



healthwatch
Bristol



ACCESSING HEALTH & SOCIAL CARE SERVICES BY THE DEAF, DEAFENED AND HARD OF HEARING COMMUNITIES IN BRISTOL AND SOUTH GLOUCESTERSHIRE.

27 April 2016 at The Vassall Centre, Fishponds, Bristol.

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This report is available in British Sign Language at the following link:

<https://vimeo.com/174488962>

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“I ask if an interpreter has been booked, they say yes, but when I arrive, it may be a male, that might not be suitable, it might be a problem about women problems, or it may be an interpreter I don't like; I have had negative experiences in the past.”

Feedback from a commentator who is Deaf about the importance of choice of interpreter.

Introduction

Healthwatch Bristol and South Gloucestershire with Bristol City Council organised a consultation event on Wednesday 27 April for people who are D/deaf, deafened, hard of hearing and deafblind to come together and give feedback about their experiences of health and social care services. People attended and spoke about services in Bristol, South Gloucestershire, Bath and North East Somerset (BANES), Somerset and Wiltshire.

Healthwatch liaised with both Bristol City Council and South Gloucestershire Council to promote the workshop and would like to thank both organisations for their support.

Context

Healthwatch Bristol's focus topic for January-March 2016 was 'Access to Services and Equality'. Healthwatch Bristol discussed with the Bristol Deaf Health Promotions Group the potential of running a consultation event for D/deaf and hard of hearing people about their experiences of accessing services. Healthwatch South Gloucestershire has worked with the Deaf, Deafened and Hard of Hearing Group to find out about people's experiences of using health and social care services.

Healthwatch South Gloucestershire and Bristol worked together with the Deaf Health Promotions Group and the Deaf, Deafened and Hard of Hearing Group to run a focus group for people who are deaf, deafened or hard of hearing to share their experiences of health and social care services.

View the British Sign Language (BSL) video promoting the Healthwatch event here:

<https://vimeo.com/161159143>

Aims of the focus group

- to provide an opportunity for participants to give feedback on health and social care services, in particular feedback on accessing those services;
- to work together to improve the experiences of people who are deaf, deafened, hard of hearing and deafblind;
- to provide information about the Deaf Health Charter and the NHS Accessible Information Standard;
- to provide information about the support available to D/deaf, deafened, hard of hearing and deafblind people (including access to advocacy support);
- to recruit Healthwatch volunteers.

What we did

The two hour focus group for D/deaf, deafened, hard of hearing and deafblind people provided attendees with an overview of the role of Healthwatch, the Bristol Deaf Health

Charter and the NHS Accessible Information Standard. People were then supported to share their experiences of health and social care. BSL interpreters, a hearing loop and electronic note takers ensured that the session was accessible to everyone attending.

Bristol Deaf Health Charter

The Bristol Deaf Health Charter is for health providers to make their services more accessible, not only for patients, but also for staff and visitors.

The Charter has two aims:

1. **Improve** health services for deaf, deafblind visitors, staff and patients
2. **Increase** knowledge and awareness about the things they can ask for, to make sure people receive the support they need in appointments.

Within the Health Charter there are four pledges:

1. **Communication and Awareness:** deaf awareness training for staff, staff understanding about booking interpreters or electronic note-takers.
2. **Information:** making sure you have information in your first language or a format that is suitable for you. Providing information in a visual way if that suits you best. This covers communication by text or email, or other suitable ways to contact you. Also making sure the complaints team is accessible and friendly, so deaf people do not become stressed when using these services.
3. **Accessibility:** covers systems and buildings; clear signage, pictures to help people clearly understand where things are. Making venues more accessible for deaf people by providing interpreters or lipspeakers etc. Making sure there are communication guides for deafblind people.
4. **Consultation:** ensuring deaf people are included in consultation events and that they can access them fully. Making sure the deaf community can read and understand the deaf health charter and modify it if necessary. Consultation events will happen annually.

All these pledges are to support health providers evaluate their service to ensure they meet the criteria of the Deaf Health Charter.

Bristol Deaf Health Charter BSL videos are available here:

<http://www.awp.nhs.uk/bslspace/about-awp/bristol-deaf-health-charter/>

NHS Accessible Information Standard

The Accessible Information Standard is an NHS England standard which, from July 2016, will legislate that any adult or social-care provider must make their services accessible to everyone, regardless of their additional communication needs. There are five stages all services must follow:

1. **Ask** the person about any information or communication needs they have, and discuss with that person the best ways to meet those needs. For example by providing a British Sign Language (BSL) interpreter at all health appointments.
2. **Record** this discussion or communication.
3. **Highlight** patients' needs on their health records. Patients' consent and agreement

will be needed to do this. This should mean that if you go back to your GP in a month's time and see a different doctor they should see on your record what your needs are and how they can be met.

4. **Share** this information with other healthcare services such as a hospital, then if you go to hospital staff can see what you need.
5. **Provide** people with information in an accessible way and with communication support if they need it.

Information about the Accessible Information Standard is available via the following links:

- Accessible Information Standard overview:
<https://www.england.nhs.uk/ourwork/patients/accessibleinfo/>
- BSL video about the Accessible Information Standard:
<https://www.youtube.com/watch?v=no1A7f-Ofp8>
- Resources to support the implementation of the Accessible Information Standard:
<https://www.england.nhs.uk/ourwork/patients/accessibleinfo/resources/>

You said - experiences of health and social care services

Forty members of the public and professionals, attended the event. Feedback was received from residents of Bristol (15 comments), South Gloucestershire (13 comments), B&NES (4 comments) and Wiltshire (1 comment).

33 comments were received about healthcare services



The themes analysed from the feedback focusing on health services, were:

1. A lack of consistency in the availability of interpreter services for GP and hospital appointments, especially when the appointment is needed at short notice. There was also a lack of communication between GPs and hospitals with regards to the patient's need for an interpreter.
2. Commentators reported difficulties in communicating with their GP Practice, for example with a receptionist, when trying to book an appointment and interpreter for that appointment. This was especially problematic when the commentator needed to contact their GP in an urgent situation.
3. Services, equipment and treatment within hospital settings was reported as not being accessible.

Theme 1: interpreter services

Healthwatch heard an example of good practice and communication between a GP and hospital where a Wiltshire GP had booked a British Sign Language (BSL) interpreter for a patient who was attending the Royal United Hospital (the patient had forgotten to arrange it

themselves).

However, on the whole, there were more negative examples, including an example given by a female patient who required Ear Nose and Throat (ENT) surgery at the Bristol Royal Infirmary (BRI). The commentator's GP made the initial booking and explained an interpreter would be required, but did not explain it would be for a full day as the patient was having an operation. The interpreter understood they were booked for 1.5 hours for a pre-op assessment. The patient went into and came out of the operation without an interpreter. A support worker was with the patient, but the support worker is deaf and therefore not able to interpret for the commentator. The support worker said about this situation: "because I am deaf myself, it was not ideal". The commentator reflected on how frightening it was for her to come out of surgery and not be able to understand what was being said to her by staff.

One commentator described how an on-call GP at his surgery, Chew Valley Surgery B&NES, responded to a request for hospital admission for himself as he was very unwell. "My mum called the on-call doctor, they recommended I go straight to hospital, they arranged an appointment at the RUH, I was admitted to the urgent care unit". The commentator's mother attended the hospital but was unaware of the interpreter services available. The on-call GP had not booked an interpreter. The commentator said that during "the first few days I was confused, not thinking about what should be in place. Half way through my stay, the doctors came to talk to me, they wrote down information and sometimes [it] wasn't clear. I was nervous about what the doctor had said and the information was not as smooth as it could be. A friend said why [didn't I] have an interpreter. I had never thought about that in my unfit state!"

Theme 2: communicating with GP services

A lack of consistency in GP surgeries' approaches to D/deaf patients was highlighted by participants. Chew Valley Surgery in B&NES was commended for offering appointments by email "I email and five minutes later I get an appointment time and they ask if I need an interpreter. 20 minutes later I get confirmation of an interpreter. That's great." The Bradgate surgery in North Bristol was described as "being a pioneer in emailing appointments to deaf patients".

One commentator described the experience his wife had trying to book an interpreter at Bishopston Medical Practice in Bristol. She had an appointment with the GP and required an interpreter. The commentator said a receptionist challenged the request for an interpreter as one had not been used before. There appeared to be a lack of understanding as to why she needed one for this appointment. The patient felt that her needs were not being understood and she was being judged about her requirement for an interpreter.

One commentator described how they would like more control over choosing an interpreter for a GP appointment. "I ask if an interpreter has been booked, they say yes, but when I arrive, it may be a male and that might not be suitable, it might be a problem about women problems, or it may be an interpreter I don't like; I have had negative experiences in the past". Being able to choose a named interpreter and an interpreter of the same gender would greatly improve the quality of the patient experience and show sensitivity.

One commentator described the service provided from Concorde Medical Centre in South Gloucestershire where they have been a patient there for 15 years. They said that they find it difficult to get an interpreter booked for appointments, and have spoken to the practice manager who has told them they will not accept email appointments. The commentator described discussions with the practice manager, “they say I have to phone”. The surgery does offer a patient-app for those with a mobile phone or home computer, but this is not accessible to everyone. The commentator also described a recent situation when they were very unwell at home and contacted the surgery by email. They received a response from the surgery suggesting that they use the patient app. They were able to download this app as they have a mobile phone, but the app stated that they needed to get a password from the GP. To get this password, the commentator would have had to telephone the GP receptionist, but would not have been able to hear them as she is Deaf. The commentator was asked to go in person which she was reluctant to do as she was very unwell. The commentator was feeling very unwell, and so “I had to text a kind interpreter and ask [if they] could call and make an appointment, they [responded], fine you can go in now”.

Theme 3: accessibility of hospital services

At Southmead hospital, two participants mentioned there is a range of hearing equipment available to support people if their hearing aids are not right. A participant who works at Southmead hospital told the meeting that there is a hearing therapist who visits the ward if staff have alerted them to a deaf patient, and they try to provide equipment to help meet their needs.

Action on Hearing Loss described how important the role of support services are for deaf patients, giving an example of a deafblind service user who was an inpatient in a hospital and who had not been fed for a few days. The Action on Hearing Loss representative said: “If our staff members didn’t support them, they would have starved, this particular person couldn’t hear or see, and food was put in front of him, but he couldn’t see it”. The organisation made a formal complaint to the Trust who runs the hospital on behalf of the patient.

A second commentator described the difficulties he encountered when having to use an intercom at Southmead Hospital: “A few months ago now, my friend was having problems with her leg, [it was] very painful [and] getting worse and worse. We went in the end to Southmead hospital A&E. I dropped them off, went to [park and] get a ticket and we were there for a few hours. Then we came back to [our] car and there was a barrier for the exit. [I] put the ticket in to leave, I could hear there was someone talking through [the] intercom, but as a deaf person, I couldn’t hear it- I said ‘I am deaf, I can’t hear you, but they carried on talking. There was a camera [and I was] trying to show my ticket [and] my hearing aid. Eventually the barrier came up and I-went out, but the b****y machine, is not suitable for deaf people. I wondered if [there could] be a hologram, or some other system for deaf people, that is what is needed!”

Participants identified examples of where technology had been used to support a patient, for example this commentator said: “This relates to a good experience in Southmead hospital, a patient was dying and hearing aids didn’t help him at all, that was the bad bit. [The] good bit [was that] eventually someone gave him a conversation amplifier. They cost less than £100 [and] when we complained [to the hospital, they said that] each ward has

three of these conversation amplifiers now. I hope this is still true and, that they [are] available in outpatients for hard of hearing [people].” Another participant said that a hospital in Swansea has a pack that each ward can borrow with resources to support staff to communicate with Deaf patients.

The question about whether patients could video record appointments with health professionals was also raised, as there was a query as to whether records of appointments and care plans could be provided in BSL via video.

You said - suggestions for improving accessibility of services

Healthwatch asked participants to share examples of good practice they had encountered and ideas they had for how health and social care services could ensure that they are more accessible to people who are D/deaf, deafened, hard of hearing or deafblind. The ideas suggested are as follows:

Increased use of technology to support patients:

- Appointments offered by fax machine/email for those without IT/mobile phones.
- Using webcam technology, such as “Interpreter Now”, a computer application that can be bought in by GPs. This offers a webcam link that comes onto the GP’s screen and can be used during health consultations with deaf patients.
- Offering the NHS 111 British Sign Language service outside of the core hours of 9am to 5pm to help deal with emergencies and urgent treatment requirements.

Resources for supporting patients:

- A card/passport for deaf people to present to staff in health and social care services, identifying their needs. This passport could give information about the person, their name and address and medical issues. If they bring this card with them to health and social care services, communication could be smoother with Health Professionals.
- Wards on hospitals and GP Practices could have resource packs with equipment such as hearing amplifiers and information about how to book interpreters when working with someone with a hearing impairment.

Engaging with family, friends and the patient’s support network:

- Allowing both an interpreter and family member to attend health appointments to help the patient remember the discussion and outcomes from the appointment.

Other areas for improvement:

- Being offered a choice of interpreter: being able to choose their gender, and to choose a particular interpreter through the booking system.

- Better communication with deaf patients requiring same day or urgent medical treatment from GP surgeries.
- Healthwatch is supporting the improvement of services for people with mental health distress and hearing loss. A participant suggested that a clear guide about what therapeutic services are available, for example: therapy, writing, or healing workshops, could be very useful and a way of improving and supporting mental health provision.

Recommendations

Theme in feedback	Recommendation
<p>Theme 1: A lack of consistency in the availability of interpreter services for GP and hospital appointments, especially when the appointment is needed at short notice. There is also a lack of communication between GPs and hospitals with regards to the patient's need for an interpreter.</p>	<p>In line with the NHS England Accessible Information Standard, GP Practices should ensure that information about a patient's communication requirements is shared with secondary services upon referral (to include interpreter requirements).</p>
<p>Theme 2: Commentators reported difficulties in communicating with their GP Practice, for example with a receptionist, when trying to book an appointment and an interpreter. This was especially problematic when the commentator needed to contact their GP in an urgent situation.</p>	<p>All appointment booking systems across health and social care services should ensure that patients who require an interpreter are able to book one without needing to use the telephone. When booking an interpreter, patients should be given the option to choose the gender of the interpreter and should be sent information about who the interpreter will be as soon as this is available.</p>
<p>Theme 3: Services, equipment and treatment within hospital settings was reported as not being accessible.</p>	<p>a) Information sent to patients about appointments and treatment should be provided in an accessible format and contain information about support available for the patient to attend appointments, for example within a hospital setting. Hospitals and other health care settings should review signage and facilities to ensure they are accessible.</p> <p>b) Health and social care services to consider the use of technology or</p>

	resources such as a patient passport or card, to support patients in emergency situations.
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Next steps

Healthwatch Bristol and Healthwatch South Gloucestershire will work with the Bristol Deaf Health Promotions Group and the South Gloucestershire Deaf, Deafened and Hard of Hearing Group to share the feedback gathered and recommendations made with health and social care service providers. Healthwatch will work with these groups to identify the relevant organisations to contact with regards to the recommendations made and Healthwatch will then continue to monitor the changes organisations make.

All the feedback provided through this engagement project has been inputted to Healthwatch Bristol, South Gloucestershire, and B&NES Feedback Feed Forward database and will be included in their Healthwatch quarterly reports.

Healthwatch Bristol will be sharing this report with Healthwatch Bristol partners including Bristol Clinical Commissioning Group, the Health and Wellbeing Board, Bristol City Council, the Care Quality Commission, NHS England and Healthwatch England. The report will be available on the Healthwatch Bristol website (www.healthwatchbristol.co.uk) and circulated to our mailing lists via the monthly e-bulletin.

Healthwatch South Gloucestershire will be sharing this report with Healthwatch South Gloucestershire partners, including South Gloucestershire Clinical Commissioning Group, North Bristol NHS Trust, the Health & Wellbeing Board, South Gloucestershire Council, the Care Quality Commission, NHS England and Healthwatch England. The report will be available on the Healthwatch South Gloucestershire website (www.healthwatchesouthgloucestershire.co.uk) and circulated to our mailing lists via the monthly e-bulletin.

Volunteering with Healthwatch

Healthwatch supports people to become Volunteer Champions so that they can represent the experiences and needs of their community. Two people have put themselves forward to become Healthwatch Volunteers on behalf of the deaf, deafened and hard of hearing community following the consultation event on the 27 April. If you would like to find out more about volunteering with Healthwatch Bristol or South Gloucestershire, please contact us using the details below.

Supporting information

1. Accessible Information Standard: <https://www.england.nhs.uk/ourwork/patients/accessibleinfo/>
2. BSL video: Accessible Information Standard: <https://www.youtube.com/watch?v=no1A7f-Ofp8>
3. Resources to support the implementation of the Accessible Information Standard: <https://www.england.nhs.uk/ourwork/patients/accessibleinfo/resources/>
4. Bristol Deaf Health Charter BSL videos: <http://www.awp.nhs.uk/bslspace/about-awp/bristol-deaf-health-charter/>
5. South Gloucestershire ‘Help for deaf, deafened and hearing impaired people’ information sheet: <http://www.southglos.gov.uk/health-and-social-care/care-for-adults/health-matters-and-disability/hearing-sight-loss/help-for-deaf-deafened-and-hearing-impaired/>
6. Action on Hearing Loss: www.actiononhearingloss.org.uk
7. Royal Association for Deaf People: www.royaldeaf.org.uk
8. Bristol Sensory Impairment Team: <http://www.wellaware.org.uk/organisations/9110-sensory-impairment-and-integrated-carers-teams>
9. Diabetes Education (Bristol Community Health) BSL videos: https://www.youtube.com/playlist?list=PLpCT93YoG92CYVOjL9ndJNHgLPjL8_80
10. Well Aware (signposting directory of services available in Bristol, South Gloucestershire and surrounding areas): <http://bit.ly/1TPISMb>

Conclusions

Healthwatch has identified examples of good practice and examples of areas for improvement with regards to the accessibility of health and social care services for D/deaf, deafened, hard of hearing and deaf blind people. The Accessible Information Standard puts a requirement on health and social care services to provide all service users with support to meet their additional communication needs. In Bristol, the Bristol Deaf Health Charter provides a framework from which organisations can plan improvements to their services.

Healthwatch urges service providers and commissioners to respond to the feedback and recommendations contained within this report. Healthwatch will continue to work with community groups and members of the public to monitor their experiences before and after the implementation of the Accessible Information Standard in July 2016.

Appendix

1. Equalities Monitoring
2. Evaluation of the event

Appendix 1: Equalities Monitoring

Healthwatch asked participants for information about themselves to ensure we are hearing the voices of a range of communities.

10 people completed the equalities monitoring form.

Ethnicity: 8 described their ethnicity as British; 1 as African British and 1 as Iranian. 1 person did not answer this question.

Gender: 5 female and 5 male.

Transgender: 7 said they were not; 2 preferred not to answer, 1 was left blank.

Age: 1 person was 25 - 44 years, 6 were 45-64 years, 1 was 65-74 years and 2 were 75 +.

Sexuality: 1 identified as lesbian or gay; 5 as heterosexual and 4 chose not to answer.

Disabilities: All 10 respondents described themselves as having a disability. 4 as deaf; 1 as deaf with mobility issues, 1 as using hearing aids; 2 as profoundly deaf, and 1 as deafened.

Faith: 6 people have a faith; 4 people do not. Of the 6 people with a faith, 4 are Church of England members.

Carer: 2 identified as being carers; 8 did not.

Appendix 2: Evaluating the event

Healthwatch offered participants the opportunity to share their feedback on the planning and carrying out of the event, so we can ensure we are working effectively to facilitate group consultations.

There were 10 evaluation questionnaires completed.

People were asked what the most significant outcome of the event was for them. 6 people responded;

- “Ability to give feedback on experiences both personally and professionally”
- “Possible solutions”
- “To get some information on the Charter”
- “I am getting information to help me teach medical students next week”
- “Communication (and) accessible issues”
- “The feedback on accessibility in healthcare services”.

People were also asked to score each element of the event, with 5 being the highest rating and 1 being the lowest rating. The scores shown are average scores.

Knowledge of Healthwatch: 7 people out of 10 increased their knowledge of Healthwatch at the event.

Sessions: Speakers and discussion 4

Organisation: Pre-event information 4

Facilitation scored 4

Organisation on the day 5

Venue: Access to the event 4

Refreshments 5

Standard of the room 4.5.

Comments from participants

- “I hope you will act on the feedback given at the event”
- “Excellent event - I will feedback to my colleagues and consider volunteering!”
- “ ‘Facilitation’ is jargon - and probably not understood by the proufoundly deaf”
- “Clear speakers - need more time as lots of things to say”
- “Could we have more of these meetings in the future?”
- “How about getting the Clinical Commissioning Group (CCG) to arrange a contract for Bristol with ‘Interpreters now’”

Tell Us Your Story...

Healthwatch Bristol want to hear from you about your experiences so that we can tell services your needs to create the best local services.

 Text us - text bris followed by your message to: 07860 021 603

 Email us at: info@healthwatchbristol.co.uk

 Call us: 0117 2690400

 Write to us at: Healthwatch Bristol,
The Care Forum, The Vassall Centre,
Gill Ave, Fishponds, Bristol, BS16 2QQ

Or visit our website to see more at: www.healthwatchbristol.co.uk