarity, volume, or being willing to repeat themselves.

Deaf and Hearing Loss awareness or training needed:

- *"Book an interpreter straight away not in 6 weeks. Longer appointment to allow for interpretation. Be Deaf aware and aware of the interpreters (sic) role. Do not expect my children to interpret for me. Stop asking me for a telephone consultation, I'm Deaf. Honour the NHS AIS"*
- *"Every time I have to ask them to speak up as I'm hard of hearing Prehaps (sic) if it was flagged on my notes it would help the embarrassment"*
- *"Register on the computer that you have a hearing problem so that they can raise their voice and check to see if we can hear them"*
- *"Acknowledge my hearing loss and adapt to it rather than leave me unable to hear and continually asking for information to be repeated. Remember I probably don't feel well and not likely to be at my sharpest!"*

- *"They need some deaf awareness. They need to know what my access needs are because at the moment they're just not bothering."*

- *"I think sort of the big things is awareness really and the staff being aware of the sort of hearing issues and making sure that they're clear. The usual thing, when you sort of say you're hard of hearing people either shout at you or talk very slowly as if you're an imbecile."*

- *"I don't know with the technology if things show up and say, "Oh, this person has hearing impairment." That would be quite useful if it actually came up if they were talking to you so that they were aware when they spoke to you."*

- The practice ring us to make phone call and it's like, "Why are you ringing our numbers when we are deaf?"

In the waiting room:

- *"Possibly because whoever is calling me assumes we all have normal hearing and uses their normal voice and are 5-6 metres from me."*
- *"When the person comes out to call your name generally they only call it once, twice would be useful as sometimes you don't catch all of your name the first time, especially when mine is normally mispronounced!"*

Facing the patient:

- *"Facing me when speaking, avoiding additional small talk which can be tricky to lip read as it's unexpected phrases."*
- *"Make sure they face me and don't talk while facing their computer."*
- *"Change the position of his desk so the natural light is on his face to help lip reading."*
- *"I wish to be independent but am compromised by the doctors looking at their PC screen and not facing or attending 100% to me."*

Speaking slower, clearer, or louder (34 references to this in responses in this question):

- *"Speak louder, slower and deeper."*
- *"Sometimes words run into each other when speaking softly."*
- *"If they are aware I have hearing loss they would probably make a better effort to speak slowly (not loudly please!) and check that I have heard everything that has been said."*
- *"I just ask them to speak louder and sometimes slower"*

Fifteen respondents mentioned how technology could be used to improve communication; this included booking appointments online, hearing loops, and visual displays.

- *"use e-mail for routine communication including sending out regular newsletters and updates."*
- *"Make it easier to communicate by email or text and respond quicker too. And maybe book an appointment this way too."*
- *"Perhaps use of Bluetooth technology"*
- *"Voice amplification during consultation"*
- *"Use some of the technology listed on the previous page, i.e. vibrating pager & microphone."*

Five respondents talked about the need for BSL interpretation.

- *"To know that the surgery will book an interpreter for every appointment."*
- *"Book an interpreter straight away x not in 6 weeks. Longer appointment to allow for interpretation. Be Deaf aware and aware of the interpreters (sic) role. Do not expect my children to interpret for me. Stop asking me for a telephone consultation, I'm Deaf. Honour the NHS AIS."*

Two respondents reported that healthcare professionals did not take their patient's communication needs into account and left the patients feeling dismissed.

- *"He was very busy. He was very rushed. I could see he was not very impressed with the fact I was saying I couldn't hear. And to be frank, he*

didn't seem to care. He did the examination, decided I need an certain treatment and I was dismissed."

- *"I changed GP because I was not taken seriously and treated like a 5-year-old as I get muddle and have to ask again."*

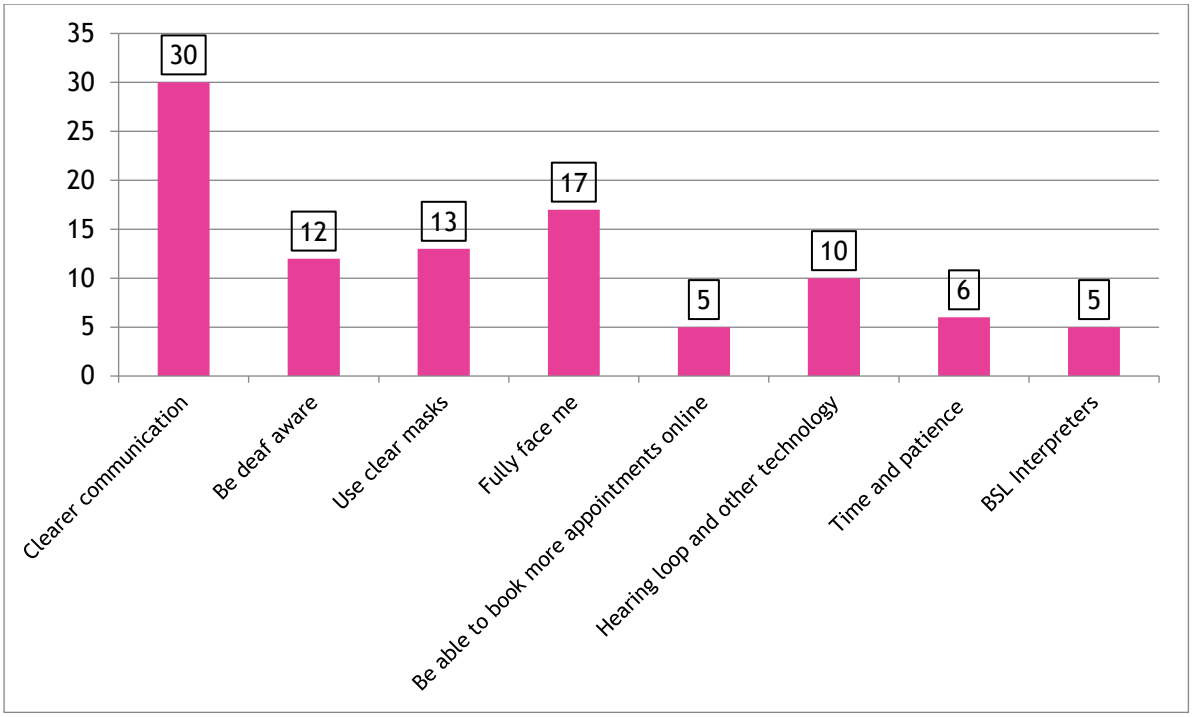

Figure 39 This graph shows how people think communication could be improved.

We asked if people were able to communicate directly with their doctor or health practitioner during the appointment, would they prefer to attend on their own. 138 (78%) people said yes with 28 (16%) of people preferring to have someone to attend with them and 10 (6%) said no. Seven people skipped this question.

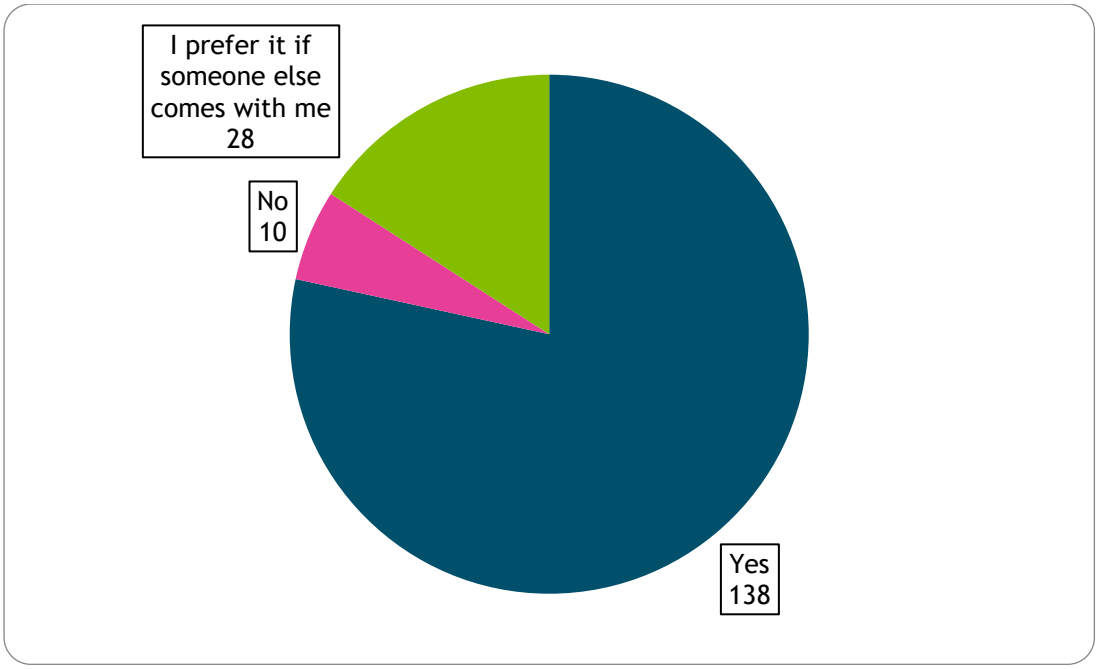

Figure 40 A graph showing if people were able to communicate directly with their GP whether they would prefer to attend on their own.

Using Technology

We asked if people had ever used any technology that could be used by doctors' surgeries to make booking or attending appointments easier. 50 (29%) people responded "yes" and 121 (71%) stated "no". 12 people skipped this question.

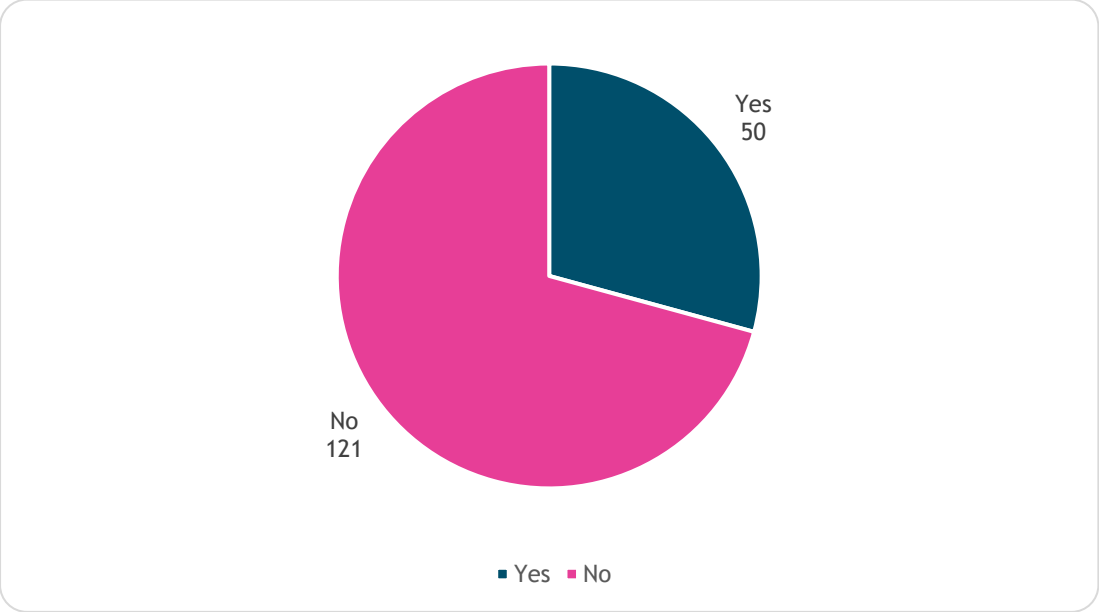

Figure 41 A graph showing responses to the question of whether people have used technology that could be used in doctors to make booking or attending appointments easier.

The most common response to this question was online services and email including online booking systems.

- *"E mail and taking/sharing photographs of symptoms."*
- *"emails for appointments - doctor already does this, but leads to a telephone conversation!! pass phone over to husband to repeat questions which I can then answer. Zoom Pro and Skype have subtitles on."*
- *"Proper online live booking systems where the patient books a specific date and time rather than sending a message in and having a pot luck date/time sent back to you that normally doesn't suit."*
- *"Please keep the online messaging system employed since covid", (sic).*
- *"Machine for booking in instead of going to reception"*

One respondent provided several suggestions for technology which could be used:

1. Website and /or text messages for bookings

2. Hearing loops, "Roger pen" and speech to text apps for the consultation. Video appointments are useful if I want my daughter to be present.

3. Vibrating pagers and VDUs for saying when the doctor or nurse is ready to see the patient

We wanted to know if there was any technology that people had previously used to improve communication that had not worked for people. 37 (22%) people said that they had and 133 (78%) said that they had not. 13 people skipped this question.

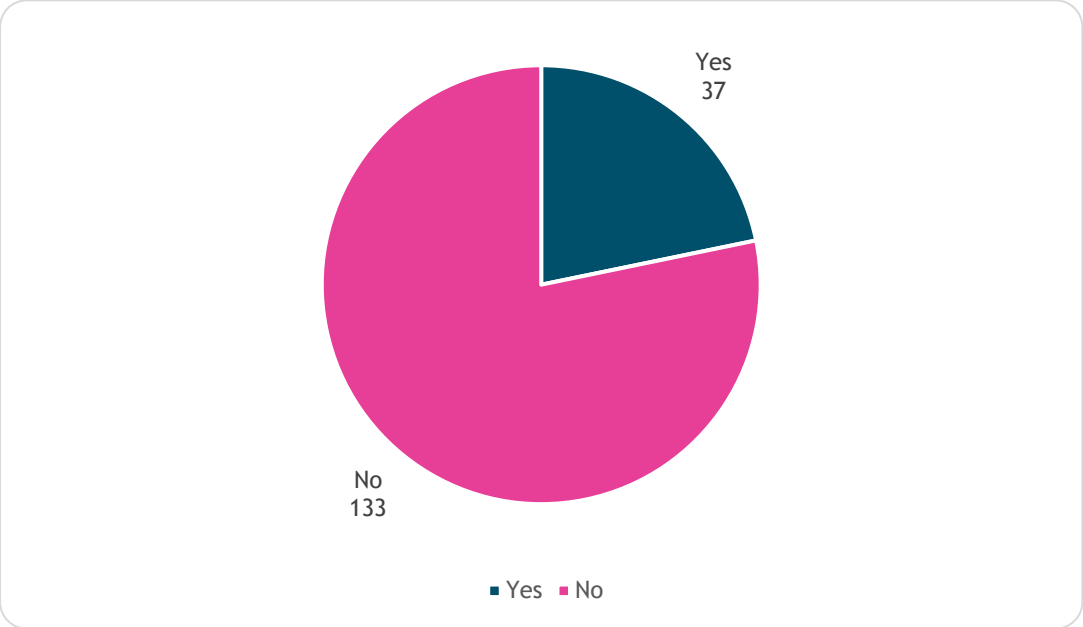

Figure 42 A graph showing if people have previously tried to use technology to improve communication that had not worked for them.

Nine respondents mentioned that hearing aids did not work for them:

- *"An NHS hearing aid. It was meant to pick up sound on my totally deaf right side, and transfer it to my partially impaired left side. It never did that."*
- *"using NHS hearing aids and the TV connector and phone. It was not always easy to get it to connect as it should."*
- *"The telephone setting on my hearing aid doesn't really work."*

Five respondents told us that hearing loops did not work for them:

- *"I find that hearing loops are always really bad. I have yet to find one that works well enough to be helpful. They are often crackly and sometimes you can hear other peoples' conversations rather than your own, which us not good when in a situation where privacy should be respected."*

Someone else also mentioned use of the website:

- *"Website appointments very difficult to achieve."*

We asked if people would be interested in using technology in a doctors' surgery, if clear training and instructions on how to use it were given to staff and patients and 129 (77%) said "yes". 39 (23%) people said no. 15 people skipped this question.

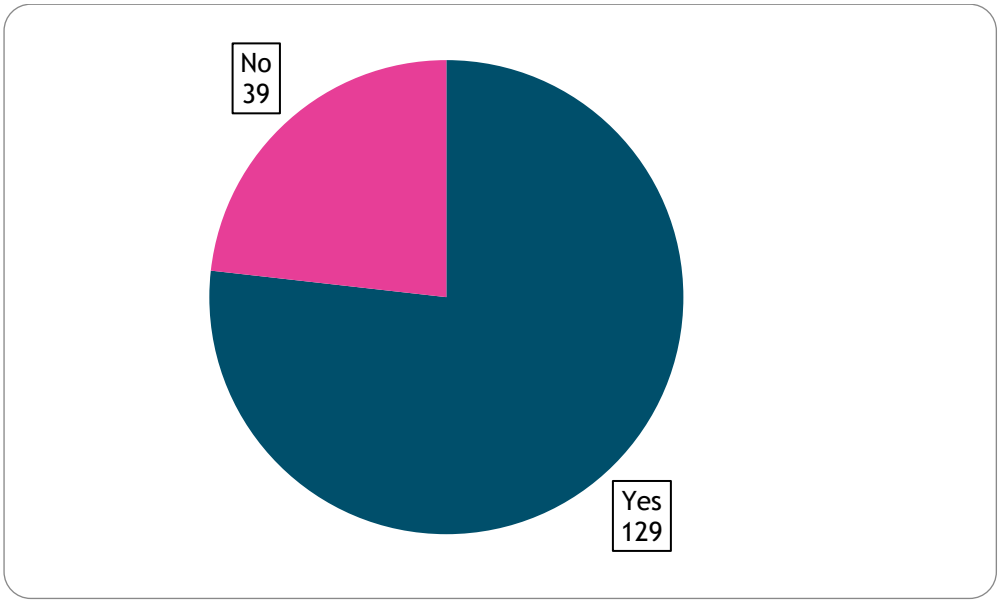

Figure 43 A graph showing whether people would be interested in using technology in their doctors' surgery.

Reasons that patients would not be interested in using technology included that they do not need the help as they already manage or that they did not feel they would be able to grasp anything new: *"I'm in my 100th year and it's too late to master new technology now"* or *"I do not use technology."* One person mentioned feeling embarrassed *"I would feel embarrassed in front of other patients unless it is in private with a doctor then I would be fine."*

Finally, we asked people if there was anything that we had not asked about that they thought we should know. People talked about their own experiences of hearing loss "*I am a profoundly deaf, cochlea implant user. I lost my hearing suddenly 6 years ago*" and "*As I said before there are different types of deafness & not everybody can wear hearing aids. I cannot because they cause discharge. Also when my tinnitus is bad it affects my ability to hear certain sounds. "*

Some people talked about the cost of equipment "*I bought a loop system from Amazon so I can watch TV and a phone with an amplify button. Anything tech for deafies is twice the price. I have hearing aids in both ears from the NHS*".

Some people said it would be helpful if their notes identified that they had hearing loss, "*Could it be noted on my records that I have a hearing loss and the relevant technology or patient procedures be available automatically? As a health service, the NHS isn't good at recognising and adapting to people with hearing loss so I thank you for taking the time to research this*" and "*Perhaps it would be useful for it to flag up on someone's medical notes, at the start of an appointment, to make it really clear that the patient has a hearing loss. The practitioner can then adjust their behaviour to help*".

Three respondents spoke about their frustrations with attending GP appointments, "*The current service is terrible and it puts me off going to doctors. I'd rather do everything at the hospital with Deaf Connexions' support as they've supported me over 20 years and know my conditions and my signing style*". Another respondent said, "*I have been let down many times by DA languages but never with Deaf Connexions. If Deaf Connexions were providing a good service why change? They all know me and my health problems and do Gorleston sign language. (Regional signs) Deaf people are suffering and avoiding healthcare because of the poor interpreting service. I worry about my health now. I can only access this survey with help. I don't know how to use computers or type. They are no good for everyone. Face to face with BSL is best for me*". The final respondent remarked that, "*Deaf awareness courses used to be available to all local government employees but were cut due to cost! Raising awareness is the first step to greater efficiency when dealing with the public. I suspect GP surgeries may not use these courses either. These were run by local charities such as NDAssoc and Deaf Connexions*".

One respondent was positive about their GP website "*On the positive side, using foot fall has been really beneficial to me. Having a reply by email or text also trying to get an appointment with my own doctor is difficult*".

Positive Doctors' Surgery Experiences

There were reports from the survey of patients with hearing loss having good experiences at their doctors' surgery, "*this one was very, very good, and they're*

happy for me to double-book the time because I asked for it. Because I can explain to them what my needs are." These experiences included doctors being aware of a patient's communication needs, *"I have met doctors who are extremely willing to communicate and really want to give the best service they can to their patient"* and doctors adjusting their position to aid communication, *"my GP is very good at sort of facing me and so I can sort of watch the lip movements and so forth."*

For Deaf patients that use British Sign Language as their first language, there was evidence of health professionals adapting to the patient's needs.

> When my dad was diagnosed with diabetes. he didn't even know what a pancreas was, where his pancreas is… a lot of hearing people may not know what a pancreas is, but he had no understanding. I can remember the dietician then-- because I was with him. We didn't have interpreters then. I was able to go, "I'm really sorry, we're going to have to break this down." And she [the healthcare professional] drew a picture. She got a skeleton and some organs and made it visual.

3.1. The Impact of Covid

The impact of COVID-19 on patients with hearing loss and Deaf patient's GP experiences was mentioned a number of times, *"I know the doctors and nurses have to wear a mask at the moment but it's very hard to hear them when you have hearing loss"* and *"I think syringing should be restarted as a matter of urgency to immediately improve the hearing of those like myself whose hearing loss is made considerably worse by earwax."*

Restricted Access to Primary Healthcare during COVID-19

During the COVID-19 pandemic, there was limited face to face access to doctors' surgeries and digital access through the surgery website was encouraged, to reduce the risk of the virus spreading. For some patients, being able to make an appointment through the website or via email was positive, *"the website is the perfect thing because it means that you haven't got to stand on the phone for an hour waiting for somebody to answer you."* Some mentioned how online services were introduced but have since been removed:

- *"we use to be able to book appointment on line but we are no longer able to do that but that was only for non urgent reasons."*
- *"For a while during Covid you could book by email. They have now stopped this."*

However, this proved difficult and limited access to primary healthcare for Deaf patients, especially if their first language is British Sign Language (BSL).

> As COVID's hit, everything's gone to portal systems, hasn't it? You couldn't physically go into your surgery. You couldn't even get in the door. So for my Deaf parents, they're not computer literate. They haven't got a mobile phone. They don't like to use the internet. So I do it on their behalf.

Deaf patients that were unable to access their doctors' surgery digitally, either had to ask for support from another person or struggle with using the phone.

> A lot of Deaf people present themselves with this issue that the doctors' surgery won't see them. They've had trouble getting through on the phone, they can't do it because they can't hear or they can't get through, so they present themselves at the surgery, and they're told to go away.

Due to the social distancing, the national lockdowns and inability to digitally access service because of COVID-19, Deaf patients were at risk of facing isolation.

> With the COVID thing I think definitely Deaf people have kept very much to themselves even more than usual and communication that everybody else is enjoying I think Zoom and phone calls is often quite difficult for them. So the isolation can get absolutely dire.

The number of BSL interpreters available to support Deaf patients during appointments also became affected due to the pandemic, *"for two weeks this year they had to suspend the service face-to-face because two out of three of their interpreters went down with COVID."* A lack of access to BSL interpreters during the pandemic meant that Deaf patients were relying more on family and friends for support.

> Without an interpreter you end up feeling very low, you end up frustrated, it's not a comfortable experience, and I won't rely on my children. They've both got good English skills, but I can't rely on them. I'm not going to rely on them. It's too much responsibility for them, especially if you want to discuss a mental health issue, that's really not fair to rely on your children for that.

How Face Masks Affect Communication

The use of face masks because of the COVID-19 pandemic caused additional problems for people with hearing loss. Comments in the survey about this included:

- *"They don't like to remove their masks so I can lip read. Don't seem to want to write it down. Seem annoyed when they need to remove a mask, inconsiderate of me!"*
- *"At the moment during Covid resrtictions (sic), If the Dr could just move futher (sic) away & take down the mask"*
- *"Speak clearly and give a little longer for me to understand/ process what has been said. During pandemic a transparent face covering would be helpful."*
- *"Always face to face consultation. Removal of Doctors masks to enable lip reading".*
- I do know several people who have found the masks quite difficult. And I wonder, it's not just the hearing, it's mixing the facial recognition and the way the face moves and reading

3.2. Next Steps

Using the results from the survey and feedback from the interviews and the steering group we developed a "Charter for Hearing Loss and Deaf Friendly GP Practices", (see Appendix 7.6) based on the recommendations from the "Deafness and Hearing Loss Toolkit" developed by the Royal College of General Practitioners and the Royal National Institute for Deaf People. The aim of the Charter was to provide doctors' surgeries with relevant information that they needed to implement to make their surgery more accessible to people who are Deaf or have hearing loss. A key part of this was awareness training for practice staff and ensuring that patient records clearly identified patients' communication needs.

We also identified three pieces of digital assistive technology that should be piloted in doctors' surgeries for patients to help improve communication:

Digital Technology Being Trialed
Vibrating Pager - Neo Guest Call IQ Vibrating Pager
Personal Listening Device - Echo MiniTech Pro Digital Personal Listener
Portable Induction Loop Contracta IL-PL20-2 Portable Induction Loop System

Neo Guest Call IQ Vibrating Pager

Vibrating pagers call a waiting patient via a silent flash and vibrate alert, the moment a doctor or healthcare practitioner requires the patient for their appointment. If required, the pagers can be programmed to cover patients that are waiting in their cars.

Echo MiniTech Pro Digital Personal Listener

Personal Listening Devices are small, portable devices that pick-up speech and make it louder. They can be useful if a patient with hearing loss is in a noisy place or finds it hard to hear someone at a distance. This digital listener can be used by hearing aid users and those who do not use hearing aids.

Contracta IL-PL20-2 Portable Induction Loop System

A hearing loop is a special type of sound system for use by people with hearing aids. A portable hearing loop is an alternative to a fixed system and can be used anywhere within the doctors' surgery.

Norfolk and Waveney CCG agreed to purchase the equipment and offered the opportunity to doctors' surgeries to take part in a pilot project to trial the technology and to adopt the Charter and the recommendations within it.

3.3. Digital Assistive Technology Pilot

Eight doctors' surgeries in Norfolk and Waveney expressed an interest in joining the pilot and agreed to sign up to the Charter and trial the equipment with their patients. The pilot ran for six weeks between Monday 24th January and Friday 1st March 2022. We had hoped that the pilot period would be longer, but there were delays in obtaining the equipment. The participating surgeries were:

Pilot GP Practices
Beccles Medical Practice
Birchwood Medical Practice
Campingland Surgery
East Norwich Medical Practice
Feltwell Surgery
Humbleyard Practice (Hethersett Site)
Plowright Medical Centre
West Pottergate Medical Practice

Each surgery had access to up to three pieces of digital technology: vibrating pagers, a portable induction loop and a personal listener device.

Healthwatch Norfolk and Norfolk and Waveney CCG provided a suggested framework for the pilot and encouraged each practice to personalise the pilot for their surgery's needs. A copy of the suggested framework can be found as appendix 7.7.

Each pilot practice was asked to agree to the Patient Charter summary (see appendix 7.5) to enable them to participate in the pilot and receive the digital technology and to participate in "Hearing Loss Awareness Training". The training was commissioned by Norfolk and Waveney CCG and free for the participating surgeries. It was delivered by "Hear for Norfolk".

A total over 41 staff from the eight doctors' surgeries undertook the Hearing Loss Awareness Training.

Practice	Number
Beccles Medical Centre	6
Campingland	1
East Norwich Medical Partnership	3
Feltwell Surgery	10
Hethersett Surgery (Humbleyard Practice)	2
Plowright Medical Centre	16
Theatre Street Surgery, East Dereham	2
West Pottergate	1
Total attendees	**41**

The training was condensed into an hour to make it easier for practice staff to attend and covered the following areas:

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

3.4. Digital Assistive Technology Pilot Findings

Training

Due to time pressures caused by the COVID-19 pandemic, it is worth noting that the feedback we received directly from training attendees was limited. In total, 14 respondents completed feedback forms and returned them.

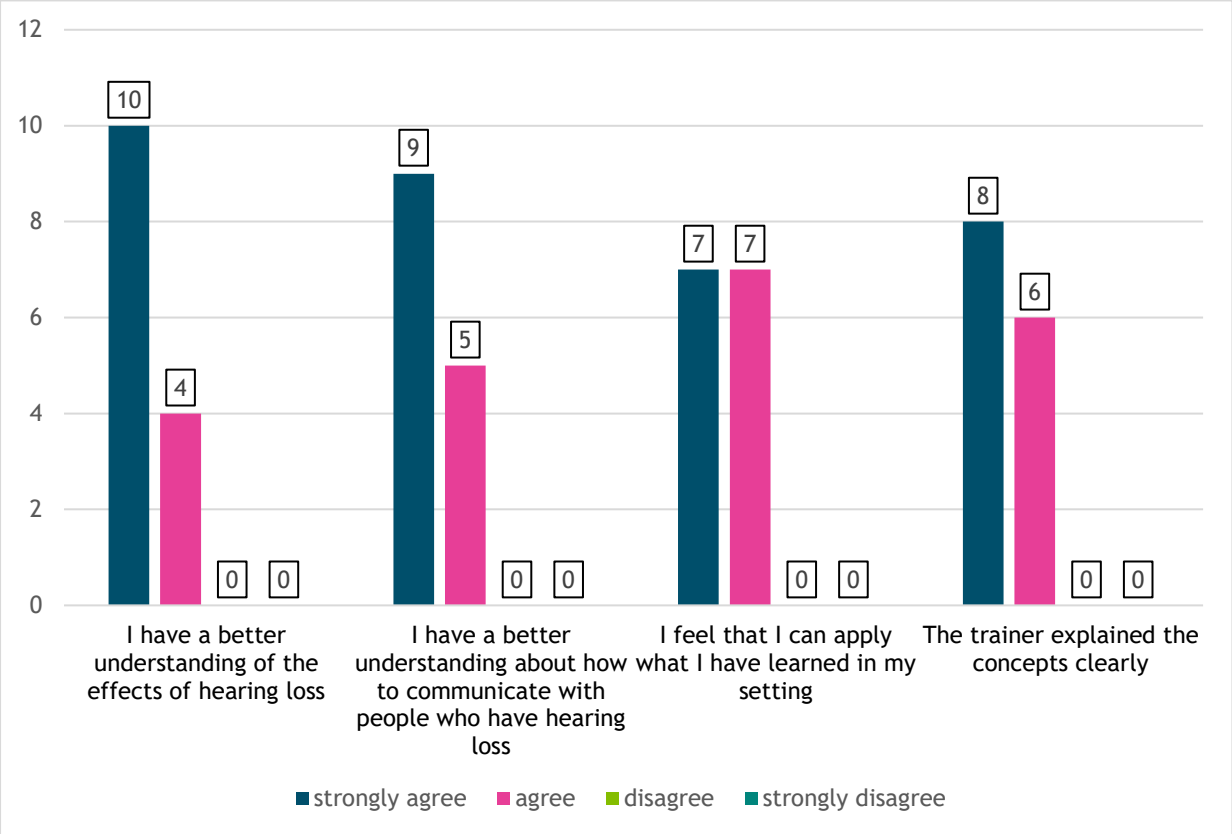

Figure 44: A graph showing what attendees thought about the Hearing Loss Training.

Ten respondents strongly agreed, and four respondents agreed that the training helped them gain a better understanding of the effects of hearing loss. Nine people strongly agreed that they have a better understanding about how to communicate with people who have hearing loss and five people agreed. Seven training attendees strongly agreed that the training enabled them to apply what they learned in their

work setting and seven respondents agreed with this statement. Eight respondents strongly agreed that the trainer explained the training concepts clearly and six agreed.

When asked what they thought of the Hearing Loss Training, one member of staff had the following feedback: *"The training was really helpful. I appreciate there was a lot to condense into the one hour."*

Staff Feedback

During the six-week pilot, we asked each practice to complete a patient (see appendix 7.8) and staff (see appendix 7.9) evaluation form to monitor the pilot's progress and people's opinions of the digital technology.

The feedback we received from staff at each of the pilot practices was positive, with all eight practices wanting to continue using their digital technology (vibrating pagers, portable induction loop and personal listeners) once the pilot is completed.

When asked what difference the digital technology made to patients with hearing loss, pilot staff had the following feedback:

- Patients felt it much more at ease using these devices. Patients felt they could explain themselves without having to shout or take off masks.
- I think it made it easier for them and less embarrassing for them as after it being offered, they were able to hear better and able to communicate.
- I have had some feedback saying that it made their experience a lot easier due to being able to hear.
- It helped greatly at our reception area where we have a Perspex partition, it enabled the patient to have a much easier experience when speaking to a receptionist.
- Patients felt included and some of the patients could have their appointments without somebody else being present to hear/talk for them.
- The pagers were a great help for patients who did not want to wait in the waiting room during these difficult Covid times.
- It has had a great impact on our patients and staff are able to communicate better with their patients. Feedback has been positive from both staff and patients. Patients felt it was quick and easy to use, and everyone asked said they would like to use again.
- Easier to know when their appointment is ready.
- Giving options so those who are hard of hearing
- It was easier for patients when the waiting room was full to be able to wait in their cars.
- Improved their experience of visiting the surgery.
- Eased their other medical needs but providing some equalisation to their hearing issues.

- The listening device was very helpful during a newly diagnosed diabetic appointment where the patient was hard of hearing. These appointments involve lots of information given and the device ensured the patient got the most out of this appointment to better manage their new condition.
- Patient was more engaged with nurse and didn't need to keep looking at his wife for support using the personal listener.
- I feel it made it a lot easier for patients who are hard of hearing and put patients more at ease.

When asked what difference the digital technology made to the practice and the staff, pilot staff had the following feedback:

- A big difference knowing I was hearing patients.
- All equipment was quick and easy to use.
- busy surgery so sometimes waiting room full, gave them an option to wait in their car.
- Having tested out this piece of equipment it has forced me to address my own problems with hearing loss. I now had an audiology appointment booked. Using the personal listener made me aware of the extent of my hearing loss.
- Improved patient care.

Patient Feedback

Due to the COVID-19 pandemic, the numbers of patients attending appointments in person was still low during the pilot period. Therefore, the feedback we received directly from patients with hearing loss and Deaf patients was limited. In total, 17 respondents completed feedback forms and returned them.

The patients that responded had used one of the three types of digital assistive technology:

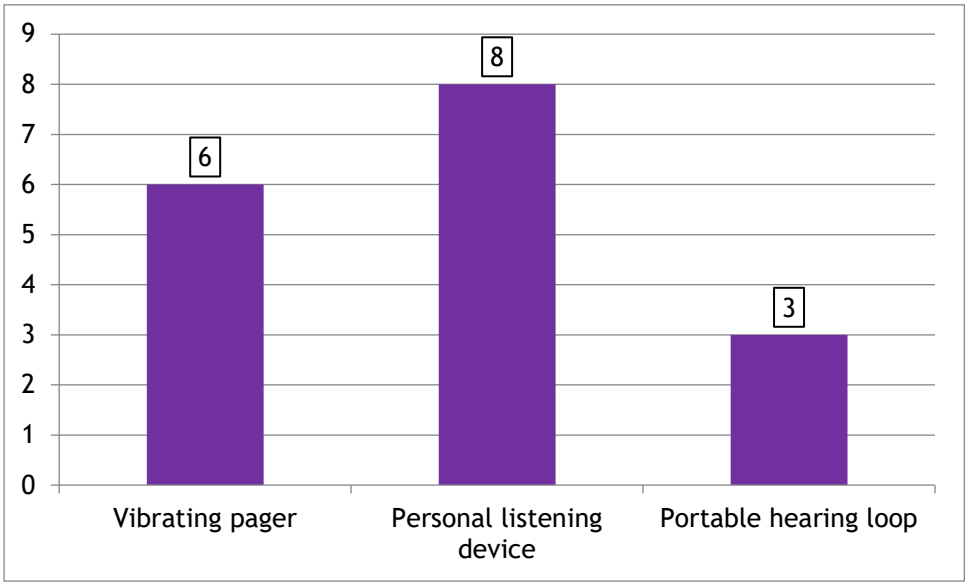

Figure 45: A graph showing the tools used and by how many people

All the respondents said that they found it easy to use the technology. 16 people said it made their communication with their doctor or health practitioner easier. One person, who used the vibrating pager, said it made no difference to their communication.

There was nothing that people did not like about the technology. We asked people what they liked and the feedback about each different types of technology was:

Personal Listener

- Quick to use.
- Hear nurse and quick to use.
- Quick to use.
- The sound was very sharp.
- Ease.
- Helped me hear the nurse.
- Really helped with communication.
- Helped me communicate better.

Hearing Loop

- It made ordering my medication easier.
- The ease of use and how much it helped to communicate with the doctor.

Pagers

- Enabled me to sit in my car whilst waiting for my appointment.
- I didn't want to sit in the waiting room as feel very anxious about Covid. Was able to sit in my car until called for my appointment.
- Very easy to use – saved me waiting outside in the cold/ rain.
- It allowed me to wait in the car with my family. It buzzed as soon as the doctor was ready.
- Could use anywhere in the building.
- Very efficient.

We were aware that the vibrating pagers would be used with patients that did not have hearing loss as they had a practical use in helping staff to reduce the risks of Covid infection between patients.

The feedback form also asked for any other comments. The comments received were:

- So pleased our surgery has this
- I felt safer
- This is a big improvement
- Thank you for getting this equipment into your surgery.
- Would be good to have on reception and dispensary.

- (Nurse said worked well) PT (patient sic) didn't have to keep looking at wife to tell him. Nurse said PT (patient sic) was more engaged with her.

4. What this means

When it comes to using primary healthcare services, it is vital that people affected by hearing loss and Deaf people have the same level of access as hearing people. Deafness and hearing loss affects people of all ages, but the numbers of people affected increases with age, with 68% of respondents reporting that their first experience of hearing loss was from the age of 36 years. 16% of people who responded to the survey had profound hearing loss (over 95 dBHL / they may use hearing aids, cochlear implants, BSL and/or lip-reading).

The responses to the surveys and interviews showed that people affected by hearing loss have trouble accessing their doctors' surgery to make and attend appointments. 35% of respondents had someone to accompany them to their appointments, such as a relative, friend, interpreter, or support worker, but the majority of people would prefer to attend their appointment alone if they were able to communicate directly with their doctor or health practitioner. Only 14% of respondents stated that their surgery had something in place that made booking or attending their appointment easier.

Making Appointments

Most respondents (82%) sometimes or always had difficulty making an appointment. A third of respondents relied on family, friends, or others to make their appointments for them.

People used a variety of means to make their appointment with their doctor, with 54% using the telephone. However, some people find it difficult or impossible to use the telephone but report their frustration that doctors' surgery staff still ring them to communicate.

The option to book appointments, order repeat prescriptions or get test results online can help people with hearing loss contact their doctor if they cannot use the telephone. 74% of survey respondents made their appointment via the surgery website, email, or text.

For Deaf patients, British Sign Language is often their first language and digital tools (online consultation systems) can be inaccessible to them, due to the accessibility of the webpage content.

The ability to make appointments via the surgery website can be a positive tool for those who are affected by hearing loss. Some respondents expressed their frustration that this was introduced due to the Covid pandemic but has since reduced.

Attending Appointments

Being in the waiting room is also a challenge for those who are Deaf or affected by hearing loss. 70% of respondents reported that they sometimes or always had difficulty knowing that the doctor or health practitioner was ready for them. The main issue reported was that patients fail to hear their name being called and that background noise such as the radio makes it difficult to hear. People also identified issues with staff not making allowance for the fact that they cannot hear, and staff not speaking clearly enough.

Visual display screens in waiting rooms are a helpful tool for those who are Deaf or affected by hearing loss; 91% of respondents to the survey stated these are helpful. There can still be issues with these, such as some people struggling to hear the beep, or people not being able to see the screen but where there is sufficient space in the waiting room, these are a positive aid.

People also expressed an interest in vibrating pages and hearing loops as options to help them know when the doctor was ready for them. Both these pieces of equipment were trialled as part of the pilot project with the eight surgeries. The vibrating pagers were used with hearing patients as well as those with hearing loss. They were helpful in enabling patients to keep socially distanced, which was reassuring for those who used them. The patients who used the portable hearing loops found them helpful and would have liked them to be used elsewhere, such as in the dispensary.

During the Appointment

Most survey respondents (73%) said they always or sometimes had difficulty communicating during their appointment. People got someone else to attend with them (35%) or relied on lip-reading (39%) or used other ways to help their communication. Although people used hearing aids communication can still be difficult.

Some people reported how helpful the doctor or surgery staff had been in supporting their communication.

Most people felt that a personal listening device or a neck loop could be helpful tools in aiding their communication with their doctor or health practitioner. As part of the trial of digital tools in the pilot project, surgeries were provided with personal listeners and portable hearing loops. The personal listeners were found to be useful in aiding communication with the surgery staff and patients reporting on the positive impact of these. They were also easy to use.

Improving Communication

63% of respondents to the survey felt that there were things that could be done to improve communication. Only 15% of those who replied to this question identified technology as a solution. Many people talked about clearer communication (including the use of clear face masks) and staff having better awareness of people who are Deaf or have hearing loss.

Patients with hearing loss and Deaf patients find themselves repeating their hearing status to primary healthcare staff. This could be because staff are not checking their patient's record thoroughly enough, or their hearing status and communication needs are not being flagged clearly enough on their record.

The feedback from the survey and interviews about these issues led us to develop the "Hearing Loss and Deaf Friendly Charter" for use in doctors' surgeries. The Charter provides information and advice for primary healthcare professionals, things that they should have in place and details digital technology that has been identified to help those who are Deaf and affected by hearing loss to access their doctors' surgery independently. A key part of this is staff training in hearing loss awareness. The training enables staff to understand better the barriers faced by those who are Deaf or have hearing loss.

The Impact of COVID-19

The COVID-19 pandemic has also had an impact on the ability of those who are Deaf or affected by hearing loss to access and communicate with their doctor. The use of face masks has created a physical barrier, that has made it harder to hear the individual and inhibited people being able to lip-read.

However, there have been some positives with more surgeries offering options to book appointments over the website or email, which have been welcomed.

5. Recommendations

From the results of the public survey, interviews and pilot scheme, several recommendations can be made for the Digital team at Norfolk and Waveney CCG.

1. Promote the availability and opportunity for all doctors' surgeries in Norfolk and Waveney to order and utilise the vibrating pagers, personal listener and portable induction loop trialled in the pilot scheme.

2. Ensure the Hearing Loss and Deaf Friendly Charter is reviewed regularly, kept up to date and made available on Footfall and GP surgery websites as a resource when surgeries sign up to access the digital technology.

3. Provide the opportunity for primary healthcare staff to attend Hearing Loss and Deaf Awareness Training.

4. Reinforce through regular training, each primary healthcare provider's responsibility to adhere to the Accessible Information Standard. This includes (but is not restricted to) ensuring patients have accessible digital access when making and attending appointments, recording, and flagging a patient's accessibility requirements and providing access to BSL interpreters.

5. Reminding primary healthcare professionals to consider the effects of hearing loss or being Deaf on a patient's mental health, how it can affect other pre-existing health conditions (co-morbidities) and the risk of social isolation. Primary healthcare professionals need to be aware of places they can signpost a patient with hearing loss if they require further support.

6. Encourage Norfolk and Waveney doctors' surgeries to appoint a Hearing Loss Champion at each site. Their role will ensure that any digital technology being used is regularly checked and maintained, that staff have an opportunity to attend Hearing Loss Awareness training and that the Charter guidance is being followed.

7. It would be beneficial for doctors' surgeries in Norfolk and Waveney to collect feedback from patients with hearing loss and Deaf patients on their use of digital technology and to monitor staff awareness of the patient's communication needs.

Evidence	Recommendation	For	Follow-up Action
1. When it comes to using primary healthcare services, it is vital that people affected by hearing loss and Deaf people have the same level of access as hearing people.	Continue the opportunity for doctors' surgeries in Norfolk and Waveney to order and utilise the vibrating pagers, personal listener and portable induction loop trialled in the pilot scheme.	Digital First Primary Care team at NWCCG	Promote the availability and opportunity for doctors' surgeries in Norfolk and Waveney to order and utilise the vibrating pagers, personal listener and portable induction loop trialled in the pilot scheme, if they agree to follow the Charter guidelines.
2. There is a need for hearing loss and Deaf culture awareness in primary care settings and this can complement the use of digital technology within primary healthcare.	Ensure the Hearing Loss and Deaf Friendly Charter is reviewed regularly, kept up to date and made available to primary care professionals and the public.	Digital First Primary Care team at NWCCG	Digital First Primary Care team at NWCCG to place the Hearing Loss and Deaf Friendly Charter onto the NWCCG Training and Resource Site and publicise its presence to primary care providers. Healthwatch Norfolk will publish the Hearing Loss and Deaf Friendly Charter onto their website for public

		Healthwatch Norfolk	access as a resource.
3. Deaf and Hearing Loss awareness training is needed for Primary Healthcare Professionals.	Provide the opportunity for primary healthcare staff to attend Hearing Loss and Deaf Awareness Training.	Digital First Primary Care team at NWCCG	Provide and publicise access to Hearing Loss and Deaf Awareness training (potentially as a component of the Accessible Information Training) on the NWCCG Training and Resource Site
4. Patients with hearing loss and Deaf patients have trouble making, attending, and communicating during appointments	Reinforce through regular training, each primary healthcare provider's responsibility to adhere to the Accessible Information Standard. This includes (but is not restricted to) ensuring patients have accessible digital access when making and attending appointments, recording, and flagging a patient's accessibility requirements and providing access to BSL interpreters.	Primary Healthcare Providers (GP Surgeries) Digital First Primary Care team at NWCCG	Promote and complete the Accessible Information Standard Training available on the NWCCG Training and Resource Site. Raise awareness of the Health and Communication Card (found as an appendix in the Charter) and promote its use in doctors' surgeries when new patients join. This will enable front line primary care staff to input accessibility needs onto a patient's Electronic Health

			Record. For continuity, signpost primary care providers to the Snomed codes within the Charter to record a patient's accessibility requirements. Introduce a check box within online consultation systems for patients to opt for a BSL interpreter present at their appointment when booking (for example: on Footfall). This could include a check box for a patient's requirement for a spoken language interpreter.
5. Being Deaf or experiencing hearing loss can affect a patient's mental health, and other pre-existing health conditions (co-morbidities)	Reminding primary healthcare professionals to consider the effects of hearing loss or being Deaf on a patient's mental health, how it can affect other pre-existing health conditions (co-morbidities) and the risk of social isolation.	Digital First Primary Care team at NWCCG Healthwatch Norfolk Primary Healthcare Providers	Publicise the Charter's signposting links to several local and national charities that support people with hearing loss and Deaf people with social isolation.

	Primary healthcare professionals need to be aware of places they can signpost a patient with hearing loss if they require further support.		
6. Digital technology requires regular maintenance.	Encourage Norfolk and Waveney doctors' surgeries to appoint a Hearing Loss Champion at each site. Their role will ensure that any digital technology being used is regularly checked and maintained, that staff have an opportunity to attend Hearing Loss Awareness training and that the Charter guidance is being followed and that front line staff know how to book a BSL interpreter.	Digital First Primary Care team at NWCCG Healthwatch Norfolk Primary Healthcare Providers	There is guidance available within the Charter regarding the role of a Hearing Loss Champion. The Digital First Primary Care team at NWCCG and Healthwatch Norfolk can promote the existence of this guidance for doctors' surgeries.
7. Doctors' surgeries and appointments are not always accessible to patients with hearing loss and Deaf patients. Patients'	It would be beneficial for doctors' surgeries in Norfolk and Waveney to collect feedback from patients with hearing loss and Deaf patients on	Primary Healthcare Professionals	Raise awareness of the Health and Communication Card (found as an appendix in the Charter) and promote its use in doctors' surgeries when new patients

accessibility needs also vary.	their use of digital technology and to monitor staff awareness of the patient's communication needs.		join. This will enable front line primary care staff to input accessibility needs onto a patient's Electronic Health Record. For continuity, signpost primary care providers to the Snomed codes within the Charter to record a patient's accessibility requirements.

6. References

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7. Appendix

7.1. Public Survey

Improving the GP Experience for those Affected by Hearing Loss in Norfolk and Waveney.

Introduction

It can be difficult to book or attend a GP appointment if you are affected by hearing loss or Deaf, especially if requests need to be made via the telephone. Often, individuals need to be assisted by a friend or family member to make or attend the appointment. This is not always convenient or appropriate for the individual, who may wish to maintain privacy around their treatment.

Healthwatch Norfolk are working with Norfolk and Waveney Clinical Commissioning Group (CCG), to engage with people affected by hearing loss, to find out how technology could be used to make going to the doctors' surgery easier. Technology could be using the following: mobile phones, tablets, using the internet or apps to book or attend a doctor's appointment. The Norfolk and Waveney CCG are keen to pilot technologies that could improve things in several doctors' surgeries.

All responses will be anonymised and put into a report, which will be shared with Norfolk and Waveney Clinical Commissioning Group (CCG) and be publicly available on our website. We will include surveys that have not been fully completed in our report.

You can read our full privacy policy here:

www. healthwatchnorfolk.co.uk/about-us/privacy-statement/

Please tick the box here to confirm that you have read and understood the privacy policy: *

☐ I have read and understood the privacy policy

A link to the final report will be included in our quarterly newsletter. To sign up to receive this newsletter, please leave your email address:

1. When did you first experience hearing loss?

2. How would you describe your level of hearing?

- ☐ Moderate Hearing Loss (between 41 -70 dBHL / some difficulty following speech)
- ☐ Severe Hearing Loss (between 71 – 95 dBHL / severe difficulty following speech without a hearing aid)
- ☐ Profound Hearing Loss (over 95 dBHL / you may use hearing aids, cochlear implants, BSL and/or lip-reading)

Technology

3. How often do you use the following:

	Daily	Weekly	Monthly	Never
Smartphone	☐	☐	☐	☐
Tablet	☐	☐	☐	☐
PC	☐	☐	☐	☐
Laptop	☐	☐	☐	☐

Other type of technology (please specify)

4. How would you describe your skill level with using technology?

- ☐ Good
- ☐ Average
- ☐ Poor
- ☐ Do not use

Making Appointments

5. Do you have difficulty making appointments with your doctors' surgery?

- [ ] Always
- [ ] Sometimes
- [ ] Never

6. Do you use any of the options below to book an appointment? Please select all that apply:

- [ ] Hearing loop
- [ ] Type Talk
- [ ] Doctors' Surgery Website
- [ ] Make appointments via email
- [ ] Make appointments via text
- [ ] Make appointments via telephone call
- [ ] Make appointments in person
- [ ] Writing things down to communicate
- [ ] Ask a relative to make the appointment
- [ ] Ask a friend to make the appointment
- [ ] Ask a support worker to make the appointment
- [ ] Interpreted telephone call
- [ ] Help from WNDA, Deaf Connexions or another similar organisation
- [ ] None of the above
- [ ] Other (please specify):

Attending Appointments

7. When you are in the waiting room, do you have difficulty knowing when the doctor or health practitioner is ready for you?

- [ ] Always
- [ ] Sometimes
- [ ] Never

Why do you think this is?

8. Would you find any of the following pieces of technology helpful for knowing when your doctor / health practitioner is ready for you? Please select all that apply:

- [ ] Visual Display Screen
- [ ] Vibrating Pager
- [ ] Hearing Loop

9. Do you have difficulty communicating with your doctor or health practitioner during the appointment?

- [ ] Always
- [ ] Sometimes
- [ ] Never

10. What do use to help you communicate with your doctor or health practitioner during your appointment? Please select all that apply:

- [ ] Hearing loop
- [ ] Lip read

- [ ] Write things down
- [ ] Go with a BSL interpreter
- [ ] Go with a relative
- [ ] Go with a friend
- [ ] Go with a support worker
- [ ] Use of speech to text app e.g., 'Otter'
- [ ] Other (please specify):

11. Would you find any of the following pieces of technology helpful for communicating with your doctor / health practitioner during your appointment? Please select all that apply:

- [ ] Personal Listening Device (a small amplifier worn by the patient, connected to a microphone used by the doctor)
- [ ] Neck Loop (worn around the neck, with the hearing aids turned to the 'T' to reduce background noise.
- [ ] Speech to Text apps
- [ ] Interpreter Now - (immediate access to an online BSL interpreter)

12. If you were able to communicate directly with your doctor or health practitioner during the appointment would you prefer to attend on your own?

- [ ] Yes
- [ ] No
- [ ] I prefer it if someone else comes with me

13. Does your doctors' surgery have anything in place that makes booking or communicating during your appointment easier?

- [ ] Yes
- [ ] No
- [ ] I don't know

If yes, please specify:

14. Is there anything that your doctor or health practitioner could do to help improve the communication between you and them?

- [ ] Yes
- [ ] No

If yes, please specify:

15. Have you ever used any technology that could be used by doctors' surgeries to make booking or attending appointments easier?

- [ ] Yes
- [ ] No

If yes, please specify:

16. Have you used any technology meant to improve communication that has not worked for you?

- [ ] Yes
- [ ] No

If yes, why was it not successful?

17. Would you be interested in using technology in a doctors' surgery, if clear training and instructions on how to use it were given to staff and patients?

- [ ] Yes
- [ ] No

if no, why is this?

18. Please use this space to tell us anything that we have not asked about that you think we should know:

About You

How old are you?

What is your gender?

What is your sexuality?

Do you consider yourself to have a disability?

- [ ] Yes
- [ ] No
- [ ] I'd rather not say

What is your ethnic group?

What is your religion?

7.2. BSL Interpreter Interview Questions

Improving access to healthcare for people affected by hearing loss who live in Norfolk and Waveney: BSL Interpreter Interviews

For people experiencing hearing loss, it can be difficult to book a healthcare appointment if requests need to be made via the telephone. Often individuals need to be assisted by friend or family member to make the appointment. This is not always convenient or appropriate for the individual who understandably may wish to maintain privacy around their healthcare.

Additionally, attending an appointment poses similar issues. Individuals can be dependent on the assistance of someone else or the presence of an interpreter to notify them when they are called through and discuss their healthcare.

Healthwatch Norfolk are working with the Norfolk and Waveney Clinical Commissioning Group (CCG) to identify how Primary Healthcare providers (e.g., doctors' surgeries, health practitioners and dentists) could use technology to support people with hearing loss to:

- Make an appointment
- Attend an appointment
- Communicate with their GP/ Health Practitioner / Dentist

We will be engaging with people with hearing loss, BSL Interpreters, GPs and Health Practitioners to form a detailed account of the support (or lack of) for those with hearing loss to access healthcare in Norfolk.

This information will help us to understand how people currently access healthcare and what could help to improve this. The Norfolk and Waveney CCG are keen to pilot technologies that could improve things in several GP Practices.

All responses will be anonymised and put into a report, which will be shared with Norfolk and Waveney Clinical Commissioning Group (CCG) and be publicly available on our website.

Making Appointments

Have you ever supported a person with hearing loss (either professionally or personally) to make a healthcare appointment? If so, how was this be achieved?

Did any of the people you supported encounter difficulties making an appointment with their GP / Health Practitioner?

What do you do think could help a person with hearing loss get an appointment easier?

For example: Hearing loop / use an online booking system / make appointment via email / make appointments via text / go to the surgery and make an appointment in person by writing things down / ask a someone else to make the appointment

Do you know if your local GP surgery has anything in place that makes booking appointments easier for those with hearing loss? If so, please can you talk about this.

Have you ever used or experienced any technology that you think could be used by GP Practices to make it easier for those with hearing loss to make an appointment? If yes, please could you expand on this.

Have you ever tried to use or experienced any technology / IT systems / apps that did not help a person with hearing loss make an appointment or attend an appointment?

Attending Appointments

Have you ever supported a person with hearing loss (either professionally or personally) to attend a healthcare appointment? If so, how was this be achieved?

Did any of the people you supported have difficulty at the appointment with their GP/ Health Practitioner? If so, please could you tell me a little more.

How did you feel, as a BSL interpreter, attending that appointment?

Did any of the people you supported have difficulty knowing when the GP / Health Practitioner was ready for them? If so, what happened?

Did any of the people you supported use any of the following methods (below) to help them communicate with their GP / Health Practitioner during the appointment?

Hearing loop / Lip reading / Writing things down / Go with someone

Do you know if your local GP surgery has anything in place that makes communication during an appointment easier for someone with hearing loss?

Please use this time to tell us anything that we have not asked about that you think we should know.

Thank you very much for your time.

7.3. Focus Group Questions

At Healthwatch Norfolk, we like to know about people's experiences of health and social care services in the county. For example: these are services run by GPs, hospitals and dentists. We make sure they are heard by the people in charge. Your views and experiences can help us to make changes to services in Norfolk.

Norfolk and Waveney Clinical Commissioning Group (CCG) are the people who fund and provide health and social care services in this county.

Healthwatch Norfolk and Norfolk and Waveney Clinical Commissioning Group (CCG) would like to know how technology (mobile phones, tablets, the internet, apps) could be used to make going to the doctors easier for people who are deaf or have hearing loss.

We would like to know:

1) any problems you have making an appointment to visit the doctors
2) any problems you have attending a doctor's appointment
3) if you use any technology (mobile phones, tablets, the internet, apps, hearing aid) to help at your appointment or to book your appointment
4) what you think could help make it easier to visit the doctors
5) any good experiences you have of visiting the doctors

We will share the answers you give us with Norfolk and Waveney Clinical Commissioning Group and the people who will help put new technology in doctors' surgeries.

We may use your answers in other Healthwatch reports, but we will not give anyone your personal information or use any of your personal details in the report.

If you would like to speak to someone from Healthwatch on your own or in private, we would be happy to arrange this.

7.4. Pilot Introduction Letter

Dear Practice Manager

Thank you for your willingness to be involved in the pilot project to improve access to primary care for people with hearing loss and those who are Deaf.

Healthwatch Norfolk is working in partnership with Norfolk and Waveney CCG on this project. As part of this work, a survey was undertaken with members of the public who have hearing loss and the survey showed that 83% of respondents sometimes or always struggled when it came to making an appointment, 76% of respondents said they sometimes or always had difficulty knowing when their GP or health practitioner was ready for them and 80% said they sometimes or always had difficulty communicating with their GP or health practitioner.

We have looked at the patient pathway from seeking an appointment to seeing the GP and identified technology that can improve this experience through the following stages:

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

The Charter identifies how GP Practices can help with each of these stages – sections 2, 4 and 5 of the Charter give more information on this.

We have selected technologies that can support communication in the waiting room and with the GP based on feedback from the survey. We recognise that equipment like the vibrating pagers can also be helpful at this time in dealing with issues related to Covid and are pleased that these are of value to GP Practices for this, but we do ask that you ensure that they are also targeted for use by those with hearing loss and that feedback is captured from those patients with hearing loss.

A sheet is attached giving detail of the technology that is available to pilot and the option to select some or all. Before the technology can be issued, there is a checklist that needs completing in the Charter in appendix 8. Please

return both documents to Viv Phillips at Norfolk and Waveney CCG: vivienphillips@nhs.net

The pilot involves several key elements:

- To sign up to the attached "Hearing Loss and Deaf Friendly GP Practice Charter" and implement the recommendations in this.
- Patient facing staff to undertake Hearing Loss Awareness training.
- To pilot technologies that can support improved communication.
- To ask your staff and patients to complete an evaluation of the technologies used.
- To feed back on the impact implementing these elements has had for your patients with hearing loss.

Healthwatch Norfolk and Norfolk and Waveney CCG require all participating GP surgeries to ask each patient using the digital technology during the pilot to fill out the short feedback form. Once the pilot period has ended, we will collect the evaluation forms from each participating GP practice.

We will also provide a link for each participating GP surgery to complete once the pilot has ended, so that staff are able to comment and feedback their thoughts of the digital technology. The link for the staff evaluation form is:

https://forms.office.com/Pages/ResponsePage.aspx?id=sITDN7CF9UeyIge0jXdO47loOFQ8bYhHkilSWlJj3XFUMVMzQjBaWjNDN1JHRzlUTjhaR0tIMEQ4RS4u

Your involvement in this pilot is greatly valued and we look forward to receiving your feedback so that we can make any changes required before a wider rollout across Norfolk and Waveney GP Practices.

If you have any questions, please contact Rachael Green at Healthwatch Norfolk rachael.green@healthwatch.co.uk

Yours sincerely

Rachael Green
Research and Project Manager
Healthwatch Norfolk

Vivien Phillips
Digital Projects Manager
NHS Norfolk and Waveney
Clinical Commissioning Group

7.5. Summary Hearing Loss and Deaf Friendly Charter

healthwatch Norfolk

NHS Norfolk and Waveney Clinical Commissioning Group

Hearing Loss and Deaf Friendly GP Practice Charter

is committed to meeting the needs of our patients who have hearing loss or are Deaf. We will achieve this by:

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

- Recognising **the impact that hearing loss can have on your mental wellbeing** and letting you know where you can get support for this.

Date:

7.6. Hearing Loss and Deaf Friendly GP Practice Charter

The full Hearing Loss and Deaf Friendly GP Practice Charter can be viewed and downloaded here:

www.healthwatchnorfolk.co.uk/report/hearing-loss-and-deaf-friendly-practice-charter/

7.7. Suggested Pilot Framework

Beginning of Pilot – w/c 24th January 2022

Read, implement, begin to fill in and return charter checklist (this can be returned once fully complete at the mid to end of the pilot phase)	.pdf and word version of Checklist file attached to email 'GP Practice Checklist' file
Display the summary Charter in the patient waiting room(s)	.pdf and word version of file attached to email 'Display Charter Summary' file
Appoint a Hearing Loss Champion	Please see the Charter: Appendix 9: Role of a Hearing Loss Champion for more details .pdf version of Charter attached to email 'HL Friendly Practice Charter Final' file
Registering for Hearing Loss Awareness Training	Please see the Charter Section 1: Hearing loss awareness training for more information
Experimenting with and begin to use digital assistive technology	Digital assistive technology instructions attached to email for Pagers and Portable Induction Loop (Instructions for Personal Listeners (if requested) to follow).
Read through main sections of the Charter to familiarise with contents	.pdf version of Charter attached to email 'HL Friendly Practice Charter Final' file
Attend introductory MS Teams call with Rachael Green	

During the Pilot

Encourage and offer the digital assistive technology to patients	
Ask patients with hearing loss and Deaf patients to provide feedback on the digital assistive technology	Evaluation questions attached to email for print out in .pdf and word format 'Pilot Tech Evaluation Questions PATIENTS' file
Consider how masks can affect communication with patients with hearing loss and deaf patients and how effective communication can be established	See the Charter, section 7. Covid-19 for more information
Recognise the impact that hearing loss can have on a person's mental wellbeing and ensure that appropriate signposting is available	See the Charter, 8.3 Appendix 3: Signposting for more information
Start offering the health and communication care cards to patients with hearing loss and deaf patients to capture their communication needs and once completed, record them on their patient record.	See the Charter, Appendix 5: Patient Record Flagging and Read Codes and Section 2: Accessibility for more advice Health and Care Communication Card file attached to email 'Health and Care Communication Card' file
Relevant staff to attend Hearing Loss Awareness Training	
Attend mid-pilot MS Teams call with Rachael Green	

Provide Deaf patients the option to book a BSL interpreter if a face-to-face appointment is required.	See the Charter Appendix 10: Interpreting and Translation services in Norfolk and Waveney

End of Pilot – w/c 28th February 2022

Staff Evaluation of assistive tech to be completed	Link to evaluation form: Digital tools evaluation - Hearing Loss project (office.com)
Arrange with Rachael Green to return Patient tech evaluation forms	
Meet with Rachael Green on MS Teams for end of pilot debrief (date to be arranged at mid-pilot catch-up)	

7.8. Public: Digital Technology Evaluation Form

Digital Technology Evaluation Form

GP Surgery Visited:

Type of Equipment Used

☐ Vibrating Pager ☐ Personal Listening Device ☐ Portable Hearing Loop

How easy did you find it to use the equipment you were provided with?

☐ Easy ☐ Neither easy nor difficult ☐ Difficult

Did this equipment make communication with your doctor or health practitioner:

☐ Easier ☐ No difference ☐ Harder

What did you like about the equipment?

What didn't you like about the equipment?

Would you want to use this equipment again?

☐ **Yes** ☐ **No**

Any other comments regarding the equipment:

7.9. GP Practice Digital Technology Evaluation Form

Digital Assistive Tech Evaluation Hearing Loss project

1.Please enter your practice name:

2.Please enter your name and job role:

3.Which of the following products have you used?

☐ Portable induction loop

☐ Vibrating Pager

☐ Personal Listener Device

4.How often did you use the following

	Less than 5 times a day	5-10 times a day	10-20 times a day	2-5 times a week	2-5 times a month
Vibrating Pagers					
Portable Induction Loop					
Personal Listener					

5.How easy did you find it to use the following?

	Very easy	Easy	Not Easy	Difficult
Vibrating Pagers				
Portable Induction Loop				
Personal Listener				

6. If you answered 'difficult' to any of the options in Question 5, please explain why.

7. What difference to do you think using the equipment made for patients with hearing loss? (Please include any feedback from patients.)

8. What is your view about having these products available to use after the trial?

	Yes, I would like to use.	**No,** I don't wish to use.
Vibrating Pagers		
Portable Induction Loop		
Personal Listener		