



**Access to Health and Social Care
Services as experienced by people with
a Sensory Impairment**

May 2019

Introduction

Local Healthwatches have been set up across England to create a strong, independent consumer champion with the aim to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services to better meet their needs.
- Support people to find the right health and social care services for them by providing appropriate information, advice and signposting.

Healthwatch Stockton-on-Tees works with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services. This doesn't just mean improving services today but influencing and shaping services to meet the needs of the local communities tomorrow.

Healthwatch Stockton-on-Tees is steered by a Board of volunteers, commissioned by the Local Authority and accountable to the public. Healthwatch Stockton-on-Tees are the only non-statutory body whose sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak-out on their behalf. The service is managed by Pioneering Care Partnership, a leading third-sector charitable organisation aiming to improve health, wellbeing and learning for all.

Healthwatch has:

- The statutory right to be listened to; Providers and Commissioners must respond to Healthwatch within 20 days of submission of requests for information or reports.
- The statutory power to Enter & View publicly funded health and social care services.
- A statutory seat on the Health and Wellbeing Board.

Rationale

The aim of this work was to better understand the experiences of those with sensory impairments and to gather their views and experiences of accessing local health & care services. Healthwatch Stockton-on-Tees' aim was to identify if service users with a sensory impairment felt their needs are being met and if not, how improvements could be made to better understand their experiences in the future.

Background Information

People who have a sensory impairment may find it difficult to communicate with health and social care professionals. They can often struggle to access services when they need to. This can lead to confusion over diagnosis and treatment resulting in ineffective care.

Action on Hearing Loss' 'On the Record - Good Practice?' report states that:

- Research shows that one in seven people with a sensory impairment (14%) had missed an appointment because they didn't hear their name being called in the waiting room.
- Two thirds of people who are deaf or have hearing loss feel unclear about the health advice after their GP appointments.
- Only 1 in 10 of people with a sensory impairment have been asked about their communication needs.
- One-quarter (26%) of people with a sensory impairment ask other people to book appointments for them, but less than one in 12 (7%), want to book appointments in this way.
- Two-fifths (43%) of people with a hearing impairment said that staff at their GP surgery call their name out when it's their turn to be seen by the doctor or nurse.

In 2015, NHS England launched the Accessible Information Standard. This sets out clearly how and why health and social care services should make a “dramatic improvement” in meeting the communication and information needs of people with disabilities and sensory impairment.

To meet the legal requirements of the Standard, NHS and adult social care services must:

1. **Ask** people if they need support to communicate well and understand information.
2. **Record** information about these needs in a consistent way.
3. Highlight or **flag** needs on patient records to make sure they are visible to staff.
4. **Share** needs with other services when someone is discharged from hospital or referred elsewhere for treatment or care.
5. Provide support to **meet** needs, such as an accessible alternative to the phone or a qualified BSL interpreter.

Methodology

Healthwatch Stockton-on-Tees designed and circulated a questionnaire to gather feedback (Appendix 1). The staff team also made contact with a number of sensory impairment support groups and carried out engagement with services users to gather feedback.

Healthwatch Stockton-on-Tees engaged with the following groups:

- Focus on Vision's Macular Degeneration Support Group
- Socialites Visual Impairment Support Group
- Teesside and District Society for the Blind
- Middlesbrough Deaf Centre (engagement with Stockton residents)

Results

Healthwatch Stockton-on-Tees engaged with a total of 35 members of the community, 10 of which had a hearing impairment, 22 who had a sight impairment and three people who had both a hearing and sight impairment.

When we asked the service users if they had heard about the Accessible Information Standard, only a few people were aware of this.

Visual Impairment Engagement

Hospital Services

Service users shared their experiences of attending the Ophthalmology department at The James Cook University Hospital. A number of service users felt that the department carries out unnecessary vision tests before they are seen for their appointment. It was suggested that a simple 'colour coding' system could be used whereby coloured stickers are put on the front of patient notes allowing staff to see at a glance who requires a vision test before an appointment. This system would also highlight those who did not require the test. It is believed that this will cut down waiting times and reduce undue stress on patients. It will also help the patients to feel as though they have been listened to instead of having to repeat themselves at every appointment when stipulating that they do not require certain vision tests.

Some attendees also raised concerns that they are regularly being requested to attend diabetic retinopathy screening when this is not required, even though they have tried to tell the service about this. Notes are not being updated as required as appointment requests are still being sent out.

GP Surgeries

Concerns were raised about the self-service check-in screens at GP surgeries and how they are not accessible to service users with a visual impairment. It was suggested that an audio option be made available similar to what has been set up at some ATM machines.

It was highlighted that the GP waiting rooms are not always on the ground floor and in some cases there is no reception desk or intercom system which can cause difficulties in accessing these services should any additional support be required.

A significant number of service users explained how difficult it was to make appointments at GP surgeries. For individuals who are unable to use a phone, they will often endeavour to go to the surgery to make an appointment. However, they are often unable to do so due to practice policy which states that patients must ring at 8am every morning should they wish to make a same day appointment.

On a positive note, a number of service users confirmed that when they are accessing GP services and they request assistance in being collected from the waiting area to be taken into their appointment no one had ever had a problem obtaining the help needed.

Dentists

Healthwatch gathered a lot of positive feedback about access to dentists by those with a sensory impairment. Dental Practices appear to be aware of their patient's additional communication needs and provide necessary support when needed e.g. offering ground floor appointments and dentists removing their masks when speaking to patients. Those who spoke to us said that they felt that dentists were aware and understanding of their needs and knew their patients very well.

Social Care

In relation to social care for people with a visual impairment, the overall consensus was that Stockton-on-Tees Adult Social Care Services are very good and very responsive, particularly in relation to providing adaptations to homes. All issues were sorted out quickly and there were no reported problems when needing to re-open a case.

Communication

Service users with visual impairments explained that they currently receive information about appointments in a variety of ways i.e. text messages, letters and phone calls. However, none of the service users we spoke to said that they have ever been asked if they have a preferred method of communication.

Patient Transport Service

Feedback regarding the Patient Transport Service was received with issues discussed around the fact that people were picked up very early to go to their appointment. This meant they were often waiting around for significantly long periods whilst waiting of their appointment time and again before getting home again. Despite this, the feedback about the Patient Transport Service was positive and patients felt that the staff were very good at getting people to their appointment, checked in and sitting in the waiting room before leaving for their next patient.

Hearing Impairments Engagement

Communication

Service users with a hearing impairment, for whom English is not their first language, told us that when they receive a letter from their GP or hospital they can find them difficult to interpret. Text messages appeared to be the preferred method of communication for individuals with a hearing impairment.

When patients with a hearing impairment receive appointment letters and they need to rearrange the appointment, the letters usually state that they must ring to make any changes. Often this will result in them relying on friends and family to ring up on their behalf, only to be told that they could only speak to the patient, even when the situation was explained to them.

The majority of GP Practices now have online appointment booking systems which are available for people with a hearing impairment however, a majority of people do not have access to a computer therefore this can be a barrier.

'I can't book an appointment unless I have a hearing person with me to do it. I can't get an appointment quickly, it is always a long time. If I have to book an appointment myself, I have to go into the doctors to do it.'

It was suggested that services should look at using new technology such as 'Sign Live' which is a video interpreting service. The service is visual communication which allows people with a hearing impairment anywhere in the world to communicate with anyone, at any time, using an app which connects them to a qualified British Sign Language interpreter.

There appears to be a number of problems with the current interpreting service used:

'I have arrived at appointments and no interpreter has been booked.'

'Some interpreters are great, some not so good.'

'When an interpreter is booked, I would like to be sent the name of who it is. If I inform the doctors of an interpreter I don't want, I expect the doctors to respect this and make sure they are not booked.'

Concerns were raised by service users with a hearing impairment needing an emergency GP appointment as it was very difficult to get an interpreter booked in an emergency. That is where service users felt that 'Sign Live' would be beneficial to both medical staff and the patients.

'Sometimes the doctors forget to book an interpreter. I have asked the doctors to not book a certain interpreter yet they have done. If I have or need an emergency appointment, it is not possible as an interpreter needs to be booked weeks in advance.'

GP Surgeries

Many GP's have visual displays which patients can look at to see when their name is being called for their appointment however, there are still some surgeries without this facility. One service user shared his experience of missing several GP appointments because they do not have a visual display and now asks for the GP to come into the waiting room to collect him for his appointment.

Case Study 1

One patient informed us that her surgery gives out numbers when you arrive and someone comes into the waiting room and calls out the number which she would often miss. Now she gives her number to the receptionist who comes over and lets her know when her number has been called.

Another person attending our focus group, who had the same system at their GP thought this was a good idea and would like all GP surgeries and receptionists to consider providing this additional communication support.

Hospital Appointments

Case Study 2

One of the people who spoke to us was profoundly deaf and was taking her hearing grandson to a hospital appointment. She requested for an interpreter to be booked to assist. When they got to the hospital there was no interpreter. As they did not want to miss the appointment the family ended up FaceTiming a BSL interpreter. They were unable to use a professional interpreter. The grandmother had also tried to book patient transport for the appointment. This had proved to be too difficult to arrange due to communication barriers so the lady booked and paid for a taxi instead.

Hospitals have a computer system which flags up when a patient is deaf and requires an interpreter. However, problems still appear to arise, such as an interpreter not been booked or the interpreter booked not being suitably qualified. It is vital that interpreters relay the correct information, especially when the information refers to vital health and social care needs. Healthwatch Stockton-on-Tees was told that often Communication Support Workers are sent as interpreters for appointments and they are not always suitable or qualified for this role.

Service users requested that alerts be placed on the hospital computer systems for relatives e.g. children / partners so that when there will be a deaf person accompanying them, they can be communicated with during the appointment. It should also be noted that some people like the continuity of using the same interpreter each time but for others it is not important.

In another Local Authority area, the Trust and the Council use video remote interpreting via the computer which give deaf people full and easy access. Feedback suggests that this system is good for quick enquiries but not so good if it were an hour long appointment.

Social Workers

Healthwatch staff were told that social workers from the Middlesbrough and Redcar area often visit the Middlesbrough Deaf Centre but unfortunately there is no frequent contact with social workers from the Stockton-on-Tees area. There also appears to be a lack of information about how people with a sensory impairment can contact social care services. Healthwatch staff were also informed that there is a long wait for people to get a response after they have contacted the Local Authority or a referral has been made on their behalf.

‘We have to jump through hoops in Stockton’

‘I don't get a quick response if I text the Social Worker - a hearing person would be able to phone and get an answer straight away.’

‘If I needed to contact social services, I wouldn't know how to go about it.’

Individuals are required to fill in detailed referral forms and it can take a long time for a social worker to respond; this can be problematic to service users who require immediate support.

Case Study 3

One of the people we spoke to advised that a referral was completed for an assessment on their behalf. The referral stated that they were deaf and requested communications were sent via text message. They subsequently received phone calls and two letters, which they were unable to respond to. Eventually they took one of the letters to the Middlesbrough Deaf Centre where a member of staff contacted the social worker to explain why they had been unable to respond. One of the letters stated that as the person had not made contact they were closing the case. This was very distressing for the individual.

Staff Training

Following consultation, a number of the people we spoke to felt that all health and social care staff should complete sensory impairment awareness training. They felt that this would ensure that all staff are aware of the communication needs of individuals with sensory impairments. Training would also allow staff to look at ways of improving their accessibility and overall service to ensure their individual needs are met.

Signposting and Support

One of the suggestions made was about whether or not GP surgeries / healthcare providers could be given more information to better equip them to signpost people diagnosed with sensory loss. They also felt that this information could assist with the ‘check-in’ service used to make sure that patients are managing. Currently, following diagnosis, the people we spoke to told us that they felt like they are left to ‘get on with it’. It was clear that support groups are not widely promoted

therefore they can be difficult to find as they are not advertised by healthcare providers.

Conclusion

The introduction of the Accessible Information Standard, made it a legal requirement for all NHS care or adult social care organisations to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand. This legal requirement ensures people can communicate effectively. However, our findings highlight that individuals with a sensory impairment are still experiencing difficulties on a regular basis when accessing health and social care services.

Recommendations

Following on from our engagement with individuals with a sensory impairment in Stockton-on-Tees, Healthwatch sets out the following recommendations. We have been informed that these simple steps will help to improve the patient experience when using health and social care services for the group highlighted in the report:

- All Health and Social Care services should have systems and facilities in place to support those with a sensory impairment. Services should have clear and consistent methods for individuals with sensory impairments to access or contact them e.g. Text phone in GP surgeries for patients to make appointments. Health and Social Care services should also have provision in place to support those with a sensory impairment with completing forms, booking appointments, checking-in, etc. Health and Social Care services should acknowledge those with sensory impairments may need longer appointment times and there should be flexibility to allow this to happen.
- All health care staff, including receptionists should receive Accessible Information Standard and sensory impairment training to ensure staff can:
 - Identify situations where people who have a sensory impairment might face communication barriers before they happen.
 - Establish ways to improve accessibility for people with a sensory impairment.
 - Understand a range of communication methods used by people who have sight or hearing loss.
 - Demonstrate confidence in communicating with and supporting people with a sensory impairment.
- Health and Social Care services should install visual displays and voice alerts in reception areas to enable people who are deaf/hard of hearing or people with visual impairments, to know when it is their turn for an appointment. Alternatively, service should train relevant staff or volunteers to alert people in an appropriate way.
- Health and Social Care services should ensure that all written communication directed to people is written in accessible formats as

indicated by the individual. They should also provide all methods of contact to ensure both deaf and blind people can contact the service.

- Feedback highlighted the importance of advocacy services and support groups and pointed out that the current health and social care services do not offer any promotion or signposting to support services. Individuals feel there is a need for advocates who could help them navigate the system along with support groups to talk to people in similar positions.
- Individuals with a hearing impairment explained that they often use family members as interpreters due to the lack of availability of BSL interpreters, e.g. emergency appointments at GP Practices and in A&E. Services should explore widening the availability of available technology, e.g. video interpreting to enable individuals to have access to a BSL interpreter in emergency situations.
- Individuals with a hearing impairment told us that they often feel frustrated with waiting times for an interpreter as well as the amount of time it takes for interpreters to turn up at booked appointments. On occasions some do not turn up despite being booked in advance. Health and Social Care services should ensure that they use fully qualified BSL interpreters for medical appointments and arrangements made to ensure that interpreters are booked in advance and attendance is confirmed with the person prior to the appointment.
- Social Care provision for people with a sight loss was found to be working well, however, those who had a hearing impairment felt that improvements were required. It was felt that improved communication is required between social workers and those accessing the service to ensure their needs are understood and met in a timely manner. e.g. more support provided to help people complete forms. In addition the service should be easily accessible, e.g. helpline phone/text number for individuals with additional communication needs.

Acknowledgements

Healthwatch Stockton-on-Tees would like to thank all of the individuals who completed our questionnaire as well as the following support groups for sharing their views and experiences with us:

- Focus on Vision's Macular Degeneration Support Group
- Socialites Visual Impairment Support Group
- Teesside and District Society for the Blind
- Middlesbrough Deaf Centre

Healthwatch Stockton-on-Tees would also like to thank CJ Interpreting Service for providing us with a BSL interpreter for our engagement event and for advising us on the best methods to use when engaging with people with a hearing impairment.

Sensory Impairment Questionnaire

Healthwatch Stockton-on-Tees are gathering feedback from services users with a sensory impairment, their family members and carers to find out about their experiences of accessing health and social care services in Stockton-on-Tees.

All feedback will be anonymous and will be used to help to shape current and future service provision.

Please provide details of the following:

Gender	
Age	
Postcode	

1. Which sensory impairment do you have:

- Hearing Impairment
- Sight Impairment
- Hearing and Sight Impairment

2. Have you heard about the Accessible Information Standard?

- Yes
- No

Comments:

3. What is your preferred method of communication?

- Large print (LP)
- Phone
- Text message
- Email (and, for the visually impaired, the subsequent use of a screen reader)
- Audio
- Signed video or physical interpreter
- Other (please state)

4. Do you feel able and confident to contact health and social care services to make appointments / access information?

- Yes
- No

Comments:

5. Do you feel that there are adequate adaptations / systems in place to support you to access health and social care services with a sensory impairment?

- Yes
- No

Comments:

6. When you are talking to health and social care staff such as Doctors, nurses, dentists, consultants or care staff, do you feel that your needs are understood?

- Yes
- No

Comments:

7. If you require an interpreter for health and social care appointments, is this arranged for you by the service provider?

- Yes, all the time
- Sometimes
- Rarely
- Never
- N/A

Comments:

8. Does the current interpreting service meet your communication needs?

- Yes
- No
- N/A

Comments:

9. Do you feel any changes / improvements need to be made to help improve your experience of health and social care services? If yes, please give details.

- Yes
- No

Comments:

10. How would you rate the following services with regards to accessibility for people with a sensory impairment?

Service	Excellent	Good	Ok	Poor	Very Poor	Don't Know
GP						
Dentist						
Optician						
Pharmacy						
Social Care						
Mental Health						
Sexual Health						
Hospital						
Other (please state)						

11. Is there any other feedback you would like to share about your experience of accessing health and social care services with a sensory impairment?

If you would like to receive regular updates about Healthwatch Stockton-on-Tees including our newsletters, please leave your contact details below:

Name:

Address:

Telephone Number:

Email Address:

Thank you for taking the time to complete this questionnaire.