

Healthwatch Islington Event Report



Experiences of Deaf service users in local hospitals



March 2014

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1. Introduction

About Healthwatch Islington

- 1.1 Healthwatch Islington (HWI) is a user-led independent organisation that is part of the community, led by local volunteers. It is part of a national network of Healthwatch organisations that involve people of all ages and from all sections of the community in local health and social care services.
- 1.2 HWI builds on the knowledge and experience of Islington LINK (Local Involvement Network). It will continue to; gather views from the local community; report these views to the people responsible for local services; engage local people in decisions about services, and monitor services. As part of its work to gather views it has the right to visit services.
- 1.3 HWI also has a new role - to give local people information about local health, care and related complaints services.
- 1.4 In some areas local Healthwatch organisations provide complaints advocacy for people making a complaint about NHS services. For Islington residents, this service will be provided by VoiceAbility: details are given at the end of the report.



Local Healthwatch gather views on people's experiences of health and social care services, one of the ways they can do this is by visiting local services.



Why we held this event

- 1.5 Healthwatch Islington aims to make its service as accessible as possible. For this reason it was agreed that some face-to-face meetings aimed specifically at Deaf service users would ensure that our service reaches the Deaf community.
- 1.6 This event was targeted at Deaf service users by which we mean people with profound hearing loss who use British Sign Language to communicate.
- 1.7 The event was developed with Disability Action in Islington following discussions between DAI, HWI and Deaf service users at the DAI Deaf service users drop-in. Several concerns were raised at the meeting and it was agreed that it would be useful to bring together service users and staff from the relevant hospitals to look for solutions to some of these issues. As these hospitals serve users from surrounding boroughs we also invited Deaf Camden and Haringey residents to join these discussions.
- 1.8 Feedback from Disability Action shows that there are some areas of good practice in supporting Deaf service users to access health and social care services, For example, GPs in Islington commission interpreting support from

Islington Council's Sign Language Interpreting Service and this seems to be working for Deaf service users accessing the GP.

- 1.9 Service users also raised a range of concerns about experiences in local hospitals, these included a lack of staff understanding about being Deaf; a lack of interpreting available to service users even following a GP referral that highlights this need, a lack of information about whether an interpreter will be at an appointment; and one example in which a patient felt that the interpreter used may not be suitably qualified to interpret.
- 1.10 The aim of this event was to create an opportunity to work together to improve experiences and outcomes for Deaf patients and their families/ carers and children, and to encourage and support good practice,
- 1.11 We also hoped to start to develop a joint protocol so that patients know what to expect when arriving at a service, and services know what they need to deliver to support patients effectively.

2. Presentations

Emma outlined the role of Healthwatch Islington and the aims of the meeting as set out above.

British Deaf Association, Graham Welton - Community Development Officer

Graham introduced the work that the British Deaf Association has been carrying out to support health providers to make services more accessible to Deaf people. They have developed a five point agreement which focusses on:

1. Ensure access for Deaf people to information and services at first points of contact
2. Promote equal access in health settings, particularly in reception areas
3. Ensure accurate diagnosis and appropriate treatment
4. Provide clear and concise information about treatment and management of health
5. Engage and involve with local Deaf communities on a regular basis

Graham quoted service user's own examples of good and bad practice that they had experienced. These included problems with understanding information; not being able to make appointments without going to a service because phone lines are not accessible and on-line booking is not always offered; inconsistency between services - some do a great job of understanding Deaf service users' needs; the stress of sitting in the waiting area and having to keep alert to when patients are called as

you won't hear your own name; the difficulties of relying on written notes with illegible handwriting whilst waiting for interpreters.

Graham highlighted the concerns raised by a Deaf couple who were not given access to an interpreter for the birth of their son at University College Hospital.

<http://www.theguardian.com/society/2014/jan/19/deaf-couple-lack-interpreter-birth-university-college-hospital-london>

The British Deaf Association can link up with all health and social care related organisations, including Patient Advice and Liaison Services (PALS) if needed.

Feedback from participants included:

- **Three GP practices in Islington now have a video-phone** for making appointments. These are: River Place, Islington Central Medical Centre and the Village Practice.
- Waiting areas can be stressful because you don't know when it's your turn.
- Often you don't know whether an interpreter provided or not, or I am asked to call if I need one. **It would be good to let us know if there will be an interpreter when the appointment is booked.**
- **Deaf friendly staff** often move on.
- Sometimes staff will write things down for you, but they can't write it all, and they often have bad handwriting and you can't read what they have written. I was being asked to write things down but I couldn't because I was attached to a drip.
- Agency interpreters may not be local and may not know local signs. Sometimes **you might prefer to work with a particular interpreter** or to have a male or female interpreter. The council offer this, which is good.
- **Some doctors are Deaf aware**, they are popular and you can't always see them.
- **DVDs on health and care would be helpful.**
- Some staff are not aware of how to book interpreters or what support to offer Deaf patients.

Royal Free Hospital, Jackie Macklin - Interim Equality and Diversity Operational Project Lead

At the Royal Free London, interpreters are booked through the Patient Advice and Liaison Service (PALS). There is a central budget for this. The only restrictions on bookings is the availability of interpreters from the agency that provides this service, Big Word. The Trust has received feedback to suggest the booked interpreters have not, on some occasions, been up to standard, this has been raised with the agency and is a key element of the work of the Camden Sensory Forum Short Life Group.

The Camden Sensory Forum Short-life Group has membership of healthcare providers for the residents of Camden and includes University College Hospital (Warren Street) and the Whittington (Archway). The short-term forum has three sub committees for

- IT - in particular flagging systems,
- Patient Experience - patient information
- PALS or the BSL booking service for each NHS organisation.

The Royal Free are running a project to ‘flag’ patients with learning disabilities, so when they arrive at the hospital their notes make staff aware of their needs. This can only be completed for people who are or have been patients of the hospital as they do not have the right to record information about people who have not attended the hospital. This has been completed for Barnet residents and Camden will be next.

Jackie spoke of the Local Authority Equality Standards that date back to the 1990’s. She said that this was why Local Authorities are able to provide better support for Deaf service users. Health care now has stronger standards too, with the introduction of the Equality Delivery System in 2011.

The Trust’ Interpretation Policy is very clear about interpretation in all languages:

- No children, under 16, are to be asked to interpret.
- Family members are not expected to interpret. If the communication is urgent and there is a family member who can ensure the patient receives immediate treatment by acting as an interpreter until one can be booked, that is acceptable if the patient and interpreter agree. e.g. urgent admission to A&E, The patient may be offered the option to communicate on paper, but only if they agree and only as an interim measure.
- If a family member is asked to interpret by the patient, the clinician has a right to book an interpreter if they believe the medical language and options are not being conveyed in a way to allow the patient to make informed consent.

The Trust Interpretation Policy is in the final stages of being agreed. All referrals to the hospital are checked and interpreters booked if the electronic booking system highlights the access need highlighted. Jackie mentioned that this information is frequently missing. Patients are welcome to contact PALS by email through the public website to check if an interpreter has been booked for their appointment.

Comments from service users included:

- The importance of making complaints procedures accessible.
- Big Word booked an interpreter who was hard of hearing and couldn't interpret for me.
- **It would be good to know the name of the interpreter in advance** in case you have had a bad experience with them in the past or are worried about any conflicts of interest. Attendees asked if there was any way they could **give feedback on the standard of interpreting.**
- One participant noted that sometimes the issue is the skills of the doctor not of the interpreter, some doctors do not speak English clearly.
- At University College Hospital, they booked an interpreter for a breast screening examination. They knew I was a woman from my name. The interpreter was a male and I was told I would have to wait longer if I wanted a female interpreter so I just went along with it.
- At the Whittington I has asked for an interpreter but no-one was there. They assumed my daughter would interpret and it seemed that my records said this. I had never agreed to that. My appointment had to be postponed. I don't know why this was on my records without my knowledge. **Now I text the interpreter to check that they are going to be there,** I know I shouldn't but it reassures me. - The hospitals stated that the Electronic Patient Record does highlight that an interpreter is needed, but that staff across all departments needs to be trained. It was also noted that computer systems don't always make things easier and can make it difficult to do simple things such as include information on whether an interpreter has been booked when confirming an appointment.
- A participant said that University College Hospital had not booked her an interpreter when she needed one and then advised her to book one herself. The patient complained about this through the council.

- Another patient had turned up for four appointments in a row at University College Hospital and each time no interpreter had been booked. When they complained about this they were told it was a problem with the IT. Then at the Whitechapel Hospital, the patient turned up for their appointment but the interpreter did not and yet the patient was marked down as not having attended. Similarly, another patient had an appointment and interpreter booked but the long wait for the appointment meant that the interpreter was due to leave before the patient was called. The patient had to insist on being seen with the interpreter.
- One person described waiting at A&E for longer than necessary after not hearing their name. Another praised **the use of vibrating buzzers** at Whittington hospital so that patients know when their appointment is being called. Though a patient at University College Hospital had been lucky enough to be able to lip-read his name being called out as he was looking in the right direction at the time (despite there being four staff calling out to patients).
- Patients reported being told to hold their breath for x-rays but then no-one letting them know when they could stop holding it.
- There were examples of interpreters being asked to leave the room for certain procedures, but concerns from patients that without the interpreter present the patient does not know what is happening. The Whittington agreed that staff awareness of patient needs was required. Royal Free noted that their theatre teams meet each morning to assess whether any patients for that day have any particular requirements. Action on Hearing Loss pointed out that they can offer free training on this. Others agreed that training in medical school was vital.
- Regarding the Ear Nose and Throat Hospital, now part of University College Hospital, it was felt that the service focussed more on the needs of hearing aid users than on Deaf BSL users and that assessments were too quick for people using interpreters. Patients talked about different rapport being noticeable within the two parts of this service. One patient felt that the hospital tried to push her towards having a cochlear implant for her child when she wanted this to be her child's decision.
- Several respondents referred to the difficulties of making appointments and that if you need to change an appointment or want to check if an interpreter has been booked then this often needs to be done by email.

3. Follow Up

- Ensure that as far as possible, staff who are responsible for booking appointments offer choice of interpreter gender to patients (where practicable).
- Encourage staff Deaf champions and ensure Deaf awareness training is available to all staff and undertaken by all front-line staff. Ensure that clinical staff are aware of the rights of people using interpreters to keep the interpreter with them during for example under local anaesthetic for a minor surgical procedure.
- Ensure that appointment letters for Deaf patients:
 - Information on whether an interpreter has been booked
 - Email or SMS contact details in case changes to bookings are needed
 - Highlight that this service user may need to be seen before others if there are long waits (as interpreters are only available for a booked time)
- Encourage pre-theatre meetings at which consultants can consult patient records and assess whether any patients have additional needs and how to manage this.

Healthwatch Islington Membership Form

Contact details

Title First name Surname

Organisation (if applicable)

Address

Post code Email

Telephone Number

Mobile Number

My areas of interest / expertise in health and social care are:

Primary Care (eg doctors, dentists, podiatry, eye tests)

Secondary Care (eg hospitals, specialist clinics)

Social / Community Care (eg Meals on Wheels/Home Help/District nurse)

Residential Care and Nursing Homes

Emergency services (e.g. ambulance service)

Other (Please state)

I am interested in services for:

Children & Young People

Older People

Carers

Disabled People

People with learning difficulties

People with mental health issues

Black and Minority Ethnic (BME)

Lesbian, Gay, Bisexual and Transgender (LGBT)

Other

Data Protection

Any information you have given us here will be treated as confidential.

We will not share your contact details unless indicated below.

Please tick the box to **share** your contact details with other LINK members

Equality monitoring form

We would like to gather monitoring information so that we can understand the diversity of the people involved with the LINK to make sure that we are reaching out to the whole community. We are required by the Department of Health to record this data. You do not have to complete this form.

Please help us by answering these questions:

1. Are you?

Male Female Transgender Transsexual

2. Would you describe yourself as?

- White British
 White Irish
 White Other: please specify
 Black British
 Black - African
 Black - Caribbean
 Black - other: please specify
 British Asian
 Indian
 Pakistani
 Bangladeshi
 Chinese
 Other - please specify

3. Would you describe yourself as having a disability?

- No
 Yes - please describe in your own words:

4. Would you describe yourself as:

Gay man Lesbian woman Bisexual Heterosexual

5. Which age group do you belong to?

Under 18 years 18 to 30 years 31 to 45 years 46 to 60 years
 61 to 75 years 76 years & over

6. Do you have a religion or belief?

- No
 Yes - please specify:

