BDA
BRITISH DEAF ASSOCIATION

Access for Deaf People to Local Health Board (LHB) Services

South Wales

Llywodraeth Cymru
Welsh Government

Contents

1. Introduction & Overview

The Welsh Government funded the British Deaf Association (BDA) to carry out a small scale survey investigating how Deaf people access Local Health Board (LHB) Services in South Wales. Three LHBs were selected and two major LHB services (GP surgeries and hospitals).

The aim of the survey is to encourage LHBs to improve the accessibility to their services by highlighting the difficulties Deaf people face when accessing LHB services. It was also hoped that the findings would prompt LHBs to engage and work with the Deaf community to develop accessible services. This would ensure equality of access for all including Deaf people.

This report has three sections. The first concerns collating Deaf people's experiences and their feedback on accessing their GP surgeries and hospitals. It then covers common areas of concern before concluding with recommendations to LHBs.

To carry out the survey, four Deaf clubs were visited in Aug & Sept 2012 that are within the boundaries of three LHB areas.

The three Local Health Boards are:

- Abertawe Bro Morgannwg University LHB
- Cwm Taff LHB
- Cardiff and Vale LHB.

72 Deaf people took part in the survey and provided feedback to highlight the need for improvement. Good practice was also pointed out with examples.

The British Deaf Association would like to thank all the Deaf people that who participated in the survey, their views and comments were invaluable and will help to shape services provided by LHBs in the future.

Michelle Fowler-Powe: Community Advocacy Officer, South Wales.

2. Methodology

To carry out the survey, four Deaf clubs within the three Local Health Boards were visited.

- Swansea Deaf Club (Abertawe Bro Morgannwg University LHB)
- Pontypridd Deaf Club (Cwm Taff LHB)
- Cardiff Deaf Club (Cardiff & Vale LHB)
- Bridgend Deaf Club (Abertawe Bro Morgannwg University LHB)

At each visit of the Deaf clubs, the survey was explained to members and they were asked to complete a questionnaire[1] about their experiences accessing their GP surgeries and hospitals. It was agreed that questions could be answered in BSL and then written down by another person – usually the Community Advocacy Officer.

[1]See Appendix 1

3. Findings

3.1 Knowledge about Local Health Boards

Three questions were asked to find out what Deaf participants knew about their Local Health Board. The findings show that out of the 72 people that took part in the survey:

- 14 people knew about their LHB
- 11 people knew the services that are included within the Local Health Board
- 4 people knew the difference between primary and secondary health care.

These results show that the information provided by these Local Health Boards is not reaching Deaf BSL users. LHBs need to consider how Deaf BSL users can be made aware of their LHB and the services on offer in order to have equal access to that information.

3.2 Accessing GP surgeries

When asked about how Deaf people make appointments at their local GP surgery:

- the majority of people (45) visit their surgery to make their appointments
- 7 people texted their surgery to make an appointment
- 9 people used TypeTalk (now known as Text Relay)
- 16 relied on hearing members of the family to call for them
- 9 people used a fax
- 5 asked an interpreter to call.

It is disturbing that with the range of technology now being used by all sections of the population, Deaf people are still having to rely on those who can hear just to make an appointment. Surgeries need to update their communication systems to allow for other methods of making appointments, rather than just relying on the telephone.

When Deaf members were asked how they knew it was their turn in the waiting area, the majority (38) reported that the surgery did not have a visual display and they had to watch the receptionist or their GP closely so they could lip-read their name being called. Some relied on a member of their family or interpreter waiting with them.

19 out of 72 participants used an interpreter to communicate with their GP. In some cases this had been arranged by the Deaf person and not the surgery.

The way that this was conducted was by the Deaf person first contacting their interpreter and asking them to make the appointment. The interpreter then would check their own availability and then make the appointment. This ensured that the Deaf person would have an appointment with an interpreter of their choosing which reassured the Deaf person that they would be able to manage their appointment successfully.

Out of the 72 respondents, 33 had a relative accompany them to a GP appointment for communication and reassurance.

The same number (33) – but not necessarily the same people – stated they were not happy with the service they received from the GP surgery. Reasons given included the following:

- Lack of deaf awareness
- Communication difficulties
- Lack of interpreter provision
- Uncertainty over when it was their turn to go in to see the GP
- Not being able to understand the receptionist, nurses or doctors
- Having to have a family member attend with them which was not their preference.

Out of those that were not happy with the service they received, 9 had made a complaint to their surgery. All the complaints were made verbally to a member of staff.

Following this, 64 people stated that they did not know how to make an official complaint to their surgery. Without a complaints and comments scheme, service providers cannot know the views of patients and to understand what areas of improvement within their service are required. Respondents stated that complaints procedures are inaccessible as they are in written English and not accessible through BSL.

3.3 Accessing Hospitals

Deaf participants were questioned about their experience of hospitals in three areas:

- Outpatient appointments
- Inpatient experience
- Accident and Emergency Departments

Deaf people are concerned about filling in the claim application form to tell their stories on how their deafness affects them daily. Most will not be able to understand the questions on the form and most will not be able to describe their problems clearly on the form.

3.4 Outpatient Appointment Experience

Respondents were asked if they were satisfied with the letters received from the hospital. 31 out of the 48 who had received a hospital letter stated they were dissatisfied with the letters. Reasons given covered the following:

- “Too English”
- No information on whether or not if an interpreter had been booked
- The requirement to phone and confirm or book an appointment.

Asked about how respondents knew it was their turn for their appointment at the hospital, 1 participant reported an experience of using a LED display. The rest were reliant on attentively watching the nurse or doctor, or being accompanied by someone to hear the call. Some respondents reported missing appointments on a number of occasions because they failed to hear their name being called.

7 out of 48 respondents that had experienced hospital out-patient appointments reported having an interpreter provided. Others reported the following:

- Pen and paper (12),
- Lip-reading (21)
- Relying on family or friends to explain afterwards (8).

Respondents stated that they often missed information and did not fully understand what the doctor was saying. The difficulties increased when the doctor had a foreign accent as accents made them difficult to lip-read.

3.5 In-Patient Experience

Respondents with experience of staying in hospital generally reported a negative experience, with 21 out of 36 stating they had a negative experience. Reasons given were:

- Communication struggles with other patients and hospital staff
- Feeling isolated and ignored
- No-one talking to them
- No interpreter provision
- Lack of communication skills by ward staff.

27 out of the 36 stated that no interpreter was provided when being advised of the procedure and being asked to sign a consent form. This begs the question of how medical staff can proceed knowing that there has been no informed consent for any procedure.

3.6 Accident & Emergency Department Experience

The very nature of the A&E department is a challenge for all hospitals in being able to manage emergencies. This is accentuated by the need to ensure accessibility.

54 respondents reported having visited A&E departments. Most had assumed that it was not possible book an interpreter at short notice, so didn't ask. However 19 stated that they had asked for an interpreter but had been refused.

The main issue was the attitudes of reception staff.

- *"The receptionist didn't try""*
- *"They don't know how to book an interpreter"*
- *"They were rude"*
- *"They didn't try to communicate with me"*

Most respondents people experiencing long waiting times due to not hearing their names being called. One stated that there had been a visual LED display in the waiting area which meant that they were able to know when called.

The majority of participants opted to visit the A&E department with a family member to ensure that they did not miss their call and to help with communication.

Of the 54 respondents that have used A&E departments:

- 38 used pen and paper, and lip-reading to communicate with medical staff
- 3 contacted an interpreter themselves, who then accompanied them to A&E
- 5 respondents used a family member for communication.

The respondents who relied on pen and paper or lip-reading stated that they often didn't know or understand what was being said. One respondent explained:

- *"I try to talk with the doctor and ask them to talk slowly if I don't understand. Very often their writing is terrible".*

4. Recommendations – GP Surgeries

1. Communication preferences of patients should to be recorded, listing their preferred interpreters and an interpreter booked automatically when the patient requests an appointment.

2. If interpreters are not already booked, and the patient requests this, then they should be booked.

3. Surgery managers and reception staff should have training on to how to book interpreters.

4. Reception staff, nurses & doctors should undertake basic BSL skills and Deaf Equality Training.

5. Surgeries should use visual LED displays so that Deaf people are made aware of their turn.

6. GPs should ensure that the patient's communication preferences are passed on to the hospital when a referral has taken place.

7. Information on LHB services and leaflets available to the general public such as complaints and comments procedures should be available in BSL online.

8. Appointments should be made using a range of options including using mobile phone text.

5. Recommendations – Hospitals

It is clear from the survey that Deaf people are disadvantaged when accessing Local Health Board services and much needs to be done to ensure that Deaf BSL users are able to access LHB services independently and are treated equally with other members of wide society.

There are examples of good practice with an increase of visual LED displays in waiting areas and the provision of interpreters with some GP surgeries and hospitals. However in the majority of cases this does not occur. Local Health Boards need to look at how they can improve access for Deaf BSL users.

The BDA suggests that as a matter of urgency the LHB equality teams should engage with the Deaf community to develop a consultation process that informs the LHB of the needs of the local Deaf community and to find solutions to ensure equality of access.

As a result of this survey, engagement between the Local Health Boards and the Deaf community is happening in some areas and it is intended that an update to this report will highlight the improvements made and the gaps still to be addressed.

6. Conclusion

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7. Appendix 1

Local Health Board Questionnaire

1. Your Local Heath Board, What?
2. LHB include what? E.g. GP surgeries
3. Primary Care, What is it?
4. Secondary Care, What is it?

5. Your GP surgery

a. Name & town of GP surgery?

b. Make appointment, How?

c. Receptionist, communicate How?

d. Receptionist – Do they ask communication prefer what?

e. Have you asked for interpreter?

f. If yes, did they book interpreter?

g. Waiting room – know it's you turn, How?

h. Doctor, communicate How?

i. Doctor – does someone come with you?

j. GP surgery – Are you happy with service?

Improve how?

k. Have you made complaint?

l. Do you know right way to make complaint to GP surgery?

6. Your Hospital

a. Hospital name, what?

b. Hospital service used, what?

Outpatient ☐ Inpatient (Stay in) ☐ A&E ☐

c. Made complaint to hospital?

d. Do you know right way to make complaint to hospital?

e. Improve Hospital service, how?

e. Outpatient experience (fill in if ticked):

i. Letter from hospital, Happy?

ii. Hospital tell you interpreter booked?

iii. Hospital refused interpreter?

iv. Know it's your turn how?

v. Communicate with nurse/doctor, how?

vi. Does someone come with you?

f. Inpatient experience (Fill in if ticked)

i. Stay in hospital, how long?

ii. Happy with experience staying in hospital?

iii. Interpreter provided to explain procedure & consent form?

iv. Communicate with nurses how?

v. Before home, did Doctor/Nurse explain aftercare?

vi. If yes, Interpreter booked for this?

g. A&E Experience (Fill in if ticked)

i. Receptionist, communicate How?

ii. Receptionist – Do they ask communication prefer what?

iii. Have you asked for interpreter?

iv. If yes, did they book interpreter?

v. Waiting room – know it's you turn, How?

vi. Doctor, communicate How?

The British Deaf Association – BDA

Vision
Our vision is Deaf people fully participating and contributing as equal and valued citizens in wider society.

Mission
Our Mission is to ensure a world in which the language, culture, community, diversity and heritage of Deaf people in the UK is respected and fully protected, ensuring that Deaf people can participate and contribute as equal and valued citizens in the wider society. This will be achieved through:

- Improving the quality of life by empowering Deaf individuals and groups;
- Enhancing freedom, equality and diversity;
- Protecting and promoting BSL.

Values
The BDA is a Deaf people's organisation representing a diverse, vibrant and ever-changing community of Deaf people. Our activities, promotions, and partnerships with other organisations aim to empower our community towards full participation and contribution as equal and valued citizens in the wider society. We also aim to act as guardians of BSL.

1. **Protecting our Deaf culture and Identity** – we value Deaf peoples' sense of Deaf culture and identity derived from belonging to a cultural and linguistic group, sharing similar beliefs and experiences with a sense of belonging.

2. **Asserting our linguistic rights** – we value the use of BSL as a human right. As such, BSL must be preserved, protected and promoted because we also value the right of Deaf people to use their first or preferred language.

3. **Fostering our community** – we value Deaf people with diverse perspectives, experiences and abilities. We are committed to equality and the elimination of all forms of discrimination with a special focus on those affecting Deaf people and their language.

4. **Achieving equality in legal, civil and human rights** – we value universal human rights such as the right to receive education and access to information in sign language, and freedom from political restrictions on our opportunities to become full citizens.

5. **Developing our alliance** – we value those who support us and are our allies because they share our vision and mission, and support our BSL community.

Campaigning for Equal Rights for Deaf people!

To contact the
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