

P-04-350 Problems with the NHS for the Deaf - Consultation Response

1. Have you or someone you know experienced problems such as those described in the petition? If so, perhaps you could provide us with an outline of what happened.

Deaf / deaf and hearing impaired population are not one homogenous group. Deaf people have may have English as their first language, you cannot automatically assume because they are deaf or hearing impaired British sign language is their first or preferred language. Many deaf people become deaf later in life or are brought up orally from birth prefer to communicate via English. Little d deaf people (orally deaf) still experience the same difficulties in hearing appointments / hearing on the phone to book appointments etc as pre-lingually Deaf people and still need the NHS to provide communication support such as lip speaker, or a t-loop in waiting room, ward and consulting room as well as a British sign language interpreter option. You cannot mistake translators for interpreters there is a difference. British sign language interpreters are not translators or signers as they are sometimes called.

Personally I have very nearly missed my hospital appointments at hospitals in Ystrad Mynach, Cardiff and Barry due to communication problems, i.e. I cannot hear my name being called even though I alert the reception on arrival that I am deaf. I keep reminding the staff there that I am deaf and can't hear my name; they forget to pass it on. My last hospital it was sheer luck my name was the one that had been called out I missed it and approached a doctor stating that did he know I was deaf and I also asked a nurse whether my name had been called out he pointed to a name on the file, he just called out and low and behold it was mine. I cannot relax in the waiting room being on constant alert for trying and struggling to hear my turn adds extra stress to an already stressful time. Also the consulting room / receptions in these hospitals very have a loop system in place and sometimes the layout of the waiting room is awful, acoustics is poor, the lighting is dark which makes lip reading even at the best of times incredibly difficult. I'd prefer to have the option of having a British sign language interpreter with me at appointments but such information is rarely offered / mentioned by nhs staff.

Another issue is the layout of the consultation room, I very often have to rearrange the seating so I am able to be close enough to the Dr to be able to try and lip read, and I do ask to look at the computer / my notes to try and gauge and second guess what the Dr is actually saying and what information he wants from me. Conversing with the doctor is a struggle if a mistake has been made I wouldn't know immediately therefore my treatment / diagnosis could be wrong which could detriment my health as I'd only pick up on it if I

receive a follow up letter which is rare. I am lucky as I am confident to ask for clarification before answering the Drs questions in the consultation. Other patients may feel intimidated by their Dr and avoid asking for clarification instead they may only nod and gauge information / mood from body language without fully understanding the information conveyed. It is possible that some deaf people leave the consultation room none the wiser as to when they went in. Occasionally I am one of them despite my best efforts to understand the content on the consultation and after I had sought clarification.

I would like to see viewing boards in all waiting rooms throughout the NHS, hospitals / GP surgeries as it would take away some of the anxiety of waiting to be called without having to be on the alert the whole time trying to remember which patients were here before and who arrived afterwards hoping you are called in order. While waiting to be verbally called as a deaf person I cannot relax for one moment.

2. What are the barriers to providing facilities such as mobile text services, loop systems, viewing boards and translators in the NHS?

British sign language interpreters are not translators so I am assuming by translators you mean interpreters in this question.

The biggest barrier is cost. My dentist still provides text reminders, however my GP has stopped this service due to the expense. I found the text reminder very useful. It would be good if Hospitals, GPs and dental surgeries had such a system in place not only for reminders but for booking appointments too.

After cost I'd say knowledge and lack of information are barriers because some NHS staff do not know what a t loop system is let alone how to switch one. Booking interpreters is often a mystery too even when you explain having an interpreter is necessary, reception staff sometimes start to panic as they don't know how to go about booking an interpreter, who to contact, the need to book in advance and not the day before the appointment, if appointment is cancelled at the last minute the nhs may still have to pay a cancellation fee, financial implications of cancellations is not always known about when Deaf people, who have an bsl interpreter, appointments are cancelled.

3. In your view, would the provision of these facilities solve the problems outlined in the petition or should something else be done?

Viewing boards of patient names would be good. You would have to make sure viewing boards are for names of patients only and not only for adverts to stop drinking and driving etc which are something I have viewed in an English GP surgery in the past.

More could be done from managerial level to patient facing staff level to aid understanding of the barriers faced by D / deaf, hearing impaired patients. Provision of disability equality and deaf equality training which delivered by appropriate qualified disabled people and is regularly refreshed is essential

for health professional to gain some understand of their Deaf/deaf/hearing impaired patients.

Knowledge of etiquette of working with a British sign language when consulting with a Deaf patient is essential. Drs may think that interpreters are an invasion of D/deaf patients' privacy without them understanding that interpreters are qualified professionals who abide by confidentiality code of ethics. Drs very often talk to the interpreter and not to the deaf patient and may ask interpreters information about the deaf person thus assuming that the interpreters knows everything about the deaf person when in practice they could have only just met in the waiting room minutes before the appointment and are strangers. Again this links to some Drs views that interpreters must be deaf patients friends and do not fathom that interpreting is actually a professional job.