Improving British Sign Language Interpreting Services in the NHS in Leeds

Assessment of Equality Impact, Communications and Engagement Report

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Executive Summary

NHS Leeds Clinical Commissioning Group (CCG) is currently reviewing the contract to provide British Sign Language Interpreting Services (BSL) and D/deafblind Communicator Guide services to GP practices in Leeds. This engagement will take into account existing information we have about the needs of D/deaf, hard of hearing and D/deafblind people in Leeds, and check our understanding with them to help us procure a new service in 2020.

Interpreters provide a service for patients, carers and clinicians to help them understand each other when they do not speak the same language. Not being able to communicate well with health professionals can impact on health outcomes, increase the frequency of missed appointments, and compromise the effectiveness of consultations and patient experience.

We wanted to understand people's experiences of using BSL interpreting services in Leeds, what worked well and what people think can be improved. This will help us make sure that the new service meets the needs and preferences of patients, carers and staff. Leeds Teaching Hospital NHS Trust (LTHT) was also reviewing their BSL contract so we worked collaboratively with them on this engagement.

This process of listening to people and understanding their experiences is called an 'engagement'. This engagement will support the development of the new BSL contract for primary care and explore opportunities to work better with our partners when providing citywide BSL services.

We wanted to hear from:
- D/deaf and hard of hearing people, and the D/deaf/blind community
- Anyone who currently uses the BSL interpreting service

We organised an event, individual focus groups and a survey to ask people about their thoughts and experiences of using BSL interpreting services in Leeds. The areas we focused on were mental health, hospital services, GP services and what people thought of the use of technology within interpreting. The survey was shared with our partners, including Voluntary Action Leeds and Healthwatch Leeds, and published on our website with a translated BSL video.

Summary of key findings

Partnership working and developing the BSL Engagement Steering Group was key in ensuring that the engagement was successful. The steering group worked really well together as a team with a shared aim of improving BSL interpreting services across the city. It was a great opportunity to build meaningful relationships with our third sector and provider organisations. An area which was disappointing was engagement with the D/deaf/blind community as we only spoke to a very small number of service users.

It was clear from the engagement feedback, however, that the issues raised in 2014 by the D/deaf community have not improved as the same themes and frustrations have been raised again. Delay in accessing interpreters for regular appointments is an issue as well as family and friends being asked to interpret. Accessing interpreters out of hours is a problem, especially when people are in crisis. There is still a lack of clarity of who is responsible for booking an interpreter and D/deaf awareness training is needed for all staff that have interaction with patients. It is also clear that the Accessible Information Standard is not
working as well as it should across the NHS system. If work is focused on improving the Accessible Information Standard this should have a positive impact on many of the issues the community raised. Bearing in mind however, that people do have very different needs and one size does not fit all. On-going robust conversations with service users should also be incorporated in the contract with the provider to ensure that the service is meeting the needs of the people who use it.

The report will be shared with all the people involved in the project. The report will also be included in our next e-newsletter which is sent out to patients, carers, the public and voluntary, community and faith sector services. The report will also be available on the Leeds CCG website.

The project team will use the report to create a new specification for the BSL Interpreting Service. An update will be produced once the project has begun to show to what extent the recommendations have been implemented. This briefing will be shared with the people involved in the project.

The patient feedback will also be used to inform a wider strategy for enhancing communication, access and the quality of services.

1. Background information

a. The NHS Leeds CCG

NHS Leeds CCG is responsible for planning and buying (commissioning) the majority of health services for people in Leeds.

The CCG commissions a range of services for adults and children including planned care, urgent care, NHS continuing care, mental health and learning disability services and community health services.

From 1 April 2016 the CCG began co-commissioning GP primary care services with NHS England. We do not commission other primary care services such dental care, pharmacy or optometry (opticians) which is done by NHS England through their local area team more commonly referred to as NHS England (West Yorkshire). NHS England also has the responsibility for commissioning specialised services, such as kidney care.

Leeds is an area of great contrasts, including a densely populated, inner city area with associated challenges of poverty and deprivation, as well as a more affluent city centre, suburban and rural areas with villages and market towns.

The most recent census (2011) indicates that Leeds has a population of 751,500 people living in 320,600 households, representing a 5% growth since the previous census of 2001. Leeds has a relatively young and dynamic population and is an increasingly diverse city with over 140 ethnic groups including black, Asian and other ethnic-minority populations representing almost 19% of the total population compared to 11% in 2001. There are 96 GP practices in Leeds.

Involving people and the public in developing and evaluating health services is essential if we want to have excellent services that meet local people’s needs. It is our responsibility, and one that we take very seriously, to ensure that our local communities have the opportunity to be fully engaged in the decisions we take.
b. Engagement support

We commission Voluntary Action Leeds (VAL) to support our engagement work. VAL delivers the ‘Leeds Voices’ project to undertake public and community consultations on behalf of NHS Leeds CCG. There are three distinct elements to this project:

- **The Engaging Voices** network of third sector organisations provides opportunities for seldom heard communities and vulnerable groups to get involved in consultation and engagement activities.
- **The Working Voices** project offers opportunities for businesses to enable their employees to be involved in CCG engagement activities, by allowing working people to volunteer their time to be involved in consultations within the workplace.
- **Volunteer Leeds Health Ambassadors** directly engage with the public and patients at a range of venues, public events and activities across the city.

c. Detail on health topic/engagement

This is a review of an existing BSL contract. Service users will be able to influence some aspects of the new service. This will depend on what people tell us and the budget we have available for the service.

The following information outlines what we already know about D/deaf people’s access, experience and health outcomes regarding primary care services and the impact on people within the D/deaf community.

- There are currently 70,000 BSL users in the UK, but no statistics specifically for Leeds.
- In Leeds, at 31 March 2014, there were 80 people registered as blind or partially sighted with hard of hearing (HSCIC 2014)
- 500 D/deaf people used primary care BSL services in Leeds in 2018/19
- 59 D/deaf/blind people used primary care alphabet-based communication systems in 2018/19
- Feedback from the current service provider about the experience of their patients is very positive.
- D/deaf people at a 2014 event in Leeds told us that they sometimes struggle to access primary care services in Leeds report can be found here Back_Info\2014-BSL_Healthy_Day-Healthwatch.pdf

They told us that sometimes:

- It is difficult to make an appointment
- There is lack of awareness amongst staff
- There is a lack of awareness about the responsibility of booking an interpreter
- Availability of interpreters
- Family members and friends have to interpret for D/deaf people at GP appointments
- They have difficulties complaining
- Onward referral is sometimes difficult (such as accessing mental health services).
During the engagement between January and April 2019 to develop urgent treatment centres in Leeds, the D/deaf community told us that they sometimes struggle to access urgent care services in Leeds. Report can be found here: https://www.leedscgg.nhs.uk/content/uploads/2019/01/2019_11_urgent_care_proposals_v5_12pt.pdf

The service change aims to enhance existing services for D/deaf and D/deaf/blind people in Leeds. The service will not be reduced or closed.

2. How did we identify and engage with patients?

a. Patient assurance
We developed a plan for this engagement bsl Eng_plan V3_1.docx. The plan was taken to the NHS Leeds CCG Patient Assurance Group (PAG) on the 5 June 2019. This group is made up of patients and assures the CCG’s governing body that adequate patient involvement has taken place during consultations and engagements. The PAG agreed that the equality analysis and engagement methods outlined in the plan were generally appropriate and asked that we consider the importance of engaging with the following groups:

- D/deaf or hard of hearing BAME
- Plan needed more information on how we were going to advertise the event
- 6 weeks’ notice would be given to advertise the event
- More information in the plan of what we already knew.

In response to the feedback from the PAG we amended the engagement plan with more detail of the service and what we know. We undertook some bespoke focus groups with the BAME community and those groups who we envisaged would not attend an event. These include D/deaf or hard of hearing children and young people, D/deaf or hard of hearing people with learning disabilities members of a Deaf/blind group.

b. Involvement of partner organisations
We recognised that we needed to work with our voluntary sector partners to engage with this targeted group. A steering group was developed. Membership of the steering group included:

- Healthwatch Leeds
- VCFS services working with D/deaf people
- Leeds Hearing and Sight Loss Service
- Forum Central
- Voluntary Action Leeds
- Homelife (a service that works with D/deaf children)
- Advonet for D/deaf People
- NHS provider - Leeds Teaching Hospitals Trust
- CCG volunteer
- A parent with lived experience
- Communications expert

c. Methods
BSL services in Leeds were requested 559 times last year. We do not know how many different people used the service. We planned to engage around 100 people using a variety of methods. These included:

- An event
• A survey
• Focus/discussion groups
• One to one interviews
• Attendance at D/deaf forums/meetings

The main method of engagement was a one off event in Leeds. We chose this method because numbers are relatively low and we wanted to have conversations about BSL services in the city. We used BSL interpreters at the event who are not employed by the current provider and are from outside the Leeds area.

We recruited a number of different communities (listed above) by working with the VCFS to promote the engagement. Both ours and our partners’ social media platforms were used to advertise the event and the survey. The survey and the poster advertising the event were translated into BSL.

3. Who replied?
In total around 100 people contributed to the engagement. Feedback was received from the following groups:
• Children who are D/deaf/hard of hearing
• Disabled people who are D/deaf/hard of hearing
• BAME people who are disabled and D/deaf/hard of hearing
• Adults who are D/deaf/hard of hearing
• Advocates of D/deaf/hard of hearing people

4. What did people tell us?

a. The Event

Over 50 D/deaf people attended the event to discuss the current quality of the interpreting service and say what improvements they would like to see with the new contract.

People discussed their experience of accessing and using the BSL interpreting service within 3 key areas: mental health services, GP surgeries and the hospitals. We also asked them for their experiences of using technology within the health service. We asked if they were aware of the NHS App, which is currently being piloted in Leeds.

Mental Health
The main themes that have been identified from the round table discussion are around communication, access to interpreters and the quality of the interpreters.

Communication
People told us:
• “Information to be translated into BSL not English”.
• “We like to know the name of the interpreter before an appointment”.
• “No reply from the crisis service text system”.
• “Lack of information about how to complain about an interpreter”.
• “Information in accessible formats please”.
• “We are not aware of a mental health crisis service and how to access it”.
• “Contacting the mental health service is difficult”.
• “Better sign posting to other services is needed”.
Access to interpreters
People told us:

- “Interpreters turn up late or don’t turn up”.
- “A request for an interpreter usually takes a week”.
- “Need to improve the interpreters’ on-call process”.
- “Emergency interpreters needed”.
- “Attended A&E and had to wait until the next day for an interpreter”.
- “Mental health service delayed due to availability of a BSL interpreter”.
- “Issues accessing an interpreter when people are in crisis, particularly on a weekend”.
- “Unsure whether mental health services have an emergency procedure when a person is in crisis”.
- “We don’t have a choice of interpreter”.
- “Appointments are delayed due to interpreters”.

Qualified interpreters/quality of the interpreters
People told us:

- “Interpreters need to be level 6”.
- “It’s important to have confidence in your interpreter”.
- “Not all interpreters are experienced enough in mental health”.
- “Interpreters need to be highly skilled”.
- “Not all interpreters have identification”.

Potential Solutions
- “Need fast track interpreter option”.

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- “Information on mental health services translated into BSL”.
- “Unqualified interpreters not to be used”.
- “All interpreters to wear ID badge”.
- “Access to interpreters out of hours/weekends”.
- “Counselling provided with BSL interpreter from outside the area”.
- “Awareness needed of “relay” interpreters”.
- “Mental health service needs an “emergency” interpreting procedure in place”.
- “D/deaf qualified counsellors rather than through interpreters”.

![Image: We should have more deaf counsellors]

- “Should interpreters be on a retainer 24 hours a day?”
- “D/deaf person to be involved in the procurement”.

![Image: We need more interpreters on call...]

Technology
The main themes that were identified from the round table discussions are around accessibility, lack of technical skills, and general awareness of technology.

Accessibility
People told us:
- “I tried to use the NHS app but was asked to speak into it, so not suitable for a D/deaf person”.
- “If you want to show a part of your body to the doctor you would struggle using technology”.
- “BSL is a 3D language”.
- “I wasn’t able to book an interpreter on the NHS App”.
- “I was told to use online services but have no internet and my English is not of a good standard”.
- “I’m not good with writing/word order”.
• “I’m not tech savvy. The internet is not straightforward. Just because it exists doesn’t mean it’s accessible”.
• “Everything needs to be more accessible: large print, CDs etc.”.
• “I like visuals: is the App really accessible?”.
• “Not everyone wants to or can use technology. Tech is wonderful but only when it’s accessible for everyone”.
• “When I’ve tried to book appointments on line before American/English was confusing”.
• “New tech is good but hospitals/GP don’t know how to use it. WI-FI issues, it freezes, etc.”
• “What about those with visual impairments?”
• “Speech to text needs to be improved for those who have become D/deaf later in life and don’t sign”.
• “GPs offer phone appointments which don’t work for us”.
• “GPs typing onto a word document for communication, which works well for those who can use English well”.
• “Unable to reply to texts from GP (no reply). We can’t ring back! Can’t get through, it’s blocked”.

Potential solutions
• “Good to book an interpreter through an app”
• “Needs to be a simpler process to book appointments with an interpreter. Shouldn’t need constantly chasing up”.
• “Interpreters should be able to be booked via an app”.
• “Face to face interpreter is always very first option. But video interpretation would be good for emergencies”.
• “D/deaf/blind – need 1 to 1 communication”.
• “App needs BSL videos”.

How would you prefer to learn/practice around using technology?
• “One to one”.
• “Will really struggle if alongside hearing people”.
• “Don’t want to be in a big class”.
• “Everyone learns at a different pace”.

WE WOULD PREFER TO LEARN ABOUT IPADS 1:1
Hospitals
The main themes that were identified from the round table discussions are the provision of interpreters, choice of interpreters and communication.

Provision of interpreters
People told us:
- “There are different suppliers of BSL, including trainees, working within the hospital”.
- “It’s unclear who is responsible for booking an interpreter”.
- “It would benefit us to know if an interpreter has been booked at the point of receiving our letter”.
- “Appointments need to be made ensuring an interpreter is available”.
- “Patients would appreciate if the interpreter checked they were OK and needed further clarification before leaving the patient”.
- “Knowing the interpreter helps and increases confidence during the appointment”.
- “Out of hours interpreters need to be more readily available in emergencies and staff need to be aware of who to contact and how at short notice”.

Choice of interpreter
People told us:
- “It would benefit patients to be able to choose their interpreter, particularly gender”.
- “They would also appreciate continuity of interpreters particularly for long term conditions”.
- “All interpreters need to wear name badges saying which agency they work for”.

[Image of a cartoon showing a patient and a nurse discussing who should book the interpreter.]
Communication
People told us:

- “We would like to be assured that there is a flag system to let staff know we are D/deaf and have communication needs”.
- “We prefer visuals such as pictures and diagrams rather than written information in appointments. This would help with medical terminology that D/deaf people don’t understand”.
- “Nothing is done for D/deaf inpatients and they rely on passing notes back and forth which are not ideal or patient centred”.
- “There are variations in communication levels within different departments within the hospitals”.
- “Deaf Awareness training should be compulsory”.
- “There should be better ease of access to PALS/Complaints”.

When doctors give us important information...

...we need it in a visual format.
Navigation around hospital

People told us:

- “There should be posters on reception for deaf patients to point to, letting staff know they are deaf”.
- “Patients need an easy way to contact someone to let them know they have arrived or where to go or what to do, particularly when there is no-one on reception”.
- “Intercoms are not helpful for deaf people when visiting wards”.

Involvement

People told us:

- “Patients feel very frustrated that they pay into the NHS but healthcare is not accessible and they feel let down. They feel like they have told us time and time again but nothing gets done and it feels like we are just wasting their time. Deaf professionals would like to get involved and want us to work WITH them and not by doing “Focus Groups” with patients. They feel that working with us would be valuable”.
- “We need a paid deaf professional within the team, working with us to make improvements”.

Potential solutions

- Flag on PAS computer system that someone is D/deaf, D/deaf/blind to ensure an interpreter is booked
- The roll out of video interpreting will assist as an option
- Apps on I-pads in all clinical areas with access to video interpreting
- Apps on I-pads in all clinical areas for BSL apps for example, Sign Live
- Screens in reception areas for touch screen navigation on a map

GP surgeries

The main themes that were identified around the table discussion are access to interpreters, D/deaf awareness and communication.

Access to interpreters

People told us:

- “Interpreter didn’t turn up 3 times when booked”
- “Unable to book GP appointment to suit patient due to availability of the interpreter”.
- “Not enough interpreters available – fully booked”.
- “I wanted to register online but service is limited for D/deaf patients.”
- “I feel there is a risk for health for urgent appointments due to the delay in booking interpreters.”
D/deaf Awareness
People told us:
- “Reception staff shout at me as I’m D/deaf”.
- “GPs are asking D/deaf patients to bring family members to interpret”.
- “I shouldn’t bring my 11 year old to interpret”.
- “Surgeries should be taught D/deaf awareness”.
- “Different languages are available but no BSL – more awareness needed”.
- “Always have to remind GP I need an interpreter, should automatically happen”.
- “GP reception forgot to book an interpreter delayed my appointment by 4 weeks – should be on my records”.
- “GPs say its patients’ responsibility to book an interpreter”.
- “GP talks to the interpreter and not to the patient”.

Communication
People told us:
- “We feel interpreters don’t listen.”
- “No information sent by the practice to my hospital appointment”.
- “Frustrated and hurt at not being able to communicate – causes delays”.
- “Access to information standard is not happening, we are not being asked”.
- “BSL preference is being ignored”.

“Feel frustrated when no interpreter available – had to write it down”.
“Told to ring “on the day” have to visit face to face and I can’t get an interpreter on the same day.”
“Interpreters never available on the same day”.
“Have to wait 2 weeks for interpreter but can’t book GP appointment in 2 weeks’ time.”
“Walk in service – no interpreter available so appointment difficult”.
“Small pool of interpreters used”.

IT CAN TAKE A WEEK TO GET AN INTERPRETER...

THIS NEEDS TO IMPROVE!

IT IS THE RESPONSIBILITY OF THE GP TO BOOK AND PROVIDE INTERPRETERS...

NOT THE PATIENT!

Communication
• “When you book an appointment online you should be able to add BSL interpreter as an option”.
• “No evidence to say interpreters don’t turn up – they simply haven’t been booked”.

Potential solutions
• “Need to work with D/deaf people and interpreters to understand how to fix problems and get the right contract in place”
• “Videos in “sign” and BSL on GP websites”
• “20 minute appointments”
• “Use Sign Live for emergency appointments”.
• “GPs should sign up for Sign Live”.
• “Booking online would be good and to include an option of being able to book an interpreter (BSL) at the same time”.
• “Mandatory D/deaf awareness training”
• “Interpreters available out of hours, extended hours and weekends”.

b. The Survey

7 people responded to the on-line survey. We asked people whether they felt there had been improvements in the areas below since we engaged in 2014.

• Accessing GP and hospital appointments are inaccessible.
• Staff not understanding how to communicate with D/deaf people.
• Process of booking an interpreter is unclear
• Family members being asked to interpret
• People finding it hard to complain
• Onward referral difficult
5 people responded to the question above with the majority of feedback being that there had been no change and that the same issues are still occurring. People suggested phone apps were useful and that we also use Sign Live as well as using email and texts to book and cancel appointments.

“As a family member I find it difficult to support my relative as if I go to an appointment with them to support and take notes on things they are likely to miss or misunderstand, the health professional often switches to talk directly to me…”

“When you have hearing loss you may be better lip reading. This simply requires a person to slow down the pace of their conversation and be patient… There are specific apps for phones, etc. (and the notes app) that provide dictation and pick up conversation. As a family we use these apps really successfully to ensure my family member is included…”

“You need video relay service, you must use Sign Live. Please contact them”.

Potential solutions

- “Use a phone App – this could be adapted to suit within a healthcare setting and ensure an individual is able to capture conversations accurately.”
- “Use Video Relay and Sign Live”.
- “Email to secretary/nurse”.

**c. Focus/discussion Groups**

The Leeds Voices team carried out one focus group and three discussion sessions supported by our third sector partners. 21 people were engaged this way.

1. **Children who are D/deaf or hard of hearing.**

We spoke to 12 students who are D/deaf/hard of hearing, and who attend the St John’s Catholic School for the D/deaf, about making an appointment, attending the appointment and using interpreters.
Making an appointment
Most of the children relied on their parents to book appointments with a doctor or GP. This was mainly due to the fact that their parents were familiar with the process of booking the appointment and speaking to the doctor, while they could also assist their child with the communication barriers.

They also found support from parents useful because the language used by the doctor was often very technical and confusing, so their parents could be there to explain it to them in a way that they could understand.

This meant that some of the students were unsure about the process of booking an appointment such as what number to ring or who to contact. Some were also not aware that they could still visit the GP or doctor without having to ring up beforehand. This meant that booking an appointment was seen as a bit daunting for some in the group.

Availability of interpreters
While there were usually interpreters available for an appointment, some children had certain preferences for interpreters that were not available in some hospitals. For example one male student spoke about their preference for a male interpreter when talking about a personal ‘boy’ problem due to it being embarrassing when talking to a woman.

One person did usually use interpreters during appointments but said that sometimes the interpreter would turn up late which was ‘annoying’ and meant a longer waiting time.

Methods of booking the appointment
All agreed that the best method for them to book appointments would be through text or a carer phoning on their behalf due to communication barriers. Pupils felt a phonecall on their behalf would be more appropriate as they are more formal, whereas texting is seen as being more social. They stated they would feel uncomfortable texting a ‘stranger’.

At the appointment
Students felt that they did not always understand the terminology used by doctors and therefore did not always understand what had been said during an appointment. They felt it would be helpful if the doctor could note down any important points so they could take the information away with them to refer back to in the future.

Interpreters
Only one student made use of interpreters regularly and one participant used interpreters occasionally. The rest usually use their parents to interpret.

While most students used their parents for appointments, one person did go on their own sometimes. However, they said that if there was no interpreter available when they got to their appointment they would simply leave the appointment.

The use of apps
The online app ‘InterpreterNow’ was mentioned as a good way to improve communication. InterpreterNow is a service that enables D/deaf and hearing people to communicate with each-other, delivering access to online interpreting for D/deaf British Sign Language (BSL) users.
Potential solutions
- Booking double appointments would be beneficial
- GPs and hospitals have one co-ordinator employed who would be on hand to communicate with people who are hearing impaired.
- Apple watches have an “SOS” feature for emergencies but this does not flag someone is D/deaf. There is an app called “what 3 words” which allows people to pinpoint their exact location, this would make it easier for independently booking emergency appointments

2. Adults with learning disabilities who are D/deaf or hard of hearing - Aspire
We spoke to 5 people and two staff members from Aspire Community Benefit Society (supporting people with learning disabilities). The group were adults with a learning disability (LD) who used sign language, either BSL or Makaton, to communicate. Most participants had some verbal language, one had no verbal skills. 2 participants lived independently and 3 lived in supported accommodation where there is 24 hour staff cover. Main themes that were raised by the group were:
- making an appointment,
- availability of interpreters,
- communication,
- getting an appointment, and
- understanding what was happening during the appointment.

Making an appointment
All participants either used staff members from their supported living accommodation or their parents to make an appointment. Some participants had some difficulty being understood as sometimes their hearing aids were not working properly.

Those who were in supported accommodation had staff members’ telephone on their behalf to make an appointment. Staff members reported that they were never asked by the doctor’s reception what the patient’s communication need was.

“Sometimes there are difficulties with hearing aids so they need staff to answer questions.”

Interpreters
Participants reported that they were not offered an interpreter as part of the appointment booking.
Communication
Staff members commented that often the doctor's receptionists would normally talk to the staff member rather than the patient.

Getting an appointment
Staff members said that being classified as a vulnerable adult should prioritise an appointment but sometimes this wasn’t the case. They said not all people with a learning disability are classified as vulnerable.

Communication
Participants reported that they were not asked by the surgery whether they wanted an interpreter.
Four of the participants said that they could tell the doctor what was wrong with them and that they understood what the doctor was saying to them.

“I went to the hospital overnight”
Q: did you understand the nurses?
“Yes”
Q: did they understand you?
“Yes”

Aspire staff members suggested that doctors could have information in pictures to explain what they were going to do with the patient. One participant said he didn’t like needles and wouldn’t go into the appointment because he didn’t know what was going to happen.

“When I went to the hospital because I had a problem with my heart, I didn’t have an interpreter but there was a man who told me what was happening. But I didn’t know who he was.”

Participants and staff members said that the health passports were very useful and had all the information about the patient in them, in terms of their understanding and communication preferences.

Interpreting Service
All participants said they would prefer a staff member to interpret for them because they know the participant. Staff members said that there was a presumption that they would interpret.

Staff members explained that one participant did use signs but he was copying others and had no understanding of what the signs meant. They were concerned that doctors and interpreters would presume the participant understood unless someone was present who knew the participant well enough to explain the situation.

Potential solutions
- For procedures it is recommended that staff use pictorial information to help explain what the patient will be experiencing.
- Health staff to take the time to ask Aspire staff about the level of the patient’s understanding and what they need to be able to understand rather than talking directly to the Aspire staff and not the patient.
- Having a dedicated staff member with experience of working with people with a learning disability.
- Always ask if an interpreter is required.
- Understanding about the spectrum of people with learning disabilities and also being D/deaf/hard of hearing.

3. Adults with a learning disability who are D/deaf/hard of hearing – Osmondthorpe Hub
We spoke to 2 people who had hearing impairments and mild learning difficulties and one advocate. Themes discussed were:
- booking an appointment,
- booking interpreters, and
- communication.
Booking an appointment
Both participants relied on family members or carers to book their appointments. The family member also ensured that the doctor knew about the participants hearing impairments and were there to interpret for them during appointments.

Both participants said that their carers normally used the telephone to book appointments. They were also aware that appointments could be booked online but still preferred to use the phone.

Booking interpreters
Due to relying on their carers to book and accompany them to appointments none of the participants knew how they would go about booking a separate interpreter. They said that it would be useful if they were shown how to do this by the doctor or nurse.

Despite this, the participants expressed that they would still prefer for their carer to provide the interpreting for them rather than a separate pre-booked interpreter.

Communication
Participants were normally informed by letter when their next appointment was due, then their carer would telephone and book the appointment. This was seen by them as a good way to receive information and normally worked well for them.

At the Appointment
During visits to the hospital the participants said that they normally felt relaxed while they were there and had no complaints about the service they received. The time given to them during appointments was normally enough and doctors usually made it clear to the participant what the appointment was about so that they understood.

When asked about waiting times the participants said that they didn't have any particular issues and were seen fairly quickly. One participant mentioned that there was an occasion 20 years ago where he had to wait for five hours in a hospital, but reported that since then there have been no major issues with waiting times.

Interpreters
Participants stated that they didn’t normally have to book interpreters because their carers would help them with it. One participant said that if they didn’t have the carer and had to go for an appointment then they would probably write a note for the receptionist asking for an interpreter to make sure they understood.

Potential solutions
- Ensure that knowledge of interpretation services is widespread
- Provide written summaries of appointments to give patients direct access to information and advice given by the doctor, rather than having to rely on a carer to pass this on.

4. BAME people who are D/deaf or hard of hearing
At this discussion group, we spoke to 2 South Asian adults with a learning disability who are D/deaf/hard of hearing and 4 advocates. The main focus of the discussion was around:
- barriers,
- duration of appointments, and
- communication
Making the Appointment

Barriers
Advocates talked about the people they work with experiencing numerous barriers within the system. Those present referenced the challenges of making an appointment, and receptionists as posing key barriers for the people they work with.

One of the clients present suggested that they had not been asked about their communication needs by a health professional at their GP practice.

Duration of appointments
Advocates talked about the challenges experienced by GP surgeries and the high volume of patients that they have to manage. Advocates connected the limited capacity of GP surgeries with what they perceived to be short appointment slots offered, and referenced the challenges this limited contact time poses for people with a learning disability.

"We know they’re all rushed… we probably need more GPs."

“You need to allocate enough time for each individual”

“You go out feeling ‘was there any point of me coming’”

At the appointment

Communication
It was suggested that when at a GP appointment, the GP either does not take the time to ask questions, for example to enquire if they are coping, or asks questions which aren’t appropriate for the person present. Participants talked about the challenges in being heard by the GP, with one advocate suggesting that the GP would make assumptions about why they are attending before a diagnosis has been made.

Advocates talked about the range of communication skills presented within the people they work with. It was felt that healthcare settings often relied on carers and advocates to provide interpretation and communication between patient and provider.

One client backed up this view, stating that their mother spoke to the doctor, when they sought help:
“When I go to the doctors, my “Mummy” talks to the Doctor”.

Participants talked about using Makaton to communicate during appointments, but there was a consensus that the primary mode of communication was via a carer.

Interpreters
One advocate talked about the additional interpretation and broader communication challenges of Makaton users within a healthcare setting. It was suggested that health professionals use too much “jargon” which cannot be translated into Makaton signs.

Potential solutions
• Staff to receive D/deaf awareness and enhanced training and skills
• Staff to receive training around the cultural stigmas
• Staff to have a broader knowledge of different communication skills for people with a learning disability not only catering for Makaton or BSL
• Better understanding of learning disabilities
• Training for both staff and patients around technology
• Invest in relationships with carers
• Services need to be better joined up
• Having a representative at a strategic level at appropriate boards/steering groups to ensure the voice of a D/deaf/hard of hearing person with a learning disability is heard.

d. Deaf Forum
We attended the deaf forum to ask the group their views on the BSL interpreting service. The main themes from the discussion focused around interpreting services across borders, the importance of high level interpreters with local dialect. Technology being a good stop gap in a short term emergency situation and communication issues when people are in hospital. People also said:
• Technology can help some people but it’s not the solution for everyone.

Interpreting is a problem in an emergency scenario, from ambulance through to hospital in-patient.
• I can book an appointment with my GP but cannot reply to text messages. E-mails are better but sometimes it takes 24 hours for the GP to respond.
• There is confusion over who books an interpreter when I visit a hospital across a border, for example Pinderfields.
• If a partner is taken into hospital is the D/deaf person who would be the carer be able to get an interpreter to find out what is happening? I visited Halifax with my husband and the hospital would not book an interpreter as I was from Leeds. Leeds said no too”.
• Sign Live is good for emergencies. It’s better to use it whilst you are waiting for an interpreter to arrive.
• How old does your child have to be before you are not able to use an interpreter? (your child has the health problem but you need to be able to understand what is going on).
• Is it only the patient who is eligible for an interpreter or do we pay for an interpreter if the D/deaf person is the carer?
• People talked over my head when I collapsed – I had no idea what was going on.
• Poor communication can have a huge impact on someone’s health and wellbeing.
• Can an interpreter be booked with a linked health service such as when you visit the chemist?
• D/deaf people have a range of communication needs and styles so it is important to have high quality interpreters to deal with those needs.
• Interpreters are there to relay information at the time. They are not there to hold information in a debrief situation.
• Got ill on an evening and had to use a friend to interpret via his phone.
• We feel at home with local interpreters. Dialect would be an issue if an interpreter came from, say Scotland.

e. One to one interviews
At the event we offered people an opportunity to talk privately about their views on the interpreting service. We spoke to 3 people and this is what they said:
• Prefer local interpreters
• A D/deaf person is unable to access the TV screens by the bedside as you need to use the phone to pay to access it.
• Deaf awareness training is needed within the hospitals. 18k staff all need to be aware of how to book an interpreter.
• A good relationship is needed between the NHS providers and the providers of the interpreting service.

5. What are the key themes and recommendations?

Technology

<table>
<thead>
<tr>
<th>THEMES</th>
<th>RECOMMENDATIONS</th>
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<tbody>
<tr>
<td>Simpler booking systems</td>
<td>• interpreters should be able to be booked via an app</td>
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<tr>
<td>Better use of technology</td>
<td>• Video interpretation to be used in emergency situation</td>
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<tr>
<td>Communication/accessibility</td>
<td>• Any technology App needs BSL video translation</td>
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Hospital

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<th>THEMES</th>
<th>RECOMMENDATIONS</th>
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<tr>
<td>Access to interpreters for appointments and inpatients</td>
<td>• Flag on the PAS computer system that someone is D/deaf, D/deaf/blind to ensure an interpreter is booked</td>
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<td>• To promote Video Interpreting across all areas of LTHT</td>
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<td></td>
<td>• To examine the arrangements for booking interpreters to ensure:</td>
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<td></td>
<td>• Easier contact with the hospital</td>
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<td></td>
<td>• That an interpreter has actually been booked for appointments</td>
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<td></td>
<td>• Gender preference for interpreters is available</td>
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<td>Interpretation needed in an emergency</td>
<td>• out-of-hours interpreters are available when required</td>
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<tr>
<td>Accessibility/communication/information/PALS and Complaints</td>
<td>• The roll out of video interpreting</td>
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<td>Responsibility of booking an interpreter</td>
<td>• Apps on i-pads in all clinical areas with access to video interpreting</td>
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<td></td>
<td>• Configure a group of deaf and hospital professionals to examine onsite access to services</td>
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<td></td>
<td>• Apps on i-pads in all clinical areas for BSL apps for example, Sign Live</td>
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<td>• Screens in reception areas for touch screen navigation on a map</td>
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<td></td>
<td>• To develop better access to information for deaf patients</td>
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<td>• To promote community awareness on how to raise a concern</td>
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<tr>
<td>Deaf awareness for staff</td>
<td>• Greater access and availability for staff deaf awareness training</td>
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**GP surgeries**

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<tr>
<th>THEMES</th>
<th>RECOMMENDATIONS</th>
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<tbody>
<tr>
<td>Improve the process of interpreting services</td>
<td>• Need to work with D/deaf people and interpreters to understand how to fix problems and get the right contract in place</td>
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<td></td>
<td>• An option of booking an interpreter online at the same time as booking an appointment</td>
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<td></td>
<td>• Use Sign Live for emergency appointments</td>
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<tr>
<td>Accessibility/communication</td>
<td>• Videos in sign and BSL on GP websites</td>
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<tr>
<td></td>
<td>• 20 minute appointments</td>
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| Deaf awareness | • Interpreters available out of hours and weekends  
|               | • Interpreting service available on same day appointments |
|               | • Mandatory deaf awareness training |

### Mental health

<table>
<thead>
<tr>
<th>THEMES</th>
<th>RECOMMENDATIONS</th>
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| Accessibility/communication     | • Fast track interpreter option  
|                                 | • Information on mental services available be translated into BSL  
|                                 | • Mental health services need an emergency interpreting procedure in place  
|                                 | • Information on available mental health services to be translated into BSL  
|                                 | • Access to interpreters out hours/weekends |
| Consistent and quality interpreting service | • Qualified interpreters to be used only  
|                                 | • All interpreters to wear ID badges |
| Better access to interpreters   | • Deaf qualified counsellors rather than through interpreters  
|                                 | • Mental health services with an emergency interpreting procedure in place |
| Deaf awareness                  | • Mandatory deaf awareness training |

### Children and young people

Key points from the students we talked to focused on ensuring the language doctors’ use is simplified. When speaking to younger people who are D/deaf/hard of hearing, it would help if doctors could simplify their language so that the patient understands, or they could write down the key points from the appointment to make it easier for the patient to take in and remember.

They also recommended that patients should be able to make requests on the gender of the interpreter they would like. Many students preferred an interpreter of the same gender if the appointment is about a personal bodily issue.

The process of transferring to a different GP needs to be made easier. Many of the students boarded at the school and kept their original GP who was often a long way from Leeds. Use of technologies and apps are beneficial for appointments, such as “Interpreter Now” and “These three words” Using email or texts to send summaries of the appointments or to book an appointment would be helpful.
People with learning disabilities who are D/deaf or hard of hearing
When speaking to adults with learning disabilities who are D/deaf/hard of hearing, staff should ascertain the type of communication that the patient is comfortable with (sign or speaking). For procedures it is recommended that staff use pictorial information to help explain what the patient will be experiencing. Ensure the knowledge of the interpretation service is widespread as this group were unaware it existed due to the fact they had carers. Provide written summaries of appointments to give patients direct access to information and advice given by the doctor rather than having to rely on the carer to pass this on.

BAME people who are D/deaf or hard of hearing
Provide training for healthcare staff on the different methods of communication and how to recognise when they are needed. Ensure all health care services are aware that it is their job to book an interpreter if a patient requires one and that appropriate interpreters are always available for patients who need them. Ensure complaints procedures are accessible to all.

6. Conclusions from the engagement
Partnership working and developing the BSL Engagement Steering Group was key in ensuring that the engagement was successful. The steering group worked really well together as a team with a shared aim of improving BSL interpreting services across the city. It was a great opportunity to build meaningful relationships with our third sector and provider organisations. An area which was disappointing was engagement with the D/deaf/blind community as we only spoke to a very small number of service users.

It was clear from the engagement feedback, however, that the issues raised in 2014 by the D/deaf community have not improved as the same themes and frustrations have been raised again. Delay in accessing interpreters for regular appointments is an issue as well as family and friends being asked to interpret. Accessing interpreters out of hours is a problem, especially when people are in crisis. There is still a lack of clarity of who is responsible for booking an interpreter and D/deaf awareness training is needed for all staff that have interaction with patients. It is also clear that the Accessible Information Standard is not working as well as it should across the NHS system. If work is focused on improving the Accessible Information Standard this should have a positive impact on many of the issues the community raised. Bearing in mind however, that people do have very different needs and one size does not fit all. On-going robust conversations with service users should also be incorporated in the contract with the provider to ensure that the service is meeting the needs of the people who use it.

7. Next Steps
The report will be shared with all the people involved in the project. The report will also be included in our next e-newsletter which is sent out to patients, carers, the public and voluntary, community and faith sector services. The report will also be available on the Leeds CCG website.

The project team will use the report to create a new specification for the BSL Interpreting Service. An update will be produced once the project has begun to show to what extent the recommendations have been implemented. This briefing will be shared with the people involved in the project.

The patient feedback will also be used to inform a wider strategy for enhancing communication, access and the quality of services.
Leeds Clinical Commissioning Groups Partnership

Alternative formats

An electronic version of this report is available on our website at email or please contact us direct if you would like to receive a printed version.

If you need this information in another language or format please contact us by telephone: 0113 84 35470 or by email: email

Further information

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website:Leedsccg.nhs.uk
Appendices

Appendix 1

Meeting notes from Event on the 2 October 2019

Technology Discussion table

Table 1
Have you used tech for interpreting?
• Never used technology within the NHS
• One person had heard of the NHS app tried to use it but was asked to speak into it – so not suitable for a deaf person
• Haven’t experienced online interpreting
• Older person would struggle and deaf/blind
• If you want to show a part of your body to the doctor you would struggle using technology
• Issues with wifi/4g in old buildings
• Easier for young people
• BSL is a 3D language

100% digital Leeds
• For deaf community and other communities where would you get support for tech at the moment?
o Never seen it before
o Leeds Technology Service has a drop in to teach people how to use Next Generation Text English BSL
o Good to book an interpreter through an app?
o Needs to be a simpler process to book appointments with an interpreter. Shouldn’t need constantly chasing up
o Should be notified when an interpreter has been booked
o Can you use GP app or NHS app or both?

Table 2
• No-one uses tech often
• No-one has used their phone to book an appointment

NHS APP
• Not able to book an interpreter on the NHS App
• Would be much more simple
• Waiting weeks for an appointment with an interpreter we’ve had a lot of bad experiences because of the barriers we’ve always had. Things needs to change
• Have to have a long walk to GP because can’t find out appointment
• We need to learn how to use technology but so do GPs
• Was told to use online services but have no internet and my English is not of a good standard

What makes you uncomfortable with tech?
• Not good with writing/word order
• Don’t want to look like a fool
• Feel more confident with an interpreter
• Interested in learning about sign life
• Need to practice
• Things are changing too fast for us. It’s easier for younger people but I want to try

Where would you prefer to learn/practice?
• Maybe 1 to 1
• Will really struggle if alongside hearing people.
• Don’t want to be in a big class
• Everyone learns at a different pace
• What about people with international sign language?
• Where is all the information about the library services, posters etc

Table 3
• We feel behind even though tech has advanced we haven’t caught up. Deaf awareness is also behind.
• I’m not tech savvy. The internet is not straightforward. Just because it exists doesn’t mean it’s accessible
• We feel out of the loop
• We need other ways of contacting hospitals/GPs
• Limited communication with services
• Everything needs to be more accessible – large print, CDs etc

NHS App
• Haven’t heard of it
• Appointments can be booked/access records
• Interpreters should be able to be booked via an app
• How can the app communicate with you if appointments have been changed or cancelled?
• Should be in BSL – an interpreter link to these functions
• Visuals – is the App really accessible?
• Face to face interpreter is always very first option. But video interpretation would be good for emergencies

Digital literacy
• Everyone is different we don’t all have the same tech skills
• Not everyone wants to or can use technology. Tech is wonderful but only when it’s accessible for everyone
• Technology just moves the goal posts. What it gives with one hand it takes with another
• Deaf/blind – need 1 to 1 communication

Table 4
NHS App
• Only one person had heard of it
• When I’ve tried to book appointments on line before American/English was confusing
• Can I still use GP booking system? Yes NHS App will provide extra features
• App needs BSL videos (can go to drop in to help)

Digital Literacy
• New tech is good but hospitals/GP don’t know how to use it. WIFI issues, if freezes etc
• Shouldn’t have to provide Sign Live myself
• What about those with visual impairments?
• Speech to text needs to be improved for those who have become deaf later in life and don’t sign
• Sign Live used for business
• I try to avoid tech. Younger people are learning much better than I am
• GPs do phone appointments which don’t work for us
• Data protection issues with speech to text
• GPs typing onto a word document for communication which works well for those who can use English well
• More awareness and training for staff
• Make deaf students aware of the App. They might not know about it.
• Unable to reply to texts from GP (no reply) we can’t ring back! Can’t get through its blocked
• Confirmation needed when appointments cancelled by text
• Deaf people used at least a double appointment
• A 10 minute video call is not enough

Top 3 themes for Technology are:
1. Accessibility
   a. One person had heard of the NHS app tried to use it but was asked to speak into it – so not suitable for a deaf person
   b. If you want to show a part of your body to the doctor you would struggle using technology
   c. BSL is a 3D language
   d. Not able to book an interpreter on the NHS App
   e. Was told to use online services but have no internet and my English is not of a good standard
   f. Not good with writing/word order
   g. I’m not tech savvy. The internet is not straightforward. Just because it exists doesn’t mean it’s accessible
   h. Everything needs to be more accessible – large print, CDs etc
   i. Visuals – is the App really accessible?
   j. Not everyone wants to or can use technology. Tech is wonderful but only when it’s accessible for everyone
   k. When I’ve tried to book appointments on line before American/English was confusing.
   l. New tech is good but hospitals/GP don’t know how to use it. WIFI issues, if freezes etc
   m. What about those with visual impairments?
   n. Speech to text needs to be improved for those who have become deaf later in life and don’t sign
   o. GPs do phone appointments which don’t work for us
   p. GPs typing onto a word document for communication which works well for those who can use English well
   q. Unable to reply to texts from GP (no reply) we can’t ring back! Can’t get through its blocked

2. Tech skills needed by the Deaf Community
   a. Older person would struggle and deaf/blind
   b. Easier for young people
   c. We need to learn how to use technology but so do GPs
   d. Things are changing too fast for us. It’s easier for younger people but I want to try
   e. We feel behind even though tech has advanced we haven’t caught up. Deaf awareness is also behind
   f. I try to avoid tech. Younger people are learning much better than I am

3. Awareness of technology
   a. Never used technology within the NHS
   b. Haven’t experienced online interpreting
   c. No-one uses tech often
   d. No-one has used their phone to book an appointment
   e. We feel out of the loop

People’s ideas/suggestions
o Good to book an interpreter through an app?
o Needs to be a simpler process to book appointments with an interpreter. Shouldn’t need constantly chasing up
o Interpreters should be able to be booked via an app
Face to face interpreter is always very first option. But video interpretation would be good for emergencies.

Deaf/blind – need 1 to 1 communication
- App needs BSL videos

Where would you prefer to learn/practice?
- Maybe 1 to 1
- Will really struggle if alongside hearing people.
- Don’t want to be in a big class
- Everyone learns at a different pace

Tell us your experience of interpreting services re: Mental Health

- Interpreter and relay interpreters
- Long waiting time for appointment
- Need fast track option
- Communication breakdowns
- Counselling provided with BSL interpreter from outside the area
- Information in English is no good needs to be in BSL
- Need to know name of the interpreter before the appointment as the patient may know the interpreter – sometimes out of area are better
- Interpreters sometimes late or don’t turn up – these are local interpreters
- Confidentiality and consistency are key (regular interpreters rather than someone different for every appointment)
- Need time before the appointment with interpreter so can get to know signs etc
- Emergency mental health services – Becklin Centre
- Request for interpreter usually take a week
- Very stressful for person and family
- Need to improve interpreters on call
- Emergency interpreters needed
- Interpreters needs to be level 6
- Need to have confidence in interpreters
- Local interpreters better due to potential different signs used
- Mental Health services should ask questions about interpreters
- A&E no interpreter if you are lucky you may get one the next day – causes major distress
- Not all interpreters are experienced enough in relation to mental health
- Regional variations sometimes as an issue prefer local interpreters
- Mental health services should ask questions about interpreters
- Video interpreters (sign live) regional variation issue
- Prefer face to face interpreters particularly in relation to mental health
- No reply from crisis service text system
- Education of staff is an issue in relation to mental health services
- Interpreters not qualified enough
- Accessibility – booking appointments over the phone
- Counsellors not deaf aware
- Confusing/not clear delays in booking sessions
- Not getting information in BSL
- Should be online GP referral system - interpreters need to be highly skilled
- Might need a relay interpreter – should ask deaf person
- Mental health service delayed sue to availability of BSL interpreter
- Need to train various teams within mental health
• There is an issue when people are in crisis particularly on a weekend – no access to interpreters
• Do mental health services have an emergency procedure when person is in crisis
• Need more time for appointments
• Counselling services with interpreters – nightmare
• Interpreter not matching what was being shared – changing what was being said
• Prefer one to one – deaf qualified counsellors
• No information provided about how to complain
• Staff need more deaf awareness training
• Mental health crisis service is an issue
• Deaf people don’t know where to go in relation to mental health service
• Information in accessible formats – BSL
• Problems when interpreter comes from Leeds society for Deaf and Blind – know the interpreters
• Not aware of mental health crisis service or how to access
• Should interpreters be on a retainer available 24 hours a day?
• Deaf people should be given the opportunity to give feedback on the interpreters
• Professional usually given the feedback form rather than the deaf person
• People don’t know how to complain?
• Don’t have choice of interpreter
• Leeds Interpreting service used to have 24 hour service
• Long waiting times for appointments
• Not all interpreters have ID
• People in crisis not well enough to check ID etc
• Want to know the name of the interpreter before the appointment
• Example of two interpreters turning up at same time
• Don’t always use freelancers – only use team that is directly employed by Leeds Society for Deaf and Blind
• Deaf person to be involved in the procurement process
• CCG needs to employ a deaf person
• Appointments delayed due to interpreters
• Have had to wait up to 7 hours for interpreter
• Not all interpreters experienced in all areas of mental health
• Deaf counsellors – delays and funding is an issue – increases risk
• Accessibility has always been an issue
• The right kind of interpreter is key
• Relay interpreters
• Early intervention is key with mental health (funding used as an excuse
• Think about outcomes when people have had access to mental health services
• Don’t know a lot about mental health services not enough information available
• Telephoning mental health services is an issue need support as apparent in relation to translator to provide support for child who is hearing – accessibility of information is an issue
• Need fully qualified interpreter who is aware of mental health
• Information in accessible format
• Deaf counsellor rather than through interpreters
• Sign posting to other services

Top 3 themes for Mental Health are:
1. Communication
   a. Information needs to be translated into BSL not English
   b. Like to know name of interpreter before appointment
   c. No reply from crisis service text system
d. No information about how to complain about interpreter
e. Information in accessible formats
f. Not aware of mental health crisis service and how to access it
g. Contacting the mental health service is difficult
h. Better sign posting to other services

2. **Access to interpreters**
a. Turn up late or don't turn up
b. Request usually takes a week
c. Need to improve interpreters on call
d. Emergency interpreters needed
e. Attended A&E no interpreter had to wait till next day
f. Confusing in booking appointments
g. Mental health service delayed due to availability of BSL interpreter
h. Issues of accessing an interpreter when people are in crisis particularly on a weekend
i. Do mental health services have an emergency procedure when a person is in crisis?
j. Should interpreters be available 24 hours a day
k. Don't have a choice of interpreter
l. Appointments delayed due to interpreters

3. **Qualified/confidence in quality of the interpreter**
a. Interpreters need to be level 6
b. Important to have confidence in interpreter
c. Not all interpreters are experienced enough in mental health
d. Interpreters need to be highly skilled
e. Not all interpreters have ID
f. Need a fully qualified interpreter who is aware of mental health

**Ideas**
Counselling provided with interpreters from outside the area
Need to train various teams within mental health
Deaf person to be involved in the procurement process
Should interpreters be on a retainer available 24 hours a day?
Deaf counsellor rather than through interpreters

**Tell us your experience of interpreting services at GP Surgeries**

- Interpreting service booking surgery time is different to Interpreting Service booking time – not sure why?
- Important to ensure Interpreter is available prior to booking a GP appointment (had to wait 2 weeks due to the availability of interpreter)
- Interpreter didn't turn up to appointment 3 times when booked
- Unable to book GP appointment to suit patient – delay is due to availability of interpreter
- GPs should know how to book interpreters
- Knocks confidence when booking appointments
- Sometimes have to go to appointment without interpreter – feel let down by service
- Lack of understanding when NHS staff don't acknowledge patients are deaf and have communication issues as BSL is first language – GPs don't understand
- Not enough interpreters available – always fully booked
- Patients feel interpreters don't listen
- Technology issues encouraging
- Patients to register on line but service is limited for deaf patients
- No information sent by practice
• GPs ask family members to act as interpreters – not agreeable (son and daughter may not understand)
• Booking on line would be good and to include option of being able to book an interpreter (BSL)
• Frustrated and hurt at not being able to communicate – this causes delays
• Reception at GP book interpreter – app is 3 weeks hence – no interpreter attends appointment – felt very angry
• My GP is very good – I’m very lucky and thankful, I see the same GP
• Reception staff shout at me as I’m deaf
• Shortage of interpreters
• No support
• Takes a long time to book
• Risks to health for urgent appointment - delay in booking interpreters can delay serious illness and consequence waiting for interpreter (eg cancer diagnosis etc)
• Access Information Standard – all patients should be asked how to access information/services – this doesn’t happen – more work is needed
• Deaf people are at a disadvantage as they cannot phone to book an appointment
• Delay as interpreter not available for weeks
• Video interpreter help would be good
• Frustration when no interpreter available – have to write down
• Told to ring “on the day” can’t ring – have to visit face to face – can’t get interpreter on the “same day” sometimes use “sign live” on my phone
• Sometimes I manage on my own without an interpreter for less complex situations
• Sign live time awarded through access to work, so using out of context
• GPs should sign up to “sign Live”
• There is always a delay in booking interpreters – never available the same day
• Accessible Information Standard – preference is BSL which has been noted on records but seems to be ignored
• GPs are asking deaf patients to bring family members to interpret – this should not happen
• Surgeries should be taught deaf awareness
• I shouldn’t be asked to bring my 11 year old daughter to interpret
• We have to wait 2 weeks for interpreter availability but can’t book GP appointment in 2 weeks time
• How can we access services? I shouldn’t have to wait to fit in with interpreter – I’m the patients I’m ill
• Sometimes asked to go to another site within GP group of surgeries. Inconsistencies across sites
• Patient has acted as interpreter for child when not feeling 100% myself – not right
• Hospital outpatient appointments seem easier to book interpreter – why isn’t it wasy to do this with GP?
• I experience smooth service with my GP – text service (Whitehall surgery) – met with practice manager at the surgery
• My surgery really good – 20 min appointments
• Deaf awareness is the issue mainly
• Concerns re: quality of interpreters
• Many agencies (too many) need ID badges so we know where they are from
• Different languages are available but no BSL – more awareness needed
• GP responsibility to book interpreting service but this does not work
• 4 or 5 different GP’s but never had an interpreter – used parents to interpret when younger but now independent.
• Other deaf patients get interpreter but I never had one – GP never told me I could have one because I have always managed
• Delay in appointment booking due to availability of interpreter – no good when I need an urgent appointment
• Walk in services – no interpreter available to appointment is difficult
• Always have to remind GP that I need an interpreter. Should happen automatically
• GP reception forgot to book interpreter I then had to wait another 4 weeks – should be on my records
• Communication is an issue
• Same GP for years – they say it’s my responsibility to book not theirs
• Online booking should be able to add BSL interpreter is required but this is not an option
• Responsibility is put on patient to book interpreter – this seems unfair
• Online service for GP is only Mnday to Friday- not weekends very difficult
• Emergency appointment – use “sign live”
• Have asked friend to be interpreter – interpreter is never booked
• Use type talk to book an appointment in 3 weeks time
• Reception say patient has to book interpreter and patient insisted GP should book it – further delay in appointment being re-booked
• Is money the reason why interpreters are not booked by GPs? Do they know?
• Videos in “sign” and BSL on website
• Constant battle of whose responsibility it is to book an interpreter
• Patient was referred to hospital and GP said she didn’t need an interpreter
• Appointment was delayed over confusion as to who should pay for interpreter
• GP attitudes are not good and they need deaf awareness training
• GP talks to interpreter and not to patient
• Small pool of interpreters used
• No evidence to say interpreters don’t turn up – they simply haven’t been booked
• Different interpreting contracts across NHS services – patient has to research which interpreter is being used, hospital use trainees and GPs only use qualified interpreters
• Interpreters move from agency to agency
• Talk to them to find out why they are no longer working for that agency (Leeds Soc for Deaf Blind, Big Word/TOPS, Language solutions……
• Not all good quality, LSDB outsource to other agencies, they outsource to trainee interpreters
• Need to work with both deaf people and interpreters to understand how to fix problems and get right contract in place
• Deaf professional should work in team and get involved in commissioning process – will save money in the long run to get services right
• Too many contracts with different people providing services

Top 3 themes for GP surgeries
1. **Access to Interpreters**
   a. Interpreter didn’t turn up 3 times when booked
   b. Unable to book GP appointment to suit patient – delay due to availability of interpreter
   c. Not enough interpreters available – always fully booked
   d. Patient to register on line but service is limited for deaf patients
   e. Risks for health for urgent appointment – delay in booking interpreters can delay serious illness and consequence waiting for interpreter
   f. Frustration when no interpreter available – have to write it down
   g. Told to ring “on the day” have to visit face to face – can’t get interpreter on the “same day” sometimes use “sign live” on my phone
   h. Interpreters never available on the same day
   i. Have to wait 2 weeks for interpreter but can’t book GP appointment in 2 weeks time
j. Delay in booking appointment due to availability of interpreter – no good when I need an urgent appointment
k. Walk in services – no interpreter available so appointment is difficult
l. Online service for GP is only Monday to Friday – not weekends very difficult
m. Small pool of interpreters used

2. Deaf Awareness
   a. Reception staff shout at me as I’m deaf
   b. GP’s are asking deaf patients to bring family members to interpret
c. I shouldn’t bring my 11 year old to interpret
d. Surgeries should be taught deaf awareness
e. Different languages are available but no BSL – more awareness needed
f. Always have to remind GP I need an interpreter should happen automatically
g. GP reception forgot to book an interpreter which resulted in me waiting another 4 weeks – should be on my records
h. Gps say its patients’ responsibility to book an interpreter
i. Is money the reason why interpreters are not booked by Gps – do they know?
j. Constant battle of whose responsibility it is to book an interpreter
k. GP talks to interpreter and not to the patient

3. Communication
   a. Patients feel interpreters don’t listen
   b. No information sent by practice
c. Frustrated and hurt at not being able to communicate – this causes delays
d. Access Information Standard, all patient should be asked how to access
   information/services – this does not happen
e. BSL preference is ignored on records
f. Online booking – should be able to add BSL interpreter when booking an appointment as an option
g. No evidence to say interpreters don’t turn up – they simply haven’t been booked

Ideas
   Need to work with deaf people and interpreters to understand how to fix problems and
get the right contract in place
   Videos in “sign” and BSL on website
My surgery really good – 20 minute appointments
I experience smooth service with my GP text service (Whitehall surgery)
Use “sign live” for emergency appointments
Gp’s should sign up to “sign live”
Booking online would be good and to include an option of being able to book an interpreter
(BSL) at the same time

Tell us your experience of interpreting services at the hospital
Are you happy with the quality of service that the interpreters provide?

• Depends - it’s a problem for local interpreters. Interpreters need badges to let us know
where they are from. There are so many agencies and it’s complicated. It’s not clear where
people are from.
• If a patient is an inpatient for say, 2 weeks, they don’t get an interpreter. We continue
to ask and ask and ask and the staff don’t act on this. If you’re an inpatient, you have to write
notes backwards and forwards.
• Other people agreed. Deaf people are ‘stuck’ because there’s no communication
when an inpatient.
• Whose responsibility is it to book an interpreter? Hospital or patient?
• Been to Leeds hospitals lots. One hospital is great with deaf people, others have no idea
• I have been visiting for 2.5 years. I received a letter and had to ask my mum to phone and check if an interpreter was booked because it doesn’t say anything on the letter about one being booked. Sometimes my mum has had to travel to the hospital with me when an interpreter hasn’t turned up. This has happened 3 times. Then I had a letter asking if I, the patient could book an interpreter. No! It should be the hospitals responsibility to book an interpreter! I have serious health problems!
• 7 years ago I had an appointment at the hospital. I rely on lip reading now rather than BSL. The doctor who saw me asked ‘Where is your interpreter?’ But I use lip reading so I don’t need one. There isn’t enough D/deaf awareness.
• Sometimes the letters say you can phone up about your appointment - I can’t!
• Sometimes my appointment letter might be sent late, but I don’t get home until late and then I can’t do anything about getting an interpreter for my appointment because nobody is there to call.
• Now, when I have finished an appointment, I book my next one there and then and make sure an interpreter is booked at the same time, but not everyone is able to do this.
• Its better at SJUH
• It depends on each hospital and department. There are so many varied attitudes, some are good, some are not, and this affects the overall service we receive from the hospital
• Patient has been given a PALS leaflet to complain when the interpreter hasn’t turned up but they gave me an out of date leaflet with wrong details. If the leaflet is out of date - tell us, so we know what to expect, and find the correct details for us!
• I have noticed interpreting services are separate - some use agencies not linked to the Leeds service. When interpreter arrives, it might be someone we don’t want for example might be male when we have requested female and vice versa.
• One agency is Topps
• It’s not clear which agencies people are from, they need badges for us to know where they are from. Some have a bad reputation.
• I visit the hospital a lot and I’ve seen large posters about various languages. Why is there not this for deaf people and BSL?
• One time I arrived at hospital on Sunday afternoon and I was looking around, it was very quiet and I went to reception, but there was nobody there. Instead there was a sign saying ring this number. But I am deaf! I have phoned the number and just not spoken but nobody came down to get me. I walked around and found a member of staff, but then they panic because they don’t know what to do. I just want someone to come! Maybe you could have a screen playing a message in BSL? The process needs to be user friendly!
Are your appointments organised depending on when an interpreter is available?
• You have to be registered deaf or be a flag on the system that says the patient is deaf. There should be something on the system
• I think you should arrange with interpreter and THEN make the appointment. Need to make sure the interpreter is available first.
• We want clarification that the interpreter is booked on the appointment letter. This should be a top priority.
• It’s the same for visually impaired people, there should be a flag about having letters in large print but this never happens. We are told it will happen but it doesn’t
• Some deaf people don’t use BSL so don’t assume they do just because they are deaf
• I’m deaf, but my first language is English. Sometimes I’ve had to leave appointments because I can’t understand the doctor’s accent and of course doctors handwriting is unreadable so I can’t even pass notes back and forth
• There needs to be more awareness of D/deaf / hard of hearing. It’s not all the same!
My pregnant wife had an emergency and we went to A&E reception. They were writing down notes and people were trying to talk to us. There was no BSL available and we were panicking because we are deaf and this is an emergency! This was in Maternity at SJUH

• There should be posters at reception I can point at to say I am deaf.
• 2 email addresses obtained of people who want to help.

Table 2
Are you happy with the quality of service that the interpreters provide?
• Nope.
• Well, there’s different interpreters
• Sometimes they are from Leeds, sometimes other areas
• You should get your letter and it should say who your interpreter is. Now I have to ring up, which is difficult.
• Sometimes the appointment has to be postponed because the interpreter isn’t there.
• Obviously if I’m in hospital then it’s serious! It’s just hassle. It should be on the letter and it would be good to know who it is. Otherwise I can cause delays
• We’ve heard about this flag system before but it just doesn’t happen. Other people around the table agreed and remember this being talked about.
• Also, some letters we have no means of contacting the hospital. There’s a telephone number, but that’s no good!!
• We don’t have a choice of who we have - the hospital chooses for us. It might be an interpreter that doesn’t know me - that’s not what I want. I may ask for the same interpreter but I don’t get them. The quality of some interpreters varies, some are great, and some aren’t.
• I sent a complaint to PALS and no action has been taken. This has happened twice
• Yes, I also complained again and again. I have worked with service users for 17 years and nothing ever gets done when you complain
• Sometimes we are given trainees - we are told it’s a budget issue! Service is slipping.
• My son’s heart stopped and the ambulance came. When I arrived at the hospital, numerous calls were made but no interpreter was available. Some said it was too late, others didn’t want to. Doctor said son’s heart is fine and you can go home but I wanted answers! You can’t just tell me its fine when it had stopped! Doctor said come back tomorrow when we can get an interpreter but the patient’s father was unhappy with this as he wanted answers. The doctor then threatened to call social services! The patient and his family stayed overnight until an interpreter visited the next day but not until lunchtime.
• It’s a regular occurrence that the deaf person has to make sure the interpreter is booked.
• What about vulnerable people who don’t know what to do to check if an interpreter has been booked? These appointments are book and should have an interpreter booked at the same time. They don’t open it up to a freelancer which postpones and delays appointments.
• A freelance interpreter was at the event and she is on the list and explained it’s very rare she is contacted. A deaf patient is told there is nobody available, but the freelance interpreter hasn’t even received a phone call!
• Access to healthcare is been denied and we are ignored. Nothing has happened since the last event by HWL in 2014.
• You should have professionals involved saying this is how it’s going to work. Other people are making decisions and not including us.
• Can we film our complaint in BSL and have it translated?
• It feels like providing iPads is just a tick job done. A&E has a responsibility to provide access. I’m able to communicate in written English but that’s a bonus. I’m a Registered Care Manager for a residential home and sometimes have to take patients to A&E to support them.
• There is something called Sign Live but there are many problems with this, like Wi-Fi. It just doesn’t work and 4G is not good in hospitals. Can all staff use Sign Live?
• You’re talking about a general solution with the iPads. It needs to be there and ready to use otherwise there’s no point. You’re just failing at the first hurdle.
• There was a flagging system there in the old days. It feels like we are going back in time.
• There is promotion of Accessible Standards but some staff are unaware of what this even is. It feels like we are 20 years ago.
• Technology - staff say ‘Oh sorry, it’s not available’
• Nobody in the hospital has ever heard of Accessible Standards.
• I’m sick of hearing “We’ll do this” and we’ve been suffering for years. When I saw this event I thought ‘Oh, this again’ (negative). You need deaf people working WITH you. There are deaf people there; you’re just not using us.
• Previously there was a rota for being on call as a Freelance. Deaf people had access to this and could text and say ‘Meet you in A&E in 30 minutes’ this worked well.
• It’s great you want to involve people but I do have a life - I have a job and family. You can’t expect me to just drop everything and volunteer.
• You need a professional in your team! NOT VOLUNTEERS! You need a PAID WORKER. (lots of frustration around this not happening)
• If there’s no budget, what’s the point of us even being here? What’s the point in all of this? This is just the story of our lives!
• It would be good to work with deaf professionals from organisations as they support deaf service users and can help.
• 4 email addresses obtained of people who want to help.

Table 3
Are you happy with the quality of service that the interpreters provide?
• Yes - happy

What do you like about the interpreting service we have?
• Yes, it’s good. It’s fine
• I can lip read well but sometimes I can adapt to different people. I can work with interpreters well.
• When I receive a letter, it doesn’t say if an interpreter has been booked. I text LSDB to see if interpreter is booked when I get appointment for the hospital. I’ll say let me know when I arrive. Now I’m used to Leeds Interpreting Service (LSDB)
• Patients don’t realise who the hospital contract is with.
• I use lip speak at deaf club
• Sometimes two interpreters arrive at the appointment - why?
• The hospital books the appointment but sometimes there is no notification of an interpreter. Then 2 interpreters arrive, sometimes from London
• Sometimes they aren’t always a Yorkshire interpreter and can be from London or Wales. It can get complicated due to regional signs (like accents) and it’s hard to understand
• There is no confirmation as to whether an interpreter is booked because there is just no communication. 2 turn up because the hospital book and then the deaf patient has sourced one too of their own back.
• Some interpreters you know and some you don’t, which can really affect your confidence.
• Appointments are sometimes delayed by months because of no interpreters. It seems to be going downhill.

Are your appointments organised depending on when an interpreter is available?
• Yes I have to change the date and time based around the interpreter
• The hospital should know if the patient is deaf and we don’t want the stress. It’s frustrating! The hospital should know automatically and plan the interpreter before, not when they just turn up and it’s too late. If the letter says it’s booked then fine, but it doesn’t!
  • My husband had problems - an interpreter had not been booked because it had been forgotten. Sometimes I have to write it down for the staff but then the appointments are delayed. I can’t book an interpreter - I have no means to do this!
  • It should be respected when we ask for male or female interpreters but it isn’t always.
  • When I go to hospital and I ask “where is my interpreter?” Staff say they will check. Then they find out there’s nobody and say sorry, hopefully next time there will be one. NEXT TIME??! Then it happens AGAIN “NEXT TIME” I have to get hospital transport and it’s really not easy.
  • My deaf friend fell and went to A&E. there was a communication breakdown and her 11 year old daughter had to come and interpret in an emergency because an interpreter wasn’t available. Her daughter was distressed, upset and crying by the situation. Waited 4-5 hours to be seen by a doctor but still no interpreter! What would happen if the patient had a heart attack or was paralysed? You need to get someone there quick!
  • We need a list of people to contact for quick BSL interpreters
  • You shouldn’t allow children to interpret
  • I went to SJUH at 9am for an appointment and waited hours for an interpreter. The staff shouted my name but because no interpreter was there I couldn’t be seen. An interpreter then showed up - but the interpreter was for a foreign language, not for BSL! The appointment was then delayed for 6 months!

Table 4

Is it helpful to know your interpreter? Are there any circumstances where this could be difficult for you?

• We do need to know who because we need confidence they have experience. If the patient is shy. They might not be comfy discussing issues with the opposite sex. For example, male deaf with female interpreter and vice versa. It does depend on the nature of the appointment though.

Is it helpful to have continuity?

• Depends on the situation. Some people prefer the same interpreter if it’s an on-going or long term condition. If it’s different appointments for various ailments then it wouldn’t be necessary
  • It’s always useful to know - it’s nice to know who to expect. How do you know where they are when you get there?
  • Depends on the nature and appointment itself. I’ve always asked for a female interpreter. It’s would really like to have that choice.
  • I have follow up appointments every 6 months but I don’t know who to expect. How do I know they are for me? I’d like to know beforehand if they are qualified or a trainee.
  • There’s a system for deaf blind patients where the interpreter visits them in their home and escorts them to and from hospital. This is very useful and better than relying on hospital transport.

Is there opportunity to debrief and clarify with interpreter after the appointment?

• Sometimes after the interpreter has attended they will just leave and there is no compassion. They don’t ask if I’m okay. It would be useful if the interpreter asked if the patient requires clarification or has any questions. This doesn’t happen at the moment. Consultation ends and the interpreter leaves and sometimes you can be somewhat left in the dark
  • When I’ve booked an appointment and requested a female interpreter, I’m shocked to see a male one. Fortunately, on those occasions it was nothing sensitive unlike my friend who went for a smear test. She arrived, got ready and the curtain was then pulled back to see a male interpreter which was a shock. The lady felt like she had had her privacy violated.
  • It depends if you have the right interpreter, some can make it difficult.
• It can be overwhelming to have different interpreters. Patient went to 4-5 appointments with chest complaint and it turned out to be pneumonia but this wasn’t communicated to him in the 4 appointment previously is this because the interpreter couldn’t relay the information? Why had they missed that bit?
• I had a hospital appointment to find out some test results. In the consultation I was told what it was and I was shocked. Sometimes information just goes in and out. Especially when you’re in shock. If its cancer and you’re in shock, its important information is passed on correctly and appropriately.
• It’s better to have something visual ie, this is what a good lung looks like and this is what a bad lung looks like. Pictures and diagrams are much better than written information
• Deaf people might just be given a word and they don’t know what it is, so you end up going home and Googling it, which causes more worry. Medical terminology is not great and visuals would be much better.
Do staff communicate effectively?
• Depends. Sometimes at reception you can get by. We can be understood on a basic level. When interpreter arrives I can relax. If staff has no deaf awareness, patients panic even before the appointment.
• Sometimes you can be sent to different areas of the hospital and the interpreter might not know where to go. It would be good to meet the interpreter in a certain place and then go up together.
• My father had to go through a female ward for his appointment. This was not only distressing for my father but the patients’ as well, as they were asking “why is there a man here?” The interpreter was also male and couldn’t get on to the ward so it resulted in a missed appointment.
• Sometimes there are two places that sound the same. I went to one area and the interpreter went to the other.
• It feels like a challenge navigating round hospital. Staff should have deaf-blind awareness training. This should be compulsory!
• Sometimes you can have things written down but when you’re ill it’s really difficult. I just want my interpreter so I can have a voice.
• The intercoms to get onto the wards aren’t helpful for deaf people. This should be raised in deaf awareness training. There should be a camera.
• One time an interpreter came from a different agency and it was a really poor experience. This needs looking in to especially re trainees and qualified interpreters

Other points
• Can we have Wi-Fi hotspots that are strong for deaf people so they can communicate better, ie Sign Live?
• Ensure options are offered to deaf people re communication because one size doesn’t fit all
• There is a BSL M/H sensory lead located in SJUH A&E (?Mental Health Worker for Crisis Team) called Angela. It would be good to link up with her.

Themes
Provision of interpreters
• Patients would like to be assured that a flag is on the system to let staff know they are deaf and have different communication needs.
• There are different suppliers of BSL, including trainees, working within the Hospital
• It’s unclear who is responsible for booking an interpreter - is it hospital staff or is it the patient?
• It would really benefit patients to know if an interpreter has been booked at the point of receiving their letter stating this within the letter
• Appointments need to be made ensuring an interpreter is available
• Out of hours interpreters need to be more readily available in emergencies and staff need to be aware of who to contact and how at short notice.
• There are variations in communication levels within different departments within the hospital(s)
• We shouldn’t assume deaf people need a BSL interpreter - some deaf people prefer English

Interpreter choice
• It would benefit patients to be able to choose their interpreter, particularly gender.
• They would also appreciate continuity of interpreters particularly for long term conditions.
• All interpreters need to wear badges saying which agency they work for

Staff Training
• Deaf Awareness training should be compulsory

Wayfinding
• There should be posters on reception for deaf patients to point to, letting staff know they are deaf
• Patients need an easy way to contact someone to let them know they have arrived or where to go / what to do, particularly when there is nobody on reception.
• Intercoms are not helpful for deaf people when visiting wards

Clinical
• Patients prefer visuals such as pictures and diagrams rather than written information in appointments. This would help with medical terminology that deaf people don’t understand
• Patients would appreciate if the interpreter checked they were okay and needed further clarification before leaving the patient
• Knowing the interpreter helps and increases confidence during the appointment
• Nothing is done for deaf inpatients and they rely on passing notes back and forth which is not ideal or patient centred.

Involvement
• Patients feel very frustrated that they pay into the NHS but healthcare is not as accessible and they feel let down. They feel like they have told us time and time again but nothing gets done and it feels like we are just wasting their time. Deaf professionals would like to get involved and want us to work WITH them and not by doing “Focus groups” with patients. They feel that working with us would be valuable.
• We need a paid deaf professional within the team, working with us to make improvements.

PALS / Complaints
• Ease of access to PALS / Complaints
• Patients are provided with out of date information when requesting to make a complaint

Technology
• Improved wifi for use of apps
• Seek out ipad apps that to enhance communication between staff and patients

Potential solutions
Flag on PAS to state that someone is Deaf, Deaf/Blind to ensure an interpreter is booked
The roll out of Video Interpreting will assist as an option
Apps on ipads in all clinical areas with access to Video Interpreting
Apps on ipads in all clinical areas for BSL apps ie ?Sign Live (is this where you speak in and it dictates what you are saying?)
Screens in reception areas for touch screen navigation on a map

Appendix 2 Survey information
## BSL service survey

1. Introduction

2. Survey

Below are all the things that people told us in 2014. We want to know if things have changed or stayed the same. Please can you tick one box for each issue.

<table>
<thead>
<tr>
<th></th>
<th>This has got better</th>
<th>This has stayed the same</th>
<th>Response Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phoning for an appointment in both GP surgeries and hospitals are not accessible to people from the Deaf community.</td>
<td>40.0% (2)</td>
<td>60.0% (3)</td>
<td>5</td>
</tr>
<tr>
<td>Some staff don't understand how to communicate with Deaf people and hearing impaired people.</td>
<td>0.0% (0)</td>
<td>100.0% (5)</td>
<td>5</td>
</tr>
<tr>
<td>Some health care services did not know that it was their job to book an interpreter.</td>
<td>20.0% (1)</td>
<td>80.0% (4)</td>
<td>5</td>
</tr>
<tr>
<td>Interpreters were not always available for people’s appointments.</td>
<td>0.0% (0)</td>
<td>100.0% (5)</td>
<td>5</td>
</tr>
<tr>
<td>Family members and friends were being asked to interpret for people at their healthcare appointments</td>
<td>0.0% (0)</td>
<td>100.0% (5)</td>
<td>5</td>
</tr>
<tr>
<td>People found it hard to complain when they wanted to.</td>
<td>20.0% (1)</td>
<td>80.0% (4)</td>
<td>5</td>
</tr>
<tr>
<td>It was sometimes difficult when people were referred to other services, for example mental health services.</td>
<td>25.0% (1)</td>
<td>75.0% (3)</td>
<td>4</td>
</tr>
</tbody>
</table>

You can write any other comments you want to about the questions above here. The box will get bigger as you type. (3)

I think healthcare settings need to be more aware of people who are hard of hearing, those who have lost hearing or are losing it may likely not be BSL fluent. They come from a speaking and hearing world and are often lost in the no mans land of communication. As a family member I find it incredibly difficult to support my relative as if I go to an appointment with them to support and take notes on things they are likely to miss or misunderstand, the health professional often switches to talk directly to me instead of him, which he then finds incredibly frustrating and has therefore often chooses not to have a family member present. When you have hearing loss you may be better lip reading. This simply requires a person to slow down the pace of their conversation and be patient/repeat things as necessary and sometimes more creative in the approach. There are specific apps for phones etc (and the notes app) that provide diction and pick up conversation. As a family we use these apps really successfully to ensure my family member is included and to have more in-depth face to face conversations where detail is
Below are all the things that people told us in 2014. We want to know if things have changed or stayed the same. Please can you tick one box for each issue.

<table>
<thead>
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<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>This has got better</td>
<td>This has stayed the same</td>
</tr>
<tr>
<td>40.0%</td>
<td>60.0%</td>
</tr>
</tbody>
</table>

---

This has got better: This could easily be adapted to suit within a healthcare setting and ensure an individual is able to capture conversations accurately. Using the telephone as a hard of hearing person is practically impossible, therefore more emphasis is needed on text/email options. To cancel and rearrange an appointment often has to be done over the phone, I imagine you may find it more efficient for people to be able to do this in different ways and therefore reduce DNA's too.

Hearing Loss has a massive effect on people's welfare. People who have lost their hearing that were born with hearing now severely or profoundly deaf are missed out COMPLETELY.

You need Video Relay Service, you must use SignLive! Please contact them.

**Matrix Charts**

**1.1. Phoning for an appointment in both GP surgeries and hospitals are not accessible to people from the Deaf community.**

<table>
<thead>
<tr>
<th>Analysis</th>
<th>Mean: 1.6</th>
<th>Std. Deviation: 0.49</th>
<th>Satisfaction Rate: 60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance: 0.24</td>
<td>Std. Error: 0.22</td>
<td>5 answered</td>
<td>5</td>
</tr>
</tbody>
</table>

**1.2. Some staff don’t understand how to communicate with Deaf people and hearing impaired people.**

<table>
<thead>
<tr>
<th>Analysis</th>
<th>Mean: 2</th>
<th>Std. Deviation: 0</th>
<th>Satisfaction Rate: 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance: 0</td>
<td>Std. Error: 0</td>
<td>5 answered</td>
<td>5</td>
</tr>
</tbody>
</table>
1.3. Some health care services did not know that it was their job to book an interpreter.

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>This has got better</td>
<td>20.0%</td>
</tr>
<tr>
<td>2</td>
<td>This has stayed the same</td>
<td>80.0%</td>
</tr>
</tbody>
</table>

**Analysis**

<table>
<thead>
<tr>
<th>Mean: 1.8</th>
<th>Std. Deviation: 0.4</th>
<th>Satisfaction Rate: 80</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance: 0.16</td>
<td>Std. Error: 0.18</td>
<td></td>
</tr>
</tbody>
</table>

1.4. Interpreters were not always available for people’s appointments.

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>This has got better</td>
<td>0.0%</td>
</tr>
<tr>
<td>2</td>
<td>This has stayed the same</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

**Analysis**

<table>
<thead>
<tr>
<th>Mean: 2</th>
<th>Std. Deviation: 0</th>
<th>Satisfaction Rate: 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance: 0</td>
<td>Std. Error: 0</td>
<td></td>
</tr>
</tbody>
</table>

1.5. Family members and friends were being asked to interpret for people at their healthcare appointments.

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>This has got better</td>
<td>0.0%</td>
</tr>
<tr>
<td>2</td>
<td>This has stayed the same</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

**Analysis**

<table>
<thead>
<tr>
<th>Mean: 2</th>
<th>Std. Deviation: 0</th>
<th>Satisfaction Rate: 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance: 0</td>
<td>Std. Error: 0</td>
<td></td>
</tr>
</tbody>
</table>

1.6. People found it hard to complain when they wanted to.

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>This has got better</td>
<td>20.0%</td>
</tr>
<tr>
<td>2</td>
<td>This has stayed the same</td>
<td>80.0%</td>
</tr>
</tbody>
</table>

**Analysis**

<table>
<thead>
<tr>
<th>Mean: 1.8</th>
<th>Std. Deviation: 0.4</th>
<th>Satisfaction Rate: 80</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance: 0.16</td>
<td>Std. Error: 0.18</td>
<td></td>
</tr>
</tbody>
</table>
1.7. It was sometimes difficult when people were referred to other services, for example mental health services.

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 This has got better</td>
<td>25.0%</td>
<td>1</td>
</tr>
<tr>
<td>2 This has stayed the same</td>
<td>75.0%</td>
<td>3</td>
</tr>
</tbody>
</table>

**Analysis**

<table>
<thead>
<tr>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Satisfaction Rate</th>
<th>answered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.75</td>
<td>0.43</td>
<td>75</td>
<td>4</td>
</tr>
</tbody>
</table>

Variance: 0.19  Std. Error: 0.22

After your healthcare appointment do you understand everything that you have been told, for example about your diagnosis, medication and what you need to do.

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>20.00%</td>
<td>1</td>
</tr>
</tbody>
</table>
“Help us improve BSL interpreting services for the local NHS”

The Gather, Munro House, Leeds City Centre, LS9 8AG

Wednesday 2nd October 2019

9.30am - 1.00pm

BSL Interpreters and food provided

To book for the event and have your say:


Mobile number (for Leeds Hearing & Sight Loss Service)
is: 07702940888

Email address is: Leedsccg.comms@nhs.net