



# Sounding out Services



Accessing health and social care for  
those with hearing loss in North  
Lincolnshire

October 2017

# Contents

About us	3
Acknowledgements	3
Executive Summary	3
Background and Introduction	6
Methodology	10
Findings	11
Conclusion	21
Recommendations	22
Next Steps	23
Bibliography	25

## **Disclaimer**

Please note: This report is based upon feedback provided to Healthwatch North Lincolnshire from members of the public and surgery practice managers. The findings are based upon respondents' perceptions, which are not verified for factual accuracy.

# About us

Healthwatch North Lincolnshire (HWNL) is an independent consumer champion created to gather and represent the views of the public on health and social care. HWNL plays a role at both a national and local level, making sure the views of the public and service users are taken into account when reviewing service provision.

# Acknowledgements

HWNL would like to thank the GP surgeries and members of the public who provided feedback. HWNL would like also to thank Gillian Wilson from the North Lincolnshire group Sounds Right for her advice and support during this investigation.

# Executive Summary

This report focuses on the challenges, which deaf, deafened and hard of hearing people face when accessing health and social care in North Lincolnshire and illustrates the opinions of service users. The findings of this report are based upon the results of two surveys; one with service users and one with GP surgeries. The local voluntary organisation, Sounds Right, kindly assisted in the creation of our public survey and helped to promote it within the deaf community.

The survey was promoted as widely as possible and based on the only available estimate of prevalence of hearing loss in North Lincolnshire, we may have achieved a response rate of 0.05%. (Action on Hearing Loss<sup>1</sup>). This response provides some insight into the experiences of some of those with hearing loss in our local community. For the survey to the GP practices the response rate was 66.67%.

---

<sup>1</sup>[https://www.actiononhearingloss.org.uk/~/\\_media/Documents/Policy%20research%20and%20influencing/Research/Hearing%20matters/2019%20projected%20prevalence%20of%20hearing%20loss%20for%20each%20CCG%20area.ashx](https://www.actiononhearingloss.org.uk/~/_media/Documents/Policy%20research%20and%20influencing/Research/Hearing%20matters/2019%20projected%20prevalence%20of%20hearing%20loss%20for%20each%20CCG%20area.ashx)

**The key findings were as follows:**

- A proportion service users said they did not receive appointment information in their preferred format.
- There are a small number of instances where respondents had problems with missed or delayed appointments due to not hearing their names being called in waiting areas.
- Eight GP practices said that they had visual indicators in their waiting areas. However, six do not have systems that flag up whether a patient has hearing loss.
- The majority of service users attended appointments on their own.
- Those who had requested communication support in the last 12 months highlighted a lack of consistency in giving people choices of male or female interpreters. Consistency problems were also found regarding staff awareness of procedures and the Accessible Information Standard.
- 10 practices did not know whether the Interpreters, Notetakers and Lipspeakers used were registered with the National Register of Communication Professionals Working With Deaf and Deafblind People (NRCPD)
- Half of the surgeries who responded did not have an agreed procedure for addressing the needs of those with hearing loss.
- Two patients gave examples of poor deaf awareness by professionals.
- None of the 14 surgeries who responded said that their staff were trained in British Sign Language.
- Four surgeries provided deaf awareness training to their staff but nine did not.

**Based on the survey findings, Healthwatch North Lincolnshire has made the following recommendations:**

1. All health and social care service providers in North Lincolnshire should consult with their hearing impaired clients to ensure that they have up to date information regarding preferred format and communication details.

2. GP practices that do not have visual indicators in their waiting areas should consider installing these as part of any refurbishment to help inform those with hearing loss about their appointment.
3. GP practices who do not have systems, to flag up whether patients have hearing loss, should ensure systems are in place to identify these patients' needs when they attend.
4. Managers of GP practices, dentists and SGH should ensure that their staff understand the Accessible Information Standard and that services meet the requirements.
5. As part of their standard disability and equalities training, GP practices should ensure deaf awareness training for all frontline staff is included in this provision.
6. Whenever possible a choice of male or female interpreter should be offered, ensuring this is suitable to treatment provided.
7. All health and social care service providers in North Lincolnshire to ensure that they give those with hearing loss the opportunity to feedback on the communication help they have received. This should be in their preferred communication format.
8. Feedback from the GP survey suggests that not all Practices are aware of the communications support that has been commissioned. North Lincolnshire CCG to ensure that all providers who can access this commissioned support are informed and updated of this service.

# Background and Introduction

Feedback received from the North Lincolnshire charity Sounds Right suggested that people attending outpatient appointments were often seen without interpreters. When interpreters had been provided they were sometimes unsuitable, for example a male interpreter accompanying a female patient to an appointment at gynaecology.

Generally hearing loss can be broken down into four types: mild, moderate, severe or profound and is dependent upon the amount of decibels (dB) a person can hear, for example, mild is considered to be between “25 - 39 dB” (Action on Hearing Loss<sup>2</sup>).

2019 population projections estimate that the North Lincolnshire CCG area will have a population of approximately 173,955 with 20% having hearing loss of at least 25 dBHL (Action on Hearing Loss<sup>3</sup>). This equates to 3471 people.

Deaf, Deafened and Hard of Hearing are also terms which people use to describe types of hearing loss. deaf, with a small d, reflects a high level of hearing loss whilst Deaf refers to those who have experienced hearing loss before learning to speak (SignHealth<sup>4</sup>). Deafened is commonly used to reflect swift hearing loss that has occurred during adulthood (British Deaf Association<sup>5</sup>).

Those who are Hard of Hearing, can have mild, moderate or severe hearing loss (Action on Hearing Loss<sup>6</sup>) and may use hearing aids (hear-it<sup>7</sup>), whereas those who have profound deafness generally use sign language or lip-reading (Ibid).

---

<sup>2</sup> <https://www.actiononhearingloss.org.uk/your-hearing/about-deafness-and-hearing-loss/glossary/levels-of-hearing-loss.aspx>

<sup>3</sup> [https://www.actiononhearingloss.org.uk/~/\\_media/Documents/Policy%20research%20and%20influencing/Research/Hearing%20matters/2019%20projected%20prevalence%20of%20hearing%20loss%20for%20each%20CCG%20area.ashx](https://www.actiononhearingloss.org.uk/~/_media/Documents/Policy%20research%20and%20influencing/Research/Hearing%20matters/2019%20projected%20prevalence%20of%20hearing%20loss%20for%20each%20CCG%20area.ashx)

<sup>4</sup> <http://www.signhealth.org.uk/about-deafness/deaf-or-deaf/>

<sup>5</sup> [https://www.derbyshire.gov.uk/images/BDA%20Factsheet%20-%20Definitions%20of%20hearing%20impairments\\_tcm44-252480.pdf](https://www.derbyshire.gov.uk/images/BDA%20Factsheet%20-%20Definitions%20of%20hearing%20impairments_tcm44-252480.pdf)

<sup>6</sup> <https://www.actiononhearingloss.org.uk/your-hearing/about-deafness-and-hearing-loss/deafness/describing-deafness.aspx>

<sup>7</sup> <http://www.hear-it.org/Defining-hearing-loss>

Action on Hearing Loss use the term 'hearing loss' in a general way to cover any impairment in hearing, from mild hearing loss to profound deafness (Action on Hearing Loss<sup>8</sup>). The term has been used, to mean the same, throughout this report.

## *Meeting standards*

Under the Equality Act 2010 service providers must make “...reasonable adjustments...” (legislation.gov.uk<sup>9</sup>) for those who have a disability, and cover any costs incurred as a result (Ibid). This ensures that disabled people are not put at a “...substantial disadvantage...” (Ibid). This might occur through: physical objects/barriers, service delivery and in instances where auxiliary aids are not provided for disabled people who require them (Ibid).

Adjustments for those with hearing loss may include hearing loops or the provision of interpreters (Action on Hearing Loss, p3<sup>10</sup>). In order to discover whether local GP practices have made the necessary adjustments, questions on the GP survey included the facilities available for those with hearing loss.

The Equality Act also ensures that relevant bodies adhere to the public sector equality duty; this includes: removing conduct banned through the Act such as discrimination and giving those who have a protected characteristic the same opportunities as others. (Equality and Human Rights Commission, 2017<sup>11</sup>)

Organisations covered by the public sector equality duty include: GP surgeries (Age UK, 2016<sup>12</sup>), the “NHS bodies” (Ibid) and local authorities (Citizens Advice<sup>13</sup>).

---

<sup>8</sup> <https://www.actiononhearingloss.org.uk/your-hearing/about-deafness-and-hearing-loss/glossary/g-to-i.aspx>

<sup>9</sup> <http://www.legislation.gov.uk/ukpga/2010/15/section/20>

<sup>10</sup> [https://www.actiononhearingloss.org.uk/~/\\_media/Files/Factsheets/Your%20rights/pdf/The%20Equality%20Act%202010\\_a%20summary%20guide%20Feb%202015.ashx](https://www.actiononhearingloss.org.uk/~/_media/Files/Factsheets/Your%20rights/pdf/The%20Equality%20Act%202010_a%20summary%20guide%20Feb%202015.ashx)

<sup>11</sup> <https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty>

<sup>12</sup> [http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/FS79\\_The\\_Equality\\_Act\\_2010\\_the\\_public\\_sector\\_equality\\_duty\\_fcs.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/FS79_The_Equality_Act_2010_the_public_sector_equality_duty_fcs.pdf?dtrk=true)

<sup>13</sup> <https://www.citizensadvice.org.uk/law-and-courts/discrimination/public-sector-equality-duty/who-must-comply-with-the-public-sector-equality-duty/>

The Accessible Information Standard must also be adhered to by “...all organisations that provide NHS care or adult social care...” (NHS England<sup>14</sup>). The NHS has produced guidance (NHS England, Patients and Information, 2015<sup>15</sup>) which highlights the five areas which should be followed as part of the Accessible Information Standard:

1. **“Ask:** identify / find out if an individual has any communication / information needs relating to a disability or sensory loss and if so what they are.
2. **Record:** record those needs in a clear, unambiguous and standardised way in electronic and / or paper based record / administrative systems / documents.
3. **Alert / flag / highlight:** ensure that recorded needs are ‘highly visible’ whenever the individual’s record is accessed, and prompt for action.
4. **Share:** include information about individuals’ information / communication needs as part of existing data sharing processes (and in line with existing information governance frameworks).
5. **Act:** take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it” (Ibid, p14-15).

The Accessible Information Standard should, therefore, make it easier for people with hearing loss to obtain information and access services.

## *Service user experience nationally*

The “Access all Areas” report produced by Action for Hearing Loss illustrates the views of 607 panel members (Action on Hearing Loss, p4<sup>16</sup>) and focuses on experiences of obtaining healthcare. The report revealed that many patients were contacting their GP surgeries using methods which were not their preferred choice (Ibid, p13).

---

<sup>14</sup> <https://www.england.nhs.uk/ourwork/accessibleinfo/>

<sup>15</sup> <https://www.england.nhs.uk/ourwork/accessibleinfo/>

<sup>16</sup>

[https://www.actiononhearingloss.org.uk/~media/Documents/Policy%20research%20and%20influencing/Research/Access\\_to\\_healthcare\\_survey\\_report\\_web.ashx](https://www.actiononhearingloss.org.uk/~media/Documents/Policy%20research%20and%20influencing/Research/Access_to_healthcare_survey_report_web.ashx),



The report also identified that some patients had delayed obtaining an appointment due to concerns over communication difficulties (Ibid, p26) and that 14% of respondents “...had missed an appointment at their GP surgery because they had missed being called in the waiting room...” (Ibid, p17). The majority of patients also reported that they did not know whether their hearing loss was highlighted on their record (Ibid, p18) and “...over one third (38%) of respondents felt that they may have missed important information when visiting their GP” (Ibid, p20).

Finally, the report identified that some respondents found information from their GP to be unclear and in some cases this related to the diagnosis (Ibid, p20).

The Sign Health report “Sick of it” also highlighted some of the issues raised by those with hearing loss, for example, the study revealed that many deaf people wanted to see their doctor but were deterred because there were no interpreters (SignHealth, p10)<sup>17</sup> and that 45% of sign language users had to physically attend surgeries in order to book appointments (Ibid, p10). The report also illustrated the problem faced when medical professionals verbally call patients in, from waiting areas, for their appointments (Ibid, p10).

The Sign Health report revealed that people with hearing loss were more likely to have high blood pressure and that rates of high blood sugar levels were also greater amongst this group (Ibid, p6). The report also said that “Even when Deaf people have been diagnosed, they are less likely than hearing people to be treated properly or effectively. We found this with high blood pressure, heart disease, diabetes and high cholesterol” (Ibid, p8). The report also stated that “More than half of Deaf people with diabetes had inadequate treatment” (Ibid, p10).

The purpose of HWNL’s surveys were to discover any difficulties faced by North Lincolnshire’s deaf community in accessing health and social care services. The research concentrated on the opinions of members of the public and the feedback received from GP surgeries.

---

<sup>17</sup> <http://signhealth.org.uk/sickofit/index.htm>

# Methodology

Two questionnaires were developed for collecting feedback. The first survey was completed by people with hearing loss and focused on key aspects of service provision including: booking appointments, attending appointments and general communication. This survey ran from 10<sup>th</sup> November 2016 to 31<sup>st</sup> March 2017.

Both online and paper copies of the customer survey were created and key contacts were approached in order to assist with distribution and to ensure that the right audience was targeted. Groups approached included: Sounds Right, Winterton Disabled Club, Scunthorpe Deaf Club and Scunthorpe Sensory, Age UK, Council staff, Carers Support, Brigg Senior Citizens, the Equality and Inclusion Forum and the Community Well-being hubs. Members of the Healthwatch North Lincolnshire Board also helped to distribute.

The second survey, carried out with GP surgeries focused on: patient records, provisions, staff knowledge and patient support. This survey was posted out to GP surgery practice managers on 9<sup>th</sup> November 2016, and a freepost address was provided to maximise the number of responses. However, due to the low number of responses, practice managers who had not replied were then contacted by telephone, where possible, to provide them with a second opportunity to complete the survey. Whilst a few completed the survey over the telephone most requested a link to the online survey. The survey was closed on 31<sup>st</sup> March 2017. In total 14 practices, out of 21 replied, giving a response rate of 66.67%.

# Findings

## About our sample

17 responses to the public survey were received. Of those 8 considered themselves to be Hard of Hearing, 5 as Deafened and 4 as Deaf.

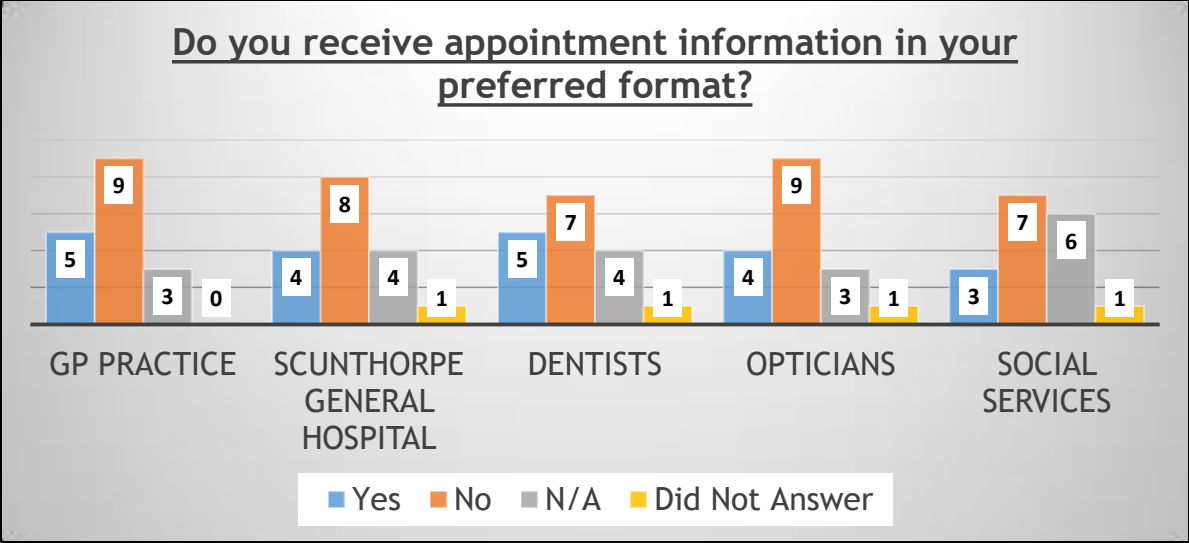
14 responses were received from GP practices across North Lincolnshire. Three of whom said that they did not know how many of their patients were deaf, deafened or hard of hearing. Six practices provided a breakdown on the number of patients falling within each group and five just provided an overall figure. The following table highlights the number of patients with hearing loss across the 11 GP practices that were able to provide figures.

Types of hearing loss	Number of patients
Deaf	244
Deafened	18
Hard of Hearing	1129
Total with hearing loss (where breakdown into deaf, deafened or hard of hearing is unknown)	1651

## What the public said

### Communication preferences

Across all five service areas: GP practices, dentists, SGH, opticians and social services two thirds of respondents said that they do not receive appointment information in their preferred format. This could include information in large print or easy read.



As stated previously, the summary guidance provided by the NHS on the Accessible Information Standard outlines the need to “...identify / find out if an individual has any communication / information needs relating to a disability or sensory loss and if so what they are” (NHS England, 2015, p14<sup>18</sup>) and to “...take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it” (Ibid, p15). The lack of appointment information being provided in the respondents preferred format suggests that this is not always happening.

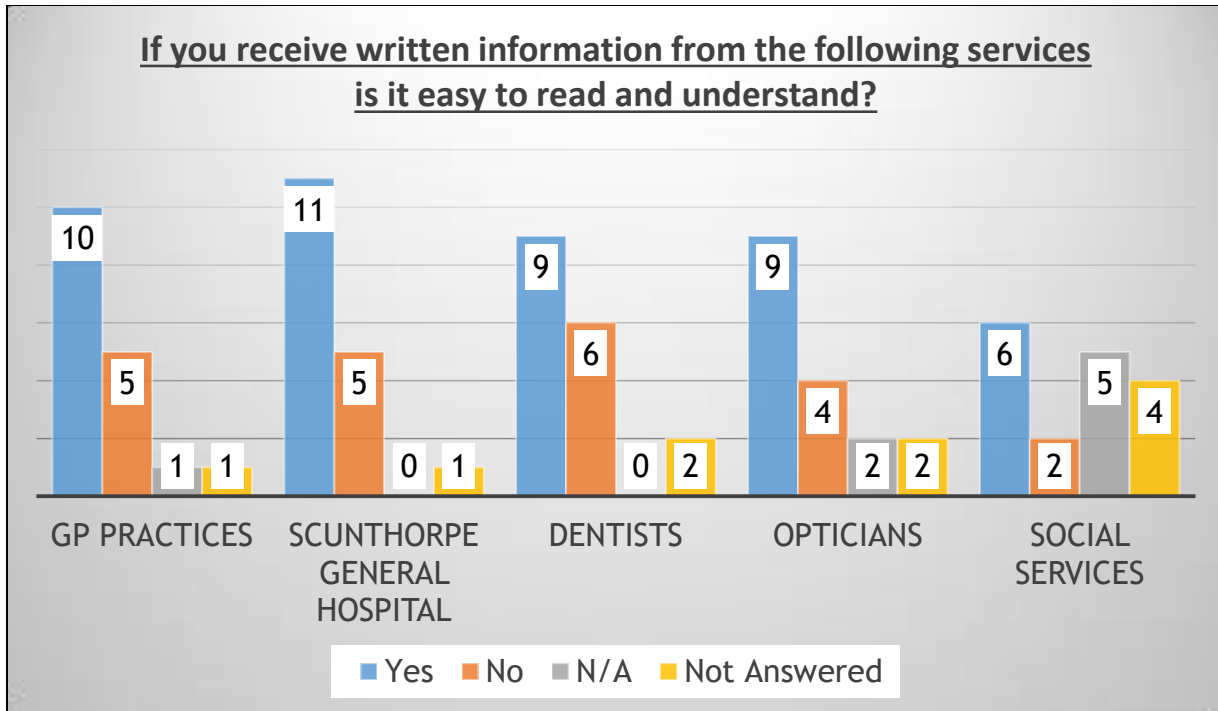
Interestingly 14 service users had not heard of the Accessible Information Standard, compared to just 1 who had. The remaining 2 did not comment. The standard is overseen by NHS England and Commissioners of services must ensure that contracts / frameworks, promote the necessary requirements (NHS Digital<sup>19</sup>).

Despite a high number of respondents not receiving appointment information in their chosen format, most were positive, about the written communication they had and suggested that it was easy to read and understand regardless.

One respondent commented:

***“With support to read, I know it’s important and show my carer”***

<sup>18</sup> <https://www.england.nhs.uk/ourwork/accessibleinfo/>  
<sup>19</sup> <http://www.content.digital.nhs.uk/isce/publication/accessible-information>



Finally, 14 service users said that they had not been asked what their access needs were compared to two who said that they had been asked.

### *Booking appointments*

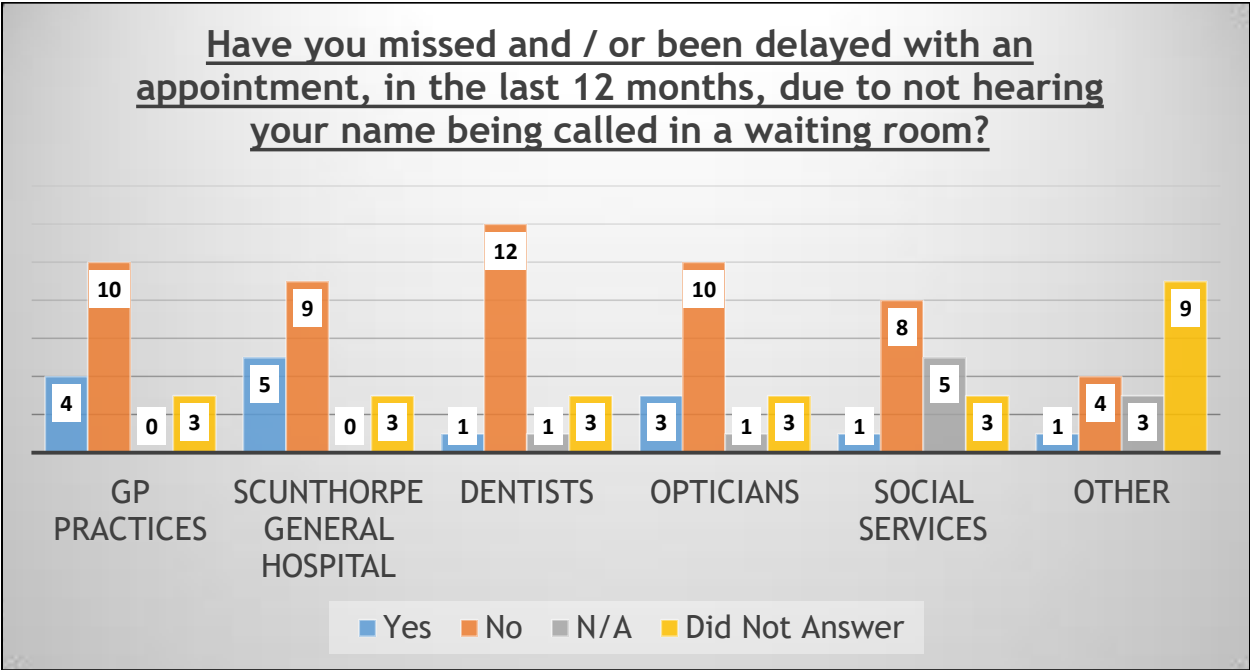
Out of the 14 service users who told us about booking appointments four said they had help from a friend or relative and 4 booked the appointments themselves.

Practices were asked to tell us all of the ways that patients with hearing loss could book appointments at their surgery. The table shows that online and in person were the most common methods available, but does not reveal any methods specifically catering for those with hearing loss.

Booking Method	Number of practices who said that this method was available to patients with hearing loss
Online	13
In Person	13
Text	2
Email	4
Fax	3
3 <sup>rd</sup> Party	1
By Phone	1

*Knowing when it's your turn*

The chart below shows that the majority of public respondents had not missed or experienced delays with an appointment from failing to hear their name being called in a waiting room.



However, for each of the categories above at least one service user had missed or been delayed with their appointments because of not hearing their names being called out.

## *Support during appointments*

6 service users felt listened to during their appointments, compared to 1 who did not.

When asked whether they received any assistance when attending appointments, 12 service users replied. Of those, five said that they attended by themselves, three attended with a friend or relative, three received assistance from a support worker and one had help from a carer.

## *Accessing Support*

Three service users said that they had requested access to communication support for a health care appointment in the last 12 months. Two of those said that they had received the support, the third person made the following comments:

***“I have attended for ongoing treatment at Scunthorpe hospital through the first half of this year on a regular basis. For these appointments I have always request (sic) sign language support this has only been provided for around 25 percent of my appointments. I have frequently not been informed that an Interpreter (sic) has not been booked. There is a really grey area where you are not kept informed about requests for support. Also departments are not sure how to book support for you even when the request is written on your future appointment request form. PALs will provide information when you contact them to request this. I have been advised in the past that limited availability of communication support workers is why one hasn’t been supplied. Different departments seen (sic) to operate in different ways and I don’t feel there is any awareness of the accessibility standard. Since that came into being and prior to that time I have never been asked about my access needs and continually have to make people aware of these”***

This experience suggests a lack of consistency for those with hearing loss attending appointments at SGH. Consistency problems were around obtaining support and staff awareness of procedures and the Accessible Information Standard.

### *Quality of support*

All three respondents who had requested support, were satisfied with the actual assistance once provided. However, one person did comment about a lack of opportunity to feedback their comments:

***“Generally yes but would also like to say that there is no system in place that allows me to give feedback or comment on the support I have received. I feel there should be some follow up system in place that allows for this”***

### *Choice of Interpreter*

Of the three respondents who had requested support, two had been given the option of a male or female interpreter and one had not.

### *Delays in receiving support*

One respondent who had received support, mentioned experiencing delays because of waiting for assistance and another mentioned that they would have been delayed if they had not found / funded the help themselves:

***“rebooked dates about 4-5 weeks”***

***“...I will not delay appointments as the condition I am treated for is fairly serious. When support carnt (sic) be found by PALs I have brought my own support along and have also in some instances paid for this rather than miss an appointment”***

### *Deaf Awareness*

Two patients gave examples of poor deaf awareness:

***“Mainly experience poor levels of awareness and an unwillingness from people to just make small changes to help me understand”***

***“...I have also found that there is a general lack of deaf awareness”***

One suggestion was given as to how awareness might be improved:



***“Deaf awareness training. Better information sharing re access needs and meeting these e.g. update when requesting support for appointments like who is booked etc...”***

Comments were also received around the difficulties faced when health professionals speak too quickly for lip-reading, for example:

***“Not happy with opticians, dentists and GP but no BSL interpreters, but me and my husband not understand. Too fast lipreading!”***

## ***What General Practices said***

### ***Communication preferences***

10 surgeries said that they asked patients with hearing loss, in what format they wished to receive their information, for example, large print or easy read. Four surgeries had not asked this question.

12 surgeries said that they stored details on patients preferred formats on their computer system, two surgeries did not.

11 GP practices said that they asked patients with hearing loss how they would like to be communicated with, for example, by email or text. However, all GP practices said that they stored information on their computer system about patients preferred communication methods.

### ***Knowing when it's your turn***

When surveyed by HWNL eight surgeries said that they had visual indicators in their waiting areas to alert people that it is their turn. Six did not.

Nine GP surgeries said that their system does flag up whether a patient is deaf / deafened / hard of hearing or has other access needs. Four do not have systems that do this and one did not state.

NHS guidance for the Accessible Information Standard advises services to “...ensure that recorded needs are “highly visible” whenever the individual’s record is accessed, and prompt for action” (Ibid, p15).

Some surgeries explained their approach to this:

**“Alert box pops up on clinical system to alert if someone is hard of hearing”**

**“Yes, if a patient has informed us. It's up to the individual whether they choose to tell us or not”**

**“No flag up. But we can put in manage section that a patient has special hearing needs”**

One surgery explained action only took place **“If coded and definitive diagnosis”** was present. It could be argued that if a patient cannot hear then they should receive support with or without a definitive diagnosis.

## *Communication Support*

We asked GP surgeries who they were using for communication support for routine appointments:

- five used AA Global
- one had not needed to use a service yet
- one had their own contacts
- one indicated that they do not use communication support
- one mentioned the use of BSL interpreters
- one used a “PPA Range hearing loop”

For emergency appointments:

- four used AA Global
- one said that as much as possible would be done in an emergency

- one had not needed to use yet
- one said that they do not use
- one used a “PPA Range hearing loop”

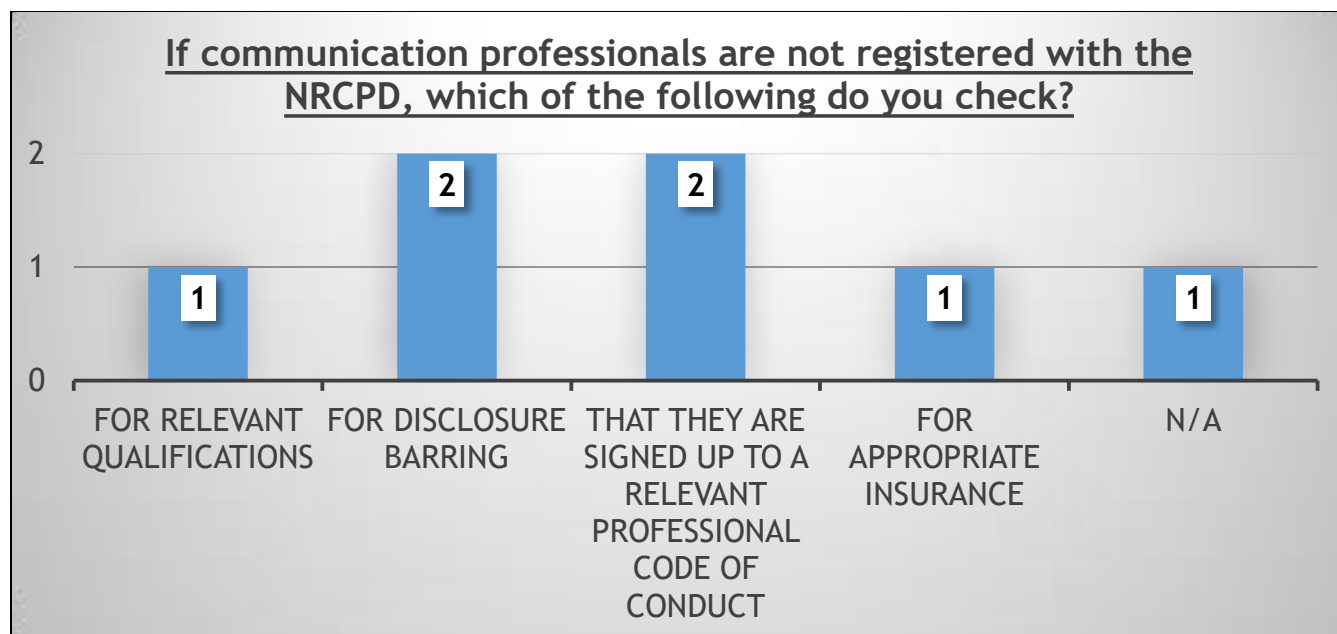
Two practices commented on services:

***“AA global company is used by many of the GP practices in the area and was introduced to us at a practice manager meeting. Deaf awareness training is in house not just specific to deafness but all disabilities.”***

***“The practice would take advice/guidance from the CCG and look who they had contracted.”***

Information received from North Lincolnshire CCG confirmed that they commission AA Global and therefore practices should use this company. However, because some patients have booked BSL interpreters through Deaf Lincs in the past the CCG will continue to fund these (NLCCG, 2015).

Only one practice was able to say that the services they used such as Interpreters, Notetakers and Lipspeakers were registered with the National Register of Communication Professionals working with Deaf and Deafblind people (NRCPD). 10 practices stated that they didn't know and three did not say. The NRCPD regulate professionals but registration is not compulsory.



Four practices commented on the checks they undertook with communication professionals not registered with the NRCPD. The chart above highlights different types of checks and the number of practices who undertake them.

Half of the practices said that they did not have an agreed procedure to address the needs of those with hearing loss. Two of them stated that they preferred instead to consider people’s individual needs.

The surgeries who said that they had an agreed procedure commented on the facilities that would be used; these are shown in the following table.

Facilities	Number of Surgeries
Sign Language Interpreters	1
Hearing Loops	3
Tailored support - depending on individual	2
Other	1

### *Deaf Awareness*

None of the 14 GP practices surveyed indicated that their staff were trained in basic British Sign Language. Two practices commented:

***“...previously looked at local training available for staff, to no avail. This would be something we are interested in”***

***“No specific staff training, however, all staff are aware of our patients with impairment and their preferred communication method. We are a very small practice so we are very aware of individual patient needs”***

Nine practices said that they do not provide deaf awareness training to their staff, whereas four said they did. One respondent did not comment.

## **Conclusion**

Around two thirds of our respondents said they do not receive appointment information in their preferred format. However, the Accessible Information Standard states that organisations affected by the standard should “...take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it” (NHS England, 2015, p15<sup>20</sup>). More work needs to be done, therefore, to ensure responsiveness to patient preference.

Although the majority of service users have not had problems with missed or delayed appointments due to not hearing their names being called, some had. Our GP survey revealed that only eight of responding practices had visual indicators in their waiting areas and six do not have systems that flag up whether a patient has hearing loss.

The Accessible Information Standard suggests “...that recorded needs are “highly visible” whenever the individual’s record is accessed, and prompt for action” (Ibid, p20). Services that do not have systems, which highlights those with hearing loss, need to consider how they can identify those patients.

Our research suggests that delays may be occurring when arranging support to enable appointments to take place.

---

<sup>20</sup> <https://www.england.nhs.uk/ourwork/accessibleinfo/>

The majority of service users attended appointments unaccompanied. However from the information given by those who had requested support in the last 12 months a lack of consistency was highlighted over patients' choice of male or female interpreters. Consistency problems were also found regarding staff awareness of procedures and the Accessible Information Standard. A lack of opportunity for providing feedback on the communication support received was also highlighted.

Half of the surgeries in our research did not have an agreed procedure for addressing the needs of those with hearing loss. However, two practices highlighted the importance of considering patients individual needs.

Some patients felt that staff had poor deaf awareness. Indeed none of the GP surgeries indicated that their staff were trained in basic British Sign Language and nine said that they do not provide deaf awareness training to their staff, with only four stating that they did.

## *Recommendations*

Based on the findings of our survey with patients and GP practices, Healthwatch North Lincolnshire makes the following recommendations:

1. All health and social care service providers in North Lincolnshire should consult with their hearing impaired clients to ensure that they have up to date information regarding preferred format and communication details.
2. GP practices that do not have visual indicators in their waiting areas should consider installing these as part of any refurbishment to help inform those with hearing loss about their appointment.
3. GP practices who do not have systems, to flag up whether patients have hearing loss, should ensure systems are in place to identify these patients' needs when they attend.

4. Managers of GP practices, dentists and SGH should ensure that their staff understand the Accessible Information Standard and that services meet the requirements.
5. As part of their standard disability and equalities training, GP practices should ensure deaf awareness training for all frontline staff is included in this provision.
6. Whenever possible a choice of male or female interpreter should be offered, ensuring this is suitable to treatment provided.
7. All health and social care service providers in North Lincolnshire to ensure that they give those with hearing loss the opportunity to feedback on the communication help they have received. This should be in their preferred communication format.
9. Feedback from the GP survey suggests that not all Practices are aware of the communications support that has been commissioned. North Lincolnshire CCG to ensure that all providers who can access this commissioned support are informed and updated of this service.

## *Next Steps*

Healthwatch North Lincolnshire will ensure that provision of support to those with a hearing impairment is included in the checklists used by Enter and View representatives when they visit care settings as part of our schedule of visits.

**Healthwatch North Lincolnshire will be taking the following steps.**

The report will be distributed to the following:

- North Lincolnshire Clinical Commissioning Group (CCG)
- North Lincolnshire Council (NLC)
- Care Quality Commission (CQC)
- Healthwatch England (HWE)

- NHS England (NHSE)
- Northern Lincolnshire & Goole Hospitals NHS Foundation Trust (NLaG)

Under Healthwatch powers to produce reports and recommendations, services will have 20 working days from receipt to respond. Healthwatch North Lincolnshire will monitor responses to our recommendations and keep members of the public and stakeholders informed of progress and actions to deliver improved services. When published, the report will be made available as a PDF download via the Healthwatch North Lincolnshire website. The report will also be available as a hard copy upon request.

HWNL will follow up progress against these recommendations in 6 months; for example, will follow up with each practice in 6 months' time to ask what methods they have implemented to alert hearing impaired patients of their appointment.

Healthwatch will monitor the ongoing feedback provided by those using services in North Lincolnshire to pick up on issues relating to hearing loss and build into research project plans the consideration of how these specific needs are being met.



# Bibliography

Action on Hearing Loss. (no date) *Access all areas*. Published by Action on Hearing Loss. Available at:

([https://www.actiononhearingloss.org.uk/~media/Documents/Policy%20research%20and%20influencing/Research/Access\\_to\\_healthcare\\_survey\\_report\\_web.ashx](https://www.actiononhearingloss.org.uk/~media/Documents/Policy%20research%20and%20influencing/Research/Access_to_healthcare_survey_report_web.ashx)) [Last accessed 5<sup>th</sup> June 2017]

Action on Hearing Loss. (2016) *The Equality Act 2010 - a summary guide*. Published by Action on Hearing Loss. Available at:

[https://www.actiononhearingloss.org.uk/~media/Files/Factsheets/Your%20rights/pdf/The%20Equality%20Act%202010\\_a%20summary%20guide%20Feb%202015.ashx](https://www.actiononhearingloss.org.uk/~media/Files/Factsheets/Your%20rights/pdf/The%20Equality%20Act%202010_a%20summary%20guide%20Feb%202015.ashx) [Last accessed 5<sup>th</sup> June 2017]

Age UK. (2016) *The Equality Act 2010: the Public Sector Equality Duty*. Published by Age UK. Available at: [http://www.ageuk.org.uk/Documents/EN-](http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/FS79_The_Equality_Act_2010_the_public_sector_equality_duty_fcs.pdf?dtrk=true)

[GB/Factsheets/FS79\\_The\\_Equality\\_Act\\_2010\\_the\\_public\\_sector\\_equality\\_duty\\_fcs.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/FS79_The_Equality_Act_2010_the_public_sector_equality_duty_fcs.pdf?dtrk=true) [Last accessed 5<sup>th</sup> June 2017]

British Deaf Association. (no date) *Factsheet - Definitions*. Published by British Deaf Association. Available at:

[https://www.derbyshire.gov.uk/images/BDA%20Factsheet%20-%20Definitions%20of%20hearing%20impairments\\_tcm44-252480.pdf](https://www.derbyshire.gov.uk/images/BDA%20Factsheet%20-%20Definitions%20of%20hearing%20impairments_tcm44-252480.pdf). [Last accessed 12<sup>th</sup> September 2017]

Commissioning Support on Behalf of North Lincolnshire Clinical Commissioning Group (NLCCG). (2015) *Procedure on How to Access Translation and Interpretation Services for GP PRACTICES*. Published by North Lincolnshire Clinical Commissioning Group.

NHS England, Patients and Information. (2015) *Accessible Information: Implementation Guidance*. Published by NHS England. Available at:

<https://www.england.nhs.uk/ourwork/accessibleinfo/> [Last accessed 5<sup>th</sup> June 2017]

SignHealth. (no date) *Sick of It - How the Health Service is Failing Deaf People*.  
Published by SignHealth. Available at: <http://signhealth.org.uk/sickofit/index.html>  
[Last accessed 5th June 2017]

### **Web Pages**

Action on Hearing Loss. (no date) *Deafness*.  
<https://www.actiononhearingloss.org.uk/your-hearing/about-deafness-and-hearing-loss/deafness/describing-deafness.aspx> [Last accessed 5th June 2017]

Action on Hearing Loss. (no date) *Glossary*.  
<https://www.actiononhearingloss.org.uk/your-hearing/about-deafness-and-hearing-loss/glossary/levels-of-hearing-loss.aspx> [Last accessed 5th June 2017]

Action on Hearing Loss. (no date) *Glossary*.  
<https://www.actiononhearingloss.org.uk/your-hearing/about-deafness-and-hearing-loss/glossary/g-to-i.aspx> [Last accessed 5th June 2017]

Action on Hearing Loss. (no date) *Number of people with hearing loss of at least 25dBHL in each CCG area, using 2019 ONS projections*.  
<https://www.actiononhearingloss.org.uk/~ /media/Documents/Policy%20research%20and%20influencing/Research/Hearing%20matters/2019%20projected%20prevalence%20of%20hearing%20loss%20for%20each%20CCG%20area.ashx> [Last accessed 5<sup>th</sup> June 2017]

Citizens Advice. (no date) *What's the public sector equality duty?*  
<https://www.citizensadvice.org.uk/law-and-courts/discrimination/public-sector-equality-duty/what-s-the-public-sector-equality-duty/> [Last accessed 5<sup>th</sup> June 2017]

Citizens Advice. (no date) *Who must comply with the public sector equality duty?*  
<https://www.citizensadvice.org.uk/law-and-courts/discrimination/public-sector-equality-duty/who-must-comply-with-the-public-sector-equality-duty/> [Last accessed 5<sup>th</sup> June 2017]

Equality and Human Rights Commission. (2017) *Public Sector Equality Duty*  
<https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty> [Last accessed 5th June 2017]

Hear-it. (no date) *Definition of hearing loss* <http://www.hear-it.org/Defining-hearing-loss> [Last accessed 5th June 2017]

Legislation.gov.uk. (no date) *Equality Act 2010*  
<http://www.legislation.gov.uk/ukpga/2010/15/section/20> [last accessed 5th June 2017]

NHS Digital. (no date) *DCB1605 Accessible Information*  
<http://www.content.digital.nhs.uk/isce/publication/accessible-information> [Last accessed 18th September 2017]

NHS England. (no date) *Accessible Information Standard*  
<https://www.england.nhs.uk/ourwork/accessibleinfo/> [Last accessed 5<sup>th</sup> June 2017]

NHS England (November 2016) *Accessible Information and Communication Policy*  
<https://www.england.nhs.uk/wp-content/uploads/2016/11/nhse-access-info-comms-policy.pdf> [Last accessed 27th September]

SignHealth. (no date) *What's The Difference... between deaf and Deaf?*  
<http://www.signhealth.org.uk/about-deafness/deaf-or-deaf/> [Last accessed 12<sup>th</sup> September 2017]