



Access to health and social care services for Deaf people



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Access to health and social care services for Deaf people

This report looks at the discrimination Deaf people face in accessing health and social care services in York. It sets out how we identified the problems and what we have done in response. It makes recommendations to tackle inequity and to give Deaf people a stronger voice as patients. In this report we use 'Deaf people' (with a capital 'D') to mean people who have British Sign Language (BSL) as their first or preferred language. Some Deaf people have a foreign sign language as their first language but have learned BSL when they came to live in the UK. In March 2010 250 people in York were registered as deaf and 916 were registered as hard of hearing. (Source: SSDA 910 return, submitted by Councils to the Department of Health)

Why Healthwatch York decided to look at this issue

Healthwatch York had become aware that Deaf people and their families are a group of people who are likely to experience difficulties accessing health and social care services. Online research reveals a number of examples including a son who had to tell his Deaf father that he was going to die:

<http://limpingchicken.com/2013/04/23/i-told-dad-his-battle-with-cancer-was-lost-because-the-nhs-didnt-provide-an-interpreter/>

In May 2013 a Healthwatch York volunteer Community Champion attended one of the City of York Council Community Facilitators drop in sessions at the library. A group of Deaf people attended the session and reported that they had experienced problems accessing local health services.

We wanted to find out more about what these problems were and whether other Deaf people had also experienced problems. There were some troubling anecdotes, such as;

- A baby was given an injection, but the doctor would not explain what for. The parent was concerned that if their baby had a bad reaction they would not be able to say what they were reacting to.
- A patient had blood taken, but was not told why.

What we did to find out more

We held a public meeting for Deaf people on 10th June at the Priory Street Centre so that we could ask whether people had problems accessing health services such as GPs, hospital or dentist. We publicised the meeting as widely as we could with help from York Independent Living Network, City of York Council's Social Care Worker with Deaf People and Community Facilitators, and the National Deaf Children, Young People and Family Service based at Limetrees.

The meeting was chaired by Marije Davidson from York Independent Living Network, who is deaf. It was attended by:

- Twenty five members of the Deaf community
- Two members of the Healthwatch York staff team
- One Healthwatch York volunteer community champion
- One City of York Council Community Facilitator

We provided two BSL/English interpreters.

The meeting was set up as a safe place for people to share their experiences. Attendees were told that Healthwatch York would be producing a report following the meeting and reassured them that no names would be used and people would not be identified in any way.

People were asked to tell Healthwatch York about their experiences accessing health and social care services during the past twelve months – both good and bad.

Attendees could either do this by sharing their experiences with the whole group, or in private one to one sessions with Healthwatch York staff after the main meeting had finished.

Healthwatch York staff took notes of all the issues raised during the meeting and during the one to one sessions after the meeting.

What we found out

During the main part of the meeting, forty eight separate experiences were recounted. See Appendix 2 for the details of all these. Three longer, more detailed stories were told in confidence to Healthwatch York staff at the end of the main meeting. See Appendix 3 for summaries of these. All of these experiences and stories involve communication issues, many involve access to interpreters.

Common themes

- A number of comments were made, highlighting a lack of understanding that BSL is a Deaf person's first language. Deaf people often receive standard letters in high level English which they may struggle to understand.
- There was a general lack of awareness regarding the difference between profoundly or severely deaf people and those with some degree of hearing loss. There is also a lack of awareness of the different communication methods (people who sign and people who do not).
- There was frustration and anger that these issues have been raised through a range of channels for a number of years with no subsequent action.
- The recent changes to the health service have made things worse, with less access to face-to-face interpreters and greater reliance on technology than before.

Issues with GP practices

Where specific providers of services were mentioned, the majority of the issues (14) were with GP practices. Some of these related directly to accessing GP services. In particular, issues were raised about booking appointments, communication during visits, and alerting Deaf patients when it is their turn to access medical professionals.

The following are examples of the issues with GP practices which Deaf people reported:

- GP surgeries are refusing requests for British Sign Language (BSL) interpreters and telling patients that it is too expensive.
- Some people have been offered the services of an online interpreter, but have found this to be unsatisfactory – both because the technology was not good enough and because they have no choice of interpreter (such as a female patient requesting a female interpreter). One patient also found that the interpreter, who was from another part of the country, did not understand the regional variation of the BSL used. This meant that there were delays in interpretation as the interpreter had to seek clarification of the meaning of different signs.
- One patient was accompanied to the surgery by her young daughter. The GP used the daughter to interpret.
- One person reported that she has to ask for time off work to go to the doctors to interpret for her husband, who is Deaf.
- Patients have reported being left in the waiting room because they were unable to hear their name called when it was their turn to see the doctor. There were no visual indicators.
- One couple, who are both Deaf, reported that a GP was rude and became angry when he realised they were both Deaf.
- Young mothers who are Deaf are worried about accessing GP services when their babies are ill. They worry about waiting times if they need an interpreter (2-3 weeks) and can't get in touch with the GP by text so they have to go to the surgery.
- One person reported difficulties in getting test results following appointments without interpreters because the next steps were not clear.

The old Primary Care Trust, NHS North Yorkshire & York, used to provide funding for GPs to access translators and BSL interpreters. But the Health and Social Care Act 2012 abolished Primary Care Trusts, and established Clinical Commissioning Groups. This put NHS Vale of York Clinical Commissioning Group in charge of buying health services for York. Healthwatch York asked NHS England whose responsibility it is to pay for and provide access to translators and sign language interpreters for Deaf patients seeing their GP.

The Head of Primary Care NHS England Area Team (North Yorkshire and the Humber) confirmed that it is the responsibility of GP practices to ensure that they can communicate with their registered patients. Practices should not place Deaf patients at a disadvantage by refusing to book interpreters.

Healthwatch York decided to contact all the GP practices in York in order to find out how they deal with their Deaf patients. We began by phoning practices and asking them about their procedures for dealing with Deaf patients. Three practices said that they had a hearing loop – which is of benefit to people who have impaired hearing, but not Deaf people.

- Minster Health reported that they have a text number which Deaf people can use to contact the surgery. They use googleweb online translator. Because there is no longer any funding for BSL interpreters, they intend to train their staff in the longer term.
- Unity Health said that they currently have no procedure in place, but they would be prepared to find a BSL interpreter.

It became apparent that phoning practices was not the most effective way of working as we were not always able speak to the person who had the information we needed and we were conscious that we were using practice staff time and phone lines.

We decided to request the information we needed in writing, and wrote to York GP surgeries on 10th September asking them the following questions:

- 1) Do you know how many Deaf patients you have?

- 2) How does your system flag up that a patient is Deaf or has other access needs?
- 3) When a Deaf person requests an appointment do you have an agreed procedure?
- 4) Would you provide a face to face interpreter if requested?
- 5) Are any of your staff team trained in basic British Sign Language?
- 6) Do you have any visual indicators in your waiting areas to alert Deaf people that it is their turn?
- 7) Do you have procedures for booking interpreters for emergency appointments?
- 8) What methods do your practice GPs use to check a Deaf patient understands their diagnosis, treatment, medication including dosage and potential side effects, and next steps?

See Appendix 4 for the full text of the letter and Appendix 5 for the list of surgeries we contacted. We asked for responses by September 30th, either by email or in writing. We received one reply, from Front Street Surgery, Acomb. Their response was:

- 1) We know how many hearing impaired patients we have
- 2) An alert shows up in the clinical record of the patient
- 3) No
- 4) Yes, we do
- 5) No
- 6) No - GP will normally come through to the waiting room for the patient.
- 7) No
- 8) Allow extra time for the consultation & communicate in writing.

Responses to the draft report

Following the publication of this report in draft form, the following responses were received regarding the issues about GP practices:

Dr Mark Hayes, Chief Clinical Officer NHS Vale of York Clinical Commissioning Group (CCG):

‘The report highlights the importance of providing accessible services and support to Deaf people in the local area; something that the CCG is committed to. To ensure the provision of equal access to the public and patients, the CCG will soon be introducing its Equality, Diversity and Human Rights Strategy and Implementation Plan.

Underpinned by our vision, mission and values; this strategy highlights and supports our guarantee to promote equality throughout the planning and development of service commissioning; whilst appreciating and respecting the diversity of our local community and staff.’

John McEvoy, Managing Partner of Haxby Group Practice and member of the governing body of NHS vale of York Clinical Commissioning Group:

‘The lack of response from GP practices indicates a lack of capacity to respond, not a lack of interest in the report. In order for Healthwatch York to communicate effectively with GP practices, I recommend contacting the Local Medical Committee (LMC) and Practice Managers.’

Issues about hospital services

Where providers of services were mentioned, nine of the issues were specifically about hospital services. Most of these were about the difficulty of getting interpreters, the lack of communication with patients and about whether or not an interpreter had been booked. Other issues which were reported included:

- A young mother has had interpreters when she is receiving treatment herself but has been unable to get interpreters when she takes her baby for checks.
- Two patients were left waiting and missed their outpatients appointments because no one told them it was their turn – they couldn't hear their name called.
- One patient was embarrassed when attending her appointment with someone who could sign but was not qualified and could only sign very slowly.

York Teaching Hospital NHS Foundation Trust confirmed that when GPs make referrals to the hospital, they should also provide information about the patients' needs. This should include any specific requirements, such as access to a BSL. Staff at the hospital should then arrange for these needs to be met and where a BSL interpreter is required, one would be arranged. The hospital does not have BSL interpreters on site and have to make arrangements for a BSL interpreter to attend.

The Hospital Trust is currently scoping the use of email and texting as a method of communicating with patients across all hospital services, but this is still in the scoping phase. Some directorates are using this currently, such as audiology who have an email address. Audiology are also working on developing a text option for patient appointments.

Response to the draft report

Following the publication of this report in draft form, the following response was received from York Teaching Hospital NHS Foundation Trust regarding the issues about hospital services:

'The report is both timely and welcome. At the Trust's Equality and Diversity (E&D) group meeting in October 2013, ahead of the Access to services for Deaf people report, the group requested that an Access to Services group be formed to look at access issues and make recommendations to improve inclusiveness of our services which additionally includes those with visual impairments.

The Access to services group met on 7th November and has produced a paper with recommendations which will go to the E&D group on 21st January 2014. I would like to confirm that the recommendations made within the Access to services for Deaf people report will be taken forward through this group and overseen by the E&D group.'

Issues about council services

Seven of the issues reported were about council services.

- One expressed concern about the loneliness and isolation of Deaf older people.
- Three people asked for regular appointments to be available with a hearing social worker and an interpreter. This would give them better access to social workers and give them confidence that immediate action can be taken on some of the issues people face.

Other providers

A number of comments were made about lack of access to interpreters for other health and social care services.

- One person had asked for an interpreter at an optician but was told this was not possible.
- One person was told they could no longer have interpreters for dental appointments.
- One person was told that they could not access a voluntary sector service as there was no funding for interpreters.

Conclusion

This work has revealed that there are a number of problems faced by Deaf people in accessing health and social care services in York. Deaf people are also excluded from a wide range of public meetings and engagement events as no provision is made for their inclusion.

Our findings are consistent with the findings of the Association of Sign Language Interpreters (ASLI) in their report on BSL/English Interpreter provision within the NHS¹.

The Lancet has also recognised the inequalities faced by Deaf people².

Access to health and social 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 2010, which requires service providers to avoid unlawful discrimination and to make reasonable adjustments³. 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 1998 - 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.

Recommendations

Recommendation	Recommended to
<p>1. Provide Deaf Awareness Training for all staff who have contact with the public, including receptionists and practice managers. The training should be delivered by an accredited trainer. Deaf Awareness Training would enable staff to:</p> <ul style="list-style-type: none"> • 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). 	<p>Health and Social Care service providers</p> <p>Key agencies in the city, such as NHS Vale of York Clinical Commissioning Group, City of York Council and York Teaching Hospital NHS Foundation Trust</p>
<p>2. Advertise and promote interpreting provision by:</p> <ul style="list-style-type: none"> • Displaying posters in surgeries, hospital and council offices to remind staff to book an interpreter. • Making a checklist or leaflet available to all staff as a reminder of their responsibilities to Deaf patients and how to book interpreters. 	<p>Health and Social Care service providers</p>
<p>3. Review how providers become aware of the preferred language or preferred method of communication of their patients and carers who are Deaf.</p>	<p>Health and Social Care service providers</p>
<p>4. Review how Deaf patients book appointments and how appointments are confirmed, making sure a range of options are available - email, on-line, text (SMS), Typetalk, fax and face to face.</p>	<p>GP practices</p>
<p>5. Consider how public meetings can be made accessible to the Deaf community. The preferred option is that BSL interpreters are booked in advance of all key public meetings and publicity materials for events indicate that interpreters have been booked.</p>	<p>Key agencies in the city, such as NHS Vale of York Clinical Commissioning Group, City of York Council and York</p>

	Teaching Hospital NHS Foundation Trust
6. Consider holding a regular 'walk in' surgery or clinic for Deaf people at a city centre location, with interpreters provided.	GP practices NHS England Area Team
7. Consider creating a central fund to provide a shared pool of interpreters. A list of interpreters could be held centrally and they could be booked in advance for events, meetings etc or specific events for deaf people.	Key agencies in the city, such as NHS Vale of York Clinical Commissioning Group, City of York Council and York Teaching Hospital NHS Foundation Trust
8. Consider access to services for deaf people when tendering and reviewing contracts.	Commissioners of health and social care services
9. Adopt simple 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 is their turn.	Health and Social Care service providers
10. Review the accessibility of standard letters and consider making video clips of them.	Health and Social Care service providers

References

¹Association of Sign Language Interpreters (ASLI) Report on BSL/English Interpreter provision within the NHS. June 2012

²The Lancet, volume 379, issue 9820, pages 1037-1044 17 March 2012.

³Equality and Human Rights Commission. Equality Act 2010 Guidance of your rights Volume 5 of 9. Your rights to equality from healthcare and social care services

Appendices

Appendix 1 [Flyer advertising the meeting on 10th June](#)

Appendix 2 [Experiences recounted to the meeting on 10th June](#)

Appendix 3 [Three stories from the meeting on 10th June](#)

Appendix 4 [Letter to GPs](#)

Appendix 5 [List of York GP surgeries](#)

Appendix 6 [Jargon Buster](#)

Appendix 7 [Follow up meeting on October 3rd](#)

Appendix 1

Access to Health Services for British Sign Language Users.

Do you have problems accessing health services (for example GP, hospital or dentist)? Want to improve services in York?

Come to this meeting and tell Healthwatch. Healthwatch is a new group set up by government. They tell health and care services about problems and how to improve access.

Meeting

Monday 10th June

10am-12noon

Denham Room, Priory Street Centre

15 Priory Street, York, YO1 6ET

Agenda

- introducing Healthwatch York
- tell us your experiences
- your ideas for solutions

12noon – 1pm

Drop in - opportunity to share your experiences one to one

Two BSL interpreters will be at the meeting.

Please let us know if you want to come, but cannot make a morning meeting. We can run another session at a later date. Tell us what time suits you best.

Appendix 2: Experiences recounted to the Healthwatch York public meeting for Deaf people. 10th June 2013.

Male

There are a few interpreters in York but there need to be more trained and qualified to help Deaf people when they visit York Teaching Hospital NHS Foundation Trust, doctors, dentists. It is embarrassing for a man to interpret for his mother-in-law when she has a tummy problem. Their GP was asked to provide an interpreter but this was refused – they insisted he attend to interpret for her.

Male

I went to the hospital with my partner and had a list of problems written out. We joined the queuing system and got in eventually. Staff said they needed to find an interpreter, so we were sent to the back of the queue. We were there from 2pm until 5.30pm – still no interpreter was found. We had our list with us – the staff could just have read it. Finally at 5.30, still with no interpreter, that's what the doctor did.

Female

I went for a chest x ray at the hospital. I explained that I was Deaf. I sat and waited, and could lip read that my name was called. I went through and showed the nurse my form which said I was Deaf. I went into a cubicle and got changed. I waited and waited. Everyone else was seen but I was left there. Eventually a nurse came over and said "Are you still here? Sorry." When they realised I was still there they said they had called my name.

Female

I have never asked for an interpreter at the hospital – I am very independent. I was in the waiting room and a man came over and said he was an interpreter. He came into my appointment with me. I hadn't booked him, I don't want a man interpreting for me. And I would rather know who had been booked. This has happened twice.

Female

I have children and I go to my GP quite a lot. I have asked them to book a BSL interpreter but they have refused. I can't access the information I need.

Male

When I go to see my GP I used to be able to get an interpreter but now they refuse my request due to cuts. They said it is too expensive, a waste of money. English is not my first language so written information is no good. I spoke to a senior manager who said it was a 'funding issue'.

When I got a letter about a hospital appointment it didn't say whether an interpreter had been booked. I need to know if an interpreter has been booked. It is my right to have access to an interpreter.

I have been at the hospital and waited hours and hours and no one has told me it is my turn and I can't hear my name called. Don't they put a note on the file? One of the interpreters in York will contact the doctor on my behalf to ask if an interpreter has been booked, but this takes up their time and they are not paid to do this for us.

Female

I went with my husband to the GP – we are both Deaf, and he had lots of health problems. We were told to go and wait upstairs. Someone came in and said 'Come on, come on'. It was embarrassing. When we got in to the surgery the GP said 'Oh, Deaf'. The doctor got angry about it. We got sent back downstairs. He called my husband deaf and dumb, and was very rude.

Female

I got a letter from the hospital with a date and time. It didn't say whether an interpreter had been booked. I phoned using typetalk and they said an interpreter was booked. At the time of the appointment, there was no interpreter. I waited and waited. No interpreter came. The person on reception said they had someone who could sign, but they weren't qualified and could only sign very slowly. I had to go with her but it was embarrassing and not good enough.

Male

There have been problems with getting an interpreter at the hospital. So I contacted an interpreter myself to get help. But this is not something I can keep doing.

Male

At the dentist with my mother-in-law, we used to be able to book an interpreter, but recently the answer has been no. We need more interpreters – for the council offices, dentists, doctors etc. There is a lot of pressure on the interpreters in York to push for this on behalf of the Deaf community.

Male

I went to the GP. Instead of an interpreter I had to use a camera and someone online. One time the camera didn't work. Another time the link was not good enough – the picture was pixellated. I didn't know if I'd been understood and I was not confident enough to ask the interpreter. It's much better to use qualified interpreters face to face.

Female

When you are using an online interpreter the picture freezes a lot when you are explaining. I don't know if they really understand and I can't understand English.

Female

The GP dials a number and links to a man in Scotland. I was told it was cheaper. I couldn't really see and was asked if I could speak up. It was no good, there were lots of problems communicating – we need live interpreters.

Male

I waited over 2 hours at the GP for an injection. Other people were going in but there were no visual indicators about whose turn it was. We need visual indicators.

Female

I had an interpreter coming to a GP appointment. Then I got a letter saying that there was no funding for the interpreter. I wrote a letter back to complain and got an apology. So now I can have an interpreter, but if you book an interpreter you have to wait 2 or 3 weeks.

I was in hospital, had to stay several days. I asked if I could get an interpreter. The hospital said they'd asked but got no replies. So I contacted Yorkshire Interpreters (through the website) to ask if the hospital had emailed everyone. I was told no.

At Specsavers, if you ask for an interpreter they say no.

Female

Is there a social worker for Deaf people? What about older Deaf people, living alone with no family. Social workers never visit. People are very isolated and we get nothing. There is a real need for older people to be visited.

Male

Deaf people are victims of cuts. My Deaf father-in-law died in hospital – I was his interpreter for 48 hours with no sleep.

Male

English is not my first language. There are safety issues. I sometimes don't know how many tablets to take so I have to research it on the internet. Maybe there could be a full time interpreter attached to the health and social care organisations in York.

Female

We need a hearing social worker and an interpreter to work with Deaf people. We need to know that issues can be sorted out immediately.

Male

Money is so tight in York. In South Shields social services visit older and disabled people.

Male

English is not my first language. Social Services in York use high level English – I can't understand their letters. We need a hearing social worker with an interpreter.

Male

Social Services in Leeds are fabulous. If there are any problems I go to see a social worker and they deal with issues there and then. York needs Social Services to be geared up to what Deaf people need.

Female

English is not my first language. CAB say 'Who will pay for an interpreter? There's no funding.' That's why so many people go to Social Services. But Social Services are no good. I have a baby – I need to be able to talk to people so I can look after my baby. I am worried for the future. I feel helpless.

Female

I had a baby at home (in London) so there was no neo-natal testing. I had a letter to say the baby must go to hospital for a brain scan (it would need to be sedated). This was a shock – why not do a simple hearing test? The health visitor thought I'd given consent but I hadn't.

Male

My daughter was put under pressure by a health visitor to have her baby's hearing tested due to genetic deafness. Health visitors should explain, not just give orders.

Female

Most barriers are due to budgeting issues. Parents of Deaf children often struggle to interpret for their children. We shouldn't have to rely on families to interpret for each other.

Female

My doctor talks to my child, not me. The child had the issue but the doctor says 'Please explain to your mother'

Male

A few years ago I booked an interpreter and later I found out that she had been talking about our issues with others in the Deaf community. We need to have interpreters we can trust, who keep our information confidential.

Female

I've been to the GP maybe four times. I had some blood tests done – no interpreter was present. I didn't get the results of the tests, no one told me when I would get them. Six months later I asked about the results and was told I had low folic acid and vitamin d. No one bothered to let me know until I asked.

Female

Sometimes they will phone with your results, but this can be a problem too.

Female

You can't assume everyone has e mail. Older people often don't have computers – mustn't rely on these to communicate with Deaf people.

Male

We should be able to choose interpreters – ones we know, and trust. We need to have a list of possible interpreters that we can choose from.

Female

Going to hospital for hearing aid appointments, I've always had interpreters. But now I have a baby, they don't provide them. I did get an interpreter during the birth, but have not been able to get one since. It means I can't ask questions about the checks they are doing on my baby. I can see the look on their face when they realise I'm Deaf. They

seem too busy. They ask if I understand English and give me lots of pages. I find written information difficult and really need to have it interpreted into sign language. But I can't understand people just speaking at me.

Female

I was poorly 2-3 years ago. I was on typetalk, which goes to Liverpool and then through to the GP. We had an hour's conversation. But I was too ill, and couldn't keep going, so I dropped the call and went to bed. I woke up to find a man in my bedroom with an NHS badge. He said, "You dropped the call, are you very ill?" I have no idea how he got in.

Another time, I did a typetalk call which involved loads of questions. I said they need to dial 999, but they wouldn't listen. My husband collapsed, and I put him in an ambulance. I put my clothes on and raced to hospital. There was no interpreter. It was 5am. I was getting agitated. We were there for 4 hours and then were sent home. I don't want this to happen again.

Male

Thinking about the council and different languages. The whole system could be very smooth if they set up a good interpreter system.

Male

I came to York 20 years ago. Social Services used to be pretty good. City of York Council has faced a lot of cuts, but services to Deaf people have been cut. We are left out. We are suffering. We need to be campaigning about this. Maybe have an office, five days a week, where people can get help with their problems. So I am asking, set up something for Deaf people. We need a regular daily service, more than one or two days a week.

Female

My husband passed away several years ago. When he was very ill we had no hearing family who could help. I was completely stuck, I got no support. I had to go over to my neighbours and beg them to call the

emergency services. It was awful. How do we do this? We need an emergency response service that we can use independently.

Female

We used to have an emergency method through fax. Can we use typetalk?

Male

There are mobiles, the internet and all sorts of ways of communicating. But I cannot use the phone. So we have to go to doctors to make appointments. But the appointments are always full. The GP said we could text. So I sent a text message. But then they say no.

Female

I can email them, but they won't email me back.

Female

Interpreters are great, but they don't always know all the medical terminology. I worry that something may get lost in interpretation.

I rarely use the phone to communicate, but I do text. I would like to have text access to services.

Female

You can text 999 – but you need to register your telephone number with the service. Then you can text if an emergency happens. You provide specific details, and then they make the arrangements.

Appendix 3: Three stories told to Healthwatch York staff after the main meeting on 10th June

Story 1

Following a traumatic bereavement, this person was advised by their GP that they needed bereavement counselling and was referred to Cruse Bereavement Care. The person e mailed Cruse but they said they could not offer counselling as they had no interpreter. The person sent Cruse a list of interpreters and how to find them but Cruse said they could not afford to use an interpreter as they are a charity. They can only use an interpreter if the patient pays. This person cannot afford to pay as they are not currently able to work.

Story 2

This couple are both Deaf, and English is not their first language. They are both still learning British Sign Language (BSL). The manager at their GP practice refuses to get an interpreter. They either have to use a video link interpreter or the wife has to interpret for her husband. She has to ask her employer for time off to go to the doctors with her husband, and it is not often possible.

On one occasion the video link interpreter was from another region - so the BSL used was not what they understood. They ended up writing notes which wasn't ideal.

When a referral was made to York Teaching Hospital NHS Foundation Trust, the GP practice told the Hospital to book an interpreter. The experience at the hospital was great, the interpreter explained things well and made sure the couple understood. The interpreter knew that English was not the couple's first language and would have some issues with BSL, and made sure they understood.

This couple also have a young baby and they worry about making appointments with their GP in an urgent or serious situation. The GP practice does not have a facility for making appointments by text.

Story 3

This couple have experienced a number of communication issues. One GP has suggested that the wife interpret for her husband. They find it hard to understand video link interpreters. In some situations, they have ended up passing notes. This makes communication very difficult.

In April this year the husband was taken ill in York. They went to Bootham walk in surgery. His GP was fully booked. The doctor didn't ask his name, just said 'Come on'. When they explained they were Deaf, the doctor groaned. They felt that the doctor was rude and offhand. The experience was very troubling and the man experienced considerable emotional distress.

Other examples of communication problems which this couple have experienced include:

- Letters sent to them that are full of jargon. This makes it difficult to know what to do.
- A member of ambulance staff gave an injection, but could not explain what it was for. It would be helpful for ambulance staff to learn some basic BSL.
- A & E want to use family members to interpret, but it's not appropriate. They also may need to sign for hours.

Appendix 4

**Healthwatch York
Priory Street Centre
15 Priory Street
York
YO1 6ET
Tel: 01904 621133**

9th September 2013

Dear Practice Manager

A number of issues have been brought to the attention of Healthwatch York with regard to access to health services for the deaf community. Some of these related directly to accessing GP services. In particular, issues were raised about booking appointments, communication during visits, and alerting deaf patients when it is their turn to access medical professionals.

We are working to understand these issues in more detail. It would therefore greatly assist us if you could please provide the following information.

1. Do you know how many deaf patients you have?
2. How does your system flag up that a patient is deaf or has other access needs?
3. When a deaf person requests an appointment do you have an agreed procedure?
4. Would you provide a face to face interpreter if requested?
5. Are any of your staff team trained in basic British Sign Language?
6. Do you have any visual indicators in your waiting areas to alert deaf people that it is their turn?
7. Do you have procedures for booking interpreters for emergency appointments?
8. What methods do your practice GPs use to check a deaf patient understands their diagnosis, treatment, medication including dosage and potential side effects, and next steps?

We would be grateful if you could provide these responses to us by Monday 30th September. You can email us at healthwatchyork@yorkcvs.org.uk or post them to

Healthwatch York
FREEPOST RTEG-BLES-RRYJ
Priory Street Centre
15 Priory St
York YO1 6ET

Thank you in advance for your kind assistance in this matter.
Yours sincerely

Siân Balsom
Healthwatch York Manager

Appendix 5: List of York GP surgeries

Practice Group	Surgery	Address
Abbey Medical Group	Parkview	28 Millfield Avenue, Hull Road, York, YO10 3AB
Abbey Medical Group	Tang Hall Lane	190 Tang Hall Lane, York, YO10 3RL
Abbey Medical Group	Victoria Way	2 Victoria Way, Huntington, York, YO32 9GE
Haxby Group Practice	Haxby & Wiggington Surgery	Haxby & Wigginton Health Centre, The Village, Wiggington, York, YO32 2LL
Haxby Group Practice	Huntington Surgery	1 North Lane, Huntington, York, YO32 9RU
Haxby Group Practice	New Earswick Surgery	White Rose Avenue, New Earswick, York, YO32 4AG
Haxby Group Practice	Stockton on the Forest Surgery	36 The Village, Stockton on the Forest, York, YO32 9UQ
Jorvik Medical Group	Jorvik Medical Practice	Woolpack House, The Stonebow, York, YO1 7NP
Jorvik Medical Group	South Bank Medical Centre	175 Bishopthorpe Road, York, YO23 1PD
MyHealth	Strensall Health Care Centre	Southfields Road, Strensall, York, YO32 5UA
MyHealth	Huntington Health Care Centre	Garth Road, Huntington, York, YO32 9QJ
MyHealth	Dunnington Health Care Centre	Petercroft Lane, Dunnington, York, YO19 5NQ
Old School Medical Practice	Old School Medical Practice	Horseman Lane, Copmanthorpe, York, YO23 3UA
Old School Medical Practice	Bishopthorpe Branch	The Surgery, 46 Church Lane, Bishopthorpe, York, YO23 2QG
Petergate & Skelton	Petergate Surgery	Tower Court Health Centre, Oakdale Road, Clifton Moor, York, YO30 4RZ
Petergate & Skelton	Skelton Surgery	St Giles Road, Skelton, York, YO3 1XX
Priory Medical Group	Priory Medical Centre	Cornlands Road, Acomb, York, YO24 3WX
Priory Medical Group	Rawcliffe Surgery	Belcombe Way, Water Lane, Clifton, York, YO30 6ND
Priory Medical Group	Clementhorpe Health Centre	Cherry Street, York, YO23 1AP

Priory Medical Group	Lavender Grove Surgery	Lavender Grove, Boroughbridge Road, York, YO26 5RX
Priory Medical Group	Heworth Green Surgery	45 Heworth Green, Heworth, York, YO31 7SX
Priory Medical Group	Fulford Surgery	2 Fulford Park, Fulford, York, YO10 4QE
Unity Health	Wenlock Terrace Surgery	18 Wenlock Terrace, York, YO10 4DU
Unity Health	Hull Road Surgery	289 Hull Road, York, YO10 3LB
Unity Health	York Campus	University of York, Heslington, York, YO10 5DD
York Medical Group	Acomb Surgery	199 Acomb Road, York, YO24 4HD
York Medical Group	Monkgate Surgery	35 Monkgate, York, YO31 7PB
York Medical Group	Woodthorpe Surgery	40 Moorcroft Road, York, YO24 2RQ
York Medical Group	York St John University	Lord Mayor's Walk, York, YO31 7EX
	Beech Grove Medical Practice	Acomb Health Centre, 1 Beech Grove, Acomb, York YO26 5LD
	Clifton Medical Practice	Water Lane, York, YO30 6PS
	Dalton Terrace Surgery	Dalton Terrace, York, YO24 4DB
	East Parade Surgery	89 East Parade, Heworth, York, YO31 7YD
	Elvington Medical Practice	York Road, Elvington, York, YO41 4DY
	Front Street Surgery	14 Front Street, Acomb, York, YO24 3BZ
	Gale Farm Surgery	109-119 Front Street, Acomb, York, YO24 3BU
	Old Forge Surgery	The Green, Upper Poppleton, York, YO26 6EQ
	Gillygate Surgery	28 Gillygate, York, YO31 7WQ
	Minster Health	35 Monkgate, York, YO31 7WE
	The Surgery at 32 Clifton	The Surgery, 32 Clifton, York, YO30 6AE

Appendix 6: Healthwatch York Jargon Buster

ASLI	Association of Sign Language Interpreters
BSL	British Sign Language
CAB	Citizen's Advice Bureau
CCG	Clinical Commissioning Group. Our local group is NHS Vale of York Clinical Commissioning Group
Commissioners	Organisations that buy services
CYC	City of York Council. 'The Council'. They are responsible for buying and providing Social Services in York.
Deaf people (With a capital 'D')	People who have British Sign Language (BSL) as their first or preferred language
GP	General Practitioner (local doctor)
HWB	Health & Wellbeing Board. This is a group of people from different organisations including City of York Council, York Hospital, NHS Vale of York Clinical Commissioning Group, Leeds & York Partnership Trust, the police, the voluntary sector, and HealthWatch York. They work together to make improvements to the health and wellbeing of York residents.
HWE	Healthwatch England. This is the new, independent consumer champion for health and social care in England. Healthwatch England will be the national voice for Local Healthwatch groups.
NRCP	National Register of Communication Professionals
NHS	National Health Service
NHS England Area Team	Organisation which buys health services that the CCGs cannot, such as local GP services and specialist services. They also assess and assure quality and performance. Our local team is North Yorkshire and the Humber.
PALS	Patient Advice and Liaison Service
Service provider	Organisation which provides services to the public
TLA	Three letter acronym – there are far too many of these in health and social care!
Typetalk	Typetalk is a phone service for people who cannot speak or hear on the phone. It allows someone using a textphone to communicate with someone using a

	standard phone. The service also supports textphone to textphone calls.
YILN	York Independent Living Network

Appendix 7

Meeting at Acomb Explore Library October 3rd

A follow up meeting was held at Acomb Library on October 3rd to let the Deaf community know that we had written our report, ask them for feedback and to check to see if anything was missing. The meeting was chaired by Marije Davidson from York Independent Living Network, who is Deaf, and who chaired our first meeting in June. The meeting was attended by:

- 14 adult members of the deaf community
- Two members of the Healthwatch York staff team
- One City of York Council Community Facilitator
- One of the co-directors of York Independent Living Network

Two BSL/English interpreters were provided.

Most of the attendees at this meeting had also attended the original meeting.

The manager of Healthwatch York told the group how this piece of work came about and what we have done so far. Each section of the draft report was read and discussed.

During the course of the meeting some additional issues were raised:

- The role of practice managers at GP surgeries was queried.
- It was reported that there is a lack of flexibility to move appointments (at GPs and hospital) to a time when an interpreter is available
- One lady reported that her GP surgery is not very responsive when she tries to make an appointment by fax. She has waited several hours for a response, and was then told 'sorry we're busy'.
- The 'credibility' factor – when authorities listen to the hearing person and not the deaf person (this was felt to be the case particularly in social care)

The group suggested that a glossary of jargon and acronyms should be included in the report.

There was some discussion about the right to an interpreter and what it means – the following links provide information about this:

<http://www.justcommunication.co.uk/downloads/DRCBSLGuide.pdf> (full guide here - http://www.devon.gov.uk/full_guidancernid.pdf)

The group approved the recommendations in the report and there were discussions about where the report would be sent, and how the recommendations would be followed up.