

HEALTH SERVICES FOR THE DEAF TASK GROUP

25 February 2020

Present: Councillor Councillor Glen Saffery (Chair)
Members: Councillor Amanda Grimston and Councillor Richard Wenham

Also present: Pamela Shepherd – Herts Valleys Clinical Commissioning Group
Sharon Alderman – Herts Valleys Clinical Commissioning Group
Amanda Barfot – Herts Valleys Clinical Commissioning Group
Aparna Garg – Herts Valley Clinical Commissioning Group
Sarah Ayub – Herts Valleys Clinical Commissioning Group
Elaine Bond – West Hertfordshire Hospital Trust
Philip Linnegar – Hertfordshire Hearing Advisory Service

Officers: Democratic Services Officer (JK)
Senior Democratic Services Officer

7 **Apologies for absence**

Apologies for absence had been received from Councillors Bolton and Dychton.

In addition, apologies had been received from the representatives of the West Herts Hospital Trust Patient Advice and Liaison Service (PALS) and the East of England Ambulance Service.

8 **Introduction**

This was an all-day scrutiny meeting, involving evidence from witnesses representing key organisations which had been identified by the task group. Task group members were provided with a briefing pack, which included a short overview of each organisation and a list of agreed questions to ask the witnesses present.

Herts Valleys Clinical Commissioning Group

- In primary care, sensory and accessibility needs are flagged on patient records. Patients can indicate their preferred method of communication such as with a BSL interpreter or a family member present. Various approaches are taken by different GP surgeries and best practice information is widely shared.
- Information about sensory needs and communication preferences is available to both medical and administrative staff.
- The CCG pays for interpreting services; these are available by video as well as face-to-face.
- Regular contact with the deaf community is important. The CCG recognises that there is more that could be done to engage with this community and ensure their needs are met. The networks of GP locality groups, and GP manager groups provide good forums for best practice to be shared.
- As part of its governance arrangements, the CCG has a number of patient engagement networks and groups; having the local deaf community represented on these groups would be a good way of having input on an ongoing basis.
- The GP surgeries are semi-autonomous and the role of the CCG is to ensure that the contractual obligations are being met. There are national templates for the contracts with the practices as well as the policies and standards that are adhered to. The templates do not specifically cover deafness but it would be included in accessibility requirements.
- The obligations for accessibility rest with the practices and some are more proactive than others. All Watford practices are rated 'good'.
- Herts Valleys CCG does not provide any direct training on deaf awareness to GP practices. There is training on equality and diversity and accessibility standards, but more specific training would be beneficial to ensure better practice. In addition, training is also available on signing, staff engagement, portable hearing loops, voice magnifiers, as well as some online training for deafness – but these are not necessarily widely used by all the practices.
- There seems to be a gap in provision for the profoundly deaf. The use of finger charts for reception or medical staff to communicate simple messages could be useful in the event that a signer or interpreter is not present.
- GP practices have a range of different facilities available to aid access. Some provide an email address that patients can use. An option to text GP surgeries may be limited by the functionality of the technology.
- Different solutions are available for deaf patients waiting for appointments in surgeries, these include digital boards, personal approaches by staff and vibrating pagers. Deaf people are, however, likely to experience different levels of service.
- Representatives of the CCG are keen to progress this issue with Watford Deaf Club and will also ensure it is discussed at the Watford GP Managers meeting.

- The health needs of the deaf community are not as well met as they should be. If the support they need is not available at primary level and/or public health messages are not accessible then patients present at A&E.
- The departments at the hospital trust do not all use the same computer systems. The audiology department has its own patient management system. Their system allows up to five 'flags' which can be used to indicate if a patient has sensory needs and any communication preferences. The system used by other departments does not necessarily have this facility.
- The trust is procuring a new computer system which should have this functionality. It will be operational within the trust in the next three to five years. In addition, the trust is looking into an electronic referral system which would be able to forward this information from GP records.
- Patients who are profoundly deaf do not wear hearing aids and are more likely to be trying to access departments other than audiology. For those who are hard of hearing there are good systems in place to meet their needs.
- Hertfordshire Hearing Advisory Service (HHAS) has introduced hospital packs. These address immediate needs for hospital stays and include labels stating deafness and somewhere to store hearing aids.
- Labels on patients' notes indicating deafness have been said to infringe confidentiality – although this is contrary to some deaf people's wishes. Deaf people do not necessarily see this as an issue and would welcome waiving their confidentiality in this regard in order to have the communication support they need. It would be considered a reasonable adjustment. Long term, however, an electronic solution is needed.
- In order to book an interpreter, staff within the medical departments complete a form and send it to the Patient Advice and Liaison Service (PALS). There has been an increase in demand for interpreters since 2016; with demand rising from 2149 requests to over 4000 requests in 2019. This data does, however, also include foreign language interpreters.
- WHHT has set up a committee called 'Let me see you, let me hear you' which focused on accessibility issues.
- HHAS have been promoting digital interpreting services to WHHT including one called 'Interpreter Now'. This is a stable, 24/7 service which is likely to represent a cost-saving to the trust as it is paid per minute and avoids minimum hours and travel costs.
- The audiology team are well-trained in deaf awareness and communicate well with their patients. While pockets of training exist on communicating with the deaf, including for newly-qualified doctors and receptionists, there does not appear to be any systematic trust-wide deaf awareness training.
- The trust does have a disability champion who seeks to raise awareness of deaf issues and basic BSL signs.

- One simple solution used by the audiology department is Type Talk or Relay UK – which is a three-way interpreting service. The deaf person types to one person who communicates directly with the health professional.
- There are two specialist units in Hertfordshire which draw large numbers of deaf people to the area who will visit the hospital. The signage outside the main building has ‘welcome’ in many languages but not in BSL; adding this would be a symbolic gesture for the local deaf community.
- This task group is timely and coincides with the launch of Hertfordshire County Council’s sensory strategy.

11 **Watford Patient Advice and Liaison Service (PALS)**

Apologies for absence had been received from PALS but a written response to questions was circulated to the task group and included in the discussions with WHHT.

12 **East of England Ambulance Service**

Apologies for absence had been received from the Ambulance Service.

Chair

The Meeting started at 10.00 am
and finished at 12.20 pm