



BSL Users Healthy Day Report on findings

Original: March
2014

Updated: March
2015



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Report passed by the Healthwatch Shadow Board on:

15 April 2014



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1. Introduction

About Healthwatch Barnsley

- 1.1 Healthwatch Barnsley (HWB) is contracted to Voluntary Action Barnsley (VAB). It is a community led, community driven organisation with a Shadow Board of Directors, responsible for determining the strategic direction of the organisation. HWB is also assisted by a Steering Group and Healthwatch Champions whose role it is to gather information, and prioritise areas of work, thus ensuring engagement with all segments of the local population and enabling HWB to be representative of as many residents and health and social care service users as possible. HWB is part of a national network of Healthwatch organisations that involve people of all ages and from all sections of the community in local health and social care services.
- 1.2 HWB builds on the knowledge of Barnsley LiNk (Local Involvement Network). It will continue to gather views from the local community; report these views to the people responsible for local services; engage people in decisions about services, and monitor services. As part of its work to gather views it has a right to visit services, through a process known as Enter and View.
- 1.3 HWB also has a role to give local people information about local health and social care services.
- 1.4 In some areas local Healthwatch organisations provide complaints advocacy for people making a complaint about NHS services. For Barnsley residents, this service is provided by VoiceAbility and details are provided at the end of this report. VoiceAbility's services locally are not limited to Health services and also include Social Care Services.

Why we held this event

- 1.5 HWB held the BSL Users Healthy Day in partnership with the DEAForum, Leeds Involving People, and Barnsley Metropolitan Borough Council (BMBC). The aim of this event was to create an opportunity to work together to improve experiences and outcomes for Deaf service users and their families/ carers and children, and to encourage and support good practice. The event was also an opportunity to promote the DEAForum, and the Deaf Club, encouraging participation and volunteering, whilst also providing Barnsley's

Deaf citizens with the opportunity to find out about and share their experiences of the health and social care services they access.

1.6 This event was specifically targeted at Deaf service users by which we mean people with profound hearing loss who use British Sign Language (BSL) to communicate.

1.7 The event was planned and developed by a planning group led by HWB as well as four volunteers from the DEAForum, representatives from Leeds Involving People, and BMBC. This group met on a monthly basis between October and March and all of the decisions leading to the main event on the 15th of March 2014 were made by this group with the support of the wider Deaf Forum membership. The membership had raised concerns regarding access to healthcare services and availability of information, which led the group to decide on the following workshop themes:

- GP Access led by Chair of the CCG Barnsley Patient Council and Lay Member of the CCG Board for Patient and Public Involvement.
- Hospitals led by Healthwatch Barnsley Manager. Please note a representative from Barnsley Hospital was unable to attend the event, due to the availability of staff and miscommunication. Healthwatch Barnsley received information prior to the event, to aid discussions within the workshop.
- Mental Health led by the Community Psychiatric Nurse for Deaf People from South Yorkshire, Rotherham and Doncaster and South Humber NHS Foundation Trust.
- Health, wellbeing and lifestyle led by the Assistant Director, BMBC Public Health Department.

There were two opportunities for attendees to take part in workshops, each session lasting forty minutes. This allowed time for comprehensive discussions and feedback.

1.8 Regular feedback on progress regarding this event was fed into Deaf Engagement and Access Partnership (DEAP) meetings coordinated by BMBC, to ensure providers were aware of the plans in preparation of their services attending.

1.9 Feedback from the event showed that significant improvements need to be made to improve access to services, and discussions highlighted common themes across the four workshops which included:

- Availability and access to BSL Interpreters,
- The need of Deaf awareness training for staff members,
- Communication between services,
- Co-ordination of services,
- Consistency and relevance of communication methods.

1.10 Gathering information and feedback mechanisms

HWB exists to make sure everyone's voice counts and that everyone has the opportunity to tell HWB what's going on in health and care services. HWB wants to ensure equality of opportunity to say what's good and what needs improving with the health and social care services being accessed.

HWB knows that people can often feel excluded from services and that the access to services isn't always equal; HWB is committed to reducing these inequalities.

HWB want to ensure that detailed, relevant and timely feedback is provided to all of those who came forward and gave up their time and shared their views on the day.

HWB will feed back comments from participants directly to service providers, requiring a formal response. HWB will then collate a final report which will be shared with commissioners and the Health and Wellbeing Board for information of progress to date and further action needed.

HWB will also ensure that feedback is provided to the Deaf community in an accessible way, and will be holding a final planning group meeting in May to report back on findings.

2. Workshop presentations and feedback from participants

Each facilitator responsible for a workshop was given the opportunity to talk about their service and invite feedback from attendees.

2.1 Health, wellbeing and lifestyle workshop

The facilitator explained that Public Health (PH) had been the responsibility of the National Health Service for the last 40 years but last year moved to the responsibility of the Local Authority (Barnsley Council).

PH is responsible for a number of areas as follows:

- **Health protection:** That is protection against the diseases that people can catch like measles, mumps etc. and the department encourages vaccinations and works with other organisations when there are outbreaks.
- **Making Barnsley a healthier place:** Second role is to make Barnsley a healthier place to live and work by doing such things as working to create healthy jobs and give access to leisure, parks, safe cycling routes and encourage physical activity.
- **Lifestyle services:** Third area is lifestyle services for people who want to make changes.

These were three services that PH particularly wanted feedback on. PH wanted to know if participants were aware of the lifestyle services, if participants had used them and what they might need.

The facilitator advised that PH were in the process of preparing new contracts and the event was the perfect opportunity to find out about, and include, actions to meet the needs of Deaf citizens, and shared some introductory information about each of the lifestyle services which include:

1. Stop smoking service

A lot of people in Barnsley still smoke and smoking is the main cause of early death. Age at death in Barnsley is increasing but still below average.

2. Weight management service

Helps people to lose weight and to keep it off to prevent problems in later life including heart disease and joint problems.



3. Health trainer service

These people work in communities, sometimes from local surgeries. They work with individuals on the health problems they want to work on and are targeted. People work together with them, they are not professionals, but local people who are trained and know what is available in a specific area.

The common themes emerging within this workshop included:

- Awareness of services
- Access to services and BSL Interpretation
- Access to information and referral systems

Comments from the day:

Awareness and access to services, BSL Interpretation and referral systems

“Lack of communication and support leaves us isolated and alone. It makes me sad. Mixing with people helps me to feel better but I need to be able to interact with them”.

“I am the only Deaf person in the pool and therefore am always alone. I would like to go to the gym but communication is a barrier to this. I need showing how to use the equipment etc. and a proper interpreter is needed”.

“My stress levels are quite high. Swimming helps but I would like to know how to do more to reduce stress”.

“I have been trying to lose weight and change my lifestyle. I have diabetes and high blood pressure. Some of the medications I have had have had side effects but if you need a model to try your services, do a before and after, I will volunteer”

“You mentioned contracts but it seems there is no provision for interpreters”.

“Communication is a big problem for all services”

“The Metrodome, we need more of what they offer but they need signers and interpreters - lifeguards need to be trained. They shout and get upset with Deaf people in the pool who can’t hear what they are saying”

Ideas for promoting Health Wellbeing and Lifestyle services with the Deaf Community

“You could circulate leaflets and you could use the Deaf Forum. All the doctor told me was to go swimming”.

2.2 Access to General Practitioners

Barnsley's Clinical Commissioning Group (CCG) and General Practitioners (GP's) wanted to hear from individuals about their experiences of GP services. They wanted to understand how they can provide a better more inclusive service for the Deaf community.

The common themes emerging within this workshop included:

- Accessing and booking appointments
- Medication
- Accessing, and booking of Interpreter services.
- Appropriateness of BSL Interpretation
- Deaf awareness training requirements
- Access to information
- Confidentiality

Comments from the day:

Accessing and booking appointments

How can I book an appointment?

“Making an appointment? Hard, hard, hard! I have to email my GP, this works well, then I just print off the email and take to the surgery”.

“I would rather do this by text, as working and making appointments can be difficult”

“A text service would make it feel like we are getting an equal service”.

“I was given a piece of paper with a ‘phone number but needed to text it 5 times, then they called me back and a friend had to answer for me”.

Is it appropriate for a family member to book my appointment for me, what if my health concern is of a private nature?

“When I receive a letter, my husband has to make my appointment”.

“I received a letter with an appointment, but the only way to change it is to ‘phone up, so my daughter has to do this”.



How do I arrive myself at an appointment?

“Automatic booking in doesn’t always work, so if it’s not functioning, I have to try and communicate with the receptionist”.

When is it my turn?

“I have to take a hearing friend or relative with me so that I do not miss my appointment”.

“GPs should be told that they must have a visual sign so that Deaf patients do not miss appointments”.

“There is no visual sign at my surgery and no help to go in to see GP. I missed my appointment, as I couldn’t hear when it was my turn”.

“My surgery is fantastic! They use visual messages and are quite relaxed about appointments”.

Is a 10 minute appointment enough time for me?

“My GP needs extra time to get information from me and an understanding of my problem, not always possible in a 10 minute appointment”

Accessing and booking of Interpreter services

How does a GP and practice staff know that I am Deaf?

“GPs need to know if an interpreter is needed and this information should be on patient records, at the front so it is clearly visible”.

I am an equal citizen, I have a right to be seen when I am ill with the necessary support

“My pain needs dealing with now, not 2 or 3 weeks down the line! I can’t always wait for an interpreter”.

“I recently turned up for appointment, but no interpreter had been booked, so I walked out of the appointment”.

“What happens when you need an appointment immediately, but no interpreter is available?”

“A Deaf person’s health may be at risk if an interpreter isn’t present and this should be challenged”.

“What do I do if it’s an emergency? I will still need an interpreter”

“Deaf people need a longer consultation time and an interpreter”.

Why is it so difficult to book for an interpreter?

“Interpreters are hard to get, but it is the responsibility of the GP under equalities legislation to arrange this”.

“Interpreters from different areas sign differently”.

“There is a shortage of interpreters”.

“Last month my new GP had an interpreter ready, so for my next appointment I requested the same, but I was fobbed off by the receptionist and then I found out at the last minute there would be no interpreter”.

“Booking an interpreter - PALS seem to be good at this, but GPs are refusing to book them, as they think it’s coming out of their budget. There’s been no interpreter at my surgery in 10 years! Different GP at different appointments cause’s issues for the Deaf, as does changing medication, but an interpreter would help with this”.

“I don’t want to attend an appointment and have to pass notes back and forth”

My understanding is so much better with an interpreter present

“More detailed information is given if an interpreter is present; it makes things so much better and easier!”

“You can lip read some health professionals, but it can be difficult”.

“My GP is foreign so I struggle to lip read, as his lip patterns are different and I do not know what he is saying”.

Appropriateness of BSL Interpretation

It’s not always appropriate to have a family member interpret for me

“My granddaughter attends my appointments with me to aid communication, but it is difficult as she works”.

What about confidentiality?

“Blood tests - I had to arrange an interpreter two weeks in advance and then got a letter saying there was a problem. I took the letter to a friend in order to be able to understand it”.

What if my GP appointment is of a personal nature?

“We need female interpreters”

“Another issue is that an interpreter would need to stay whilst the patient is examined, which can be embarrassing”.

“I don’t want my parents having to come to my GP with me. And I want a female interpreter, not male”.

Deaf awareness training requirements

Wouldn’t it be great if practice staff received Deaf awareness training?

“Reception staff could also ascertain if an interpreter is needed, depending on the severity of the Deafness”.

“Receptionist at my surgery knows I am Deaf, but still shouts my name”.

“My GP keeps telling me to use the loop system, but I am completely Deaf”

“Reception staff is unclear if I should have an interpreter”

“I contacted my GP as I needed advice, but reception staff can’t use type talk, so this is an issue”

“Some GPs just shout your name when it is your turn; this can be embarrassing for members of the Deaf community, as someone then has to come and physically summon you”.

“My previous GP knew I was Deaf, my new GP doesn’t understand this”.

Access to information

What is the best form of communication for the Deaf Community?

“Leaflets and words confusing”

“English is a second language”

“Too much medical jargon is used”

“For changes to medication, clearer information is needed”.

“Visual memory pictures make it easier too”

“Some Deaf citizens struggle with the written word and cannot write”

GP visual service and subtitles on TV monitors - the text is too small!

“My parents were hearing and when I went to doctors there was no problem. Now they are gone there is only reading leaflets, it’s not the same as having them explained. Nobody to communicate for me”

Medication

What medication are you putting me on and why?

“If I go to my GP with a medication problem, the jargon is overwhelming. Deaf people can get too much information and then can’t remember it when they get home”

“Medication doesn’t get explained, a separate nurse/doctor could do this. Deaf people have problems with English. An interpreter could go to the pharmacy with the patient to get the information they need”.

2.3 Mental Health Workshop

Information was given to the group around what mental health is and examples of good and bad states of mental health, as well as details and routes into services.

The common themes emerging within this workshop included:

- Awareness of Mental Health amongst the Deaf Community
- Processes for referral
- Accessing Services
- Communication
- Medication
- Community Services and Additional Support

Comments from the day:

Awareness of Mental Health in the Deaf Community

“How do you get depressed? I have felt a bit down and GP just gave me medication but I feel the same. There’s hardly anything available for the Deaf community”.

“The DEAForum could be taken around services to increase Deaf awareness and to show what is available”.

Processes for Referral

“Are GPs aware of IAPT and that the GP can refer Deaf people and interpreters can be arranged?”

“If you want to access mental health services, you need to speak to your GP, which is difficult when you are Deaf”.

Accessing Services

“If I want to access services, why is it so difficult?”

Communication

“It can be difficult to explain things if not everyone in your family signs, especially if you are experiencing symptoms like hearing voices”.

Medication

“Medication was given to me, but I’m not sure why I am taking it, I don’t feel any better for taking it and I have no way of sharing my concerns”.

“Medication can help, but getting out and talking to people can help too”.

Deaf Awareness Training

“Education is below par in relation to the Deaf community and the hearing community need to be more aware of our needs; don’t keep on just passing us lots of written information, as this won’t do”

“Do GPs receive training on how to deal with Deaf people? They have more detailed conversations with hearing patients, a level of detail that we cannot get as Deaf people. It’s difficult passing notes to get detailed information. It takes time to have a proper conversation. This is hard for the Deaf community and dangerous, as it has an impact on mental health (clock watching can make you feel

like you are being burdensome and can put you off talking about how you really feel)”.

Community Services and Additional Support

“I feel like the Deaf community are the community to experiment with, pushing us into mainstream services. We need to unite to support each other, I feel like the hearing community are imposing things on us”.

“Why are there so few groups out there to give you support”

“Mental health involves emotions too. Poor diet can affect it and support is important too”.

“A support group is needed for the Deaf community”.

2.4 Barnsley Hospital NHS Foundation Trust Workshop

Barnsley Hospital NHS Foundation Trust and the Clinical Commissioning Group need to hear from individuals about their experiences of GP services, and understand how they can provide a better more inclusive service for the Deaf community.

The common themes emerging within this workshop included:

- Availability and booking of BSL Interpreter Services.
- Co-ordination between services
- Continuity and communication methods
- Overnight hospital stays
- Deaf awareness training requirements
- Access to information
- Confidentiality

Comments from the day:

Availability and booking of BSL Interpreter Services

“In the past, the receptionist asked my name and I informed them I was Deaf. There were no visual signs to inform me when it was my turn, I tried to lip read but it was all very confusing, even though I repeated I was Deaf they kept shouting out my name. No interpreter was present when the doctor or nurse came to examine me. I asked for details on my medication but it’s hard to get the information you need without an interpreter. Without BSL, Doctors / nurses have to write information, as there is no other way of communicating”.

“I can’t get an interpreter at short notice to attend an appointment. This impacts on my work i.e. taking time off to attend and then having to go back for a further appointment as I can’t fully convey what I need”.

“I have issues understanding the doctor without an interpreter”.

“I want to be able to communicate directly with my doctor where sensitive information is involved and not have to discuss everything through a third party”.

“Hospital will not provide BSL to parent to discuss issues or treatment with children, they just talk to the child but the parent needs to understand what is going on”.

“If an interpreter is not booked and I cannot communicate with the nursing staff, then they need to sort this out for me”.

“There are some interpreters at the hospital, but never enough, so access to them is difficult”.

“My son interprets for me, but it is not appropriate; he is too young and it isn’t his job”.

“Only a few people seem to be able to sign at medical establishments and the staff are either elsewhere or are not working”.

“We need emergency contacts and staff who have an understanding of BSL/can sign”.

“BSL interpreters should be booked on request”.

Coordination between services

“Hospitals and GPs are not linked up and don’t pass on information, this can add more stress for Deaf people as it is difficult enough trying to explain health conditions once, never mind numerous times”.

Continuity and Communication Methods

“The hospital still contact me by ‘phone, even though my records show that I am profoundly Deaf”.

“Hospital text appointments but then I have to respond by ‘phone, how does that work”

“There should be more use of technology, such as apps/Skype/video conferencing to make BSL more available. Hospital policies on the use of ‘phones would also have to be revised to make this work, if using BSL apps”.

“Apps for iPhones/Android phones to connect to interpreters would also be a good thing”.

“Deaf people have to repeat themselves a lot, especially when writing things down”.

“Screen I sign - Good for use at GPs and A&E”.

“We all have been in situations where we think “I really should have asked...” but the moment has passed. A hearing person can pick up the ‘phone and find out whatever they need, but a Deaf person would have to find another way around this”.

In-patient experiences

“There is no consistency with doctors, I am always visited by different ones and have to explain things again and again”.

“When medical staff change shifts and Deaf people are staying in the hospital overnight, this can cause confusion and poor communication, as the staff just starting their shift may not know that someone is Deaf”.

“BSL interpreters need to be available around the clock, as the Deaf community, just like everyone else in society, do not know when they are going to be ill”.

“Hospital inpatient experience - I was put in a room by myself with little communication with staff and it made me depressed and nervous. After 2 days I was put into a ward with others and I felt better as I could interact with them by lip reading”.

“I was in hospital for 10 days and I had to write everything down in order to communicate. There were other Deaf people on the same ward but some of them couldn’t do this, so communication for them was even harder”.

What can I do to ensure I am ready to communicate?

“You can’t take an interpreter with you 24/7, so how can we become more independent”

“Access to BSL - we need to have questions ready to ask before we go to the practitioner, whilst there is an interpreter available, or the interpreter ensures



that all the information is accessible and is communicated at a level that suits the person, as sometimes the level of information available in appointments can be overwhelming”.

“You cannot expect an interpreter to have the same knowledge as a medical professional, so the Deaf community need to clarify things around their own particular situations”.

“There are no BSL staff on wards if I need an overnight stay”.

Our experience of unplanned emergency care

A&E - I accessed this with my daughter, but it was a long waiting time. The doctor however was able to sign.

“There wasn’t an interpreter or any services for the Deaf when I was admitted to the hospital for treatment for my appendix. I stayed overnight, my appendix ruptured, I had a blood clot, but they had not explained anything to me and I was in pain”.

“I recently went to the hospital; the staff did not give me eye contact and were chatting away so much that I couldn’t read their lips. I didn’t know when it was my turn”.

“I thought “just leave me alone”, as I didn’t understand and there were no interpreters available. It’s easy to clarify things for a hearing person, but we really struggle”.

“They do make arrangements for interpreters, but there’s still room for improvement”.

Follow On and After Care

“Blood tests - blood taken but no interpreter present to explain the process, or to ask any questions of the health professional. There is nothing visual with names on, you just have to be vigilant and wait your turn and then lip read which name is being called. They sometimes point if they know you. I have completed 2 complaints forms so far, but no response has been received. In Sheffield, people are issued with a ticket and light flashes up with a number to let you know when it’s your turn”.

“Outpatients - I waited for an interpreter who couldn’t find a parking space (he was running late). I discussed my medication but I was not given any details about how it would help, so I am reluctant to take it as I’m not sure what it will do. All

the drug names/details seem complex. I've never been given an explanation of the drugs or given access to a dosette box".

Staff Training and Development

"Staff to be able to sign and should be encouraged to learn BSL and should recognise that Deaf people have different needs".

"NHS staff to have Deaf awareness training".

"There needs to be deaf awareness training for hospital staff so they can understand how we communicate and that our needs do vary. They should understand all this and it is important to build their confidence so that they feel comfortable working with us".

"More staff need to be trained in sign language at the hospital, especially on the wards".

"Staff need to understand that we may not be able to read pages of written English".

Experiences of accessing other Hospital Trusts

"Broadway, Mexborough Hospital - I was referred here as a Barnsley resident. I asked for BSL but this was refused because I live outside the district. I had to bring a family member to sign for me. Everything was explained verbally and the staff were generally unhelpful. In Sheffield, BSL was booked without a problem".

"Glasgow - support fantastic, 24/7! I stayed overnight, everything was explained to me, and interpreters were available, excellent service".

Although Yorkshire ambulance was not represented on the day a number of comments emerged about the experiences Deaf citizens had had whilst being transported to hospital.

These comments will be fed back to Yorkshire Ambulance Service for response.

Yorkshire Ambulance Service

Experiences of getting to hospital

"I was involved in a car accident and I was taken to hospital by ambulance. I couldn't communicate with the ambulance crew; therefore all paramedics must be able to sign".

Conclusion

This work has revealed that there are a number of difficulties faced by Deaf people in accessing health care services in Barnsley.

Access to health care services for Deaf people is unsatisfactory and so Deaf people are disadvantaged. This is likely to be in breach of the duties outlined in the Equality Act 2010¹, which requires service providers to avoid unlawful discrimination and to make reasonable adjustments. Under the Equality Act, it is considered a 'reasonable adjustment' for organisations to book appropriate communication support. Putting Deaf people at a disadvantage when accessing health and social care services could also be seen as a failure to comply with the Human Rights Act 1998² - in particular the right to be free of inhumane or degrading treatment (article 3) and the right to a personal and family life (article 8).

As well as the human cost to the people and their families who have had these experiences, there are potential monetary costs due to missed and delayed appointments caused by the absence of interpreters. There are also potential costs arising from misdiagnosis and inappropriate treatment. There is also a significant litigation risk.

Deaf people are not asking for special treatment, just equal treatment. 'No decision about me without me' requires that patients have full access to information and the options available to them. Issues with communication and Interpreters can mean that Deaf people are unable to be fully involved in decisions about their care.

Healthwatch Barnsley's findings are consistent with those of Lancet, The Health of Deaf People: Communication Breakdown³ and The charity Sign Health⁴.

¹ <http://www.legislation.gov.uk/ukpga/2010/15/contents>

² <http://www.legislation.gov.uk/ukpga/1998/42/contents>

³ [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60411-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60411-5/fulltext)

⁴ <http://www.signhealth.org.uk/health-information/sick-of-it-report/sick-of-it-in-english/sick-of-it-report-bad-access/>

Recommendations:

Recommendations	Recommended to
Work in partnership with the DEAForum to Look at access requirements, outlined within this report and ensure Mental Health & Health and Wellbeing Services are accessible for the Deaf community.	Public Health South West Yorkshire Partnership Foundation Trust. Barnsley Clinical Commissioning Group
Provide accessible information and raise awareness within the Deaf community about Mental Health Service provision & Health and Wellbeing Services available locally. Look out for opportunities to engage with the Deaf community via the Deaf Club, DEAForum, events for the Deaf and during Deaf Week.	Public Health South West Yorkshire Partnership Foundation Trust Barnsley Clinical Commissioning Group
Consider holding regular 'walk in' type community services, advertised to the Deaf community, with interpreters provided, and develop in partnership with the DEAForum.	GP Practices South West Yorkshire Partnership Foundation Trust
Ensure Public Health consults with the Deaf community when working to improve signposting and information to services, with a view to improving GP referrals to community services.	Public Health
Review how Deaf patients book appointments and how appointments are confirmed, making sure a range of options are available - e-mail, online, text (SMS), type talk, fax and face to face.	GP Practices
Ensure clear information and guidelines are given to Deaf Patients when prescribing medicines and check understanding.	GP Practices Barnsley Hospital NHS Foundation Trust South West Yorkshire Partnership Foundation Trust.
Adopt visual indicators in waiting rooms and reception areas. For example, give everyone a number when they arrive and display the number on a screen when it's their turn.	Health and Social Care Providers
The CCG and Health and Wellbeing Board should consider how community/primary health services can provide a more extensive and consistent access to interpreters for Deaf people, and look at how developing technologies can assist to enable independence.	Health and Social Care Providers. CCG Health and Wellbeing Board
Ensure interpreting services information is visible to	Health and Social

staff, patients and the public, through accessible advertising and information.	Care Providers.
Review how providers become aware of the preferred language for preferred method of communication of their patients and carers who are Deaf.	Health & Social Care providers
Provide Deaf Awareness Training to all staff within a public facing role, perhaps at the point of induction including receptionists, consultants, nurses, practice managers etc. The training must be delivered by an accredited trainer. Deaf awareness training would enable staff to: • Understand the communication needs of Deaf People. • Understand who is responsible for booking interpreters • Know how to book interpreters and the standards required. The Association of Sign Language Interpreters (ASLI) believe that the only way to ensure fair access is through the provision of a professional interpreter who is registered with the National Register of Communication Professionals (NRCPD)	Health and Social Care Commissioners & Providers GP Practices South West Yorkshire Partnership Foundation Trust Public Health Barnsley Hospital NHS Foundation Trust. Barnsley Clinical Commissioning Group. NHS England
Consider access to services for Deaf people when tendering and reviewing contracts.	Commissioners of Health and Social Care Services. CCG
Consider introducing a scheme similar to the butterfly scheme at Barnsley Hospital NHS Foundation Trust, so health professionals are aware at a glance a patient is Deaf.	Barnsley Hospital NHS Foundation Trust South West Yorkshire Partnership Foundation Trust
Providers to look at information they have for Deaf citizens. Is it fit for purpose and accessible to the Deaf community.	GP Practices Barnsley Hospital NHS Foundation Trust South West Yorkshire Partnership Foundation Trust CCG
Review current referral systems between services, to ensure vital communication needs are not left out and relevant BSL Interpretation services are booked.	Health and Social Care Providers. GP Practices Barnsley Hospital NHS Foundation Trust South West Yorkshire

	Partnership Foundation Trust. Public Health
Consider mapping current provision of community support around mental health for the Deaf Community.	Health and Social Care Service Commissioners.

Impact and Feedback to Date

This report was sent to all service providers and commissioners on the 17th Of April 2014.

Responses were received within the 20 days specified from the following organisations:

- Barnsley Hospital NHS Foundation Trust
- South West Yorkshire Partnership Foundation Trust
- 14 of the 38 GP practices as follows:
 - St Georges Practice, Round House Medical Centre
 - Garland House Surgery, Darfield
 - Kakoty Practice, Sheffield Road
 - Hillbrow Partnership, covering Hillbrow, HBP and Highgate Surgeries.
 - Rotherham Road
 - Cope Street
 - Dodworth Parctice, Apollo Court Medical Centre
 - Holly Green Practice
 - Penistone Group Practice
 - Ashville Medical Practice
 - Dearne Valley Group Practice
- NHS England
- Public Health
- Barnsley Clinical Commissioning Group
- Barnsley Metropolitan Borough Council
- Yorkshire Ambulance Service

Service Provider Response

Barnsley Hospital NHS Foundation Trust

Barnsley Hospital NHS Foundation trust advised that they had carried out the following actions in response:

- 1) Our management team for Patient Engagement and Equality and Diversity have read the report and want commitments to Deaf patients to improve.
- 2) We checked the BSL Interpreters contract and renewed our contract with Big Word for Interpreting. They can provide BSL interpreters for appointments whenever a Deaf patient requests this.
- 3) We have attended Deaf awareness and lip reading lessons with staff.
- 4) When it comes to emergency appointments, we are still unsure what to do. We did ask all the staff if they know BSL. We have two members who have Level 2 BSL and two members with basic BSL. In an emergency, we would try to contact these members and get them to the hospital.
- 5) We also have a booklet which has been used before for people with learning or communication difficulties. We are planning to expand this for older people suffering from dementia, because all the health and medical information will be put in to this booklet meaning that the hospital doctor can read and know your background quickly.
- 6) We want to improve the label for Deaf people and are trial running a new computer system. If you would prefer to have a BSL interpreter at appointments, let us know and we will put this on the new system. This means that we will know that you need an interpreter in time for your future appointments.
- 7) If a GP tells you to come to the hospital for a test or a treatment, they sometimes do not inform us that you're Deaf. This means we need to improve the way information is passed on from the GP's to the hospital.

South West Yorkshire Partnership Foundation Trust (SWYFT) -

South West Yorkshire Partnership Foundation Trust Advised they had:

- 1) Taken the report to the Equality Team within SWYFT
- 2) Assigned an individual to become the leader of the Deaf services across all our areas.
- 3) Adopted a Deaf equality mark developed by Healthwatch Wakefield with involvement from the Deaf community which we will be adopting and using across our services in Barnsley.

General Practice Response

Of the 38 GP Practices in Barnsley 14 responded to the report. Healthwatch Barnsley received responses from:

- St Georges Practice, Round House Medical Centre
- Garland House Surgery, Darfield
- Kakoty Practice, Sheffield Road
- Hillbrow Partnership, covering Hillbrow, HBP and Highgate Surgeries.
- Rotherham Road
- Cope Street
- Dodworth Parctice, Apollo Court Medical Centre
- Holly Green Practice
- Penistone Group Practice
- Ashville Medical Practice
- Dearne Valley Group Practice

Due to General Practices being ran independently of each other, systems for recognising Deaf Patients, and working with them differed between practices.

Whilst GP practices had systems which enabled codes to be entered, such as Profound Deafness, Bilateral Deafness, Unilateral Deafness etc, the consistency of coding, impacted upon the information General Practices were able to identify.

Service Commissioner Response

Barnsley Clinical Commissioning Group (CCG)

Barnsley Clinical Commissioning Group advised that they had carried out the following actions in response to the report:

- 1) There has been a CCG Leadership team meeting to discuss the Healthwatch report
- 2) We have been to a couple of DEAFForum meetings to explain more about the CCG.
- 3) We have an idea to create a health background card for Deaf people. This means that all your medical and health issues will be on this card which you will then keep in your pocket/wallet. So, if there was an emergency (e.g. you passed out) the hospital, ambulance or doctor can read this card and know about your health.

This information was fed back to the Deaf community on the 31st January 2015 via an accessible BSL Video Presentation developed by Health Deafinitions.

Public Health

You Said....We Did...

- In March 2014 the Assistant Director of Public Health delivered a workshop at the 'Healthwatch Barnsley BSL Users Healthy Day'
- The following recommendations and actions came out of that event:
 1. The DEAForum wanted services to be made more accessible to the Deaf community. We have discussed this with our main service providers (SWYFT and PSS) who have made contact with the DEAForum and will be attending future meetings to discuss access to their services
 2. Provide accessible information and raise awareness of mental health and health and wellbeing services locally. We are doing some of this at the event today. The responsibility to provide accessible information about services sits with our providers (see point 1). Accessible information has already become a key feature of new service specifications; this will include the Deaf community
 3. Consult with the Deaf community to improve signposting and information to services. Today's event is to inform public health as to the best ways to promote the new Be Well Barnsley service and to ensure that this information is incorporated into the service specification for the new integrated Be Well Barnsley service

Special Thanks

Healthwatch Barnsley, The DEAForum, Leeds Involving People, and BMBC would like to thank the planning group, and Health Deafinitions without whom the events would not have been a success, the speakers facilitating the event and all of the services who contributed to this event either by facilitating a workshop or attending with a stall.

Most importantly we would also like to thank the Deaf community for their support and the signers for a fantastic turn out.

Contact us

If you would like to contact Healthwatch Barnsley about anything in this report, or about any health or social care issue in Barnsley, you can do so in the following ways:

Address: The Core, County Way, Barnsley, S70 2JW

Telephone: 01226 320106

Text/SMS: 07870 599445

Email: healthwatch@vabarnsley.org.uk

Website: www.healthwatchbarnsley.co.uk

Facebook: Healthwatch Barnsley

Twitter: @HWatchBarnsley

Glossary

BHNFT	Barnsley Hospital NHS Foundation Trust
BSL	British Sign Language
CCG	Clinical Commissioning Group
GP	General Practitioner (Doctor)
HWB	Healthwatch Barnsley
HWB	Health and Wellbeing Board
LIP	Leeds Involving People
PH	Public Health
RDASH	Rotherham, Doncaster and South Humber NHS Foundation Trust
SWYPFT	South West Yorkshire Partnership Foundation Trust
VAB	Voluntary Action Barnsley