



Healthwatch Hartlepool and Hartlepool
Deaf Centre Investigation into Deaf
Patient Experience of Local G.P and
Hospital Services

Final Report

May 2017

MISSION STATEMENT

“Healthwatch Hartlepool has been established in a way that is inclusive and enables involvement from all areas of the local community. We wish to involve those who are seldom heard.”

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1. Background

1.1 Over several years Healthwatch Hartlepool and the Hartlepool Deaf Centre have received regular reports from members of the Deaf community in Hartlepool regarding their experiences when using local GP and hospital services. This feedback indicates that their experiences of accessing these services have on occasions been problematic. Consequently, this has occasionally resulted in Deaf patients not receiving the same level of access to local health services as the wider community.

1.2 The Equality Act (2010) demonstrates a commitment to eliminate discrimination, reduce social exclusion and make services more accessible for all. The Disability Discrimination Act (2005) had already introduced the concept of “reasonable adjustment”, which requires service providers to take “reasonable” steps to ensure groups such as deaf patients have proper unimpeded access to all health services.

1.3 Healthwatch Hartlepool and Hartlepool Deaf Centre both agree that it is good practice to include service users with disabilities in the process of designing accessible services. For Deaf service users such adjustments are absolutely vital in ensuring appropriate and accessible communication and support processes. There is also a real need to respect and understand the specific cultural and linguistic identity of Deaf patients.

1.4 Consequently, in 2016, it was agreed that Healthwatch Hartlepool and Hartlepool Deaf Centre would undertake a joint investigation of Deaf patient experience of accessing and using local GP and hospital services. This proved to be a very successful partnership, bringing together the statutory role and authority of Healthwatch Hartlepool and the insight and awareness of Hartlepool Deaf Centre.

1.5 The project also coincided with the introduction of the new Accessible Information Standard on July 31st 2016. This requires the NHS to provide information in a way that patients can understand, including providing a British Sign Language (BSL) Interpreter where needed. The Standard also requires health service providers to ensure that they have appropriate systems in place to ensure patients can contact them easily.

1.6 The report focuses predominantly on the experiences of people who have been deaf from birth or childhood and who use British Sign Language (BSL) as their first or preferred language. They are referred to in this report as 'Deaf' with a capital D, as this is the term usually used to refer to people who have been deaf all their lives.. For most Deaf people English is their second language, and understanding complicated messages in English can be a problem. While some Deaf people may be able to lip read when necessary, it is estimated that lip readers only understand 30% of a conversation, so lip reading should not be relied upon as a satisfactory means of communication in a health care setting. A BSL interpreter should be provided to avoid misdiagnosis, wrong prescriptions and misunderstood instructions.

The report does not focus on adults who have age-related deafness or those who have become deaf during the course of their adult life after they have acquired a spoken language. They are usually referred to as 'deaf'. However, we believe many of our findings and recommendations will also be relevant to the provision of services to this patient group.

2. Methodology

2.1 The investigation focused on the experience of Deaf patients who have recently used GP services in Hartlepool and also hospital services provided at North Tees and Hartlepool Hospitals. Summaries of personal stories which were relayed to us over the course of the investigation can be found at Appendix 1 of the report.

2.2 Input was received directly from Deaf patients who attended a consultation event on July 11th which was hosted by Hartlepool Deaf Centre and also during regular Art and Crafts sessions. During the sessions a short survey was completed and some surveys were also returned by post.

2.3 This was done with the assistance of a BSL interpreter and surveys were worded in BSL English (using grammar and word order a Deaf person would use when using BSL).

2.4 In total, sixteen surveys were completed as well as six individual case studies which can be found at Appendix 1.

2.5 Current service provision methods were also examined. A questionnaire was sent to all GP practices in Hartlepool, and in total eight were returned. A copy of the questionnaire, and a summary of responses can be found at Appendix 2 of the report.

2.6 Visits to both North Tees and Hartlepool hospitals also took place and structured discussions were undertaken with the Managers of the following wards and service areas –

North Tees Hospital

- Lung Health/Respiratory
- Outpatient Department
- Outpatient and Inpatient Bookings
- Cardiology Day Unit
- Emergency Assessment Unit (EAU)
- Children’s Ward (Ward 15)
- Rheumatology Day Unit
- Discharge Lounge
- Maternity Wards (Wards 18/19)
- Medicine/Respiratory (Ward 24)
- Women’s Health Unit (Ward 30)

Hartlepool Hospital

- Endoscopy Clinic
- Holdforth Unit (Ward 3)
- Elective Care (Ward 4)
- Single Point of Access Team (SPA Team)

2.7 An outline questionnaire covering the areas which were addressed during the course of these discussions can be found at Appendix 3 of the report.

2.8 Finally, it was agreed that a short report would be produced jointly by Healthwatch Hartlepool and the Hartlepool Deaf Centre, which would outline key findings and make appropriate recommendations relating to the future development and delivery of services to Deaf patients.

3. Findings

A) Local G.P Surgeries – Patient Feedback

(i) Appointments

The main issues reported by Deaf patients were difficulties booking appointments and getting test results, receptionists failing to book interpreters and the resulting communication problems, missed appointments due to GPs and receptionists calling out names rather than using a visual calling system and problems ordering repeat prescriptions.

(ii) Booking an Appointment

62% said they had to go to their GP surgery to book an appointment. 100% of respondent said they 'didn't know' whether their GP flagged up that they were Deaf in their patient records.

Only 12.5% of Deaf patients felt their GP surgeries were Deaf aware. One respondent said her parent or representative went to her GP surgery to book an appointment for her.

37% asked someone to book an appointment for them by telephone. Only one person booked their appointments online – despite several people attending HDC computer classes where they registered with online appointment/prescription services. This suggests some people aren't comfortable using an online system – while others may not be aware that their surgery offers one.

75% said communication problems put them off booking a GP appointment.

(iii) Getting test results

Deaf patients reported that communication barriers often made it difficult to find out their test results, as most GP surgeries expect patients to ring them to get this information.

56% said they went to their GP surgery to get test results.

12.5% said a family member rang the surgery to get their results.

25% received their test results by letter.

(iv) Booking appointments/getting test results – Deaf patients' preferences.

50% of respondents wanted to be able to book an appointment or get test results by text. –

“I would also like to choose which G.P I see”

(v) BSL interpreters

81% said their GP surgeries didn't automatically book an interpreter for them – they or their representative had to ask for one when they booked an appointment.

'I don't ask – I should ask. They never ask me.' This highlights the need for GP surgeries to flag up in a patient's records if they are Deaf and to ask them what their communication needs are and record them, so that the patient doesn't have to keep on reminding staff.

56% reported problems with interpreter bookings - including having no information about the interpreter, the interpreter failing to turn up/arriving late, the interpreter being the wrong sex, or not being booked for long enough. 'Need make sure interpreter actually turn up for appointment on behalf of doctor or hospital. To make sure know (interpreter booked) then need even on appointment letter.'

'When interpreter wrong sex for appointment it embarrassing and not fair.' 37% took a family member /friend with them to communicate (not a paid BSL interpreter).

'I take my father with me in case there is no interpreter, so that he can communicate. But this is not right as there should be an interpreter.'

'Usually I am accompanied by my mam. An interpreter is normally requested where needed but GP surgery has to be reminded. When I had an operation no one booked interpreter'.

Patients also took a family member when they needed to see a GP quickly and there was a likelihood that the surgery wouldn't be able to book an interpreter in time. One respondent took her son's partner to communicate 'just once', as she had a 'massive need as I know there are no interpreter same day.'

Another respondent said they took a family member with them to appointments because it was for a 'last minute appointment, too short notice to book interpreter.'

However, when one respondent was asked if he would take a family member/friend with him to appointments for communication support he replied: 'Nope. Not their responsibility. And it's my privacy rights also.'

As well as issues around privacy there is a possibility that the relative or friend is not sufficiently skilled in BSL to be able to accurately translate what the GP is saying, or that they will withhold/change

information for personal reasons. This could lead to misdiagnosis, or the patient not fully understanding, or being told, everything that is said.

Some GPs offer same day appointments which means there is insufficient time to book an interpreter.

(vi) Attending a GP appointment without an interpreter

The comments below highlight the difficulties Deaf patients experience when no interpreter has been booked for a GP appointment.

'When between me and GP not good explain to me. When with interpreter more explain to me'.

'I write note and I don't understand what they say - they don't write note.'

'I need someone with me that knows me very well and interpreter.' (Deaf gentleman with sight loss, due to Ushers, learning difficulties and a mental health problem).

'Don't understand when they talk, as need sign language interpreter'.

'I need someone with me while interpreter explain to me ...' (Deaf gentleman with severe learning difficulties).

'When I go to GP short notice so no time to book BSL interpreter. I has to write down to communicate with doc. I find it awkward and more difficult as my English not standard enough.'

These comments give insight into how Deaf patients struggle to understand their GP without an interpreter and again hi-light the risks of poor communication.

These risks were confirmed by other responses which revealed that by the end of an appointment only 19% knew what their diagnosis was, how to use their medication and whether they needed further treatment.

(vii) BSL interpreters - other issues

On occasions, even when BSL interpreters were booked, patients weren't informed, or weren't always happy with the quality of the interpreting.

'I am not sure interpreter understands me never met her'.

'Sometimes bad interpreting. Not qualified enough'.

(viii) GP surgery waiting rooms

Patients reported problems knowing when it was their turn because GP surgery staff called their name rather than physically coming and alerting them, or using a visual system.

Only 37.5% said their GP surgery had a visual system to tell them when it was their turn.

'I would like my doctor at McKenzie (House) to provide visual display screen as notice other doctor's surgeries have them'.

50% said they had missed an appointment while sitting in their GP surgery's waiting room because they didn't know it was their turn.

'I always make sure to tell the receptionist to come and let me know when it my turn, and if time over I repeat go over make sure they don't forget.'

(ix) Repeat prescriptions

Most patients went to their GP surgery to order their repeat prescriptions because they couldn't use the telephone or were unaware of, or unable to use an online repeat prescription service.

56% of respondents said they went to their GP surgery to order repeat prescriptions.

19% said a representative ordered their prescriptions over the telephone on their behalf.

12.5% collected their prescriptions directly from their pharmacy via a pharmacy prescription collection service.

'I would like to order prescriptions by text message.'

This would be a much more accessible way of ordering repeat prescriptions, because as mentioned previously, very few Deaf people use their GP surgery's online services. While this could be due to a lack of awareness in some cases, in others it is down to a lack of confidence online. The majority of Deaf patients – both young and old – own and use a mobile phone.

B) Local GP Surgeries - Questionnaire

(i) GP surgeries play a key role in the day to day health care of us all. It is vital that everyone can access the full range of services they provide and that there are no barriers to prevent this from happening.

(ii) However, feedback received from Deaf patients indicated that this is not always the case and there have been occasions when Deaf

patients have experienced difficulties making appointments and during the course of consultations and treatment.

(iii) We therefore focused our GP survey around key issues of communication, patient involvement and staff training/awareness. The questionnaire was sent to fourteen Practices across the town and eight completed forms were returned. A copy of the questionnaire and summary of responses can be found in Appendix 2.

(iv) Overall, the impression gained from the responses we received was positive and there was a clear indication of a strong desire to provide effective and accessible services for Deaf patients. However, it was disappointing that despite several reminders, six Practices did not return the questionnaire.

(v) All eight of the Practices that returned questionnaires reported that they offered an online appointment booking service. Seven confirmed that they check the online system daily for BSL interpreter requests. However, only one Practice had a Short Message Service (SMS) facility which allows patients to book appointments using text. This is a favoured means of communication for many Deaf people. Five Practices went on to say that they would consider introducing such a service at some point.

(vi) Six of the Practices informed us that they routinely asked Deaf patients what their preferred method of communication is (for example with a BSL Interpreter) which demonstrated an understanding that Deaf patients will have differing preferences when it comes to communication methods.

(vii) All eight of the Practices confirmed that they routinely booked double-length appointments for Deaf patients to allow time for BSL interpretation. All of the Practices also confirmed that they always flag when a patient is Deaf on their medical record and also keep information on the individual's preferred communication method.

(ix) All eight of the Practices reported that reception staff know how to book BSL Interpreters but no reception staff at any of the sites had received any Deaf Awareness training. However, two Practices did

however report that it was something they would look into. One Practice also reported that they had some staff members who were trained in BSL to Level 1.

(x) Of the eight Practices who responded, only two said they had visual indicators in surgery waiting areas to alert Deaf patients when it is their turn. However, some did confirm that a member of staff, nurse or GP would come to meet the patient and take them through to their consultation.

(xi) Five Practices said that they offered accessible information about treatment options, to enable Deaf patients, their carers and families to be more involved in decisions about their healthcare.

(xii) Finally, all eight Practices confirmed that they provided an online repeat prescription ordering service in addition to a telephone based service. Four Practices also said that repeat prescriptions could be ordered by email but none of the Practices offered an SMS text messaging repeat prescription service.

4) Findings

A) North Tees & Hartlepool Hospitals – Patient Experience

(i) The key issue identified from the surveys and case studies was staff failing to book an interpreter, or having to be asked repeatedly to book one both for hospital appointments and during stays. This was often because a patient's Deafness wasn't flagged up in their notes.

Even when staff were aware of the need for an interpreter they frequently didn't appear to know whose responsibility it was to book an interpreter, or that an interpreter was only booked when Everyday Language Solutions (ELS – the interpreting service provider) confirmed the booking.

Some staff seemed to think it was acceptable to use family members to interpret (even when they themselves were Deaf) even during procedures like a colonoscopy. They didn't appear to be aware of the communication difficulties the patient would experience if an interpreter wasn't present.

Patients without an interpreter had problems knowing when it was their turn.

Patients reported feeling isolated while staying in hospital because no-one can communicate with them.

There was also a lack of communication support during the discharge process – which meant patients weren't sure what was happening, didn't understand what type of medication they were being given, or how and when to take it, or if they would need future treatment/care.

(ii) BSL Interpreters

19% of those who had attended a recent hospital appointment reported that no interpreter had been booked while a further 25% had to ask hospital staff (sometimes repeatedly) to book an interpreter. An additional 19% contacted ELS via text to ask if an interpreter was booked/to arrange a booking.

One patient in severe pain was rushed to hospital accompanied by his father, who asked for an interpreter on arrival at North Tees Hospital and several times afterwards:

'When I was in hospital no-one communicated with me. It felt like I was in prison. I felt stressed and frustrated because no-one gave me any information. I felt stressed, frustrated and depressed because I asked for interpreter many times over 4 days but no-one booked one.'

A female patient's 'urgent' endoscopy was delayed because hospital staff failed to book an interpreter, despite her having previous hospital appointments for which an interpreter had been requested. Later on, after a related hospital stay, she said 'Nurse Sister don't understand about interpreter – try explain her.'

'Poor lack of sign language. 50% lack of awareness. Need fully training. Good knowledge would be essential.'

'At York hospital they give Deaf patients a booklet with pictures in (e.g. drink, water, poo etc.) to help communicate with staff'.

A female patient complained that ELS cancelled two of her physiotherapy appointments without consulting with her first, because they couldn't provide an interpreter. She explained that if they'd texted and asked her she would have gone ahead with the appointments as she was in a lot of pain and felt she could have managed without an interpreter on these two occasions.

(iii) Hospital Waiting Rooms

Patients reported problems knowing when it was their turn when they didn't have an interpreter - because hospital staff called their name

rather than physically coming and alerting them, or using a visual system.

'They come & tell me – or wave to get my attention – a bit daft what if I was looking down or reading a magazine?'

'Reception staff should know in hospitals to walk over to deaf patients and with a paper explain they are next and not shout to the room'.

'I have watch lip read for my names and also it hard read lip read.'

'(They) come and tell me. Sometimes orally/poor lack of BSL.'

'Easy with interpreter but difficult without interpreter.'

(iv) Complaints

81% felt it wasn't easy for them to make a complaint via the Patient Experience Team, consequently only 25% had made a complaint - 12.5% doing so with help from Wendy Harrison, Hartlepool Deaf Centre's Co-ordinator.

Other patients made complaints directly to Wendy who passed them on to Sue Leather, Quality Nurse at North Tees and Hartlepool hospitals and Wendy Lillie, Manager of Everyday Language Solutions, the interpreting service provider. Wendy also meets with Sue regularly to discuss Deaf patients' issues and how they could be addressed.

(v) Independent Complaints Advocacy (ICA)

Two patients had made complaints via ICA. One respondent said:

'I have made an official complaint to ICA with regards to the lack of explanation regarding treatment and procedure of an epidural. I did get a written response.'

B) North Tees and Hartlepool Hospitals - Ward Visits

(i) On March 28th we visited eleven wards and departments at North Tees Hospital. This was followed by visits to four wards and departments at Hartlepool Hospital on April 4th and April 20th. Details of the areas visited at both sites can be found at 2.4 of the Methodology section of this report.

(ii) We were warmly welcomed at each location and found all managers to be open, cooperative and committed to providing the best possible care and support possible to their patients.

(iii) The key messages from each of the fifteen meetings were consistent in most respects. Consequently findings are presented generically rather than on a ward by ward basis.

(iv) Ward Managers were generally pleased with the introduction of the TrakCare system. This is a unified healthcare information system that enables co-ordinated care within a hospital, thus facilitating a seamless patient journey. However, it relies on GPs including sensory loss details on the Choose & Book Form or referral letter and there are still occasions when this is not happening. It was also pointed out that in order to ascertain whether a patient was Deaf it was necessary to read through the full patient record and that there did not appear to be any symbol or icon on the system which could be used to indicate sensory loss.

v) All Ward Managers and other staff interviewed appeared knowledgeable of procedures for booking an Everyday Language Solutions interpreter. Several wards displayed posters outlining the procedure for booking interpreters on staff noticeboards.

vi) Several wards had a staff member with basic BSL skills. However, this had usually come about by chance rather than intent. One ward had a Deaf member of staff who used BSL and one member of staff on the Children's Ward was soon to attend a basic BSL course.

vii) During the course of our discussions it became apparent that training in Deaf Awareness is not routinely available to staff. However all of the Managers interviewed said that they would welcome the provision of Deaf Awareness training sessions for nurses and health care assistants. They said it would help greatly in raising awareness and understanding of Deafness and the needs of Deaf patients. Some Managers said they would prefer this to be done via e-learning whereas others said they would prefer more traditional face-to-face training provision.

viii) Several Ward Managers also said that they would welcome the introduction of Ward Sensory Loss Champions who would have a key role in cascading information and promoting good practice in their particular ward.

ix) All wards and departments said that BSL Interpreters were routinely booked for Deaf patients who attend for planned appointments/procedures. However, some reported that there are still occasions when they are not made aware of the patient's need for an interpreter, due to it not being flagged on the Choose & Book form or GP referral letter. This can lead to appointments being cancelled at significant cost to the NHS.

x) Ward Managers in areas such as EAU said an emergency Interpreter could usually be accessed via the hospital procedure in reasonable time when needed, although occasionally this could be difficult.

xi) One ward that was visited had put together some old, basic BSL resources to assist in communication with Deaf patients. The Children's Ward had also developed a Makaton resource, which consisted of basic pictorial cards which could be used to assist in communicating with deaf children.

xii) All areas visited said that they would welcome the development of a sensory loss resource box containing Deaf Awareness information (as a reminder) and some basic visual BSL resources to enable basic communication with Deaf patients. It was suggested that this would be particularly helpful when a Deaf patient has a longer stay in hospital, as there will inevitably be periods when an interpreter or family member will not be present.

xiii) Some Ward Managers also felt that a Deaf version of the Health passport which would give some basic information about the patient would be useful.

xiv) In some areas we found confusion and conflicting messages around who is responsible for booking endoscopy appointments. The Hartlepool Endoscopy Unit Manager confirmed that due to the number and complexity of appointments, they make their own appointments and do not go through the Hospital Booking Office.

xv) Appointment letters do not confirm that an Interpreter has been booked which can cause anxiety among Deaf patients. Some Ward

Managers said that they would try to include this information in future, but suggested that due to the standardised way in which letters are sent out, this may prove difficult

xvi) During our meeting with the SPA Business Manager it emerged that a review of paperwork was ongoing and as a result of our discussions the Manager agreed to add an “Additional Needs Box” to referral forms to allow flagging of deafness and sensory loss.

xvii) Overall, feedback regarding Everyday Language Solutions Interpreters was very positive. Ward Managers said that they were not present at all times when a Deaf patient is in hospital, but are present when discussions are taking place with patients about their treatment, diagnosis and discharge. Interpreter presence at these stages was considered to be vital. Ward Managers also said that efforts were made to ensure that family members are also actively involved.

xviii) It was suggested that “easy read” versions of written information should be provided for Deaf patients, as for most English is a second language and understanding of written English is often limited. It is understood these can be provided on request, but obviously there would be a time delay.

4. Conclusions

4.1 Overall, the feedback received from both GP Practices and North Tees and Hartlepool Hospitals was positive and indicates that both primary and acute care providers are endeavouring to ensure that the care needs of Deaf patients are being met.

4.2 However, patient feedback indicates that communication flows with Deaf patients in both settings are on occasions still problematic, and this can result in less timely provision of care and increased stress and anxiety for the patient.

4.3 Effective communication and information flows between GPs and hospitals and community care settings are vital in order to ensure Interpreters have been booked and any other arrangements needed to ensure appropriate and inclusive care of Deaf patients are in place.

However, inconsistencies in booking processes and communication methods with Deaf patients do appear to exist among the GP Practices in Hartlepool.

4.4 Discussions with patients also clearly illustrated that Deaf patients' experiences of care is occasionally being adversely effected due to inadequate communication processes. This can impact upon the patient's understanding of their diagnosis, medication, discharge arrangements and ability to be fully included and involved in all aspects of ongoing care and treatment.

4.5 Overall the TrakCare system seems to be working reasonably well, but instances are still occurring when North Tees and Hartlepool Hospitals are not being made aware that a patient is Deaf and that an interpreter is required by GPs via the Choose and Book form or referral letter. This results in the cancellation of appointments and unnecessary stress and anxiety for the Deaf patient. The system also does not appear to have an icon or other feature to highlight Deafness. It is understood that the electronic sharing of patient information between GPs and hospitals is in the process of being implemented and is welcomed, as it should greatly improve Deaf patient experience.

4.6 Staff training opportunities in both primary and acute settings can at best be described as limited, despite a real willingness and desire on the part of many staff to improve their skills and awareness of the care needs of Deaf patients. Overall, there appears to be a low level of awareness of deafness, its impact upon communication and the preferred methods of communication among Deaf people.

4.7 Resources such as sensory loss boxes are not routinely available on hospital wards or in GP surgeries at present. Some hospital wards have developed their own materials for use in that location but ideally a corporate resource should be produced, the cost of which would be minimal.

4.8 Booking of Interpreters at North Tees and Hartlepool Hospitals generally works well, but there was some confusion about how Interpreters for Endoscopy appointments are booked.

4.9 Deaf patients are not routinely informed that an Interpreter has been booked when they receive appointment letters. This can be the cause of anxiety and distress for the patient in the run up to their hospital visit.

4.10 Feedback received regarding the input and performance of ELS Interpreters was consistently positive throughout our visits to North Tees Hospital and Hartlepool Hospital.

5. Recommendations

5.1 Every effort is made to ensure that patient records in primary and acute settings always record deafness and the patients preferred methods of communication.

5.2 All NHS providers should ensure all staff are aware of procedures and responsibilities for booking interpreters.
GP surgeries should ensure all Deaf patients are made aware of their online services and how to use them.

5.3 GP surgeries and other NHS providers should offer the option of booking appointments/receiving test results by text to those who are unable/do not wish to use online services.

5.4 GP surgeries should also offer option of ordering prescriptions by email or text.

5.5 All NHS providers should use a visual indicator in waiting rooms to alert patients when it is their turn.

5.6 Where the nature of the appointment means that the presence of an interpreter of the opposite sex to the patient may cause embarrassment, efforts should be made to book an interpreter of the same sex.

5.3 Efforts continue to be made to improve information flows between GPs and Acute Services via the Medical Interoperability Gateway (MIG), and other means available.

5.4 A symbol/icon is introduced to indicate sensory loss on the TrakCare system and other patient record systems to ensure that staff are alerted immediately when a patient is Deaf, or has other sensory loss.

5.5 GP practices and North Tees and Hartlepool Hospitals introduce both E-Learning and face-to-face training in Deaf Awareness for nurses, healthcare care assistants and reception staff. Opportunities should also be made available for identified staff to receive basic BSL training.

5.6 GP practices and North Tees and Hartlepool Hospitals should explore the possibility of introducing practice and ward sensory loss champions.

5.7 North Tees and Hartlepool Hospitals should introduce a corporate "sensory loss resource box", for use across all wards containing basic Deaf awareness and BSL resources. These resources would provide reminders of Deaf patients' needs and assist in day-to-day communication on the ward. Hartlepool Deaf Centre would be happy to work with the Hospital Trust to produce such a resource.

5.8 Appointment letters sent to Deaf patients should always inform them when an Interpreter has been booked and Interpreters should be booked routinely when diagnosis, treatment and treatment outcomes are being discussed.

5.9 North Tees and Hartlepool Hospitals should ensure that an Interpreter is always present when discharge from hospital is not straightforward and that any letters and accompanying documentation are made available in accessible formats.

5.10 GP Practices and North Tees and Hartlepool Hospitals should investigate making more use of SMS text in communications with Deaf patients, particularly with regard to appointments and information sharing.

5.11 North Tees and Hartlepool Hospitals should consider using an online interpreting service (for example, Interpreter Now or Sign Live)

on occasions when no interpreter is available, such as emergency situations.

5.12 Consideration should be given to introducing an optional Health Passport system for Deaf patients which outlines key personal and medical information and communication needs.

5.13 The booking process for Endoscopy appointments and Interpreters for Endoscopy appointments should be clarified across all ward and treatment areas of North Tees and Hartlepool Hospitals.

6. Acknowledgements

Healthwatch Hartlepool and Hartlepool Deaf Centre would like to thank all GP practices that returned questionnaires and all staff of North Tees and Hartlepool Hospitals who took part in discussions and helped by setting up and co-ordinating our visits. Your assistance was greatly appreciated.

Stephen Thomas – Healthwatch Hartlepool
Wendy Harrison – Hartlepool Deaf Centre

Appendix 1

Personal Stories

July 2015

1. Patient A

A Deaf gentleman aged 56 (Patient A) went to see Wendy Harrison (Hartlepool Deaf Centre) on Monday 20th July 2015 about his recent stay at North Tees Hospital.

He told Wendy he had taken ill on Monday June 1st and was rushed to North Tees Hospital with his father, who is hearing, but has sight loss. Patient A's father asked for a BSL interpreter and then waited at reception for two hours for one to arrive. His father then asked where the interpreter was and was told that one had definitely been booked. Again nothing happened and after another 2 hours (a total of 4 hours) Patient A was called in to see a doctor called Jessica – he says he doesn't know her surname, who asked a lot of questions about his health history. He says they had to manage by writing things down on paper, as his dad doesn't sign. He said this was difficult, as he didn't understand all of the questions. (Patient A has limited literacy skills due to his deafness).

Patient A was then sent to Ward 27, where he saw Dr. Wells. He was informed at some point that the source of his discomfort was his gall bladder. Patient A remained in hospital until June 4th and says he (and his father) asked for an interpreter a total several times, but none arrived. He says he was told on June 4th he'd be having an operation, but the surgeon didn't arrive. He eventually wrote down on a piece of paper 'Where surgeon?' and was later told (on paper) he could go home, but he might need an operation next year.

Patient A says he texted Everyday Language Solutions (ELS), the interpreting service provider, to ask why they hadn't sent an interpreter and was told that they had no knowledge of an interpreter being booked.

October 2015

2. Patient B

A Deaf lady (Patient B) aged 70 received a letter from NHS Choose & Book inviting her to book a hospital appointment either over the telephone or online. Obviously Patient B couldn't book by telephone and she wasn't confident enough to book online, so she went back to her GP on October 14th and asked the receptionist to book the appointment for her. She received a letter confirming an appointment for 2.30pm on Nov 17th at the Endoscopy Day Unit at Hartlepool Hospital She texted

ELS on Friday 16th Oct to check that an interpreter had been booked. She received a reply shortly afterwards from Lauren at ELS saying they hadn't received a booking request and if nothing came through within a week she would follow it up.

Patient B went to see Wendy Harrison (Hartlepool Deaf Centre) on Monday 19th October because she wanted to make a complaint about the GP's receptionist, as she had displayed a terrible attitude towards her. As she'd heard nothing from ELS Wendy offered to ring her GP surgery to check they'd requested an interpreter for the hospital appointment. They confirmed they had.

Wendy then rang Endoscopy, but a member of staff said she had no idea whether an interpreter had been booked and that she should ring the NHS Appointment Line. When Wendy got through to the Appointment Line she was told that they didn't know whether an interpreter had been booked and that she should ring the GP, as it was up to them to book one! Wendy had to explain that it was the hospital who should book the interpreter, as the GP had requested one on the e-referral form. Wendy rang ELS and they said they still hadn't received an interpreter booking request. Lauren at ELS promised to chase it up and let the patient know by Tuesday 20th October. Wendy rang ELS another couple of times to remind them to chase up the interpreter booking and on October 27th Lauren confirmed she had received the appointment details from the hospital and booked an interpreter for the appointment.

March 2016

3. Patient B

Unfortunately the same issue happened again when Patient B received a letter Thursday March 24th asking her to attend Hartlepool Hospital on April 1st for a colonoscopy. When she texted ELS to check whether an interpreter had been booked she was told there hadn't. Lauren from ELS kindly offered to follow it up with Hartlepool Hospital.

When Patient B went to see Wendy Harrison on Thursday March 31st to ask her to explain the information she'd been sent with the admission letter she told Wendy she'd heard nothing more. Wendy rang Lauren at ELS and she told her she had spent an hour on Tuesday ringing different departments at Hartlepool Hospital, as none of them seemed to know whose responsibility it was to book an interpreter. By the time she received the appointment details from the hospital it was too late for her to arrange an interpreter. However, the hospital said they would 'manage' by asking Patient B's husband to help them explain the procedure and findings.

Wendy asked Patient B if she was happy with this but (unsurprisingly) she wasn't, as her husband Denis is also Deaf and would struggle to understand and explain the information. So, with her consent, Wendy rang the endoscopy booking office to explain the situation and ask if Patient B could change her appointment, so that an interpreter could be booked.

Fortunately, Sarah from the endoscopy booking office was able to change the admission to Tues April 5th and she agreed to book an interpreter straight away. Wendy asked her why no-one had booked an interpreter when the appointment was first arranged and she couldn't offer an explanation. Wendy also asked her to check whether it was mentioned in Patient B's notes that she was Deaf and needed an interpreter; she confirmed that it was flagged up – so it wasn't the case that staff weren't aware of the situation. However, Wendy found out later from Lauren at ELS that the patient's deafness wasn't flagged up in her notes until she rang them to chase up the interpreter booking on Mar 29th. When Wendy rang ELS again Lauren confirmed they had received a booking request and an interpreter had been booked.

April 2016

4. Patient B

Unfortunately when Patient B attended her appointment on April 5th staff she waited for two and a half hours, only to be told there had been a mistake. Wendy contacted Lauren from ELS for further information. Lauren had learned from the interpreter that hospital staff realised that as the patient was having a colonoscopy she should have received a preparation called Picolax to take the day before (but hadn't), so they had to rearrange the appointment for Tuesday April 19th. The patient and her husband had to remind staff they needed to book an interpreter.

Bearing in mind that the appointment was deemed 'urgent', it was delayed 18 days because staff in endoscopy & the booking office don't appear to know whose responsibility it is to book an interpreter & because the patient wasn't given the medication she needed to prepare her for the procedure.

Oct 2016

5. Patient B

Patient B went to Hartlepool One Life with severe stomach pains on Mon 30th Sept. They advised her to go to North Tees Hospital where she was admitted to Ward 30. She said nursing staff were generally very good but she had to keep explaining she was Deaf – mainly to foreign nurses and didn't notice anything in her notes to say that she is Deaf.

On Wednesday 5th October patient B underwent a procedure to remove some gall stones. She says staff at the operating theatre didn't know anything about an interpreter being booked, but one eventually arrived.

Also, patient B was unhappy to find that one of the nurses had written that she had 'memory loss' due to her confusion about what was happening – which was actually down to her not understanding what was being said.

Another issue for her was that she didn't know anything about the medication she was prescribed at discharge; the doctor wrote down on a piece of paper that they

were painkillers called codeine and paracetamol. However Susan didn't know what codeine was and so was worried about taking it. Wendy Harrison explained to patient B when she visited HDC on October 10th that they are strong pain killers and she could take them if she was in a lot of pain.

Patient B was also told at discharge that she was going on a waiting list to have her gall bladder removed sometime in November. She told Wendy that she had asked the hospital to contact her by text to let her know when her appointment would be, but she was concerned that they would forget and ring her instead. Also, she wanted to know if an interpreter would be booked for the operation. Wendy rang Ward 30 and a nurse informed her that Patient B was on the Hot Gall Bladder Clinic list – which meant she would be contacted the day before the operation. She confirmed that patient B would definitely be contacted by text as it was written on the paperwork. However the nurse agreed there may be a problem getting an interpreter a short notice – though ELS always try to provide one in such situations.

Wendy explained the situation to Patient B and offered to liaise on her behalf if she experienced any problems.

The main issues from this case study are the lack of Deaf awareness among hospital staff and the lack of flagging up that a patient is Deaf. Another issue highlighted here is around the discharge process – especially around medication and the Deaf patient understanding what type of medication it is, what it does and when and how to take it.

June 2016

6. Patient C

A Deaf lady (Patient C) aged 44 went to see Wendy Harrison (Hartlepool Deaf Centre) on June 13th because her GP had given her a referral letter for an appointment at Gynaecology, Hartlepool Hospital - which meant that a hearing member of her family had to ring up and book the appointment. The family member requested an interpreter for Patient C, but was told that she would have to book one herself. Patient C came to see me to tell me she was worried as she didn't know how to go about arranging an interpreter. Wendy explained that it wasn't her responsibility and rang ELS, who confirmed that no interpreter had been booked for the appointment on July 28th at 2.45pm. Wendy then rang Patient C's GP surgery (Chadwick House at One Life) and they said they would request an interpreter. Wendy rang Lauren at ELS a few days later, only to find that an interpreter still hadn't been booked. On June 20th Wendy received a call from Andrea from ELS who explained that the hospital booking office had wrongly booked an interpreter for North Tees Hospital, but ELS had corrected the mistake. The obvious concerns are:

a) Why was Patient C told by the Gynaecology ward at Hartlepool hospital that it was her responsibility to book an interpreter? And b) Had Wendy Harrison and ELS not followed this up either no interpreter would have been booked, or the

interpreter would have been sent to the wrong hospital, meaning Patient C would have probably had to cancel her appointment.

7. Patient D

A Deaf lady posted an angry comment on HDC's Facebook page on June 16th saying that she'd accompanied her Deaf partner aged 45 (Patient D) to an outpatients appointment at North Tees Hospital to see a Diabetes consultant at 11.15am - which had already been postponed a month earlier because the hospital couldn't get an interpreter - only to find that there wasn't one at the re-arranged appointment. She said Patient D ended up seeing the nurse because they couldn't even lip-read the doctor due to the fact he was foreign. Wendy Harrison rang ELS and they said they'd not received an interpreter booking request for the appointment.

8. Patient E

A Deaf lady aged 57 (Patient E) was having treatments at the Physiotherapy Department at the One Life Centre in Hartlepool. Just before her second appointment ELS texted to say they had cancelled it because the interpreter was ill and couldn't come. Patient E complained that they should have asked her first if she was willing to go ahead without an interpreter. She explained that if it had been a consultant appointment she wouldn't have wanted to attend without an interpreter, but as it was for physiotherapy she felt she could have managed without and would have liked to have been asked what she wanted to do.

On the day of her 4th appointment Patient E took ill and was rushed to hospital, so she texted ELS to ask them to cancel her physiotherapy appointment and interpreter, only to be told by ELS that they had already cancelled the appointment as they couldn't provide an interpreter. Again patient E felt they shouldn't have done this without asking her first. A few weeks later she went to her GP surgery for a blood test (on the instructions of her hospital consultant) and was furious to learn she was recorded as having 'failed to attend' the appointment.

Sept 2016

9. Patient F

A Deaf gentleman aged 87 (Patient F) had an appointment at the Dermatology Department at Hartlepool Hospital for 10.00am Mon 19th September. His granddaughter (who is hearing) rang Hartlepool hospital a week or so beforehand to check whether an interpreter had been booked and she was informed there had.

However, when Patient F's daughter-in-law (who is Deaf) texted ELS to confirm who the interpreter was she was told they were unable to provide one on that day and time and suggested changing the date of the appointment. Patient F's daughter-in-law replied that as her father-in-law had been quite ill he didn't want to

postpone the appointment, so her son (Patient F's grandson) a fluent signer, would accompany him.

On Sept 22nd Wendy Harrison (Hartlepool Deaf Centre) spoke over the telephone to a member of staff at ELS who told her hospital staff quite often tell patients that an interpreter has been booked before they receive confirmation from ELS. This suggests that hospital staff aren't aware that they need confirmation from ELS before they can tell the patient that an interpreter has definitely been booked.

November 2016

10. Patient G

A Deaf gentleman (Patient G) complained to Wendy Harrison about an interpreter not turning up for an operation on his wisdom teeth at North Tees Hospital at 8.15 am on November 8th 2016. He told me he texted ELS one week before to check whether an interpreter had been booked and received a reply stating ELS would call the hospital and book an interpreter for him. He didn't hear anything else, so assumed an interpreter had been booked, but when he attended the appointment, no interpreter showed up. He showed me the messages he had received just to confirm he hadn't missed any information. Obviously ELS should have got in touch with the patient to let him know whether or not they had managed to secure an interpreter for the appointment.

Appendix 2

Summary of GP Questionnaire and Responses

In total 8 questionnaires were returned by surgeries.

1. How many Deaf patients are registered with your practice?

Responses –

0 registered deaf patients x2,

1 registered deaf patient x1,

5 registered deaf patients x3,

7 registered deaf patients x1,

11 registered deaf patients x1 (29 use hearing aids)

2. Do you offer an online appointment booking service? YES/NO

Responses-

Yes 8

No 0

3. If you answered 'yes' to question 2, do you check your online booking system daily for BSL interpreter requests? YES/NO

Responses

Yes 7

No 1

4. Would you consider introducing an SMS appointment booking service? YES/NO

Responses

Yes 5

No 2

Already Have It 1

Comments

Not available due to SMS supplies currently in use but would like to if available in future.

5. Do you book double-length appointments for Deaf people to allow time for BSL interpretation? YES/NO

Responses

Yes 8

No 0

Comments

When Requested

6. Do you ask your Deaf patients what their preferred method of communication is, for example with a BSL Interpreter? YES/NO

Responses

Yes 6

No 2

7. Do you flag up on your system that a patient is Deaf and record their preferred communication method? YES/NO

Responses

Yes 8

No 0

8. Do all of your reception staff know how to book a BSL interpreter? YES/NO

Responses

Yes 8

No 0

9. Do you provide Deaf Awareness training for your staff? YES/NO

Responses

Yes 0

No 8

Comments

This is something we will look into x 2

10. Are any of your staff trained in basic British Sign Language? YES/NO

Responses

Yes 1

No 7

Comments

We have some people who are trained to Level 1

11. Do you have any visual indicators in your waiting areas to alert Deaf people that it is their turn? YES/NO

Responses

Yes 2

No 6

Comments

Staff alert patients

However, staff/GP/nurse comes to get patient and takes them down.

Staff would call/alert patient

Admin staff would alert the patient

12. Do you offer accessible information about treatment options, so that Deaf patients/their families/carers can be involved in making decisions about their healthcare? YES/NO

Responses

Yes 5

No 3

13. What options do you offer for ordering repeat prescriptions in addition to by telephone?

Online ordering system YES/NO Text messaging service YES/NO Email YES/NO

Other (please tell us)

Responses

Online Ordering System

Yes 8

No 0

Text Messaging Service

Yes 0

No 7

Email

Yes 4

No 3

Other

Use fax system x 2

Pharmacy, carers

Appendix 3

Deaf Access to GP & Hospital Services

Hospital Discussion Questions.

Reception Staff

1. What support is made available to Deaf patients when they need to contact Hartlepool or North Tees Hospital? Do you offer additional methods to the usual telephone/choose and book system? If 'yes' what other contact methods do you offer?
2. How do you ensure that Deaf people are aware of these support services and systems
3. Are all reception staff trained in Deaf Awareness? If yes what does the training include, and are there opportunities for staff to take additional/higher level training?
4. Are any reception staff able to use BSL?
5. Are all reception staff aware of the need to arrange a BSL interpreter for Deaf patients whose preferred method of communication is British Sign Language?

Wards, Emergency Care, Outpatients Clinics and Day Units

- 1) What support is made available to Deaf patients before and during their visit to your Clinic or Day Unit?
- 2) How do you alert deaf patients when it is their turn to be seen?
- 3) Are all staff trained in deaf awareness? If yes what does the training include, and are there opportunities for staff to take additional/higher level training?
- 4) Are any ward staff able to use BSL?

- 5) Are all staff aware of the need to arrange a BSL interpreter for Deaf patients whose preferred method of communication is British Sign Language?
- 6) Do ward staff know whose responsibility it is to book a BSL interpreter?
- 7) Emergency care – What arrangements are in place to ensure that a deaf patient requiring emergency is able to communicate with ward staff and is included in discussions and decisions about their treatment?
- 8) Are those responsible for booking BSL interpreters aware of the BSL interpreter booking procedure?
- 9) What is your step-by-step procedure for booking an interpreter – from receiving booking request (including how booking request is received) through to receiving confirmation an interpreter is booked?
- 10) At discharge do you arrange for an interpreter to be present, so that you can explain what will happen next/give details of any medication/future treatment. If you're unable to arrange an interpreter, how do you ensure the Deaf patient can understand you?