



Health Services for the Deaf Task Group

March 2020

Contents

	Page
Task Group members and witnesses	3
Proposed recommendations	4
Background to the task group	5
Overview of the task group's work	6
Recommendations and comments	7
Bibliography/background papers	
Appendix	
1. Task group proposal	

Task group members

Councillor Glen Saffery
Councillor Steve Bolton
Councillor Aga Dychton
Councillor Amanda Grimston
Councillor Richard Wenham

Chair, Councillor for Woodside Ward
Councillor for Central Ward
Councillor for Central Ward
Councillor for Meriden Ward
Councillor for Woodside Ward

Officer support

Jodie Kloss
Ishbel Morren

Democratic Services Officer
Senior Democratic Services Officer

Witnesses

Representatives from Watford Deaf Club
Sharon Alderman, Herts Valleys Clinical Commissioning Group
Sarah Ayub, Herts Valleys Clinical Commissioning Group
Amanda Barfot, Herts Valleys Clinical Commissioning Group
Aparna Garg, Herts Valleys Clinical Commissioning Group
Pamela Shepherd, Herts Valleys Clinical Commissioning Group
Elaine Bond, Audiology Manager, West Hertfordshire Hospitals NHS Trust
Phil Linnegar, Chief Executive, Hertfordshire Hearing Advisory Service

Proposed recommendations to present to Overview and Scrutiny Committee

1. This report should be forwarded to Hertfordshire County Council's Health Scrutiny Committee with a recommendation that it undertakes a review of the issues raised for deaf people accessing health services.
2. Ongoing contact should be encouraged between Watford Deaf Club and the local clinical commissioning group (CCG). Representatives from the deaf community should be invited to join appropriate patient forums.
3. The CCG should continue to encourage the sharing of best practice, in terms of providing accessible services, amongst GP practices.
4. The CCG should encourage all GP surgeries to provide a generic email address or text messaging service that patients can use to contact the surgery.
5. A British Sign Language (BSL) resource with basic signs to be made available in all GP surgeries, hospital medical departments and ambulances to assist staff in communicating with deaf patients should no signer or interpreter be present. The CCG and West Hertfordshire Hospitals NHS Trust (WHHT) to work with Hertfordshire Hearing Advisory Service on this resource.
6. WHHT should consider providing a way for patients to consent to their accessibility needs being visibly flagged on their notes and to choose their preferred means of communication assistance.
7. WHHT should consider maintaining a performance measure of the number of appointments missed due to no BSL interpreter having been booked, if this data is not already available.
8. When the current interpreting contract is up for renewal, WHHT to be encouraged to consider digital interpreting services.
9. WHHT to consider introducing a trust-wide deaf awareness training module for all staff in direct contact with patients.
10. WHHT should consider adding 'welcome' in a written representation of BSL to the signage outside the main entrance to Watford General Hospital.

Background to the task group

Over 11 million people in the UK live with some degree of hearing loss. Of these, about 750,000 of these people are severely or profoundly deaf. A further 450,000 people cannot hear well enough to use a voice telephone. This level of hearing loss has a significant impact on people's health. Deaf people are more likely to have poor mental health; up to 50% of deaf people, compared to 25% of the general population. In addition, deaf people who have high blood pressure are three times more likely not to have it under control than the wider population.

British Sign Language is used by 151,000 people in the United Kingdom and has the highest number of monolingual users of any indigenous minority language in the UK. It is estimated that it is the preferred language of approximately 100,000 people.

Although Watford Borough Council does not have a formal remit in this area, scrutiny has an important role to play in highlighting the concerns of local residents.

At its meeting on 28 November 2019, a scrutiny proposal was presented to the Overview and Scrutiny Committee by Councillor Karen Collett. The proposal followed her meeting with Watford Deaf Club where a number of issues were raised in relation to the accessibility of health services for those who are profoundly deaf or with severe hearing loss. The concerns raised included communication facilities, staff training and delays in their treatment.

Overview of the task group's programme of work

The task group had an initial meeting with representatives of Watford Deaf Club, as well as a local interpreter who undertook health work. The purpose of this meeting was to provide an overview of their experiences and concerns in relation to accessing local health services. This meeting was signed by a registered BSL interpreter.

The attendees shared their personal experiences of accessing health services. The issues raised related to ensuring the attendance of a BSL interpreter, how effectively health staff communicated with deaf patients, accessibility of organising health appointments and the ensuing lack of independence for deaf people and trust in the health services.

Based on this background, and the key questions raised in the scrutiny proposal, the task group agreed the invitees for the evidence day to discuss the issues raised with health professionals.

The task group held an evidence day with representatives of local health services present.

The task group met on two occasions. Additional research work was carried out by Democratic Services to inform the task group's work and to produce this report.

A list of the witnesses who provided evidence to the task group is listed on page 3 and a bibliography is provided at the end of this report.

Recommendations and comments

1. **This report should be forwarded to Hertfordshire County Council's Health Scrutiny Committee with a recommendation that it undertakes a review of the issues raised for deaf people accessing health services.**

Throughout this review, the task group was mindful that Watford Borough Council is not the local health authority. The scrutiny function at the council has the right, however, to scrutinise services which affect local residents. The role of Watford Borough Council in this regard is strategic; bringing the different services together and highlighting the concerns of residents.

In order to ensure that ongoing progress is made on this issue, members would recommend that Hertfordshire County Council's Health Scrutiny Committee undertakes a further investigation. The council's current representative on this committee, Councillor Amanda Grimston, has been a part of this task group.

2. **Ongoing contact should be encouraged between Watford Deaf Club and the local clinical commissioning group (CCG). Representatives from the deaf community should be invited to join appropriate patient forums.**

The task group was concerned with the reports that had been made by members of the deaf community about the experiences they had had in accessing health services. Many of the issues are due to a lack of understanding and some require only simple changes in policy and practice.

The deaf community feels that they have been forgotten and the task group provided them with an opportunity to raise issues that had been ongoing for some time. Councillors were pleased that the CCG is also keen to increase the representation of deaf patients on the patient groups that provide feedback on health services. Representatives of the CCG are now in touch with Watford Deaf Club and the task group hopes that this will prove to be a fruitful outcome of the review so that the deaf community has an ongoing dialogue with health commissioners.

3. **The CCG should continue to encourage the sharing of best practice, in terms of providing accessible services, amongst GP practices.**

The nature of how primary care is organised means that each GP surgery will cater for patient needs in different ways. This can bring benefits and potential issues for groups like the deaf community who have specific needs. As the commissioning body, the CCG maintains oversight of the services and brings

groups together to discuss ideas and best practice. The CCG runs a number of forums for GPs and practice managers which provide the opportunity to discuss how to ensure the deaf community receives the same standard of care and service as the rest of the population.

There are a number of issues which were raised by the witnesses which some GP practices manage better than others. These include:

- How to provide accessible means for all patients to contact surgeries if they are unable to use the telephone
- How to ensure patients can request the most appropriate communication assistance for them
- How to ensure patients who have a BSL interpreter, or an associate signing for them, are properly accommodated at appointments, including allocating an appropriate length of time
- How to ensure all patients are aware when they are being called for an appointment
- Appropriate deaf awareness training for all patient-facing staff.

4. The CCG should encourage all GP surgeries to provide a generic email address or text messaging service that patients can use to contact the surgery.

One issue that was reported to the task group was that the primary way that patients generally contact their GP surgery was via telephone; this is not an option for the deaf community. Witnesses described having to go to the surgeries when they opened in the morning to be able to secure an appointment. This is time-consuming and does not afford them the ability to make appointments remotely like others can. Although some surgeries have a text messaging service, these are usually for appointment reminders and are not able to receive text messages from patients.

The task group is therefore recommending that consideration be given to encouraging surgeries to have a text messaging service or telephone that patients can message. Alternatively, if the technology proves to be an obstacle, a generic email address which would allow patients to contact the practice directly would be welcome.

5. A British Sign Language (BSL) resource with basic signs to be made available in all GP surgeries, hospital medical departments and ambulances to assist staff in communicating with deaf patients should no signer or interpreter be present. The CCG and West Hertfordshire Hospitals NHS Trust (WHHT) to work with Hertfordshire Hearing Advisory Service on this resource.

Ideally, deaf patients attending health services would have the communication assistance, such as an interpreter, that they require straightaway. There will, however, be circumstances such as emergencies or if an interpreter is delayed that interim communication measures will be required. Witnesses reported that the use of pen and paper is not preferred for many in the deaf community. The task group noted that for the profoundly deaf, English is often their second language and their written proficiency could be varied.

It was suggested that a resource should be made available through the clinical commissioning group and the hospital trust to all departments. This could take the form of a booklet or a set of cards showing basic BSL signs to communicate the messages that could be required in medical settings. The task group suggests that the CCG and WHHT should work with Hertfordshire Hearing Advisory Service to determine if such a resource is available and/or to develop something that would be appropriate for their settings.

6. WHHT should consider providing a way for patients to consent to their accessibility needs being visibly flagged on their notes and to choose their preferred means of communication assistance.

One of the key issues experienced by the deaf community was that medical staff were not necessarily aware of their sensory needs and/or their need for an interpreter to be present. Part of the problem appears to be that the main patient management computer system in place at the trust does not have the facility to visibly flag these requirements. The operation of different computer systems across hospital departments can be problematic in ensuring that the needs of deaf patients are consistently met.

In addition, notes are also often held in hard copy. It was suggested that it would be in breach of patient confidentiality to have a marker on the front of the notes denoting deafness. Witnesses advised that it was commonplace for dementia patients to have the image of a forget-me-not on their notes to ensure medical staff are aware of their condition. The task group felt that patients should be given the option to consent to this information to being visible on their notes. Furthermore, this consent process should also provide patients the opportunity to specify their preferred communication assistance. Some deaf people need an interpreter while others prefer to lip-read or use pen and paper.

7. WHHT should consider maintaining a performance measure of the number of appointments missed due to no BSL interpreter having been booked, if this data is not already available.

Representatives from the deaf community gave the task group examples of having to rearrange appointments because, on arrival, they discovered that no interpreter had been booked. Missed and cancelled appointments are not only an inconvenience to patients but also represent a cost to the hospital trust. Minimising these occurrences would benefit all parties involved. Once this data is available, it can be monitored by the trust's management and actions taken to reduce these occurrences.

It was also not clear to patients if an interpreter had been booked by the trust when they are notified of an appointment. Better communication and visibility of patients' sensory needs would help to prevent these occurrences, as per recommendation 6 above.

8. When the current interpreting contract is up for renewal, WHHT to be encouraged to consider digital interpreting services.

It is vital that deaf patients who require an interpreter be provided with this assistance as soon as possible to ensure they are able to communicate with medical staff and provide informed consent where required. There is high demand for interpreting services and, especially in emergency situations, there can often be a delay in the interpreter arriving. It is understood that the hospital trust pays for travel costs and a minimum fee for interpreters which is understandable.

Hertfordshire Hearing Advisory Service is advocating the adoption of more digital solutions for interpreting services, including InterpreterNow. This is an online service providing video BSL interpreting remotely. This type of service is widely used elsewhere in the NHS and public sector. These can be cheaper than face-to-face services as they are paid per minute and avoid minimum hours and travel costs. The task group supports this proposal so that digital solutions are also available alongside face-to-face services.

9. WHHT to consider introducing a trust-wide deaf awareness training module for all staff in direct contact with patients.

The task group learnt that while pockets of training exist at WHHT 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.

Introducing a course for all patient-facing staff would be of significant benefit to all patients with a degree of hearing loss. Some of the issues experienced

by deaf residents relate to a lack of understanding about how to communicate with deaf people. Understanding the need to face the person, to speak clearly and some basic BSL signs would ensure that deaf patients have an improved level of service. This training would also ensure that staff are able to recognise when a BSL interpreter was required and any training on the booking system with PALS.

10. WHHT should consider adding 'welcome' in a written representation of BSL to the signage outside the main entrance to Watford General Hospital.

Watford is a town where everyone should feel welcome and included. There are two specialist units for deaf people in the area and the hospital therefore has a large number of BSL speakers who visit the site. The main entrance to the hospital includes signage which says 'welcome' in a number of different languages but does not currently include British Sign Language. The task group received a suggestion that it would be a gesture of inclusivity to the deaf community if 'welcome' could be added to this signage in a visual representation of BSL.

The task group would like to thank all their witnesses who gave their time to assist with this review.

Bibliography/background papers

Information from the West Herts Hospitals NHS Trust Patient Advice and Liaison Service

NHS Accessible Information Standard- <https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf>

London Assembly – Access to health services for deaf people - https://www.london.gov.uk/sites/default/files/london_assembly_health_committee_-_access_to_health_services_for_deaf_people_-_june_2015_-_updated.pdf

SignHealth – Sick of it - <http://www.signhealth.org.uk/health-information/sick-of-it-report/sick-of-it-in-english/>

The minutes of the two meetings of this task group are available here: <https://watford.moderngov.co.uk/ieListMeetings.aspx?CommitteId=424>