

**Patient
Experience
Report:**



GETTING IT RIGHT

For Deaf people in Trafford

Report on access to health services for Deaf people in Trafford



May 2015

Updated March 2016

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Executive Summary

In 2014, numerous patient experiences demonstrating barriers to accessing and using GP surgeries and hospitals for local Deaf residents were brought to the attention of Healthwatch Trafford. Research shows these to be national issues resulting in health inequalities for Deaf people, including likelihood of reduced life expectancy, and an estimated cost of £30 million a year to the NHS (Sign Health, 2015). The Equality Act, 2010 protects people from various forms of discrimination and outlines the duty placed on service providers to ensure services are accessible by making reasonable adjustments. This covers BSL sign language interpreters and places the duty to provide an interpreter on the service provider, not the Deaf person and is reiterated in the NHS Constitution: the NHS

“has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.” (Department of Health, 2015)

Over 2015, Healthwatch Trafford consulted with 36 Deaf residents, local health service providers, commissioners and British Sign Language (BSL) Interpreters to explore the issues faced by Deaf residents further. We found:

- barriers to contacting hospital & GP services to make appointments and collect test results for BSL sign language users ;
- numerous problems with agency BSL interpreters booked by health services;
- lack of Deaf awareness among health and administration staff shown by poor communication methods, leading to poor patient experiences, missed appointments and / or unacceptable delays in assessment and treatment

A Healthwatch Trafford report, (May 2015), outlining our findings and making recommendations was shared with consultation participants, local healthcare providers and commissioners upon it's publication. Over 2015 - 2016, responses to determine changes taking place as a result of the report were sought from healthcare providers and commissioners. Where responses have been given, they can be found below alongside each recommendation.

Patient experiences from Deaf residents gathered by Healthwatch Trafford since publication of the original Getting it Right for Deaf People in Trafford report (May 2015) over 2015 and 2016 suggest that despite progress made, (outlined in the Recommendations section below), many ongoing barriers for Deaf people to access and have positive experiences at health services remain and that wide ranging changes to services are still needed.

Recommendations

ALL services to offer SMS text messaging service for Deaf patients to book appointments & collect test results

Service responses / actions

CMFT HOSPITALS:

Central Manchester Foundation Trust (CMFT) are working towards compliance with the Accessible Information Standards, (required legislation to be in place by July 31 2016). The Standards define a specific, consistent approach to identifying, recording, flagging up, sharing and meeting the communication and support needs of individual patients. (February 2016)

GP PRACTICES:

Trafford Clinical Commissioning Group (CCG) are exploring 2 way messaging systems to enable patients to cancel GP Service appointments (one way text messaging services currently operate in the majority of practices). (November 2015)

ALL services to provide Deaf Awareness training for medical and administrative staff, provided by a local Deaf charity with expertise and knowledge of the local Deaf community, such as Genie Networks

Service responses / actions

CMFT HOSPITALS:

CMFT are in discussion with local organisation, Genie Networks, to develop a wider Deaf Awareness training programme within the Trust. (February 2016)

GP PRACTICES:

Trafford CCG enabled members of the Trafford Deaf Partnership and Healthwatch Trafford to deliver deaf awareness sessions to: all Trafford GP Practice Managers (April 2015) and 18 GPs / health practitioners over September - October 2015. (November 2015)

ALL services to send patients confirmation of BSL Interpreter booking with name of the interpreter booked, health service name, appointment time and date before the appointment

Service responses / actions

CMFT HOSPITALS:

Once a BSL interpretation job is booked by the hospital, a letter of confirmation is then sent, with the name of the interpreter, to the requesting hospital department. It is currently up to the individual department to inform the patient of this if requested. The process for this notification will be included as part of the implementation of the Accessible Information Standard.

GP PRACTICES:

Park Medical Practice, (Timperley), contacted Healthwatch Trafford seeking information on BSL Interpreter Agencies and were signposted to Genie Networks and Manchester Deaf Centre. (2015)

Primrose Avenue Surgery, (Urmston), contacted Healthwatch Trafford stating “it would be great if the CCG could provide a best practice guide to work from and tell us the procedure for booking interpreters.” Healthwatch Trafford passed this request on to Trafford CCG Communications and Engagement Team. (April 2015)

Trafford CCG have worked with NHS England and Primary Care leads across Greater Manchester to determine the process for booking BSL interpreters for GP patients in Trafford. A report has been written that is due to be presented at a CCG co-commissioning meeting in March 2016 to discuss how best to move forward to improve current GP Practice arrangements for booking interpreters. (February 2016)

ALL services to discuss communication needs of individual Deaf patients (i.e. BSL, SSE or Deaf Blind Interpreter required), including preferred choice of interpreter and preferred gender

Service responses / actions

CMFT HOSPITALS:

Currently when a booking is made, if the person booking is aware of a preferred sex of interpreter, or a named interpreter, this can be included in the booking request. This process will be much improved as part of the implementation of the Accessible Information Standard - Specifically assessing patient communication needs, recording those needs, flagging needs and responding to needs. (February 2016)

GP PRACTICES:

Conway Road Medical Practice (Sale, Trafford) committed to writing a protocol for deaf and hard of hearing patients (Sept 2015).

ALL services to flag up patient's communication needs on patient records to ensure all communication with them by medical, administrative staff and Interpreters is appropriate and effective

Service responses / actions

CMFT HOSPITALS:

This will be addressed on a CMFT wide basis under the Accessible Communication Standards where a Communication needs assessment and development of individualised plans to fulfil these needs is included within this work. (February 2016)

GP PRACTICES:

Conway Road Medical Centre, Sale. All known deaf or hard of hearing patients now have markers on their records. Clinicians go into waiting room to collect these patients. Receptionist will identify patients to clinicians to avoid embarrassment / delay when collecting patients for appointment. (May 2015)

ALL service commissioners to liaise with Trafford Deaf Partnership or Genie Networks before commissioning BSL Interpreter services and take their recommendations into account

Service responses / actions

CMFT HOSPITALS:

As a result of collaboration with Healthwatch Trafford, the Head of Patient Services attended a Trafford Deaf Partnership meeting, (Jan 2016), comprised of diverse members of the Deaf community and local organisations. At this meeting, the Head of Patient Services agreed to consult with local Deaf people and local BSL Interpreters to learn more about how BSL interpreter agencies can effectively meet patient needs (February - March 2016). The contract for BSL agencies is due for renewal in November 2016 and CMFT will take the patient experiences and views expressed in this consultation into account when writing the new service specification for BSL Interpreter agencies to adhere to.

GP PRACTICES:

Trafford CCG have worked with NHS England and Primary Care leads across Greater Manchester to determine the process for booking BSL interpreters for GP patients in Trafford. A report has been written that is due to be presented at a CCG co-commissioning meeting in March 2016 to discuss how best to move forward to improve current GP Practice arrangements for booking interpreters. (February 2015)

ALL services to build accessible complaints processes for BSL Interpreter Services into commissioning process

Service responses / actions

CMFT HOSPITALS:

Currently BSL interpretation is available for anyone wishing to access PALS or the formal complaint process within CMFT. The complaints process is currently being reviewed within CMFT in line with the 'My Expectations' standards. The views and needs of people who are deaf will be taken into account as part of this review - Head of Patient Services to continue working with Trafford Deaf Partnership to progress this. Access to PALS and Complaints will also be part of the implementation of the accessible information standards. In addition a new easy-read version of the CMFT PALS leaflet has recently been published and circulated to the Trafford Deaf Partnership.

GP PRACTICES:

Trafford CCG Patient experience & Customer Care team promote text relay services on correspondence for patients.

All GP contracts from the CCG require complaints procedure requirements to be accessible (in accordance with national equality legislation) & ask providers to work in accordance with national best practice guidance.

Trafford CCG Patient Experience & Customer Care Team will highlight new accessible information section in new toolkit for commissioners on handling complaints & provider contracts for 2016/17. This will also be highlighted to the CCG Equality and Diversity HR Lead and Quality team.

ALL services to use plain English in letters and information sent out to Deaf patients

Service responses / actions

CMFT HOSPITALS:

Trafford General Hospital Outpatient Quality Standards work stream is reviewing all patient letters (November 2015). An Information Group approves all patient leaflets.

ACTIONS:

This will be discussed at a Trust Information Group and the recommendation is being put forward for consideration to the Trust OPD Standards Working Group (November 2015)

All CMFT hospitals will work towards this recommendation as part of the implementation of the Accessible Information Standard

GP PRACTICES:

Trafford CCG are sharing a new national complaints handling toolkit with GP Practices, (however, because the CCG do not commission all GP services this won't necessarily cover all providers that Trafford patients access services through). The accessible information standard is covered in this.

ALL services to offer on-line BSL Interpreter Services in emergency situations or short notice appointments e.g Sign Translate.

Service responses / actions

CMFT HOSPITALS:

Wider role out of emergency on-line BSL interpretation to be included as part of the implementation of the Accessible Information Standard.

GP PRACTICES:

ALL services to raise staff awareness around the impact of appointment delays on BSL interpreter availability (Interpreter may have to leave before the patient is seen) and put processes into place to ensure Deaf patients are seen on time

Service responses / actions

CMFT HOSPITALS:

Trafford General Hospital: the recommendation will be discussed by Clinical Effectiveness & Patient Experience Lead (Trafford Division) with Outpatient operational managers to review their processes for prioritising patients requiring an interpreter. (September 2015)

CMFT wide: awareness to be raised across the trust regarding the need to ensure there are no undue delays to appointments where an interpreter is in attendance. (February 2016)

GP PRACTICES:

Trafford CCG supported Healthwatch Trafford and members of the Trafford Deaf Partnership to deliver 3 deaf awareness sessions to GP Practice Managers, GPs and other health practitioners (April - November 2015).

Hospital Patient Advice and Liaison Services (PALS) processes to be reviewed to ensure accessibility for Deaf people and that information & promotional materials are available in plain English format

Service responses / actions

CMFT HOSPITALS:

See recommendation 7 re Accessible Information Standards. Plans in development to move the PALS office to a much more easily accessed location within Manchester Royal Infirmary (scheduled for June 2016).

New PALS leaflets, including an easy-read version have now been published. (February 2016)

GP PRACTICES:

Trafford CCG Patient experience & Customer Care team promote text relay services on correspondence for patients.

All GP contracts from the CCG require complaints procedure requirements to be accessible (in accordance with national equality legislation) & ask providers to work in accordance with national best practice guidance.

Trafford CCG Patient Experience & Customer Care Team will highlight new accessible information section in new toolkit for commissioners on handling complaints & provider contracts for 2016/17. This will also be highlighted to the CCG Equality and Diversity HR Lead and Quality team.

All health services should promote and raise awareness of the emergency SMS text service to Deaf patients

Service responses / actions

CMFT HOSPITALS:

This will be included as part of the implementation of the Accessible Information Standards across CMFT hospitals.

GP PRACTICES:

Trafford CCG will share details of the SMS emergency text messaging system with GP Practices (November 2015).

Background

Healthwatch Trafford is a local consumer champion in health and social care. Statutory activities include:

- Providing advice and information regarding health & social care services
- Taking people's experiences to decision-makers to influence positive change
- Involving people in decision making about local services
- Involving people in monitoring health and social care services

All local Healthwatch have a duty to engage with people whose voices are seldom heard by services, including people with disabilities. Attendance at Trafford Deaf Partnership meetings, (October - December 2014), enabled Healthwatch Trafford to listen to numerous patient experiences from members of the local Deaf community. It quickly became clear that there were many issues resulting in unsatisfactory patient experiences and poor health outcomes.

In recognition of these issues, Healthwatch Trafford planned and carried out consultation activities in partnership with local organisations to listen and record the experiences of Deaf residents over the last two years.

A steering group was formed, comprised of Healthwatch Trafford, members of the Trafford Deaf Partnership, Trafford Deaf Community Network, Genie Networks and a local Deaf Health Champion representative to plan the consultation. Involving local Deaf residents at all stages of the work was recognised as vital to ensure that the format, content, delivery and promotion of consultation activities was appropriate and effective.

What do you think about local health services?

If you live in Trafford and want to improve health services for Deaf people, **Healthwatch Trafford** wants to listen to you

 British Sign Language interpreters provided

 **When?** Thursday, 5 March 2015

 **What time?** 8.00pm – 9.30pm

Where?
Excelsior Working Mens Club,
2 Symons Road, Sale.
M33 7FJ

 5 min walk from Sale Metro station

 info@healthwatchtrafford.co.uk

 07480615478 (text only)

 **healthwatch**
0300 999 0303 Trafford

Poster advertising focus group event.

The national picture

Research including Deafness Might Damage Your Health, (The Lancet, 2012), and How the Health Service is Failing Deaf People (Signhealth, 2014) document individual and institutional discrimination experienced by Deaf people and widespread health inequalities, including reduced life expectancy in Deaf people and barriers to health services that “the wider community simply wouldn’t put up with.” (Signhealth, 2014).

National guidance

NHS England is currently producing new guidance to tell health and social care organisations how they should make sure that people with a disability or sensory loss get information in the right format for them and any support that they need to communicate, including BSL Interpreters. This will be set out in a guide, “Information Standard”, which sets out rules that organisations must follow. Publication of this guidance is expected imminently.

The local picture

In the North West region, reports by Healthwatch York and Healthwatch Kirklees document problems faced by Deaf people in accessing and using health services. These correspond closely with the findings of Healthwatch Trafford.

Healthwatch Trafford's consultation supports the Trafford Joint Strategic Needs Assessment (JSNA) 2012-2016, which states:

“ We need to improve access to health services for people with specific difficulties, such as the provision of longer appointment times and better, more accessible information. Alongside this, there needs to be greater awareness, and understanding, of the health needs of disabled children.”

Trafford JSNA (2012-2016)

Organisations providing support and / or social groups for Deaf people and their families in Trafford include Genie Networks, Trafford Deaf Community Network, Deaf Health Champions and the Manchester Deaf Centre.

Proposed aims

Working in partnership with Deaf residents, local services (Trafford Deaf Partnership, Deaf Health Champions, Trafford Deaf Community Network and Genie Networks), BSL Interpreters and health service providers and commissioners, Healthwatch Trafford aims to:

- reduce the barriers identified by Trafford Deaf residents in accessing and using health services;
- support local health services to meet the needs of Deaf patients and comply with their commitments and responsibilities to ensure that NHS services operate fairly and effectively in accordance with the NHS Constitution (2013), The Equality Act (2010), The Accessible Information Standards (2015) and national best practice guidance.

Proposed objectives

- Gather qualitative & quantitative information to identify where health services are working well & meeting the needs of Trafford Deaf residents and where service improvements are necessary
- the views, experiences and recommendations of local Deaf people will be shared with health service providers and commissioners to promote good practice where it is occurring and influence service improvements where possible.

Scope of the consultation

Following recommendations made by the steering group, the consultation focussed on the experiences and views of residents:

- over the age of 18 years;
- who are Deaf;
- who live in Trafford.

The decision was also taken by the steering group to focus on health services, (and not social care services), since health services were already a priority for the Trafford Deaf Partnership.

Methodology

The following methodologies were used:

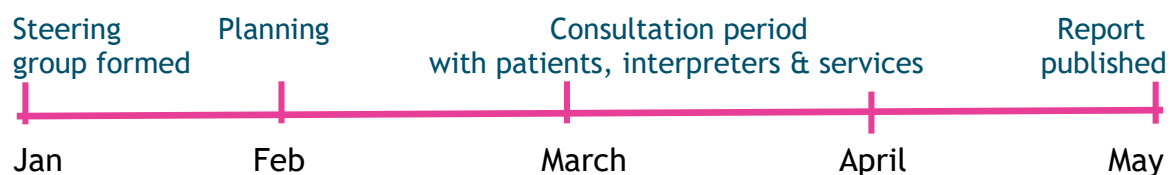
- focus groups carried out by Healthwatch Trafford in partnership with local organisations at venues & times where social / support groups for Deaf people meet regularly;
- One to one interviews carried out by Healthwatch Trafford during home visits with Genie Network staff;
- Online questionnaires were made available on the Healthwatch Trafford website;
- Paper copy questionnaires and pre-paid, self-addressed envelopes were made available upon request by Healthwatch Trafford and partnership organisations.



Participants at a Healthwatch Trafford focus group event, March 2015

British Sign Language Interpreters were kindly provided for the focus groups and one to one interviews by Genie Networks and the Trafford Deaf Community Network. Healthwatch Trafford paid for BSL Interpreter services for one focus group.

Time scale (2015)

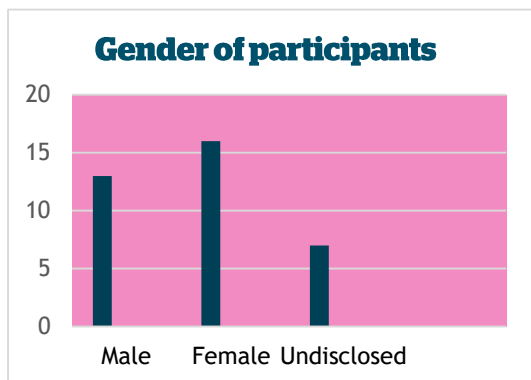
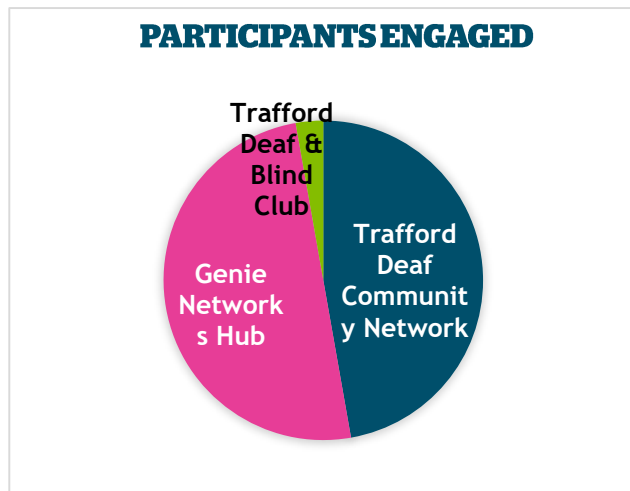
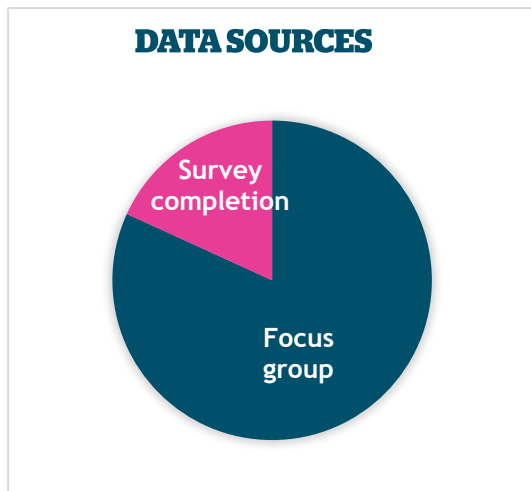


Results and data analysis

Quantitative data

Deaf patients

A total of 36 Deaf, BSL sign language users were engaged through focus groups (see Appendix 1) or surveys (Appendix 2) completed with the support of BSL sign language interpreters.



Age range of participants

- under 18 - 0
- 18 - 34 - 2
- 35 - 54 - 3
- 55 - 64 - 14
- 65 or over - 10
- Unknown - 7

Identity

- I am Deaf - 21
- I am deaf - 1
- I am severely deaf 4
- I am deafened 1
- I use British Sign Language 17
- I use another sign language 0
- I am partially deaf 3

Do you consider yourself to have a non deafness related disability?

Yes - 7 No - 15 Undisclosed - 14

GP Surgeries

The GP survey, (Appendix 4), was sent to all 37 GP Practices in Trafford.

10 GP surgeries in the following areas responded to our survey

- Urmston
- Stretford
- Altrincham (2)
- West Timperley
- Old Trafford (2)
- Unknown (1)
- Timperley
- Sale

Hospitals

A survey, (Appendix 5), was sent out to the following providers of hospital services:

- The University Hospital of South Manchester NHS Foundation Trust (Wythenshawe Hospital)
- Central Manchester Foundation Trust (Trafford General Hospital, Manchester Royal Infirmary, Manchester Eye Hospital, Royal Manchester Children's Hospital and St Marys Hospital)

The University Hospital of South Manchester NHS Foundation Trust was the only service to respond to a request for information via the survey.

Other service providers

A survey, (Appendix 5), was sent out to the following Trafford service providers

- Greater Manchester West NHS Foundation Trust
- Arriva (non emergency patient transport)
- Bridgewater Community Health NHS Trust (Trafford sexual health services)
- Pennine Care NHS Foundation Trust (Trafford Community Services)

Responses were received from Pennine Care NHS Foundation Trust services only.

BSL Interpreter Responses

4 fully qualified BSL Interpreters practising in Trafford and Greater Manchester completed surveys (see Appendix 3).

Patient Experiences

GP Surgeries


The following issues were reported by Deaf residents:

- 🌸 52% of participants reported barriers to contacting GP services to make appointments and collect test results:
 - To make an appointment or collect test results, participants spoke about physically going to their GP Surgery or asking someone else to telephone on their behalf

“...as Deaf people we face everyday barriers that the wider community simply wouldn't put up with. Can you imagine forcing hearing people to walk to their GP's surgery to book an appointment? Can you imagine them having to explain their problems to a doctor who does not understand English, and who replies in another language?”

- Sick of it report

“I have to come to Genie Networks drop-in [available once a week] and ask them to make an appointment over the phone.”

 **61% of participants experienced problems with BSL interpreters booked by GP Practices:**

- Interpreter arrives late leading to missed appointments or alternative, unsatisfactory communication methods being put in place for the patient

“When I’ve had an interpreter the problem is whether everyone arrives at the same time. The interpreter might arrive but then we have to wait for the appointment. By the time the appointment comes it’s too late and the interpreter has to leave.”

“Sometimes there’s a delay if the interpreter hasn’t arrived and I have to revert to pen and paper. It’s not ideal. I would prefer face to face interactions. This has happened about ten times.”

- Interpreters are not always booked and are rarely available for emergency treatment or appointments made at short (few days) notice

“Sometimes you can get an appointment quickly but you can’t get an interpreter in time.”

- Interpreters booked by the service are not always qualified (Level 6) BSL Interpreters, and not always of the appropriate gender corresponding to the nature of the appointment

“I’ve been told I will have to accept female interpreters because there’s a shortage of males. Sometimes I have to defer appointments because of this.”

“I lose confidence when I’m not understood by my interpreter and the appointment is a waste of time”

 **44 % of participants reported inappropriate communication methods by GP Surgery staff demonstrating lack of Deaf awareness:**

- Some Deaf patients are verbally called in to their health appointment
- Patients not understanding medication prescribed
- Language used in health service letters is inappropriate; many BSL sign language users have lower than national average literacy levels¹

¹ Learning Skills and Improvement Service, Deaf People and Literacy. 2015

- Deaf patients are asked to telephone the GP Practice

“Sometimes the information goes right over my head.”

“I’ve had a letter telling me to ring the surgery. How can I phone? It’s impossible! Then I have to ask my mother to make the phone call. That’s not on; it needs to change.”

- Poor face to face communication with Deaf patients

“I make sure I give eye contact at GP and hospital visits but they always give my treatment to the interpreter, every time! When I go to my GP appointment with a carer, the GP only makes eye contact with my carer and not me.”

- 🌱 Some GP Practices do not flag up the individual communication needs of the patient on their records

“I keep saying why don’t you flag up that I’m a Deaf person? They say they can’t because of data protection. I got a letter yesterday asking me to go for a health assessment. It said they’d been trying to phone me and couldn’t get through. That got me annoyed, I went in



and told them I’m Deaf. I’ve had two one to ones with the practice manager and asked them to make reception aware that I’m Deaf. The manager said they’d sort it out but nothing has happened”

“Audiology departments are *the worst*”

- BSL Interpreter

100% of deaf people surveyed said...



that they want the ability to make appointments by email or text message

CONFIRMED

they want to have their interpreter confirmed before their appointment



They want staff to have deaf awareness training

Examples of good practice

2 visual display systems in waiting areas

BSL interpreter always booked

Chairs ready for the patient and for the BSL interpreter upon arrival for the appointment

“My surgery links with a national service and I get an interpreter straight away. I usually get the same one I know - I think this is great. I really like that the GP writes things down”

“I go to lots of different services and the only one that’s any good is the Diabetes Clinic. They book an interpreter for me.”

“After the appointment, I got a referral for an X-ray. I had it and asked to be emailed with the results. They [GP Surgery] agreed. It arrived a few days later. There was a good explanation.”

“sending me a copy of any correspondence is really good.”

Hospitals

The main issues identified by patients:

- 🌱 44 % of participants described barriers to accessing the hospital for appointments or test results

Hospitals telephoning Deaf people or asking Deaf people to ring the hospital to make or confirm an appointment

"I get a letter but my mother-in-law phones when needed or I come to Genie Networks and they do it for me. I would prefer to be able to text."

"I've had problems with the hospital. I'd get a voicemail and would delete it and then realise I'd had missed calls from the hospital. I will call using Type Talk only to realise that the hospital have been leaving me phone calls. People just aren't talking to each other. Services should communicate to each other my needs and send a text to confirm. Not all Deaf people use computers but a text alert system would be good"

Hospitals refuse to accept phone calls from Deaf patient's family on their behalf

"They won't accept my mum phoning on my behalf - they want proof. They make me speak and I pass the phone back to my mum. It's wrong."

"I often have to phone to make appointments for my Deaf family members. I get hit by confidentiality all the time. I can't get past it, it's like hitting a brick wall. Even if your family has put your name down as a contact. There's a double standard there with services using machines for hearing people"

Alternative communication methods provided are inappropriate / ineffective

"I previously used Type Talk but as my eyes have got worse I haven't been able to. The hospital had been ringing me for an appointment and I'd been waiting. Finally, after ten weeks, a letter came."

"I don't like choose and book. I'm always having problems with it. I prefer email or face to face."

"I received a letter and had to use Type Talk. I haven't been able to get through. There are too many diversions on the call. There needs to be better"

explanations of how to use Type Talk, or give alternatives, like email or a dedicated line for Deaf people.”

“Telephone interpreters aren’t always good because of the skills of the interpreter. Also, if the Deaf person has additional needs the interpreter isn’t always skilled enough.”

 **38 % of participants reported incidents showing poor Deaf awareness from hospital staff:**

Patient’s names are called out in the waiting area. 2 people had missed appointments for this reason.

“I have ENT problems. I was at hospital and it was my four year old daughter who had heard my name being called out even though I’d told them to let me know when they were ready to see me.”

“All receptionists are different. I tell them that I’m deaf and show them my appointment letter. I sit down and they say they’ll call my name. If the interpreter is there it’s ok, sometimes. Once, I went for a scan and they hadn’t booked an interpreter. I told the reception staff I am Deaf and sat down. The nurse was shouting names and looking around the waiting room. The waiting room was getting emptier and emptier. The nurse gave up and turned all the machines off. Finally someone came out and asked me. There should have been an interpreter there but there wasn’t. In the scan appointment they were talking to me and I couldn’t understand. I got prodded on my shoulder and they pointed out the room. I look but they prodded me again and I realised they wanted me to turn over.”

Written signs requesting mobile phones are switched off are not sensitive to Deaf people’s needs

“The hospital I go to, there is a sign saying please switch your mobile phone off. What use is that to a Deaf person who might need to use it to communicate?! Sometimes I need to text my interpreter too.”

Staff attitudes

“Some of my medical records say I’m Deaf but I feel that the staff aren’t bothered. There’s an expectation that you have to do the work.”

“I’ve had times when staff have asked in a sarcastic manner: Can you lip read? My records say I’m Deaf, yet they still walk into the waiting room and call my name out.”

Lack of availability of support staff

“The problem with hospitals when you’ve got a mobility issue is all the different departments that they have. I have to research where the department is before I have an appointment there. On three occasions I’ve had issues. When I arrive I know the Heart Centre is a long walk and I’m always asking for a porter. I have to go to Outpatients, contact Security staff or go to the cafe, explain I’m Deaf and ask them to phone for a porter. I’ve waited and waited for the porter on a couple of occasions, most recently in February 2015. On my first appointment this made me an hour late. It was an awful experience. They should have someone on arrival at reception but there’s not always someone there.”

61% of participants reported problems with British Sign Language Interpreters:

The gender of the BSL Interpreter is inappropriate to the health appointment or the interpreter does not meet the Deaf persons’ communication needs (e.g specific interpreter required for a Deaf Blind patient)

The BSL Interpreter is not qualified, they are a trainee

“I asked for the interpreter who I wanted. When I got there, a woman came who I’d never seen before in my life. I had to repeat myself over and over again and they couldn’t cope. At the end of the appointment, I had questions to ask but I couldn’t be bothered to ask them because I knew I wouldn’t be understood because of her poor communication skills. I wondered why they didn’t book the interpreter I asked for.”

“The quality of interpreters from BSL agencies is often poor and Deaf people can’t complain about them”

“ When we arrived we didn’t know if the interpreter had been booked for the eye test. We registered our arrival, sat down and looked around for the interpreter. I went outside to look for them. Suddenly, sat opposite us was the interpreter. I didn’t know who they were! The interpreter was a trainee level. For a hospital appointment I would rather a qualified interpreter, not

a trainee. It's ok if the trainee is shadowing the qualified interpreter but I felt that what happened to us wasn't quite right."

Genie Networks reported an incidence where "an interpreter at the junior interpreter level accompanied a deaf person to a full body scan. The patient was asked if they had any metal in their body. [the patient had a contraceptive coil]. Due to the inappropriate level of the interpreter he/she did not know the signing for coil and so finger spelt it. The interpreter seemed embarrassed. This left the deaf person vulnerable."

The interpreter is not the one requested by the Deaf patient (someone qualified, of the appropriate gender for the appointment who makes the appointment a success)

"When booking an interpreter at the GP Surgery and hospital I always give the name of interpreter I prefer. They don't book the interpreter themselves as they both pass the information onto an agency. The agency very often ignore my request and book someone else."

"I have complained to the interpreter agency about ignoring my right to choose which interpreter I want. They promised to try to do this but still don't always book who I want."

"I feel quite strongly that Deaf people should have a choice in their interpreter. I lose confidence when I'm not understood by my interpreter and appointment becomes a waste of time."

Interpreters are not booked by the service (lack of availability is sometimes cited by the service), interpreter arrives late and the appointment is missed. There is a lack of availability during holiday periods

"When I go into hospital sometimes they do forget to book an interpreter. This results in delays for the Deaf person."

"In January 2015, I had a letter from [a Manchester hospital] with an appointment date that was 5 days away. I wanted to change it but I had to wait for the Wednesday Genie Hub day the following week to ask staff to phone for me. It's too short notice for a Deaf person to contact a service. I asked them if they'd booked an interpreter and they hadn't even booked one for that date."

“I’ve had loads of experiences of communication problems. Interpreters aren’t always available...it’s been really stressful...”

“...the interpreter didn’t arrive and I had to try to lip read the Doctor. I was furious I was on my own in the appointment again. I’d like the hospital to book interpreters. I had checked and they told me the interpreter was going to arrive.”

“I rang the Interpretation and Translation Service numbers on 25 December ... both numbers were on answer machine and no emergency number was available. We looked at the Sign Solutions website but this was unavailable at this time...On 26th December, we arrived at the ESU at 7.30 and immediately asked for a BSL Interpreter, The staff made a phone call and an interpreter was promised in one hour...No interpreter arrived...We were on the ward for hours and no interpreter came.”

“Last October, I went to have a heart scan. I booked the interpreter. The interpreter didn’t turn up so I thought I might be able to lip read. Just as I left, the interpreter arrived! I waited for the results. They didn’t arrive so I asked my GP for them. I was told that I was supposed to have phoned to get them. Obviously I hadn’t understood that at the time.”


Interpreter booking is not confirmed with the patient

“They need to give me 2/3 weeks notice [for a hospital appointment] so I can check if the interpreter is booked. They need to confirm that the interpreter is booked too. They never confirm.”

“When a Deaf person arrives at hospital, it’s often the case that they don’t know the name of the interpreter. In the past, the Deaf person would be given the name of the interpreter accompanying them to their appointment. This would give peace of mind. It’s worrying when you don’t know.”

Delays for interpreters at A&E departments

“I know someone who had an emergency and went to the hospital. She showed them a card that shows she needs an interpreter. She had to wait 4 hours till an interpreter arrived. She can’t read or write English.”

-  **100 % of participants agreed that having to visit accident & emergency departments for emergency treatment without a BSL Interpreter worried them and made them feel anxious.**

2 people used family members to interpret for them at services and stated this as their preference. However, Genie Networks warn about the potential

safeguarding issues this raises for vulnerable patients because it leaves them open to exploitation by family members.

A case study, included here in Appendix 6, outlines a patient journey through two local hospital systems.

Good practice

“About one or two years ago I received a letter from the Doctors saying I must go to hospital straight away. I went and I had to have a blood transfusion. When I got there the interpreter had been booked and was already there”

National examples of good practice include a hospital in Bedfordshire, which recently provided a confidential email address exclusively for the use of Deaf patients.

BSL Interpreters

The following issues have been highlighted by 4 qualified, Level 6 BSL Interpreters:

- 🌱 Barriers for Deaf people to accessing services including having to telephone for appointments
- 🌱 Length of time BSL Interpreters are booked often does not account for the communication needs of many Deaf people: BSL Interpreter needs time after the medical appointment, “a lot of Deaf people seek clarification and repetition from the interpreter, to ensure comprehension of what was said. This can often take 15-30 minutes.”

1 interpreter reported having to leave GP and hospitals appointments before or during an appointment several times due to appointment delays / cancellations or errors in booking times
- 🌱 A lack of Deaf awareness among healthcare staff at all levels

“There is a distinct lack of Deaf Awareness throughout the healthcare industry. Staff are unaware of the needs of Deaf people and do not understand the necessity of having a qualified and safe-to-practice interpreter present.”

- 🌱 Reluctance to book BSL Interpreters for Deaf patients

“Once staff acknowledge they are dealing with a Deaf person there is often a reluctance to book/provide an interpreter - they feel pen and paper are suffice, or request a family/friend to “interpret” for them (which is highly unethical and inappropriate).”

- 🌱 BSL Interpreter bookings are not confirmed with the patient

“I have arrived at a few GP bookings and the Deaf client is shocked to see an interpreter there as they thought they didn't have access and have just been getting along by lip reading and writing as best they could.”

- 🌱 use of unqualified BSL Interpreters by healthcare services

“...one of the most dangerous barriers Deaf people face when accessing health services is being provided with an unqualified “interpreter” or “signer”. Using a level 1 or level 2 “signer” is the equivalent of using a GCSE French student to interpret for a native French speaker during a medical appointment. Extremely dangerous practice! There is a misconception that these “signers” are suitable to work and are cheaper, however, health services have yet to be made aware of the consequences that occur afterwards, e.g misdiagnosis, wrong prescriptions, communication breakdowns and misunderstood instructions etc.”

- 🌸 Unrealistic time scales given for appointments communication process during and after appointments is complex and time intensive and delays in “delays and general waiting times for hospitals and GPs can be notoriously lengthy.”
- 🌸 BSL Interpreter agencies have a significantly higher cost (due to agency fees) than freelance interpreters and are more likely to be unqualified
- 🌸 Inaccessible written information

Examples of good practice

Health service name: **The Christies Hospital**

Reason: They always ensure an interpreter is booked. Good Deaf awareness and Interpreter awareness is demonstrated. Once they acknowledge a patient is Deaf, when it comes to follow up appointments they will ask if an interpreter is required. If waiting times are running on and the medical staff are informed that the interpreter has to leave soon for another appointment, they are usually happy to accommodate for this.

Health service name: **Wythenshawe Hospital UHSM**

Reason: They tend to book interpreters for their Deaf patients. They appear to have a good rapport with specialised Deaf agencies e.g. Manchester Deaf Centre, when booking interpreters.

Health service name: **Bolton Hospital**

Reason: The hospital always phones me first and makes an appointment with me and the client and then they phone the agency to officially book this. This is only done with one regular client but works very well. They seem very deaf aware.

Health service name: **Salford Royal**

Reason: They use the agency, Action on Hearing Loss

Health service name: **Rochdale Hospitals**

Reason: If Local Health Services booked interpreters directly [as opposed to through agencies] this would enable them to have more control regarding quality, reliability and reduce expenditure

Other comments

“... the Action on Hearing Loss (AoHL) contract ceased [in Trafford]. When they had the contract Deaf service users were informed who their interpreter would be prior to the appointment. This gave the deaf client some peace of mind because they knew an interpreter would be there when they arrived. They could also contact AoHL

directly if they were unhappy with an interpreter. There was consistency and it enabled the agency to build a better knowledge base of the client need. The agencies that have been awarded national contracts do not have this advantage. It is also less cost effective which then leads to a reluctance to book interpreters due to budget restraints. When working with Deaf clients a vast majority complain that interpreters were not booked for some of their appointments...”

Other services

Opticians

“I am diabetic and have been asked every year to go for a special eye test etc. ...the last 2 years were at Boots Optician in Manchester and I had my interpreter and she tells me they have not paid her for both of them. A couple of weeks ago I got a letter from the NHS Diabetic department asking me to book a test soon and gave me a list of registered Opticians so I choice [sic] the same one thinking it best as they have my records there and asked my interpreter if she would do it so she rang for me and booked a date. My interpreter has just texted me to check if I have heard anything from them which I have not at all and she said when she discussed the interpreter issue they told her they will not pay her and told her that I should pay her myself. I am very annoyed that such a well known and big business like them should act like that. My Interpreter says she told them about the Equality Act and they said they would get back to us but after a fortnight they have not.”

APPENDIX 1

Focus Group Questions

Participants are given a written list of health services with corresponding images to stimulate dialogue. Questions are verbally asked by Healthwatch and signed to participants via a British Sign Language (BSL) Interpreter. Participant responses are communicated verbally through the BSL Interpreter and recorded by Healthwatch.

Question 1

Can you tell us about your experiences, (good and bad) of making an appointment at your GP Surgery? How easy / difficult is it?

Can you tell us about your experiences, (good and bad) of making an appointment at a hospital? How easy / difficult is it?

Your experiences of using other services?

Question 2

Can you tell us about your experiences, (good and bad) when at your Doctor's appointment at your Doctors Surgery?

Can you tell us about your experiences, (good and bad) when at your hospital appointment?

Experiences of using other services?

Question 3

Can you tell us about your experiences, (good and bad) after your appointment at your Doctors Surgery?

Can you tell us about your experiences, (good and bad) after your hospital appointment?

Experiences using other services?

Question 4

What recommendations would you make for health services to improve?

APPENDIX 2

Trafford Deaf patient survey

Aim:

To understand experiences of Deaf patients using health services in Trafford.

Information we collect will help us to know:

- services doing well which
- what services need improve

Healthwatch Trafford can then work with services and the people who decide which services we have in Trafford, to help make them better.

Your services

We want to know which services you use now or before.

[1] Name and address of your GP / Doctor Surgery what?

[2] Name and address last hospital you go?

[3] Which community service you use? E.g. mental health services (like counselling), community nurses (like district nurses) and health visitors.

Now, think about LAST HOSPITAL YOU USE.

Contact your GP / Doctor surgery how?

[4] Is your GP / Doctor's Surgery deaf aware?

Yes / No

[5] Contact your GP / Doctor to make appointment how? Please tick.

Go to GP / Doctor surgery

Telephone - somebody does this for me

Text relay service / Textphone / Minicom / Typetalk

Online booking system

Text message

Email

Fax

Other (please tell us) _____

[6] Get test results from GP / Doctor how? Please tick.

Go to GP / Doctor surgery

Telephone - somebody does this for me

Text relay service / Textphone / Minicom / Typetalk

Online booking system

Text message

Email

Fax

Letter

Other (please tell us) _____

[7] Contact Hospital to make appointment how? Please tick.

- Go to hospital
- Telephone - somebody does this for me
- Text relay service / Textphone / Minicom / Typetalk
- Online booking system
- Text message
- Email
- Fax
- Other (please tell us) _____

[8] Get test results from hospital how? Please tick.

- Go to hospital
- Telephone - somebody does this for me
- Text relay service / Textphone / Minicom / Typetalk
- Online booking system
- Text message
- Email
- Fax
- Letter
- Other (please tell us) _____

[9] HOW YOU WANT to contact your GP / Doctor to make an appointment or get test results? Please tick.

- Go to the GP / Doctors surgery
- Telephone - somebody does this for me
- Text relay service / Textphone / Minicom / Typetalk
- Online booking system
- Text message
- Email
- Fax
- Other (please tell us) _____

[10] HOW YOU WANT to contact your hospital to make an appointment or get test results? Please tick.

- Go to the hospital
- Telephone - somebody does this for me
- Text relay service / Textphone / Minicom / Typetalk
- Online booking system
- Text message
- Email
- Fax

[11] Do communication problems put you off making an appointment with your GP / Doctor Surgery or Hospital?

GP / Doctor surgery: Yes / No

Hospital: Yes / No

[12] Anything YOU WANT tell us about communication with these services? Do you have an example of a good GP / Doctor's surgery?

Waiting room what happen

[13] How they call you for appointment when you wait?

- At the GP / Doctors Surgery They call patients with voice
- Visual display screen to call patients
- They come and tell me
- Other (please tell us): _____

At the Hospital They call patients with voice

- Visual display screen to call patients
- They come and tell me
- Other (please tell us): _____

[14] Have you ever missed an appointment sitting in the waiting room?

GP / Doctor Surgery: Yes / No Hospital: Yes / No

Anything to tell us about waiting rooms?

Your appointment

[15] Is Deaf written on your patient records and do staff know your communication needs?

- GP / Doctor Surgery
- Yes, Deaf on my records
 - No, not on records
 - I don't know
 - I don't want Deaf on my records

- Hospital
- Yes, Deaf on my records
 - No, not on records
 - I don't know
 - I don't want Deaf on my records

[16] Do you take someone with you for appointments (not paid BSL interpreter)

- GP / Doctor Surgery?
- Yes, always
 - Yes, sometimes
 - No, but would like someone to come
 - No, I don't want anyone with me

- Hospital
- Yes, always
 - Yes, sometimes

- No, but would like someone to come
- No, I don't want anyone with me

[17] Who do you take to appointments with you?

- | | |
|----------------------|--|
| GP / Doctors Surgery | <input type="checkbox"/> Husband / Wife or Partner
<input type="checkbox"/> Son/Daughter (over 16)
<input type="checkbox"/> Son/Daughter (under 16)
<input type="checkbox"/> Parent
<input type="checkbox"/> Friend
<input type="checkbox"/> Other relative
<input type="checkbox"/> Someone else who? _____ |
|----------------------|--|

- | | |
|----------|--|
| Hospital | <input type="checkbox"/> Husband / Wife or Partner
<input type="checkbox"/> Son/Daughter (over 16)
<input type="checkbox"/> Son/Daughter (under 16)
<input type="checkbox"/> Parent
<input type="checkbox"/> Friend
<input type="checkbox"/> Other relative
<input type="checkbox"/> Someone else who? _____ |
|----------|--|

[18] Why do you take that person to appointments?

BSL Interpreters

Your experience with interpreters what?

[19] Who books interpreter for appointment?

- | | |
|-----------------------|---|
| GP / Doctor's Surgery | <input type="checkbox"/> Surgery book interpreter |
|-----------------------|---|

- I ask surgery to book interpreter
- I book interpreter
- I ask someone else to book interpreter
- No interpreter booked

- Hospital
- Hospital book interpreter
 - I ask hospital to book interpreter
 - I book interpreter
 - I ask someone else to book interpreter
 - No interpreter booked

[20] Problems booking interpreters?

GP / Doctors Surgery:

- No information about interpreter booked
 - Interpreter not arrive / missed my appointment
 - Interpreter not qualified enough to communicate with me
 - Interpreter not the right sex for the appointment
 - Interpreter not booked long enough
 - couldn't understand interpreter why? Tell us:
-

- Hospital:
- No information about interpreter booked
 - Interpreter not arrive / missed my appointment
 - Interpreter not qualified enough to communicate with me
 - Interpreter not the right sex for the appointment
 - Interpreter not booked long enough
 - Couldn't understand interpreter why? Tell us:
-

[21] After you leave appointment do you know:

- your diagnosis (your health problem is what)?

GP / Doctor Surgery: Yes / No

Hospital: Yes / No

- how to use medication?
GP / Doctor Surgery: Yes / No Hospital: Yes / No
- medication instructions?
GP / Doctor Surgery: Yes / No Hospital: Yes / No
- further treatment what?
GP / Doctor Surgery: Yes / No Hospital: Yes / NO

[22] If you're not happy with quality of interpreter, who do you tell?

[23] About BSL interpreters tell us what.

[24] HOW WOULD YOU LIKE services to communicate?

- Easy read documents/posters
- BSL captioned videos
- Text relay service / Textphone / Minicom / Typetalk
- Email
- Fax
- Other please tell us: _____

Complaints

[25] Is hospital PALS (Patient Liaison Service) easy for Deaf person to use?

Yes / No

[26] Have you made a complaint to PALS (Patient Liaison Service)

Yes / No

[27] Did you get a reply?

Yes / No

[28] Is GP / Doctor Surgery easy to make complaint?

Yes / No

[29] Have you made a complaint to a GP / Doctor Surgery practice manager?

Yes / No

[30] Did you get a reply?

Yes / No

[31] Tell us about complaint:

[32] Anything else you want tell us:

Thank you for completing this survey.

APPENDIX 3

BSL Interpreter Survey

AIMS

Working in partnership with Deaf residents, a range of local organisations and BSL Interpreters, Healthwatch Trafford aims to:

- Reduce the barriers identified by Trafford Deaf residents in accessing and using health services;
- Support local health services to meet the needs of Deaf residents and comply with the 2010 Equality Act.

PROPOSED OBJECTIVES

- Gather qualitative & quantitative information to identify where health services are working well & meeting the needs of Trafford Deaf residents and where service improvements are necessary
- Using the Equality Act, 2010 and the views, experiences and recommendations of local Deaf people, this information will be shared with local service providers and commissioners to share good practice where it is occurring and influence service improvements where possible.

About you

Are you booked through an agency or do you work freelance?

Agency Freelance Both

If agency, which agency do you work for?

What is your BSL level?

What is the process if a Deaf client wants to make a comment, compliment or complaint about **your** service (as agency staff or as a freelance interpreter)?

How are Deaf clients made aware of this process for making a comment, compliment or complaint (e.g. Leaflet, website etc.)?

Your experiences as an interpreter at GP Surgery appointments

On average, what is the length of time you are booked for GP appointments?

Have you ever had to leave before a Deaf person has gone into (or during) their medical appointment at a GP Surgery?

If yes, roughly how many times over the last year?

If yes, what was the reason for you having to leave (e.g was the appointment delayed?)

Your experiences as an interpreter at Hospital appointments

On average, what is the length of time you are booked for hospital appointments?

Have you ever had to leave before a Deaf person has gone into (or during) their medical appointment at a hospital?

If yes, roughly how many times over the last year?

If yes, what was the reason for you having to leave (e.g was the appointment delayed?)

General questions

What barriers have you observed (in your work as a BSL Interpreter), facing Deaf people accessing and using health services?

What recommendations would you make to services to make the best use of an interpreter?

Which health services would you identify as using good practice with Deaf patients. Please explain why.

Health service name: _____

Reason: _____

Health service name: _____

Reason: _____

Health service name: _____

Reason: _____

Any other comments you would like to make:

Thank you for completing this survey

APPENDIX 4

QUESTION	YOUR RESPONSE
1. Do you know how many deaf patients you have? (If yes, please state the number)	
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. Who has responsibility for booking BSL interpreters and are they aware of booking procedures?	
6. Are any of your staff team trained in basic British Sign Language? If so, please state how many & their role (GP / Nurse etc)	<p style="text-align: right;"><i>Please turn over</i></p>

7. Do you have any visual indicators in your waiting areas to alert deaf people that it is their turn?	
8. Do you have procedures for booking interpreters for emergency appointments?	
9. What methods do your practice GPs, nurses and other health professionals use to check a deaf patient understands their diagnosis, treatment, medication including dosage and potential side effects, and next steps?	

APPENDIX 5

QUESTION	YOUR RESPONSE
1. Do you know how many deaf patients access your service(s)? (If yes, please state the number)	
2. How does your system flag up that a patient is deaf or has other access needs?	
3. What options do Deaf people have in how to contact the service?	
4. When a deaf person requests an appointment do you have an agreed procedure?	
5. Would you provide a face to face interpreter if requested?	
6. Who has responsibility for booking BSL interpreters and are they aware of booking procedures?	

7. Are any of your staff team trained in basic British Sign Language? (If so please state how many and their role)	
8. Do you have any visual indicators in your waiting areas to alert deaf people that it is their turn?	
9. Do you have procedures for booking interpreters for emergency appointments?	
10. What methods do your front line staff use to check a deaf patient understands their diagnosis, treatment, medication including dosage and potential side effects, and next steps?	

APPENDIX 6

Patient Case Study

From a Trafford resident (who is hearing and not a qualified BSL Interpreter) regarding a patient experience with a deaf family member in December 2013

The Deaf patient visited Altrincham General Hospital Minor Injuries after breaking a finger. An appointment was made at Trafford General Hospital, Orthopedics department for 3 days later. No request was made for an interpreter.

At the Trafford General appointment, discussion took place between one of the patient's family members and medical staff. **"This was not appropriate as [the family member] had limited sign language skills and no knowledge of medical signs."** A further appointment was made for an operation at Trafford General.

At the operation a week later, the patient was nauseous with apprehension. After an X-ray, it was decided not to operate on the finger. The finger was dressed and a metal support was attached within the dressing. Patient was sent home believing that the break was complicated and the Orthopaedic Department was going to seek advice on how to proceed. All communication with the patient was through the same family member. On returning home the patient was confused about what was happening with their finger and their ability to communicate [via sign language] with their spouse and children was compromised by the damage to their finger.

Six days later, the patient received a text message from the family member who had attended all previous appointments with them. The message stated that a woman, 'Sherry', had sent a text with Emergency Surgical Unit (ESU) appointment details for early the next day. "I was asked to accompany the patient who was concerned about the delay and how useable the finger would be to communicate in the future. We both agreed that an interpreter should be requested.

"I rang the ESU and the night staff had not yet had the admissions list and said they knew nothing about it. I asked for Sherry's phone number and the staff member promised to return my call. No call was received and I was told Sherry had gone home.

"I rang the Interpretation and Translation Service numbers that I had. Both numbers were on answer machine and no emergency number was available. We looked at the Sign Solutions website, but this was unavailable at this time.

"On arrival at the appointment for the operation, the patient immediately asked for a BSL Interpreter. The staff made a phone call and the interpreter was promised in one hour. The staff went for a case conference regarding the patient's finger. His case notes were unavailable (including X-rays) as they were in ENT. We didn't realise this until some hours later."

No interpreter arrived. The surgeon came back to the ward and proceeded to remove the dressing. It was very painful and the patient felt very faint and out of control of what was happening to them. They then let the patient remove the

bandage them self. Everyone including the patient was very concerned at this time that the wound was getting old and the surgeon decided that the healing process was too advanced to operate on.

“I am not a qualified interpreter and so when the medical staff changed their mind about what to do I had to be sure the patient understood and could ask questions. The surgeon left and said he would return when the interpreter arrived. We were on the ward for 4 hours and no interpreter came.

“The staff brought us breakfast hoping to help the patient to revive. Another surgeon drew diagrams of the structure of the hand and tried very hard to communicate with the patient. The surgeon asked for a physiotherapist to attend for the staff to give a night time dressing to support the hand in bed. Another member of staff began to write instructions in written English on the computer screen. She had been told that the patient could read English and she was surprised to find they couldn’t and that BSL is not the same as spoken English.

“The physiotherapist came onto the ward again and was as helpful as possible without an interpreter. An appointment was made with ‘Shanika’ in Therapy Services for the next day and the patient requested an interpreter for that appointment. The staff promised to organise this.

The appointment was an exhausting experience for both the patient and myself.

“Before leaving the Unit, an anaesthetist came onto the ward. She had obviously had Deaf Awareness training and could fingerspell with the patient. She asked what their communication preference was and informed staff that they shouldn’t treat the patient without an interpreter. We left the ESU after a 4 hour wait for an interpreter. The car park fee was £5.00.

“Later that evening, we looked on the Signs Solutions website and were able to find a phone number: 0843 1780 773. I was able to access the emergency number and I spoke to ‘Emma’ who told me Joe, a staff member on the ESU had requested a BSL Interpreter for the physiotherapy appointment the next day (Friday).

“The following day the patient attended Therapy Services. They again waited for a BSL Interpreter to arrive and none arrived. The patient was given exercises for their hand, the same as Boxing Day, and a new night time dressing was made.

“Later that day I rang the Sign Solutions Emergency number to ask ‘Emma’ why the patient didn’t have an interpreter for the physiotherapy appointment. She told me she forwarded the request to Sign Solutions and would ask the Agency Manager, (Charlotte) from Sign Solutions to contact me the following Monday.

“On the Monday, ‘Charlotte’ from Sign Solutions rang and informed me there was nothing on the emergency record for last Friday.

“‘Shanika’ telephoned me when she returned to work a week later. She was expecting an interpreter to attend the appointment she had with the patient and had no idea why they didn’t turn up.”

Points the Trafford resident highlights as a result of these experiences:

- Lack of Deaf Awareness amongst staff:

“My experience of the ESU staff was that they were very caring but out of their depth with the needs of a Deaf BSL user ... I don't believe the medical staff had any idea of how important the patient's hands are to their ability to communicate”

“Trafford General should not have allowed the first two appointments to be ‘interpreted’ by family members, this contributed to the stress experienced by the patient”

- A possible lack of staff awareness of processes for BSL interpreter bookings

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- Issues with the BSL Agency (Signed Solutions) contract over holiday periods

Date of amendment	Section amended	Initials
17.02.16	Updated and revised Executive Summary	HW

Acknowledgements

Healthwatch Trafford wishes to thank the following organisations for their support in planning and organising consultations with local residents, without which this report would not have been written.



**DEAF+HEALTH
CHAMPIONS**



**Trafford Deaf
Partnership**





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