

Considerations for patients who are Deaf and use BSL to communicate

Recently colleagues from NHS Norfolk and Waveney Integrated Care Board (ICB) met with members of the Deaf community and their support network, Deaf Connexions.

We heard from them about their challenges in accessing health and care services. The feedback they provided has highlighted the challenges faced by people who use British Sign Language (BSL) to communicate, and their families and carers.

Below are some of the topics that we discussed, and some suggested actions for healthcare providers to consider to help mitigate the challenges raised:

- [Making and attending appointments](#)
- [Communications](#)
- [Booking interpreters](#)
- [Using digital screens for interpreter's sessions](#)
- [999 / the ambulance service](#)
- [The complaints process](#)

Making and Attending Appointments

We heard from the Deaf community that:

- Many Deaf people don't have access to or are not confident with digital platforms and are unable to communicate over the telephone. Some people may not be able to read or write in English as their first language is BSL. They also may not be able to lip read. The expectation to make healthcare appointments online or over the telephone excludes many who are Deaf.
- For a Deaf person to make appointments for healthcare services – either online, over the phone, or in person – requires support from organisations such as Deaf Connexions, an interpreter, or reliance on family/friends/carers.
- Many Deaf patients are also being asked to rely on partners, friends, and family to attend appointments with them. This robs them of their privacy and dignity in discussing intimate and private healthcare matters, and it also creates **Safeguarding risks**.

What can healthcare providers do to help Deaf patients?

- Many Deaf people have told us about how anxious they feel engaging with health and care services, when they don't know if an interpreter will be present and appointments are often cancelled at short notice. Checking and confirming the interpreter will be present and that they have been booked for a sufficient amount of time (bearing in mind clinics can run late) can make the experience better. If the clinic is running late and the interpreter won't be able to stay, consider seeing the Deaf individual out of turn.
- If you are undertaking an examination during a consultation with a patient, have you checked that the interpreter will be acceptable to the Deaf person as they must be in the room during the examination to communicate (for example, a female interpreter for a cervical smear).
- When you are referring a Deaf person who uses BSL to another service, please make sure you include information on their communication preferences within the referral, in line with the Accessible Information Standard.
- When you are providing a prescription to the Deaf person, make sure the dosage instructions are understood. If the individual cannot read and write, it's important for an interpreter to explain to ensure the individual takes the medication correctly.
- If someone is an inpatient and they are profoundly Deaf, it won't make any difference if the healthcare professional shouts at them. Make sure the arrangements for booking interpreters are clear, it's not appropriate to rely on their partner, friends or family to do this.
- Make sure you can obtain informed consent with the support of an appropriate interpreter as part of providing services to the Deaf individual.
- If you are using an online interpreter, please make sure you have a separate computer screen. Relying on a tablet or smartphone makes communication challenging as the screen is too small for a Deaf person to be able to easily communicate.

Communications

We heard from the Deaf community that:

- Patients receive appointment letters that don't include confirmation if an interpreter has been booked for the healthcare appointment. Patients aren't clear if they have to book the interpreter themselves, or if the provider will book the service for them.
- For Deaf people, English is not their first language, and their reading age may be low. Being directed to a webpage for information is not necessarily easy for Deaf patients to access, and the language may not be accessible.
- Partners, sons and daughters of Deaf people are receiving their loved one's test results via text. This robs the patient of their dignity in dealing with intimate and private health matters, and also their ability to communicate their results to their loved one in their own way.

What can healthcare providers do to help Deaf patients?

- Where possible, test results and follow-up communications should be sent to the Deaf patient by letter, which they can then take to a support organisation such as Deaf Connexions.
- Please consider the level of language used in communications and ensure it is acceptable for those who may have a lower reading age (e.g., kidney instead of renal; eyes instead of ophthalmology).
- Appointment letters issued to Deaf patients should be personalised to include confirmation that the interpreter services **have already been booked** for their appointment. Letters should also confirm the duration of the appointment slot.
- Up-to-date patient records are key to ensuring that appointment letters are personalised to contain the information patients require to access their appointment.
- Requesting an interpreter is not the same as actually booking the interpreter. Please ensure all admin staff are trained on how to book an interpreter and ensure this information is included within the appointment letter.
- Review letter templates that are issued to confirm appointments for Deaf patients. Ensure the letters are personalised to include confirmation that an interpreter has been booked.

Booking Interpreters

We heard from the Deaf community that:

- BSL has regional dialects like speech. Deaf people in Norfolk struggle to understand the accent/dialect of BSL interpreters that aren't from our area. This can make online interpretation services more challenging, especially if using a small screen.
- Deaf patients are frustrated that their healthcare appointments must fit around an interpreter's availability, which may be at an inconvenient time or require extensive travel for them.
- Patients are frustrated by the lack of urgent/same day appointments available for people that require an interpreter.
- For the Deaf patient there is no flexibility of appointments and there are often long delays for appointments, including frequent cancellations often at short notice. This causes immense frustration for Deaf patients and anxiety about their health conditions.
- Many appointments are missed or cut short if the interpreter gets lost or is delayed, which results in the Deaf person not getting the best from their appointment or in some cases missing it altogether.
- Appointments are cancelled at the last minute if an interpreter becomes unavailable. Patients reported being affected by the "three strikes" rule, where appointments have been cancelled at the last minute due to interpreter unavailability when that was nothing to do with the Deaf individual, and then the patient had to go back to get a referral from their GP.

What can healthcare providers do to help Deaf patients?

- When making appointments for Deaf patients, the appointment should be booked around the interpreter availability **first**. It should not be booked first and then try to find an interpreter for that time.
- Where possible please book interpreters that are from Norfolk, or the East Region.
- Ensure that the interpreter is booked for sufficient time to accommodate the aims of the healthcare appointment, and to provide a buffer of time to accommodate delays.
- Please be considerate of the circumstances surrounding Deaf patients and their access to healthcare. Please be patient and understanding if they exhibit frustration or anxiety.
- Secondary care providers are asked to review their access policies to ensure that patients aren't unfairly penalised for changes to their appointment slots that are beyond their control.

Using Digital Screens for Interpreter Sessions

We heard from the Deaf community that:

- They've attended healthcare appointments where the video monitor was too small to see the interpreter clearly. An example was given where an interpreter video session was displayed on a smartphone.
- During video sessions, healthcare professionals have to keep minimising the screen displaying the interpreter's video session to be able to read the patient's healthcare records at the same time.

What can healthcare providers do to help Deaf patients?

- Don't use a smart phone screen to host a video call with an interpreter – the screen is too small for the Deaf patient to see clearly.
- HCP wanting to use a video screen for the interpreter should have **TWO monitors** in the room to ensure they have a screen to display the interpreter video and another to be able to access patient notes/records.

999/Ambulance Service

We heard from the Deaf community that:

- They have to rely on family and friends to support them with signing during health emergencies.
- They have used BSL 111 and BSL 999 services before, and these are helpful only to REQUEST urgent and emergency services. No interpreters are provided when services arrive, which means family and friends have to provide support.

What can healthcare providers do to help Deaf patients?

- Urgent and emergency care providers could consider how they can employ remote interpreting services when attending a BSL speaker.
- This should also be part of the handover process if onward transfer of care takes place.

The Complaints Process

We heard from the Deaf community that:

- The complaints process isn't accessible or straightforward for Deaf people.
- It can be confusing to know where to go to make a complaint about health services, especially for Deaf patients who aren't online.
- It's good to have the PALS at hospitals, however video recordings at PALS frequently freeze during the recording. Some Deaf people would prefer face-to-face opportunities to make a complaint.
- Deaf Connexions is no longer commissioned to provide support for the complaints process, and this is greatly missed.

What can healthcare providers do to help Deaf patients?

- Please consider how you can improve the complaints procedure for Deaf people in your setting. This could include accepting videos which you can then have interpreted, or complaints from direct family members which may not include explicit consent from the individual affected.
- You could consider meeting with an organisation such as Deaf Connexions, to understand what it's like to be a BSL speaker trying to access your services.