

Access to GP-led services

The experience of patients from the
d/Deaf community

October 2023



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About us

Healthwatch County Durham



This report has been produced by Healthwatch County Durham. We are an independent organisation whose aim is to help people get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow. Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience.

As a statutory watchdog, our role is to ensure that local decision-makers put the experiences of people at the heart of their care so that those who buy (commissioners) and provide our services (NHS Trusts, local authorities, GPs, the voluntary sector, and independent providers) can benefit from what people tell us.

The Healthwatch network currently consists of 153 Healthwatch organisations across each of the local authority areas in England. It also has a national body called Healthwatch England based in London.

For more information about us please click on this link: [Healthwatch County Durham](#)
Or scan this QR code



Summary

From 2016 all NHS and Adult Social Care Services by law must follow the Accessible Information Standard. This ensures anyone with a disability, impairment or sensory loss receives information they can understand and any communication support they may need. We wanted to know if patients accessing GP practices were having their communication needs met and finding it easy and straightforward to communicate with the GP, healthcare professionals, and reception staff. We also wanted to know from the perspective of the practice managers what systems they had in place for their d/Deaf patients.

We surveyed 57 d/Deaf patients and 9 practice managers to get an idea of what works well and where there are improvements to be made. We found there are discrepancies between how well the practice managers think they are meeting patients' needs and what the patients themselves told us.

This report investigates the issues d/Deaf patients face and the response from the practices themselves. Recommendations are made to prevent patients from having to repeat their situation every time they arrive at the practice, technology that can be beneficial, and awareness training.

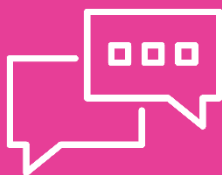
15.6million people will experience hearing loss by 2035* (RNID)



57 people completed our survey from the d/Deaf community and 9 practice managers from GP practices.



It's estimated that 7.2% of the population of County Durham report Deafness or hearing loss**



"I tend to put off making appointments because of the hassle".

3,400 people have registered with the council as having hearing loss.



*Action on Hearing loss [Hearing-Matters-Report.pdf \(rnid.org.uk\)](https://www.rnid.org.uk)

**Office for Health Improvement & Disparities. Public Health Profiles. (Accessed April 2023)<https://fingertips.phe.org.uk> © Crown copyright 2023

Introduction

During 2022 Healthwatch County Durham asked the public about our work plan; accessing GP services was still one of the priorities they identified. We researched the quality of the information provided on automated telephone messages and GP websites and we published our report in March 2023. However, we wanted to understand more about how accessible information was for patients in our d/Deaf community. This included how well GP practices implement the Accessible Information Standard ([NHS England » Accessible Information Standard Overview 2017/2018](#))

This standard aims to make sure that people who have additional needs get information in a way they can understand as well as get help from a communication professional if they need it. We did this work with the help of Durham Deafened Support and Deaf Empowering Network, who allowed us to talk with their members and share our survey.

According to estimates in the National General Practice Profiles held in the Public Health data (Office for Health Improvement & Disparities) 7.2% of the population of County Durham report deafness or hearing loss. This would equate to approx. 37,500 people, although there are currently only 3,400 people who have registered with Durham County Council as having hearing loss.



Method

- **To find out about patient's experiences we:**
 - Sent out surveys across our network and the d/Deaf community which could be completed online or in paper format with an interpreter.
 - Spoke with members of a deafened support group.
- **To find out about the accessibility guidelines the GP surgeries were following we:**
 - Surveyed 9 practice managers from local GP surgeries.

Findings

Findings from the d/Deaf community

The respondents

A total of 57 people completed our survey and we spoke with 9 people at a deafened support group. All individuals were Deaf or had lost their hearing during their lifetime. We use the term Deaf to represent those individuals who are deaf from birth, deaf for those who are hearing impaired or who have lost their hearing throughout their life, and d/Deaf to represent both groups.

The majority didn't consider themselves to be a carer (67%). Most respondents were over 65 years old.

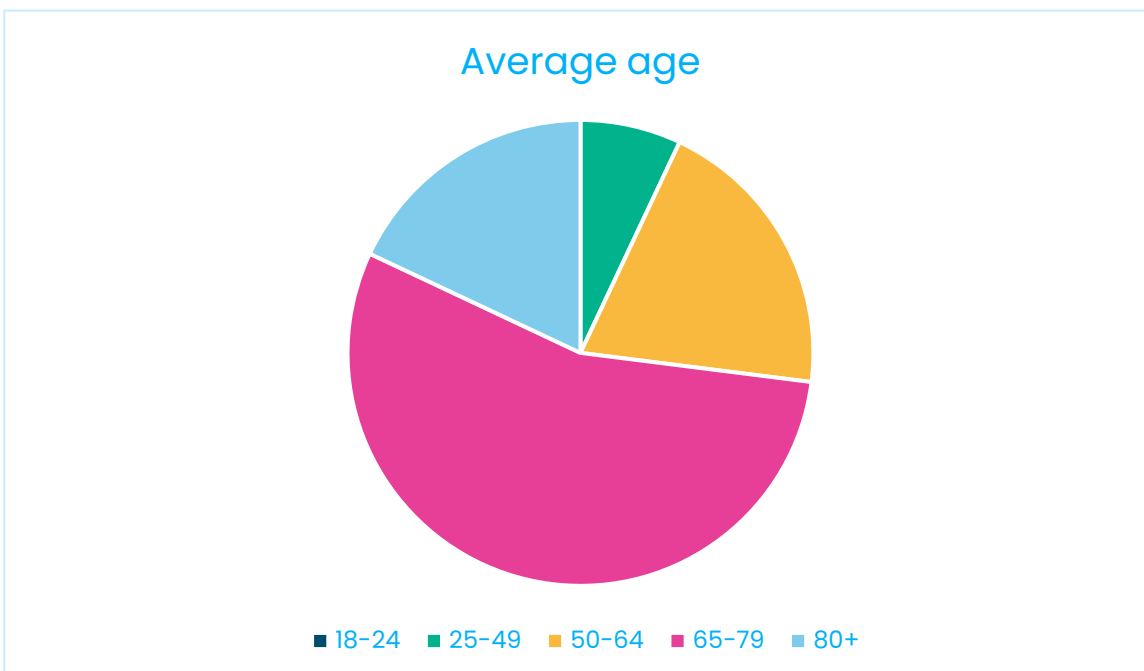


Figure 1 shows the age range of people who completed the survey.

Making an appointment with the GP

The majority of people (49%) made an appointment over the telephone, in line with the GP booking procedure. However, nearly half of these people had someone telephone on their behalf due to communication difficulties. Unfortunately, 67% of people experienced obstacles when making a GP appointment. The main issues reported were because individuals were told to telephone, and they were unable to hear. There were still barriers experienced when a family member or friend tried to call on their behalf. Difficulties with mask-wearing, physical screens at reception desks, and talking too fast or not clearly were all issues mentioned when trying to make an appointment.



“I have difficulties hearing responses when asking for appointments and have missed appointments because I have mis-heard”.

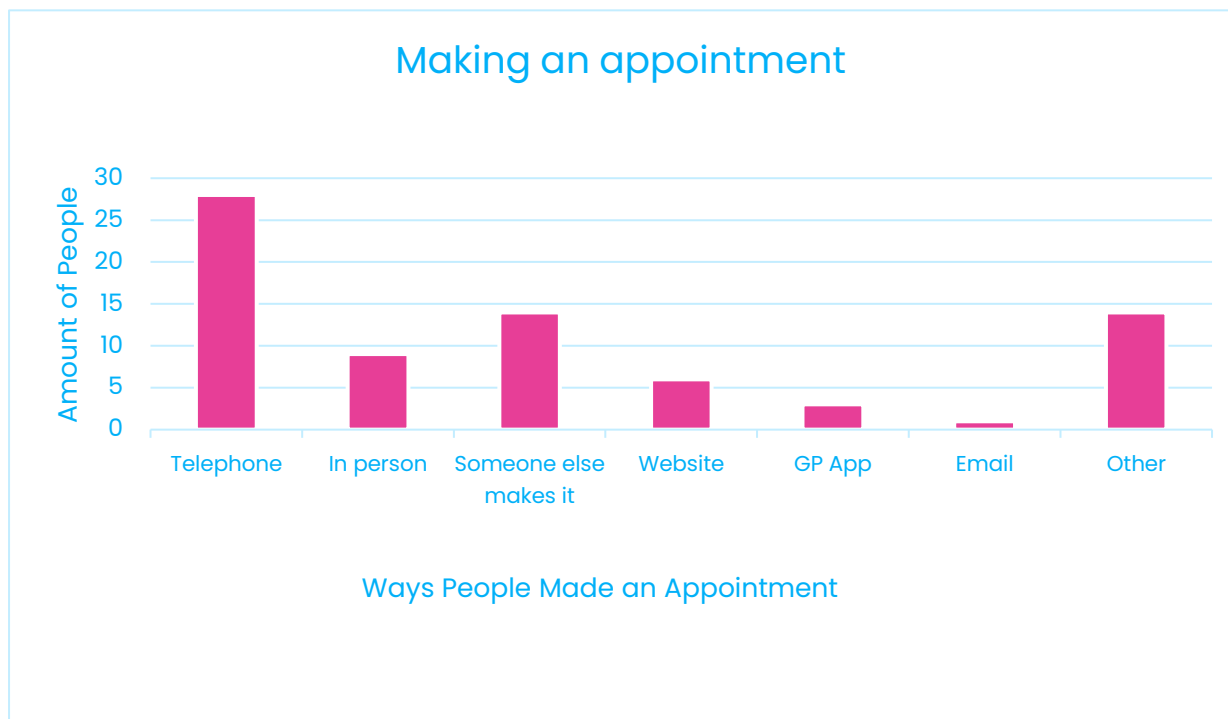


Figure 2 shows the ways the d/Deaf community makes an appointment with the GP



“Due to being deaf, being told to ring up to make appointments isn’t helpful”



Checking in for your appointment

When arriving at the GP practice to check in for the appointment, the majority of people who completed the survey didn't experience any difficulties. There is still room for improvement, many people still had to inform the receptionist they were d/Deaf when they arrived. Receptionists are often looking at a computer screen and not the individual for those who rely on lip-reading this is a huge barrier. Many individuals had to remind reception staff at every visit they were d/Deaf to ensure staff wouldn't call their name out for the appointment.

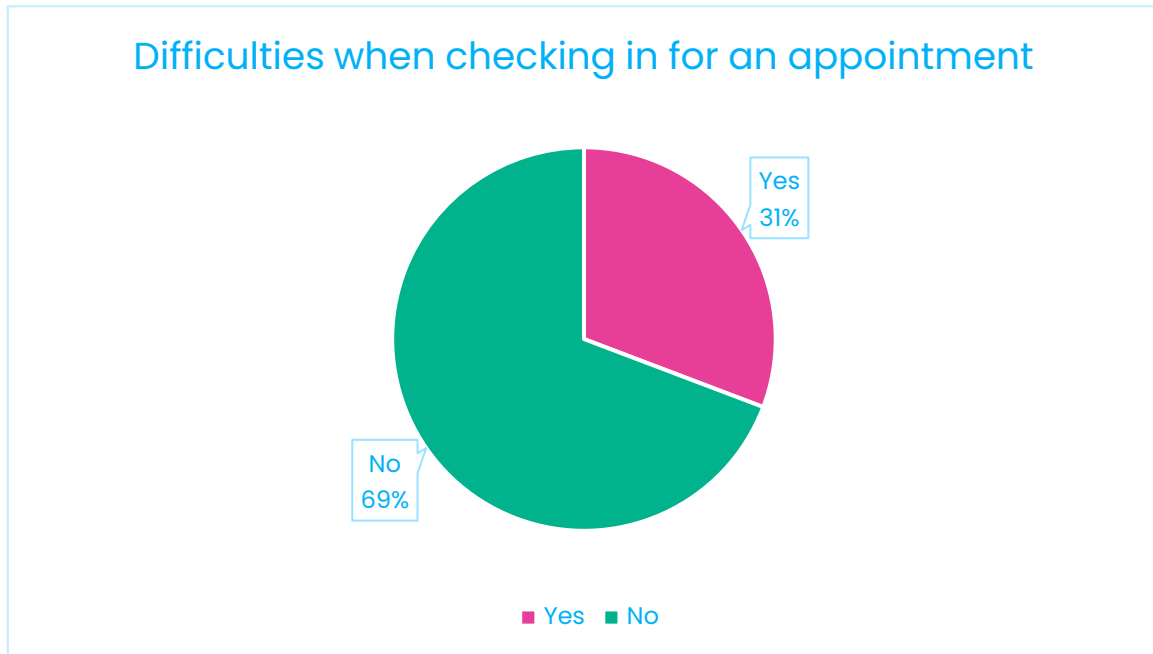


Figure 3 shows the percentage of people who experienced difficulties checking in at the reception desk.




“It helps when [the] practice knows your problems and mostly try to help with things”.



In the waiting room

Just under half (42%) of the people who completed the survey didn't experience any problems in the waiting room. Most found their name being called on a screen in the waiting room detailing the room they were to use was helpful. Of those that did experience difficulties (56%), these were mainly due to staff at the surgery calling patients' names when it was their turn to be seen (54%). Although some people liked the display screen, others mentioned the screen was not working or displayed the information too quickly (29%). People had to make sure they were positioned where they could see the display screen as they wouldn't be prompted to check by a beep or other noise. This could be stressful and anxiety-inducing as people worried they might miss their name being displayed.



80%
of patients
experienced
difficulties
understanding
the GP or
health
professional.

When seeing the GP or other health care professional

When we asked people if they found it easy to understand what the GP or other health care professionals told them, 79% said they experienced difficulties either all the time or sometimes. The most common issue raised was GPs or health care professionals not looking at the individual patient, wearing face masks, or looking at a computer whilst talking. For those who lip-read this is frustrating.

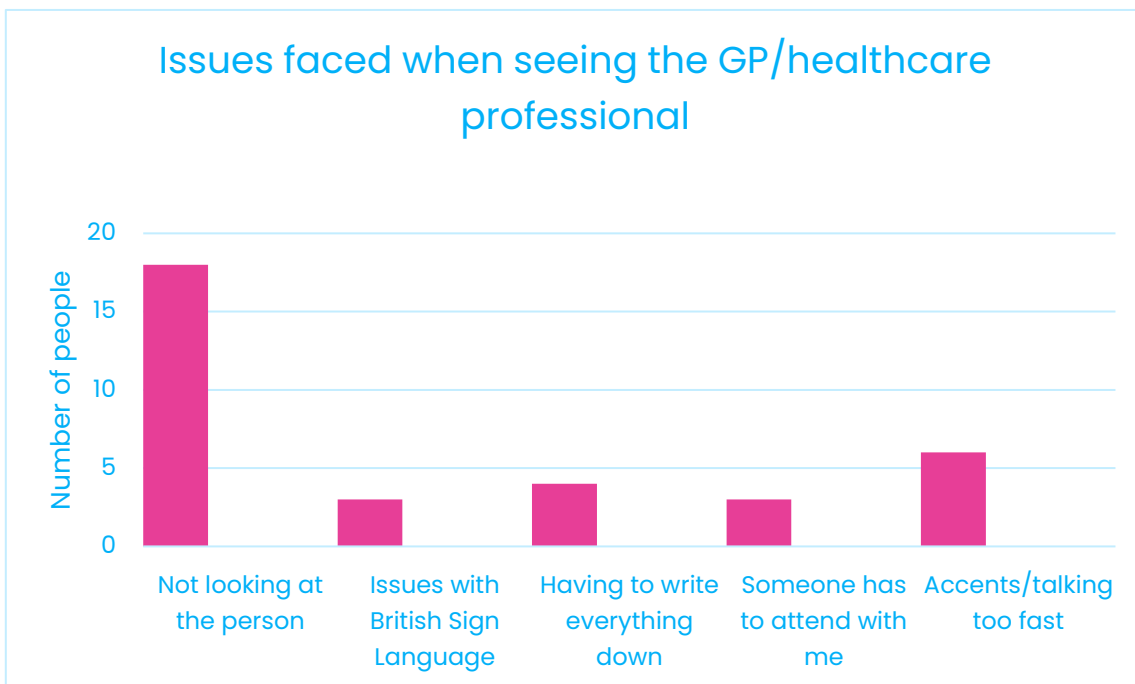


Figure 4 shows the issues faced when seeing the GP or health professional



“Until the practice upgrades my records they refuse to speak to my wife or daughter”.



Does your GP practice do anything to make it easier to access their services?

When we asked if the GP practice has anything in place to help make accessing the surgery easier 40% said yes. A British Sign Language interpreter was booked ready for the appointment was one theme that helped individuals. The use of technology was a common theme that helped individuals such as text messages and emails or websites, however, some people wished they could do more online, for instance, book appointments. The display screen in waiting rooms was found to be useful for some people when it worked.

“[I] found [I] missed calls from GP/staff at GP services as I never heard [the] calls”.

“I have asked that they mark my records with “hearing Impaired” but it does not seem to make a lot of difference”.



“I think doctors and nurses should have a better understanding of deaf people's disabilities, the stress and anxiety we suffer shouldn't be ignored”

“GP's to be aware of my hearing loss and use simple yes/no questions or use wipeboard/written questions. Relying solely on hearing is debilitating and embarrassing”.

“After years of lip-reading and misunderstanding results, getting misunderstood is very upsetting, would like notes to be made to provide better communication and stop saying phone up for results. Unable to do that if got no one to help”

What would make it easier for you to access the services offered by the GP practice?

The majority of people would like to have their records marked to say they were d/Deaf so they weren't having to remind every member of staff, each time they came to the surgery. Also, for the surgery to remember to book a British Sign Language interpreter or provide an adequate interpreter. A request for face-to-face appointments or for video calls when this is not available, so lip-reading is still possible where this is an option for the individual. This also means the conversation can remain confidential and a family member or friend isn't required to interpret. To not use the triage system where someone calls the patient back; the phone call is often missed and if a family member isn't available to speak on the individual's behalf the call is a waste of time.



“Triage services where Dr or nurse phones you back no good for people with hearing loss”.



Findings from practice managers

We spoke with 9 practice managers from GP surgeries across the county to get an understanding of the policies and procedures they have in place for d/Deaf patients.

How do you identify d/Deaf patients?

7 out of 9 practices told us they have a code or an alert on the patient's records to identify their particular communication needs. One practice mentioned that because it is a small surgery the staff know which patients need different methods of communication.

Do any staff undertake hearing loss awareness training?

The majority currently do not undertake regular hearing loss training (67%) but would like to have information about organisations that can offer training.

Do you offer people with hearing loss accessible methods of communication?

90% told us they did offer alternative forms, however, the practice manager who replied 'no' went on to confirm they used text messages, resulting in all surgeries offering an accessible method.

How does a person with hearing loss make an appointment?

Most people still make appointments face to face, either themselves or with a family member, friend, or carer to assist. Other options included eConsult, Relay UK and emails.

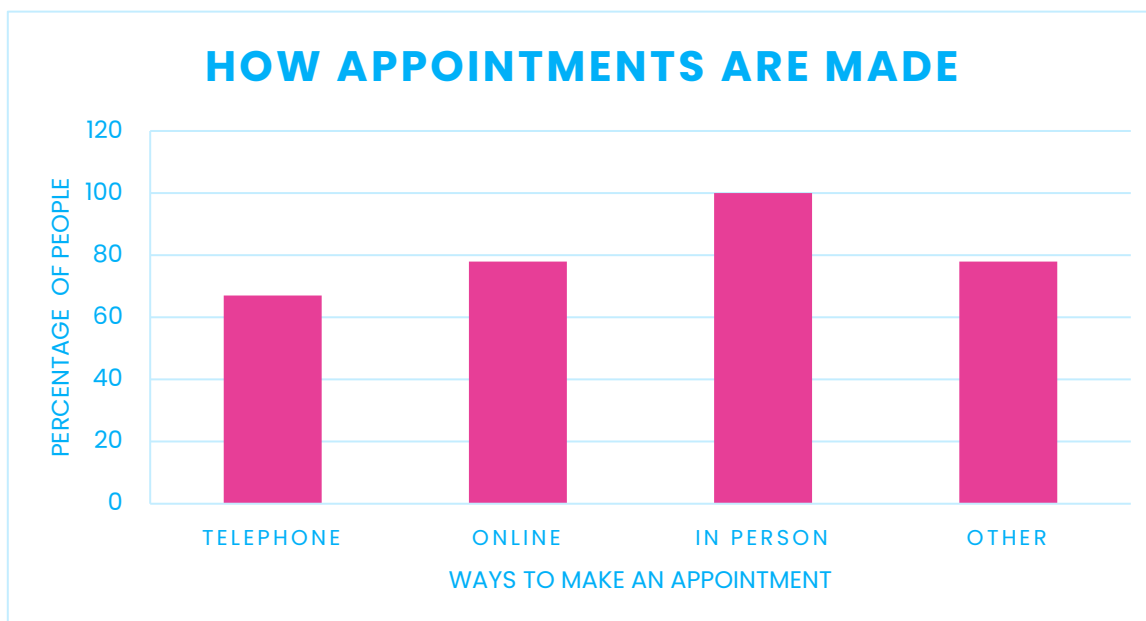


Figure 5 showing the different options available to make appointments (multiple options could be selected)

“Staff are patient when I explain I have a hearing problem and remove masks so that I can lipread”.



When a person with hearing loss visits the practice how do you communicate with them?

At reception	
Hearing loop	Writing down
Private room	Talk slower for lip-reading
Talk slower and louder for hard of hearing	Interpreter

In the waiting room	
Verbally	Writing down
Hearing loop	Display which shows name and room
Confidential corner	Interpreter
As required by the assessment	

With a GP or health practitioner	
Verbally	Writing down
Interpreter face-to-face or video call	A longer appointment is made
Virtually	As required by the assessment

Do you offer to make an appointment with a British Sign Language Interpreter?

90% said they offered to make an appointment, but the one surgery that said they didn't, commented that they could if one was requested. None of the practice managers were aware if the interpreters they booked met the needs of the patients. There was also variation as to how easy it was to organise. Requesting telephone or virtual interpreters had a much shorter notice period, with some able to book the same day. Face-to-face interpreter sessions could take anything from one to two weeks' notice.

Do you have any special technology to assist the person with hearing loss?

All practice managers except one, mentioned their surgery used a hearing loop at reception. One surgery uses the Accurx messaging service.

Conclusion

This report shows that unfortunately, the majority of people felt their GP surgery wasn't assisting in communicating with them equally. They had to remind staff when they arrived, they were d/Deaf. Reception staff often sit behind a screen, talk fast and don't look at the individual. In the waiting room, it can be distressing to constantly be alert wondering if they will be called or their name will appear on the screen and what if it appears too quickly and they miss it. The GP or healthcare professionals often talk quickly or with an accent, again, not looking at the individual. If someone accompanies the individual personal health concerns are being shared with the additional person – this is often a family member and could be their child.

The perspective of the practice managers is they are offering an accessible service to the d/Deaf community and aren't aware of any issues. This highlights the importance of this report as patients are telling us of the difficulties they have when accessing GP practices. We spoke with one GP surgery who stood out in ensuring they were as accessible as possible; they attach a protocol to the patient's record with any reasonable adjustments to their communication needs. They ensure this is flagged as a high priority so any staff accessing the patient's record can see it. Carer details are also added, and the consent is saved in the patient's record to prevent any delays due to consent seeking. This ensures the practice is fully aware of the patient's communication needs and the particular steps to be taken before contact is made with the patient. They offer face-to-face appointments and ensure the hearing loop is fitted for when

the patient arrives. The GP surgery knows to use SMS or emails to contact the patient and not the telephone. They have a contract with an interpreter service which gives them 24/7 access. They also ensure their staff have annual training.

The Accessible Information Standard isn't a recommendation - it is the law. Patients have a right to receive information and communication in a format that works for them. Although practice managers believe they are meeting these standards, for their patients there are still discrepancies that can be easily rectified with the following recommendations:

Recommendations and /or Next steps

- Deaf awareness training for all GP surgery staff.
- Investment in basic sign language training.
- More text/email/video calls to be available to communicate with d/Deaf patients.
- A note on all d/Deaf patients' records outlining their preferred communication methods and all staff to know how to access this information.
- Interpreters booked and confirmed with the patient when necessary.
- A pager system that lights up or vibrates.
- Speech-to-text app.
- Individualised preferences for communication are key to each individual patient.

Deaf awareness training



Deaf awareness training can give an overview of deaf culture and raise awareness of the challenges faced by d/Deaf patients. Depending on the course basic British Sign Language words might be taught or help to improve skills to communicate with d/Deaf individuals. Alongside deaf awareness training is accredited communication tactics training which seeks to meet the accessible information standard requirements.

Using patient records



A flag or marker on patients' records to advise staff of the communication preferences of the individual. This will prevent patients from having to remind staff at every appointment, which they have told us is frustrating. By law, services must make sure patients' communication needs are clearly visible throughout patient records.

Improve communication



Staff to be aware of their speech and language used, especially around accents and local dialect. Be mindful of communication preferences and people's levels of literacy. Simple changes can make a big difference for the d/Deaf community, such as facing individuals when talking so those that rely on lip-read and non-verbal communication can do so. Services should consider the policies on removing face masks or changing PPE to clear facial visors when talking with a d/Deaf individual. Ensure plain English is used and keep jargon and abbreviations to a minimum. Where they must be used, ensure the patient has understood.

Utilise technology



Using text or emails to communicate with d/Deaf patients is a very quick and simple way to meet their needs as opposed to the telephone. Using apps such as speech-to-text to prevent having to shout for an individual to hear or Relay UK makes communicating accessible. Use video calls where face-to-face appointments aren't available. Ensure display screens are working to let patients know when they are being called to see the GP or health care professional or use a pager system that lights up or vibrates when it is time for the patient to be seen. This would reduce the anxiety the display screens can cause when patients worry they have missed their names. Ensure where a hearing loop is available it is switched on.

Book British Sign Language interpreter



If required by the patient, ensure an appropriate communication professional such as sign language interpreter, lipspeaker or deafblind interpreter is booked and confirmed. It is not reasonable or appropriate to expect family members to communicate on behalf of a d/Deaf patient, therefore practices should inform patients how to request an interpreter. Additional time should be made available for the appointment. It is the responsibility of the practice to ensure the interpreter is fully qualified and where possible registered with the National Registers of Communication Professionals working with Deaf and Deafblind people (NRCPPD) this ensures they follow a code of conduct, and hold an enhanced disclosure from the Disclosure and Barring Service.

Individual preferences



It is vital that each individual's communication preferences are recorded and respected. Not everyone will want to use technology to communicate, not everyone will require an interpreter to be booked. Most importantly it is about asking the questions about what the individual's communication preferences are and ensuring they are noted for future use.

Next steps

- Healthwatch County Durham will share this report with statutory services and partners across the county to raise awareness of the challenges faced by the d/Deaf community. We will follow up this report in 12 months to see the improvements made.
- Please see appendix 1 for details of deaf awareness and communication training and further advice and support organisations.
- Share Accessible information (your rights) information.

Acknowledgements

A huge thank you to everyone who spared the time to talk to us, complete a survey and offered advice. Thank you to Durham Deafened Support, Deaf Empowering Network and Emmanuel Chan for supporting the engagement work and taking time out of their schedules to offer advice and assistance.

Thank you to the following GP Practices for providing information:

- Cheveley Park Medical Centre
- Great Lumley Surgery
- Lanchester Medical Centre
- Middle Chare Medical Group
- North House Surgery
- Old Forge Surgery
- Pinfold Medical Practice
- The Haven Surgery
- The Medical Group

Appendix

Appendix 1:

These are some support organisations we have come across in our research. We are providing details for information only, and there may be other organisations who could meet your needs.

Organisations for deaf awareness and communication training.

Signature

An awarding body for deaf communication and language qualifications in the UK. All qualifications are accredited by The Office of Qualifications and Examinations Regulation (Ofqual) who regulates qualifications, examinations and assessments in England.

[British Sign Language \(BSL\) awarding body: Signature](#)

Deaf Empowering Network

Deaf Empowering Network (DEN) provides bespoke Deaf Awareness / BSL Taster Sessions and Training which give a good overview of Deaf Culture, Deaf Awareness, and includes some basic BSL and finger spelling. The sessions also include teaching staff useful key words which are relevant to their profession. Our training is CPD accredited and is delivered by a profoundly deaf teacher who is accompanied by an interpreter. Training can be delivered face to face at your premises or via Zoom to a maximum group size of 20.

[Home - Deaf Empowering Network](#)

Organisations to aid communication

Live Transcribe App available on Apple and Android

Lipspeaker UK [Lipspeaker UK - Communication services for deaf & hard of hearing people](#)

Language Empire [Language Empire | Empire Group UK \(language-empire.co.uk\)](#)

Organisations for support

Durham Deafened Support (DDS)

DDS provide services where they are needed most, with small informal lip-reading / support groups, individual support, Dealing with Deafness weeks and various other activities held throughout County Durham and Darlington. They are attended by people who have been referred to them by GPs, Social Care and Health, Hearing Therapists or who have contacted directly. We provide a holistic approach to hearing loss and advocate looking after the body as a whole not just the ears and provide activities such as Yoga.

[Durham Deafened Support | Home \(ddsupport.org.uk\)](#)

RNID

Support Deaf people and those with hearing loss or tinnitus to make life fully inclusive by providing the following services: information about hearing loss, signposting to local support services, information about assistive technology, employment support, benefits advice and communication support.

[Hearing loss - RNID](#)

Signhealth

Work to improve the health and wellbeing of Deaf people. Sign Health provide psychological therapy, domestic abuse support and provide an advocacy service to ensure that Deaf people get fair treatment and services.

[The Deaf health charity - SignHealth](#)

North East Mental Health and Deafness Service

The North East Mental Health Deafness service is for deaf and deafblind people aged 18 years or older who mainly use British Sign Language to communicate and who have mental health problems. They work with the community mental health team in your local area.

[North East Mental Health and Deafness Service, for adults and older people in County Durham, Darlington and Teesside - Tees Esk and Wear Valley NHS Foundation Trust \(tewv.nhs.uk\)](#)

The Adult Sensory Support Team

The team have social workers with special communication skills to work with deaf, deafened and hard of hearing people and their families. They provide information and services to help people live as independently as possible.

[The Adult Sensory Support Team - Durham County Council](#)

Appendix 2:

GP Access Survey for people with Hearing Loss

Healthwatch County Durham is an independent organisation. We aim to help people get the best out of their local health and care services, whether it's improving them today or helping to shape them for tomorrow. Everything we say and do is informed by our what local people tell us.

We would like to understand more about the experiences of people with hearing loss when contacting or visiting their GP practice. We want to hear about your experiences, good and bad. We will share what you tell us with the people who provide the service so that they can make improvements. Please note, your answers will be anonymised. We would be grateful if you could answer the following questions:

1. **Would you describe yourself as having hearing loss or d/Deaf?**
 - Yes
 - No

2. **Name of GP Practice - this information will help us identify practices that offer a positive experience for people with hearing loss, but will not identify you.**

Making your appointment

3. **How do you make an appointment at your GP practice? Please circle all that apply:**

- Telephone
- Website
- Email /
- GP practice app
- In person
- Someone makes the appointment for me
- Other (if other, please tell us how)

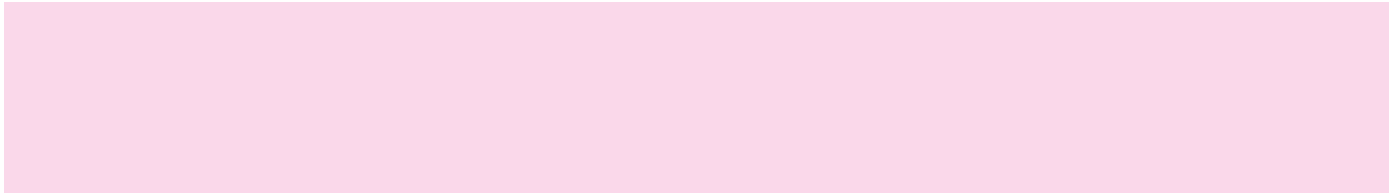
4. **Have you ever experienced any difficulties when making an appointment to see your GP?**
 - Yes
 - No

If 'Yes' please tell us what those difficulties are:

Attending your appointment

5. **Have you ever experienced any difficulties when checking in for your appointment?**
 - Yes
 - No

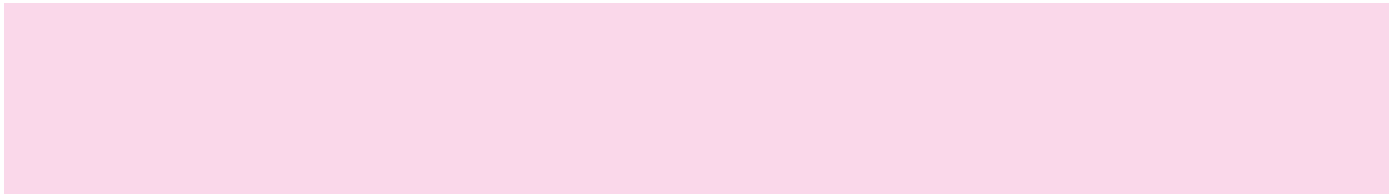
If 'Yes' please tell us what those difficulties are:



6. Thinking of your time in the waiting room, have you ever experienced any difficulties in knowing when your doctor / health care professional is ready to see you?

- Yes
- No

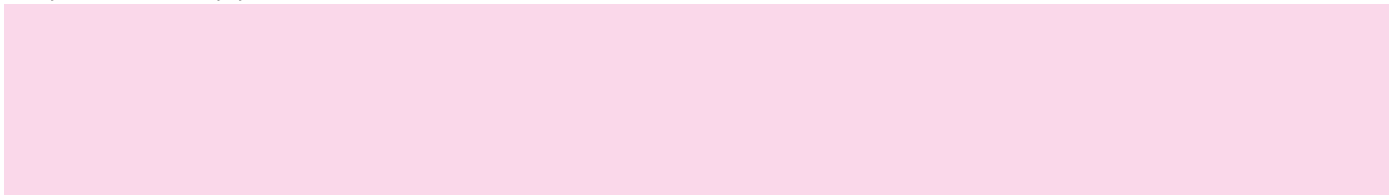
If 'Yes' please tell us what those difficulties are:



7. When you see your GP or other health care professional is it easy to understand what they are telling you?

- Yes
- Sometimes
- No

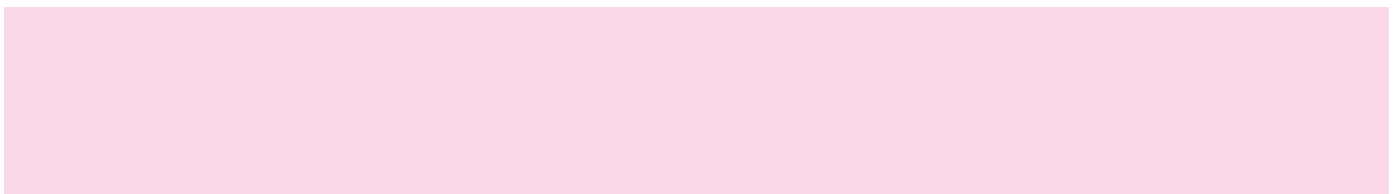
Can you tell us why you chose that answer:



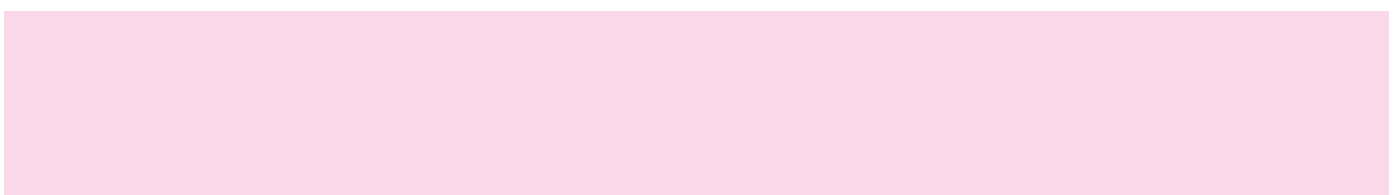
8. Does your GP practice do anything to make it easier for you to access their services?

- Yes
- No

If 'Yes' please tell us what they do:



9. What would make it easier for you to access the services offered by your GP practice?



10. If there is anything else you would like to tell us about your experience of accessing services at your GP practice please put it in the box below:

Tell us a bit more about you

By telling us more information about yourself, you can help us better understand how people's experiences may differ depending on their personal characteristics. However, if you do not wish to answer these questions you do not have to.

11. What is the first part of your postcode:

12. Can you tell us how old are you? Please circle:

- 18 - 24
- 25 - 49
- 50 - 64
- 65 - 79
- 80+
- Prefer not to say

13. Do you care for someone? Please circle:

- Yes
- No

THANK YOU

Appendix 3:

GP Access Survey

Name of Practice:

Practice Manager:

Access for People with Hearing Loss

How do you identify your patients with hearing loss eg is there a flag on a patient's record?

Do any of your staff undertake hearing loss awareness training?

Yes

No

Who provides the training eg surgery, Primary Care Network?

Do you offer people with hearing loss accessible methods of communication eg email, text messages?

How does a person with hearing loss make an appointment (circle all that apply):

- Telephone
- Online
- In person
- Other

When they visit the practice how do you communicate with them in 3 specific areas:

At the reception desk -

In the waiting room -

With the GP/health practitioner -

Do you offer to make an appt with a BSL interpreter for a person with hearing loss?

Yes

No

If 'Yes' how long does it take to arrange an interpreter:

Do the staff know the current procedure for arranging a BSL interpreter:

Yes

No

Do you know if the interpreter meets the service user's needs?

Yes they do

No they don't

How do you know this?

Do you have any special technology to assist the person with hearing loss?

Yes

No

If 'Yes', what is it called and who provides it eg surgery, Primary Care Network



healthwatch County Durham

Healthwatch County Durham
Whitfield House
St Johns Road
Meadowfield Industrial Estate
Durham
DH7 8XL

www.healthwatch.countydurhamco.uk

t: 0800 304 7039

e: healthwatchcountydurham@pcp.uk.net

 @hwcountydurham

 HealthwatchCountyDurham