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Good Practice?

Why people who are deaf or have hearing loss are still not getting accessible information from their GP

by Tom Bailey

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About us

Action on Hearing Loss, formerly RNID, is the UK's largest charity working for people with deafness, hearing loss and tinnitus. Our vision is of a world where deafness, hearing loss and tinnitus do not limit or label people and where people value and look after their hearing. We help people confronting deafness, tinnitus and hearing loss to live the life they choose, enabling them to take control of their lives and removing the barriers in their way. We give people support and care; develop technology and treatments and campaign for equality.

Introduction

People who are deaf or have hearing loss may find it difficult to communicate with friends, family and health and social care professionals, and have an increased risk of other health problems. The Department of Health and NHS England's **Action Plan on Hearing Loss** (2015) states that urgent action is needed to tackle the growing prevalence and impact of hearing loss – and to reduce unacceptable, regional variations in the quality and accessibility of health and social care services. The National Institute of Health and Care Excellence (NICE) **Hearing Loss in Adults Guideline** (2018), also states that GP surgeries and other NHS services should take steps to ensure that people who are deaf or have hearing loss can participate fully in discussions about their care and treatment.

Our **Access All Areas** report (Ringham, 2013) shows that people who are deaf or have hearing loss may find it difficult to access GP surgeries when they need to, due to the lack of accessible alternatives to the telephone, poor deaf awareness amongst practice staff, or the lack of communication support. NHS England has also estimated that the cost of people with hearing loss missing appointments could be as high as £15m every year (NHS England, 2017a).

Five years on, we carried out another survey to explore how people who are deaf or have hearing loss usually contact GP surgeries to book appointments and communicate with practice staff. We wanted to know whether the requirements of **NHS England's Accessible Information Standard** are being met for people who are deaf or have hearing loss. We also wanted to find out if **NHS England's Patient Online programme** and the **General Practice Forward View** had resulted in any improvements in the way GP surgeries communicate.

Section 1 provides background information on the prevalence and impact of deafness and hearing loss and the communication barriers people face when accessing GP surgeries. It also set outs the requirements of the **Accessible Information Standard** and provides an overview of NHS England's Patient Online programme and the GP Forward View. Section 2 sets out the aims and methodology of the research.

The following three sections present the results of the survey across three areas:

- contacting GP surgeries
- visiting GP surgeries
- what improvements people who are deaf or have hearing loss would like to see.

Finally, the last section discusses the implications of the research findings and sets out our recommendations for action.

Throughout this report, we use the term ‘people with hearing loss’ to refer to people with acquired hearing loss, which could be caused by a number of factors, including age, exposure to loud noise or genetic predisposition. This term is intended to be inclusive of those who identify as hard of hearing or deaf. We use the term ‘people who are deaf’ to refer to people with severe or profound levels of hearing loss who describe themselves as d/Deaf and use British Sign Language (BSL), or other forms of sign language, as their first or preferred language.

Section 1. Background

Prevalence and impact of deafness and hearing loss

Nine million people have hearing loss in England – that’s one in six of us (Action on Hearing Loss, 2015). Due to the ageing population, the number of people with hearing loss is set to grow in the years to come. We estimate that, by 2035, there will be 13 million people with hearing loss in England; around one-fifth of the population.¹ Some people who are severely or profoundly deaf may use British Sign Language (BSL) as their first or preferred language and may consider themselves part of the Deaf community, with a shared history, culture and language. Based on the 2011 census, we estimate there are at least 24,000 people across the UK who use BSL as their first or preferred language (Action on Hearing Loss, 2015).

Unaddressed hearing loss can lead to feelings of loneliness, emotional distress and withdrawal from social situations (Arlinger, 2003; Gopinath et al, 2013; Héту et al, 1993; Monzani et al, 2008; Pronk, 2011). People with hearing loss also have an increased risk of depression (Saito et al, 2010; Monzani et al, 2008) and dementia (Lin et al, 2011). Older people who are deaf or have hearing loss are also likely to have other age-related conditions such as sight loss, dementia or cancer; so diagnosing and managing hearing loss is crucial for good communication and care (Action on Hearing Loss, 2013).

1. This is calculated using prevalence estimates from Davis A, 1995. Hearing in Adults. London: Whurr, updated with ONS national population projections, 2014-based.

A review of academic literature shows that people who are deaf have an increased risk of mental health problems (Fellinger et al, 2012). Poor awareness of BSL and Deaf culture may also lead to misdiagnosis or under-diagnosis of mental health problems in people who are deaf (Department of Health, 2002; Department of Health, 2005).

Research shows that people who are deaf or have hearing loss often struggle to access GP surgeries and other NHS services when they need to. Our *Access All Areas* report (Ringham, 2013) shows that:

- One in seven (14%) of survey respondents had missed an appointment because they didn't hear their name being called in the waiting room.
- After attending an appointment with their GP, more than a quarter (28%) had been unclear about their diagnosis and nearly one-fifth (19%) had been unclear about their medication.
- Two-thirds (68%) of survey respondents who asked for a BSL interpreter for their GP appointment didn't get one and two-fifths (41%) felt the quality of interpretation was not good enough.

Research by SignHealth (2014) also shows that more than one-third (34%) of people who are deaf were unaware they had high or very high blood pressure and more than half (55%) of those who said they had cardiovascular disease were not receiving appropriate treatment – suggesting problems with communication and access.

NHS England's Accessible Information Standard

In England, all providers of NHS care and publicly funded adult social care must meet the requirements of NHS England's Accessible Information Standard (2017a). The Standard sets out a clear process for providers to follow, to make sure people with disabilities and sensory loss get the support they need to communicate well and understand information. This includes the needs and entitlements of parents, guardians and carers.

The Standard came into force in August 2016 and compliance with the Standard is a legal requirement under Section 250 of the Health and Social Care Act 2012. **The Action Plan on Hearing Loss** (Department of Health and NHS England, 2015) also references the Standard and lists "improved access to wider health services" as a key outcome measure for service improvement.

Providers of NHS care and publicly funded adult social care must follow five steps in order to meet the requirements of the Standard:

1. They must **ask** people with disabilities and sensory loss if they need help to: contact services; communicate well during appointments or when receiving care; or understand health information.
2. Information about communication and information needs must be **recorded** in a standardised way on patient record systems.
3. This information should be **flagged** on care records or linked to an electronic alert to ensure staff know when to take appropriate action to meet needs.
4. They must **share** this information with other services if someone is discharged or referred elsewhere for treatment and care.
5. When communication and accessible information needs are identified, they must provide appropriate support to **meet** those needs.

Under the Standard, providers of NHS care and publicly funded adult social care must gather feedback from people with disabilities and sensory loss on the provision of communication support and accessible information. Commissioners must also seek assurance from NHS and publicly funded adult social care providers in their local area that they are meeting the requirements of the Standard.

The **Care Quality Commission's (CQC) Equality Objectives for 2017-19** (2017) also include a specific objective on "Accessible Information and Communication". CQC has committed to train inspectors on the Standard and improve the way they communicate with people with disabilities and sensory loss. All published CQC inspection reports should now include information on how well providers are implementing the Standard.

NHS England's General Practice Forward View

In 2016, NHS England and the Royal College of GPs (RCGP) launched the General Practice Forward View (NHS England, 2016) to help GP surgeries respond to the challenges of the ageing population and the increasing number of patients living with long-term conditions. The programme aims to support the commissioning of new services to increase capacity, enable people with long-term conditions to look after their own health, make better use of health professionals in the primary care workforce and also encourage GP practices to work together to achieve economies of scale. As part of the General Practice Forward View, NHS England launched the General Practice Development programme to invest in the development of new services, and provide funding and training for GP surgeries to help them introduce new ways of working. Guidance and other resources are also available for download from NHS England's website.²

2. To find out more, please visit england.nhs.uk/gp/gpfov/

NHS England's Patient Online programme

In 2014, NHS England launched the Patient Online programme³ to support GP surgeries to offer and promote online services to patients. These services include booking and cancelling appointments, ordering repeat prescriptions, and having access to GP patient records. From 2014, GP surgeries have been required under the General Medical Services (GMS) contract to offer and promote online access to their patients, where they have access to nationally funded and approved IT systems. Under the General Medical Services (GMS)/Personal Medical Services (PMS) regulations, the British Medical Association (BMA) and NHS England made a joint commitment to encourage GP practices to register at least 10% of their patients for one online service by 31 March 2017, rising to 20% by 31 March 2018 (NHS England, 2017b).

Section 2. Aims and methodology

Aim of research

Under the Equality Act 2010, people have the right to expect reasonable adjustments to be made if they face substantial difficulties accessing services due to their deafness and hearing loss. Despite this legal protection, our Access All Areas report and other research (see Section 1) shows that people who are deaf or have hearing loss often struggle to book appointments when they need them and to communicate well when visiting GP surgeries.

In response to these issues and the difficulties experienced by other groups, NHS England produced the Accessible Information Standard (See Section 1) to provide clear guidance for health and social care services on how to improve the accessibility of their services for people with disabilities and sensory loss. NHS England was clear that the scope of the Standard was “unashamedly ambitious” in its aim to set a clear direction for a “dramatic improvement” in the way health and social care services meet the communication and information needs of people with disabilities and sensory loss.

Six months after the Standard became law in England, NHS England carried out a review to assess its impact and to identify whether it needed to be changed in any way to improve its effectiveness. NHS England gathered feedback at events and through online surveys targeted at patients, health and social care professionals and organisations with an interest in the Standard. The findings of the review were published in a report in July 2017 (NHS England, 2017c).

3. To find out more, please visit england.nhs.uk/patient-online

NHS England's results showed that, although there was widespread support for the Standard, significant challenges remained in terms of its implementation. For example, more than half (53%) of patients who responded to NHS England's survey said they had not experienced any improvement in getting accessible information or communication support over the last six months. Many people who are deaf or have hearing loss, who provided feedback to NHS England as part of their review, also said they were still experiencing barriers to communication when accessing health and social care.

More than one year after the Standard became law in England, Action on Hearing Loss decided to return to the subject area of our original *Access All Areas* report to explore the experiences of people who are deaf or have hearing loss when accessing GP surgeries. Building on the findings of NHS England's review, we wanted to know if the requirements of the Standard are routinely being met for people who are deaf or have hearing loss; and, if not, what are the main barriers stopping them from getting the support they need to communicate well? We also wanted to know if NHS England's Patient Online programme and the GP Forward View had resulted in any improvements in the way people who are deaf or have hearing loss access GP surgeries.

We decided to focus on GP surgeries because people who are deaf or have hearing loss frequently tell us that improving the accessibility of GP surgeries is a key priority for them. For example, almost all the participants in focus groups carried out to support the development of the 2018–23 strategy (Action on Hearing Loss, 2017) identified the accessibility of GP surgeries and the attitudes of practice staff as a particular problem. However, it's anticipated that the findings of this research will also be useful for other NHS services as well.

Methodology

Between September and December 2017, Action on Hearing Loss carried out a survey in England, Wales and Northern Ireland to gain a better understanding of the experiences of people who are deaf or have hearing loss when accessing GP surgeries. A separate survey, exploring the experiences of people who are deaf or have hearing loss when accessing all NHS services, was also carried out in Scotland. Both surveys were available online via the Survey Monkey website. Links to the online survey were emailed to people who have signed up to receive updates about Action on Hearing Loss campaigning and were also included in e-newsletters. The survey was also promoted online on our social media accounts and shared by other organisations. All the survey questions were available in a BSL video and we also gave people who are deaf the opportunity to book appointments with us to give their answers in BSL over Skype or Facetime. Paper copies of the survey were also given out at drop-in sessions and at other Action on Hearing Loss events.

We received 1,411 responses in total to the survey sent out in England and Wales and, of these, 744 were from people who are deaf or have hearing loss who live in England. A full breakdown of the individual characteristics of survey respondents living in England can be found in the Appendix.

The results presented in the following sections are for survey respondents who live in England only. The results for survey respondents who live in Northern Ireland, Scotland and Wales are published in separate reports, which you can download from the Action on Hearing Loss website. To find out more, please visit actiononhearingloss.org.uk/goodpractice

At the end of the survey, we asked survey respondents if they had any other comments on the accessibility of GP surgeries. We have included some of the comments and personal stories we received as extended quotes in the last section of this report.

Please note: the percentages in the results do not always equal 100. This is either due to rounding decimals up or down, or because survey respondents could choose multiple answers for each question. Not all survey respondents answered each question and some questions were hidden from respondents using the online survey form, on the basis of previous answers they gave.⁴ The results presented in this report are for people with all levels of hearing loss – including those who are profoundly deaf – unless otherwise specified.

Section 3. Contacting GP surgeries

In the first section of the survey, we asked people who are deaf or have hearing loss how they usually contact their GP surgery to book appointments, get urgent medical advice, order repeat prescriptions and receive test results.

Under NHS England's Accessible Information Standard, GP surgeries must ensure that people who are deaf or have hearing loss can contact them in an accessible way if they cannot use the phone. Since 2014, NHS England's Patient Online programme has also encouraged GP surgeries to offer online access for their core services (see Section 1).

In the context of the Standard and Patient Online, we wanted to know if people who are deaf or have hearing loss are routinely able to contact their GP surgery in an accessible way.

4. Different versions of the paper survey questionnaire were also given out to people at drop-in sessions and other events, depending on whether they were deaf or have hearing loss

Booking appointments

First, we asked people who are deaf or have hearing loss how they usually contact their GP surgery to book appointments and, also, how they would like to book appointments, even if they can't book appointments in this way at the moment.

Nearly half (44%) of survey respondents contact their GP surgery by phone to book appointments. When asked how they would like to contact their GP surgery to book appointments, less than a quarter (23%) said the phone was their preferred method of communication.

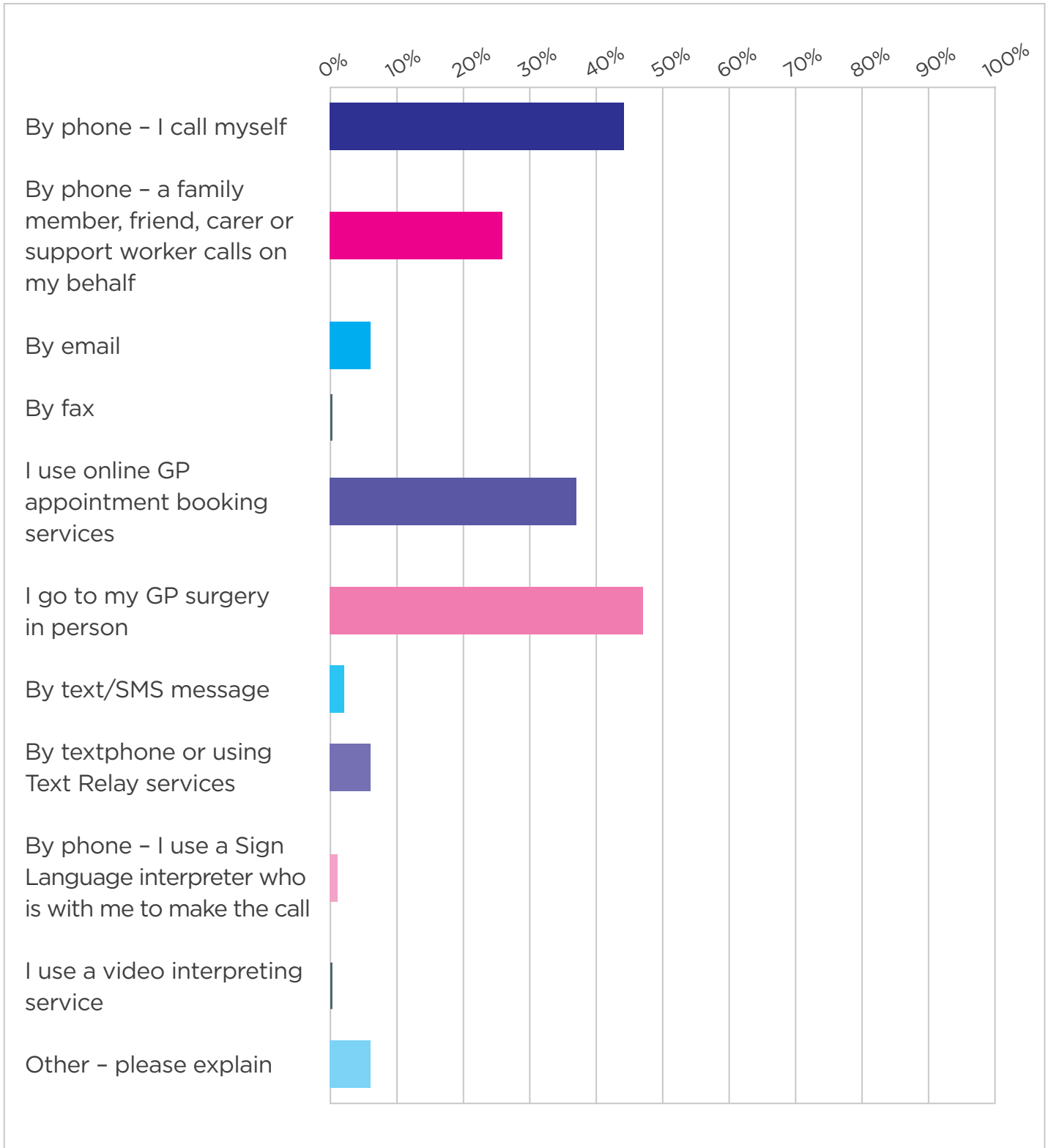
Nearly half (47%) visit their GP surgery in person to book appointments, but only one in seven (14%) said they prefer to book appointments this way. One-quarter (26%) of survey respondents said that they ask a family member, friend or support worker to call their GP surgery on their behalf, but a much smaller proportion, less than one in 12 (7%), said they wanted other people to book GP appointments for them.

These findings suggest that the requirements of the Standard to provide "one or more communication or contact methods which are accessible to and useable by the patient" are not routinely being met for people who are deaf or have hearing loss.

More than one-third (37%) of survey respondents said they use online GP services to book appointments – suggesting that some people who are deaf or have hearing loss are already benefiting from improved online access to GP surgeries. Online access was also the most popular contact preference amongst survey respondents (35%).

Other preferred contact options included email (11%) and text/SMS messages (8%). Some survey respondents also said they wanted to contact their GP surgery with support from a British Sign Language (BSL) interpreter or using video interpreting services (where a conversation is translated remotely in BSL via a video call).

Figure 1: How do you contact your GP surgery to book an appointment?



**Table 1: How do you contact your GP surgery to book an appointment?
(All respondents)**

Respondents could choose more than one answer

	Number of respondents	Percentage (%)
By phone - I call myself	325	44
By phone - a family member, friend, carer or support worker calls on my behalf	190	26
By email	47	6
By fax	0	0
I use online GP appointment booking services	272	37
I go to my GP surgery in person	345	47
By text/SMS message	14	2
By textphone or using Text Relay services	47	6
By phone - I use a Sign Language interpreter who is with me to make the call	4	1
I use a video interpreting service	2	0
Other - please explain	42	6
Total number of respondents	738	

Figure 2: How do you prefer to contact your GP surgery to book an appointment?

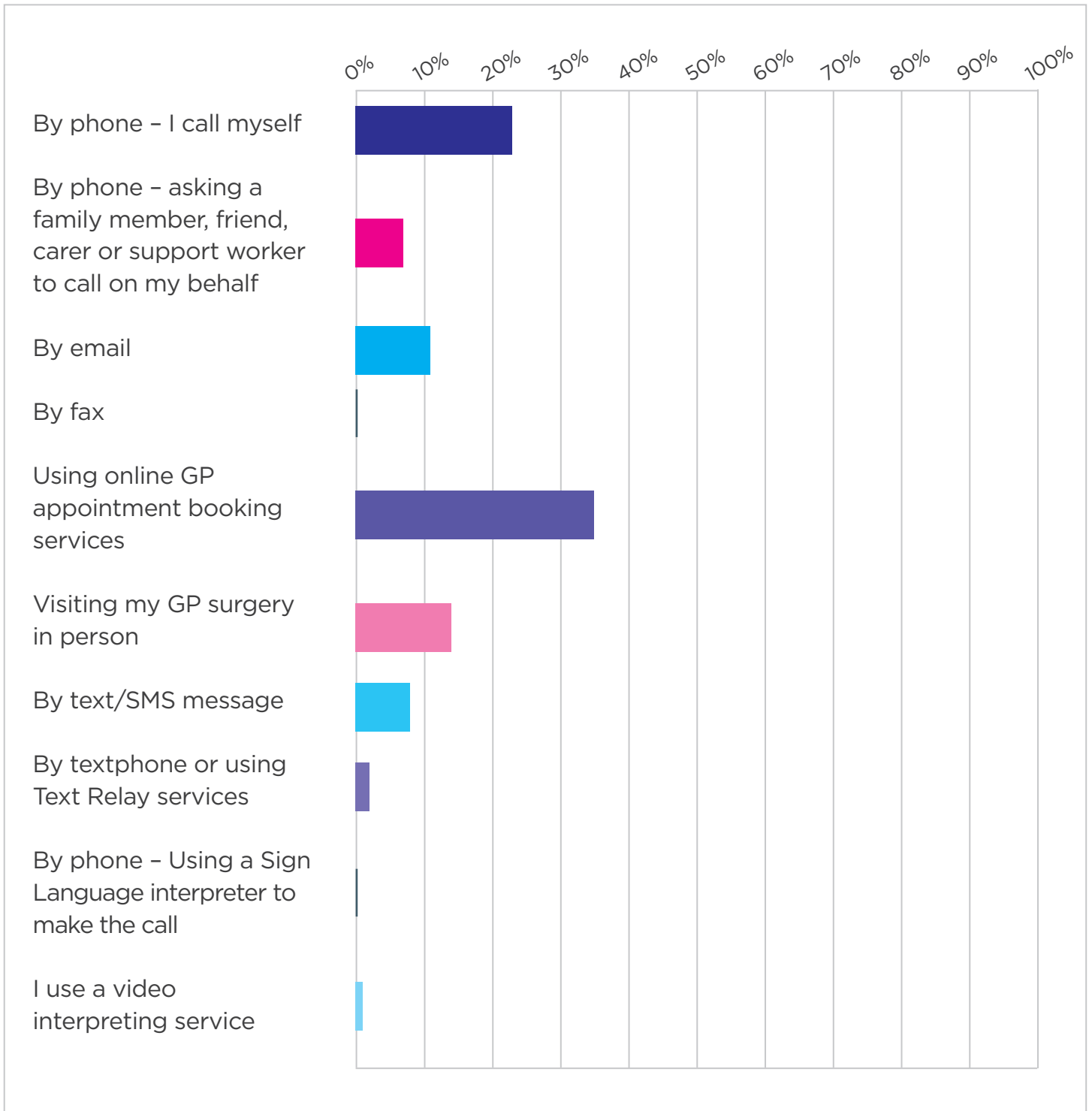


Table 2: How do you prefer to contact your GP surgery to book an appointment? Say your first choice, even if you can't do this with your GP surgery at the moment (All respondents)

Respondents could choose one answer only

	Number of respondents	Percentage (%)
By phone – calling myself	168	23
By phone – asking a friend, family member, carer or support worker to call for me	51	7
By email	81	11
By fax	0	0
Using online GP appointment booking services	256	35
Visiting my GP surgery in person	104	14
By text/SMS message	57	8
By textphone or using Text Relay services	16	2
By phone – I use a Sign Language interpreter who is with me to make the call	1	0
Using video interpreting services	5	1
Total number of respondents	739	

We asked people who are deaf or have hearing loss whether their GP surgery sends them text/SMS messages to remind them about their GP appointments.

More than half (53%) of survey respondents said their GP surgery sends them text/SMS messages and nearly two-fifths (39%) also said that this service wasn't available.

Text/SMS message reminders can be helpful for people who are deaf or have hearing loss if they don't hear their appointment time properly over the phone. Our findings suggest that there may be some level of unmet need for these services.

Table 3: Does your GP surgery send you text/SMS messages to remind you about your appointments? (All respondents)

	Number of respondents	Percentage (%)
Yes	393	53
No	291	39
Don't know / I don't have a mobile phone	54	7
Total number of respondents	738	

Ordering repeat prescriptions and getting test results

We asked people who are deaf or have hearing loss what contact options they can use to access other services at their GP surgery.

More than four out of five (84%) survey respondents said they can order repeat prescriptions by visiting their GP surgery in person and nine out of 10 (90%) can also get test results in this way. Two-fifths (40%) said they could order repeat prescriptions over the phone and more than two-thirds (68%) can get test results by phone.

Nearly two-thirds (65%) of survey respondents said they order repeat prescriptions online, but only one in seven (14%) can get test results in this way – suggesting there are substantial variations in terms of the scope of online GP services offered to patients.

A high proportion of survey respondents didn't know if they could use online services to order repeat prescriptions or get test results:

- Almost one-quarter (24%) of survey respondents didn't know if they could order repeat prescriptions online.
- Half (49%) didn't know if they could use online GP services to get test results.

More than two in five (42%) didn't know if they could order repeat prescriptions by email and a similar proportion (52%) didn't know if email access was available for getting test results. Approximately two-fifths, however, also said email access is unavailable for these services.

**Table 4: How can you order prescriptions from your GP surgery?
(All respondents)**

	Number of respondents	Yes	No	Don't know
By email	474	19%	39%	42%
Using online GP services	597	65%	12%	24%
By fax	425	3%	37%	60%
By letter	447	25%	25%	50%
By phone	465	40%	33%	27%
By visiting my GP in person	559	84%	6%	10%
Total number of respondents	724			

Table 5: How can you get test results from your GP surgery? (All respondents)

	Number of respondents	Yes	No	Don't know
By email	449	6%	42%	52%
Using online GP services	468	14%	38%	49%
By fax	430	0%	43%	57%
By letter	468	41%	21%	38%
By phone	560	68%	13%	19%
By visiting my GP in person	634	90%	3%	7%
Total number of respondents	740			

Booking urgent, same-day GP appointments or getting urgent medical advice

We asked people who are deaf or have hearing loss if they had experienced any difficulties over the past year when booking urgent, same-day appointments or getting urgent medical advice.

More than one-third (37%) of survey respondents had experienced difficulties; although a similar proportion (35%) also said they hadn't used these services over the past year. More than one-quarter (27%) had not experienced any difficulties in the past year.

Table 6: In the past year, have you experienced any difficulties when trying to book urgent, same-day GP appointments or get urgent medical advice when your GP surgery is closed (out-of-hours GP services)? (All respondents)

	Number of respondents	Percentage (%)
Yes	277	37
No	203	27
I haven't used these services in the past year	259	35
Total number of respondents	739	

When asked why they had experienced difficulties over the past year, nearly six out of 10 (59%) survey respondents said that this was because urgent, same-day appointments can only be booked by phone.

According to NHS England's GP Patient Survey (NHS England and Ipsos MORI, 2017), two in five (40%) GP patients in England would like to speak to someone on the same day as contacting their GP surgery. Taken together with our findings, this suggests that many people who are deaf or have hearing loss cannot contact their GP surgery in an accessible way, when they want to see their GP the most.

Almost one in five (19%) survey respondents said they had experienced difficulties because they were offered a same-day phone appointment by their GP surgery. One in six (17%) said their GP surgery wanted to contact them by phone when they tried to book an urgent, same-day appointment or get urgent medical advice, and this wasn't accessible for them.

In recent years, many GP surgeries have introduced remote consultations (either over the phone or online) to improve the way they manage their workloads and increase the amount of time they have to see patients. A survey by the Royal College of General Practitioners (RCGP) found that more than half (56%) of GP surgeries in England have introduced consultations of this type (RCGP, 2017). NHS England's General Practice Development Programme, which was established as part of the General Practice Forward View (see Section 1), also lists introducing new communication methods, such as phone and email, for consultations as one of the 10 'high impact' actions GP surgeries can take to increase capacity.

Almost one-third (31%) of survey respondents said they had to ask a friend, family member or carer to call their GP surgery or other NHS services for them to book an urgent, same-day appointment or get urgent medical advice.

According to NHS England's GP Patient Survey, more than two-thirds (69%) of GP patients in England who wanted a same-day appointment got one (NHS England and Ipsos MORI, 2017). Our findings suggest that people who are deaf or have hearing loss may find it more difficult to get same-day appointments. This is because of the communication difficulties they experience when contacting GP surgeries – irrespective of the severity of their health condition or the availability of same-day appointments.

Survey respondents also said they had experienced difficulties getting medical advice when their GP surgery was closed:

- One in six (16%) said their GP surgery or other NHS services offered them a phone appointment, even though they couldn't use the phone.
- One in eight (12%) said their GP surgery or other NHS services had tried to call them to arrange a home visit by a doctor or nurse.

More than one-quarter (27%) of survey respondents gave other reasons for experiencing difficulties when trying to book urgent, same-day appointments or get urgent medical advice out-of-hours. Most of the reasons provided were unrelated to deafness and hearing loss. For example, many survey respondents said that same-day appointments were very limited or unavailable at their GP surgery.

Some respondents said they experienced difficulties because practice staff or other NHS staff didn't understand how to use Next Generation Text (NGT) or BSL video interpreting services. Others said they had requested appointments by email but didn't receive a response.

**Table 7: If you answered yes to the previous question, why was this?
(Respondents who have experienced difficulties in the last year only)**

Respondents could choose more than one option

	Number of respondents	Percentage (%)
I usually go to my GP surgery in person to book an appointment, but I was too ill to travel	48	18
Urgent same-day GP appointments can only be booked by phone	161	59
I experienced difficulties using Text Relay services	17	6
I had to ask a family member, friend, carer or support worker to call my GP surgery or other NHS services for me	85	31
My GP surgery offered me an urgent, same-day phone appointment with a doctor or nurse, but I can't use the phone	52	19
My GP surgery wanted to contact me by phone to arrange my urgent, same-day GP appointment, but I can't use the phone	47	17
When my GP surgery is closed, home visits by a doctor or nurse can only be booked by phone	46	17
When my GP surgery was closed, my GP surgery or other NHS services offered me a phone appointment with a doctor or nurse, but I can't use the phone	43	16
When my GP surgery was closed, my GP surgery or other NHS services wanted to contact me by phone to arrange a home visit by a doctor or nurse, but I can't use the phone	34	12
Other - please explain	73	27
Total number of respondents	273	

Section 4. Visiting the GP surgery

In the second section of the survey, we asked people who are deaf or have hearing loss about the attitudes of practice staff and the accessibility of GP surgery waiting areas and consultation rooms.

NHS England's Accessible Information Standard states that GP surgeries and other NHS services should have a process in place to ensure communication and information needs are met as part of "business as usual". This means that GP surgeries are legally required to ask people who are deaf or have hearing loss what support they need to communicate well and understand information, and make sure appropriate support is provided.

Support for people with hearing loss could include practice staff following simple communication tips such as speaking clearly and avoiding obstructing their lip movements with hands or other objects (this is particularly beneficial for people who lipread). During appointments, some people with hearing loss may require support from communication professionals, such as speech-to-text reporter (STTR) or lipspeaker. People who are deaf may require support from a British Sign Language (BSL) interpreter or to be given health information in BSL.

With this in mind, we wanted to find out to what extent the requirements of the Standard are being followed – and whether this has resulted in any improvements in the way practice staff communicate with people who are deaf or have hearing loss.

Asking people about their communication and information needs

First, we asked people who are deaf or have hearing loss if practice staff working at their GP surgery have asked them what support they need to communicate well and understand information.

The Accessible Information Standard states that GP surgeries should ask people who are deaf or have hearing loss if they have any communication and information needs when they register as an NHS patient or, opportunistically, when they next contact or visit their GP surgery.

Our findings suggest many people who are deaf or have hearing loss haven't been asked about their communication needs by their GP surgery – and the vast majority haven't been asked about their information needs. Only one in 10 (10%) survey respondents said that their GP surgery had asked them if they need support to contact their GP surgery and to understand what is said in GP appointments. Similarly, only 5% had been asked if they needed support to understand written health information.

Table 8: Have staff at your GP surgery ever asked you if you need support to contact them and understand what is said in GP appointments?

(All respondents)

	Number of respondents	Percentage (%)
Yes	72	10
No	632	86
Don't know	32	4
Total number of respondents	736	

Table 9: Have staff at your GP surgery ever asked you if you need support to understand written health information? (All respondents)

	Number of respondents	Percentage (%)
Yes	35	5
No	671	91
Don't know	28	4
Total number of respondents	734	

Waiting areas

We asked people who are deaf or have hearing loss how receptionists, or other practice staff, let them know when it's their turn to be seen by the doctor or nurse.

Almost half (49%) said that their GP surgery has a visual display screen that lets patients know when it's their turn to be seen, whilst one in seven (14%) said that practice staff come over to collect them for their appointment.

Worryingly, two in five (43%) survey respondents said that practice staff at their GP surgery let them know when it's their turn to be seen by calling their name out.

Poor deaf awareness by receptionists or other practice staff may cause people who are deaf or have hearing loss to miss appointments – which costs the NHS money. Our *Access All Areas* (Ringham, 2013) report shows that one in seven (14%) respondents to our previous survey missed an appointment because they didn't hear their name being called in the waiting room. NHS England has also estimated that the cost of people who are deaf or have hearing loss missing NHS appointments could be as high as £15m every year (NHS England, 2017a).

One in seven (14%) survey respondents said that practice staff at their GP surgery let them know when it's their turn to be seen in other ways. These respondents were asked to provide more information. Most said that their doctor or nurse called out their name. Others said that appointments are announced on a PA system. People who are deaf also said that communication professionals who wait with them let them know when their name has been called out.

Many survey respondents commented that they often struggle to hear their name being called in waiting areas. Some survey respondents said the sound quality of PA systems is poor, and others said they have to strategically place themselves in the waiting area to make sure they can see visual display screens at all times, or lipread the doctor, nurse or other practice staff when they call for the next patient.

Worryingly, a small number of survey respondents said that doctors, nurses and other practice staff still call their name out when it's their turn to be seen, even when they've asked them not to or when their communication needs have been noted on their patient record.

As a result of these difficulties, many survey respondents said they feel anxious about missing their appointment when they visit their GP surgery. Here are some of their comments:

“I have great difficulty in seeing [the] screen as [I'm] also visually impaired. They refuse to tell me when [it's] my turn and say I should take someone with me [but] I have no one who I could ask to do that.”

“I can't hear the beep [on the visual display screen]. My name appears for 10 seconds so unless I watch the screen constantly I miss the announcement. Having to watch the screen for up to 30 minutes is exhausting.”

“Names [are] called over a tannoy system. [It's] really difficult to hear and often names and the doctor's room are only said once.”

“Had to explain I might not hear my name called. They made me wait by the reception desk. It was so embarrassing! Last time I was there, you had to listen for your name from a speaker.”

Figure 3: How do staff at your GP surgery let you know when it's your turn to be seen by the doctor or nurse?

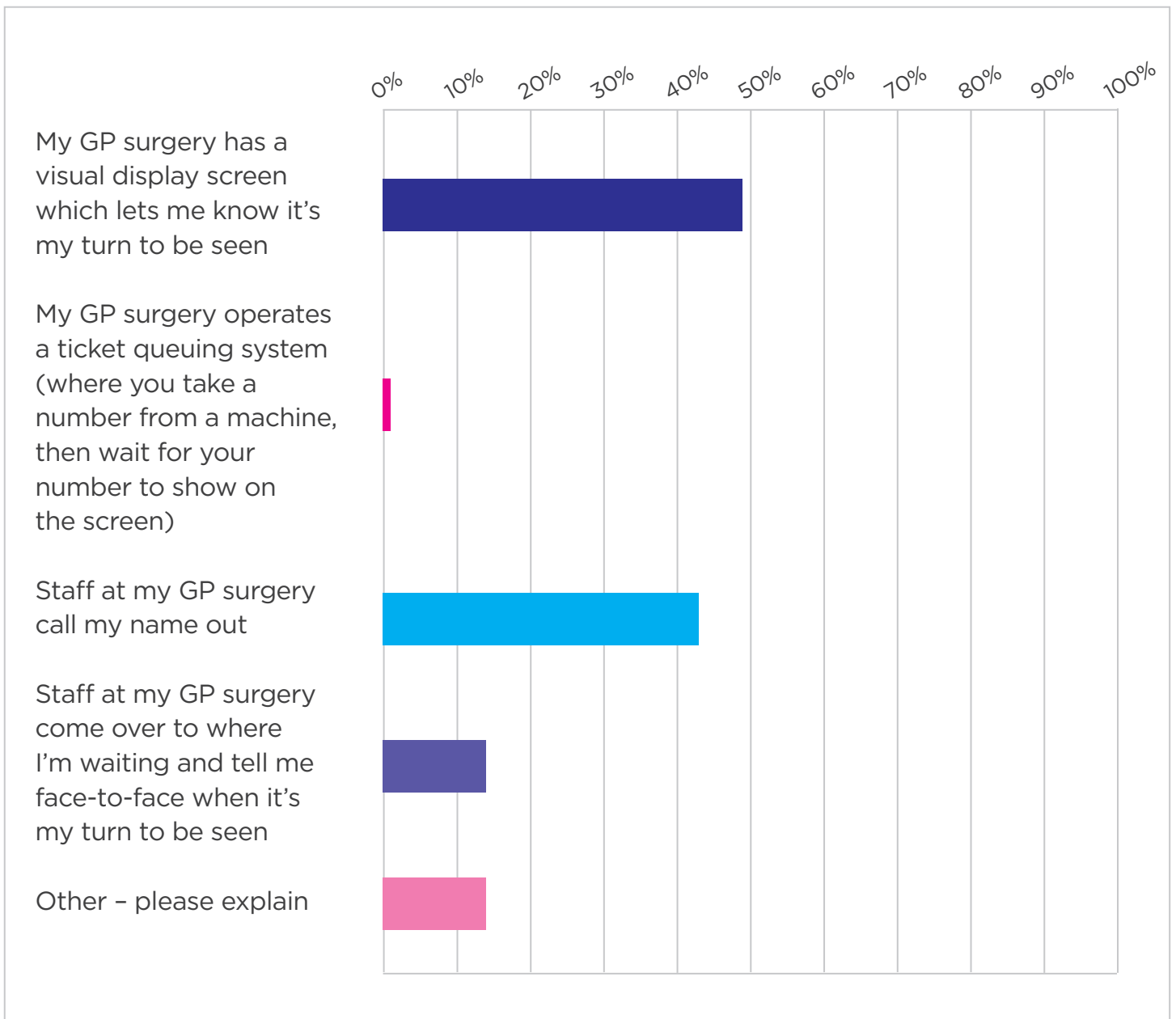


Table 10: How do staff at your GP surgery let you know when it's your turn to be seen by the doctor or nurse? (All respondents)

Respondents could choose more than one option

	Number of respondents	Percentage (%)
My GP surgery has a visual display screen which lets me know it's my turn to be seen	360	49
My GP surgery operates a ticket queuing system (where you take a number from a machine, then wait for your number to show on the screen)	10	1
Staff at my GP surgery call my name out	316	43
Staff at my GP surgery come over to where I'm waiting and tell me face-to-face when it's my turn to be seen	102	14
Other - please explain	106	14
Total number of respondents	741	

Hearing loops

We asked people who are deaf or have hearing loss if a hearing loop system is available for them to use on the reception desk of their GP surgery.

Hearing loop systems make speech clearer for hearing aid users by reducing the level of background noise. Providing hearing loop systems on reception desks should ensure people who use hearing aids don't miss important information about their appointment or other aspects of their treatment and care.

One-quarter (26%) of survey respondents said a hearing loop system isn't available for them to use and only one in seven (14%) said a hearing loop system is available. More than half (58%) said they didn't know if a hearing loop system was available and/or they don't use hearing loop systems.

Table 11: Is a working hearing loop system available on the reception desk of your GP surgery? (All respondents)

	Number of respondents	Percentage (%)
Yes	115	16
No	193	26
Don't know/I don't use hearing loop systems	432	58
Total number of respondents	740	

Consultations

We also asked people who are deaf or have hearing loss whether they ever leave their GP appointments feeling unclear about the health information they've been given.

Our previous research shows that people who are deaf or have hearing loss often miss important information during their GP appointment due to the poor deaf awareness of doctors, nurses or other practice staff, or the lack of communication support such as a BSL interpreter (see Section 1). Our *Access All Areas* report (Ringham, 2013) highlighted that, after attending an appointment with their GP, more than a quarter (28%) of respondents to our previous survey had been unclear about their diagnosis and nearly one-fifth (19%) had been unclear about their medication.

We wanted to find out whether the Standard has led to any improvements in the way doctors, nurses or other practice staff communicate with people who are deaf or have hearing loss, during consultations.

More than one-third (36%) said they are always clear about the information they're given after their GP appointments and two in five (40%) said they're clear most of the time.

Whilst it is positive that a high proportion of respondents (75%) said they get all the information they need during GP appointments most or all of the time, our findings suggest that there is still room for improvement, in the way doctors, nurses and other practice staff communicate with people who are deaf or have hearing loss. Nearly two-thirds (64%) of respondents said they feel unclear after GP appointments at least some of the time.

Figure 4: After your GP appointments, do you ever feel unclear about the information you are given?

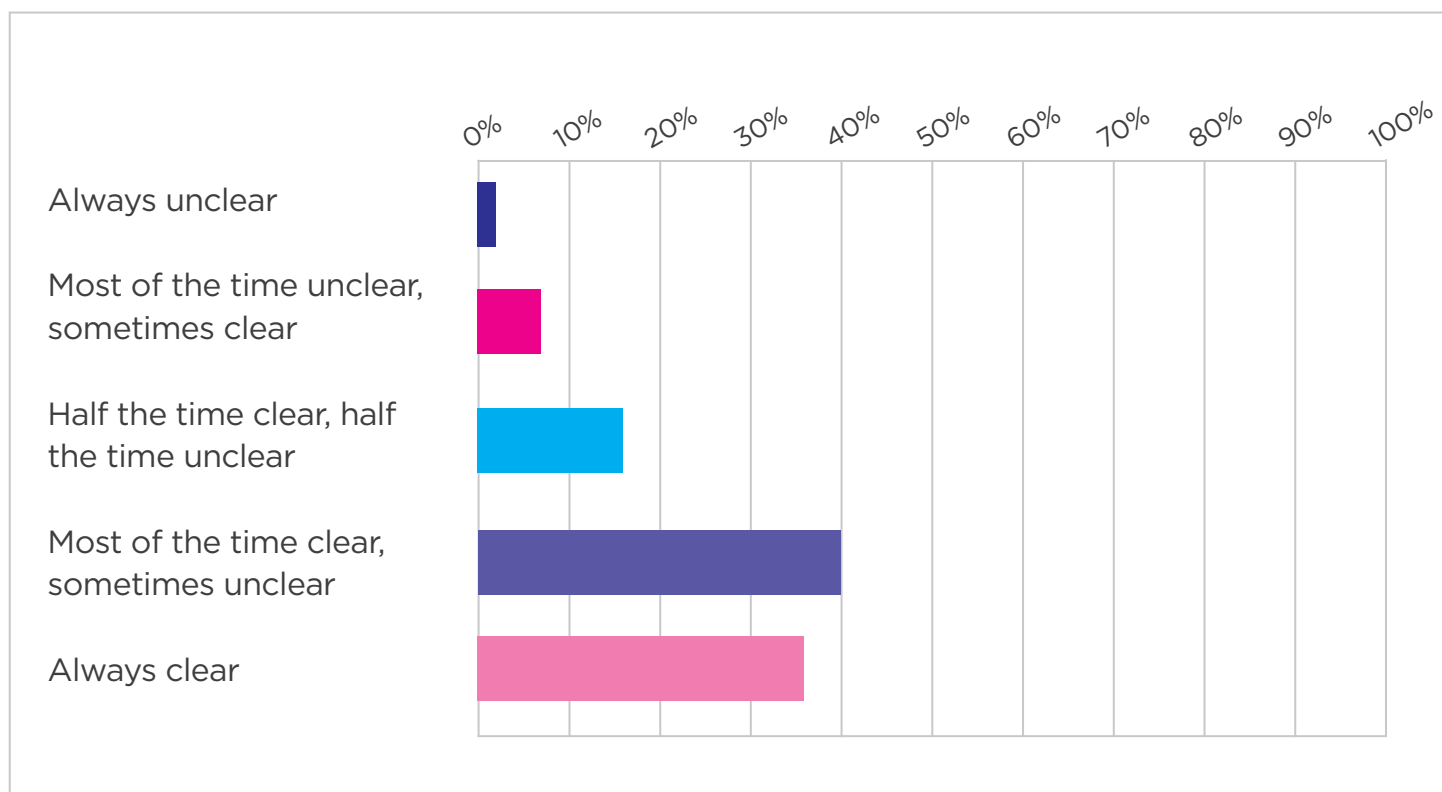


Table 12: After your GP appointments, do you ever feel unclear about the information you are given? For example, you are unclear about what is wrong with you, what you have to do next or what medicine you need and how to take it? (All respondents)

	Number of respondents	Percentage (%)
Always unclear	12	2
Most of the time unclear, sometimes clear	50	7
Half the time clear, half the time unclear	121	16
Most of the time clear, sometimes unclear	293	40
Always clear	263	36
Total number of respondents	739	

We also asked people who are deaf or have hearing loss why they feel unclear at GP appointments. Survey respondents saw one of two lists of answer options on the online survey form or paper questionnaire, depending on whether they said they use English or Sign Language⁵ as their first or preferred language.

A high proportion of survey respondents with hearing loss identified the attitudes and behaviours of doctors or nurses as a particular problem during appointments:

- Nearly half (45%) said doctors or nurses did not speak clearly.
- More than two-fifths (44%) said doctors or nurses did not face them.
- More than half (52%) said doctors or nurses spoke too quickly or did not check they had understood what had been said.

These findings show that, in most cases, doctors and nurses could improve the way they communicate with people with hearing loss during GP appointments by following simple communication tips such as facing the person, speaking clearly and checking the person's understood what's been said.

More than one-quarter (28%) of survey respondents with hearing loss said their GP appointment wasn't long enough and they didn't have time to communicate properly. This finding suggests that doctors, nurses and other practice staff should recognise that people with hearing loss may need longer appointments to communicate properly and ensure people with hearing loss have the opportunity to ask questions or check they have understood their health advice correctly (this is also a requirement under the Accessible Information Standard).

One in six (18%) survey respondents with hearing loss said they were unclear because a hearing loop system was unavailable for their appointment. As stated previously, hearing loop systems can help people who use hearing aids hear more clearly by reducing the level of background noise, so it's vital that they should be available in GP consultations for everyone who needs them.

5. This included people who said they use British Sign Language (BSL), Sign Supported English (SSE) - which incorporates both BSL and English - or Irish Sign Language (ISL) as their first or preferred language.

One in five (20%) survey respondents with hearing loss said they felt unclear after their GP appointment for other reasons. Respondents who chose this answer were asked to provide more information. Some respondents said they felt unclear because doctors, nurses or other practice staff faced away from them or spoke to them behind computer screens, making it difficult for them to lipread.

Others said that the effort required to ensure they could follow what the doctor or nurse was saying meant that they sometimes missed out on important information or had to rely on friends and family to communicate on their behalf. Here are some of their comments:

“I try to make sense of what I’ve been told by working out what the missing bits must be, but it’s difficult when it’s something new and unfamiliar. Afterwards I realise that I’ve wasted time trying to do that and then forgotten something else I’ve been told.”

“I was so occupied trying to follow what the doctor was saying that I failed to ask the questions I should have asked. Didn’t think of them until afterwards.”

“I am sometimes anxious due to my hearing loss and I am flustered and do not always ask the correct questions.”

“My husband attends appointments with me to make sure I understand all that is being said. He has to correct my understanding sometimes.”

Many survey respondents said that they felt they didn’t have enough time at their GP appointments to discuss their health issues properly. However, in most cases, it was not clear whether this was due to hearing loss or more general concerns about the quality of their appointments.

Figure 5: If you ever feel unclear about the information you are given after your GP appointments, please tell us why this is.

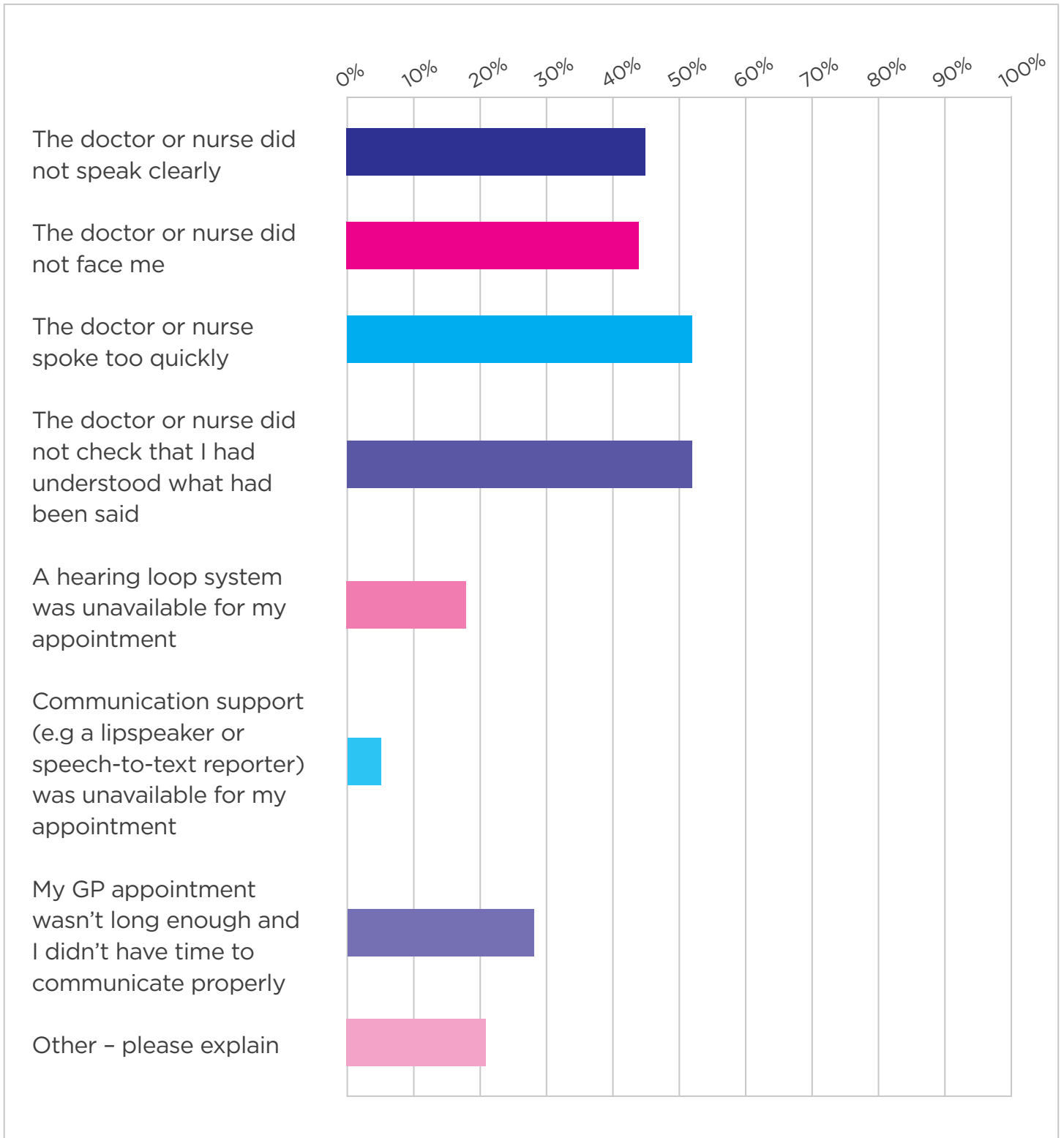


Table 13: If you ever feel unclear about the information you are given after your GP appointments, please tell us why this is. (All respondents)

Respondents could choose more than one answer

	Number of respondents	Percentage (%)
The doctor or nurse did not speak clearly	213	45
The doctor or nurse did not face me	211	44
The doctor or nurse spoke too quickly	247	52
The doctor or nurse did not check that I had understood what had been said	250	52
A hearing loop system was unavailable for my appointment	86	18
Communication support (eg a lipspeaker or speech-to-text reporter) was unavailable for my appointment	22	5
My GP appointment wasn't long enough and I didn't have time to communicate properly	134	28
Other - please explain	100	21
Total number of respondents	477	

When asked why they felt unclear after their GP appointment, more than half (57%) of survey respondents who are deaf said that this was because no sign language interpreter was available to help them communicate.⁶

Our findings suggest that some people who are deaf are receiving poor-quality communication support. When asked why they felt unclear after their GP appointments, more than one in eight (13%) survey respondents said this was because the quality of sign language interpretation wasn't good enough.

6. Some of the figures for this question are based on a small number of survey responses and, as such, should be treated with caution.

Under the Accessible Information Standard, GP surgeries must provide a qualified communication professional for NHS appointments, if needed. Our findings suggest that this requirement is not being routinely met.

More than one-third (37%) of survey respondents who are deaf said they had to rely on written notes during their GP appointments. More than one-third (34%) of survey respondents said they felt unclear because their appointment wasn't long enough and they didn't have time to communicate properly. Another third (33%) said they felt unclear because their doctor or nurse did not check they had understood what had been said. These findings suggest that doctors, nurses or other practice staff could do more to support good communication during GP appointments.

One in seven (15%) survey respondents who are deaf also said they felt unclear after their GP appointments for other reasons, such as BSL interpreters not turning up or being unavailable at short notice.

Figure 6: If you ever feel unclear about the information you are given after your GP appointments, please tell us why is this (respondents who use BSL, SSE or ISL)

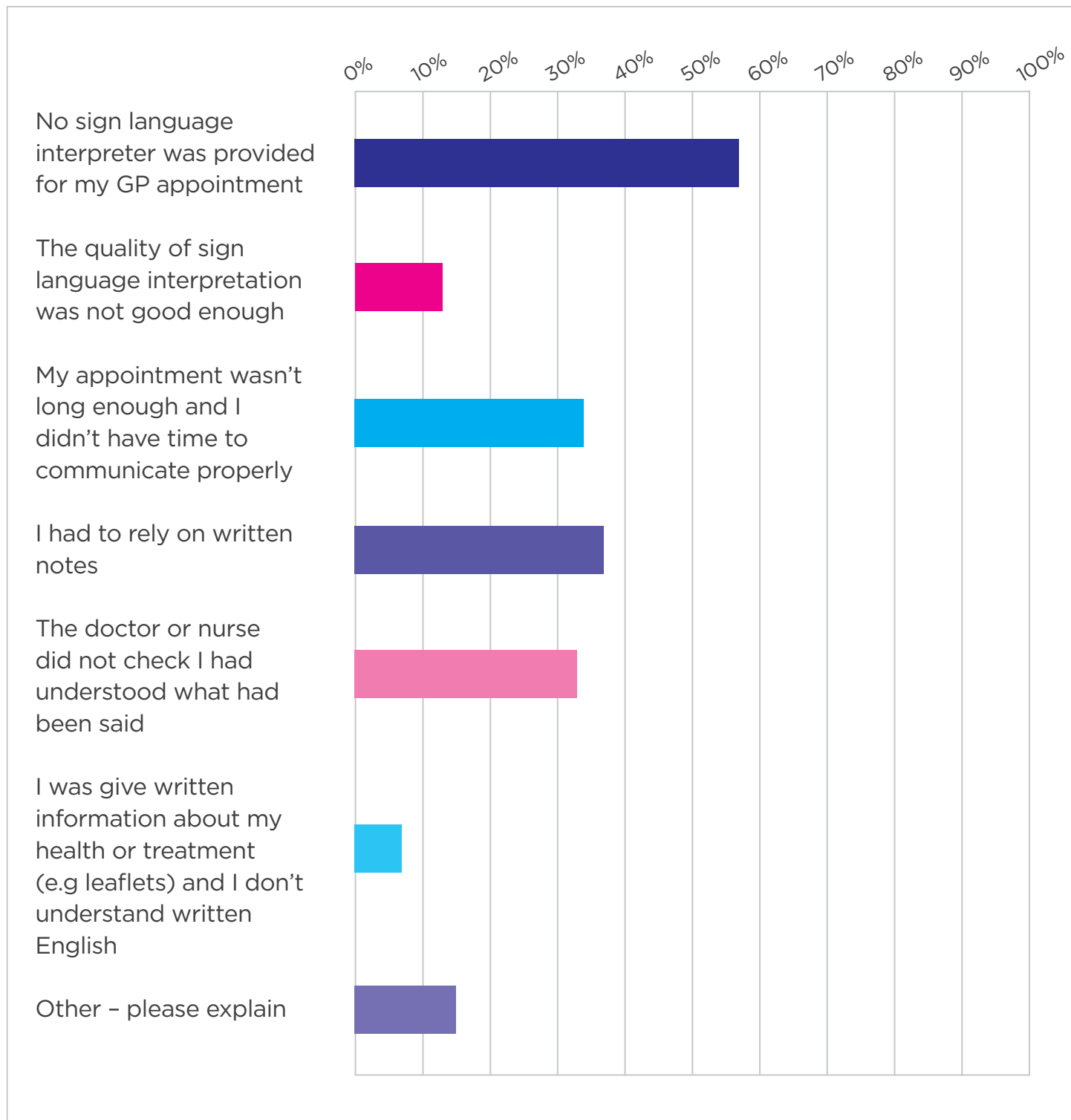


Table 14: If you ever feel unclear about the information you are given after your GP appointments, please tell us why is this (respondents who said they use BSL, SSE or ISL as their first or preferred language)

Respondents could choose more than one answer

	Number of respondents	Percentage (%)
No sign language interpreter was provided for my GP appointment	38	57
The quality of sign language interpretation was not good enough	9	13
My appointment wasn't long enough and I didn't have time to communicate properly	23	34
I had to rely on written notes	25	37
The doctor or nurse did not check I had understood what had been said	22	33
I was given written information about my health or treatment (eg leaflets) and I don't understand written English	5	7
Other - please explain	10	15
Total number of respondents	67	

Awareness of receptionists and other practice staff

We asked people who are deaf or have hearing loss how receptionists and other practice staff communicate with them, and whether they know how to give feedback or make a complaint.

Under the Accessible Information Standard, GP surgeries must ensure their staff have the necessary training to meet the communication and information needs of people who are deaf or have hearing loss. The Standard also states that people who are deaf or have hearing loss should be able to feed back on the provision of communication support and accessible information in an accessible way.

More survey respondents disagreed than agreed with positive statements on practice staff knowledge of deafness and hearing loss and good communication. Nearly two-fifths of respondents disagreed that receptionists, doctors and nurses who work at their GP surgery:

- understand their deafness and hearing loss (39%)
- know how to support them (37%).

These results support earlier findings in this report about the barriers to communication some people who are deaf or have hearing loss face in waiting areas and consultation rooms, because of the poor deaf awareness of practice staff.

Almost two-thirds (65%) of survey respondents agreed with the statement about knowing how to give feedback and make a complaint. This is a positive result: a clear, accessible complaints policy is crucial for ensuring people who are deaf or have hearing loss know how to give feedback about the quality of care.

However, it's important to note that a high proportion of survey respondents also said that they neither agreed nor disagreed with these statements. This could suggest that some people who are deaf or have hearing loss did not see the questions as relevant to them and/or they have had both good and bad experiences when communicating with practice staff or making a complaint.

Table 15: Please tell us how much you agree or disagree with the following statements. (All respondents)

	Number of respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Receptionists, doctors and nurses who work at my GP surgery understand my deafness and hearing loss	735	5%	20%	36%	28%	11%
Receptionists, doctors and nurses who work at my GP surgery know how to support me	727	5%	17%	42%	27%	9%
I know how to give feedback and make a complaint	725	19%	46%	18%	13%	3%
Total number of respondents	738					

Section 5. Priorities for improvement

In the last section of the survey, we asked people who are deaf or have hearing loss what improvements they would like to see at their local GP surgery.

More than two-thirds (67%) of respondents said that improving the way receptionists, doctors and nurses communicate with people who are deaf or have hearing loss was one of their top three priorities for improving communication in GP surgeries. A similar proportion (68%) also said that GP surgeries should make the improvement of practice staff knowledge of deafness and hearing loss a priority. These results support earlier findings in this report suggesting that more needs to be done to improve the way practice staff communicate with people who are deaf or have hearing loss in waiting areas and consultation rooms.

There was also strong support amongst survey respondents for increasing the number of accessible contact methods (55%) and for improving online access to GP surgeries (49%). One in five (20%) also wanted to see improvements in the number of hearing loop systems available for people who are deaf or have hearing loss.

Table 16: What are the three most important things for you for making access and communication easier? (All respondents)

Respondents could choose one answer in each column

	Number of respondents	1st choice	2nd choice	3rd choice
More ways to contact GP surgeries that are accessible to you (email, SMS text, video interpreting services)	389	31%	11%	14%
More information about health issues available in sign language	49	1%	2%	3%
Improving the availability of communication support (eg British Sign Language (BSL) interpreters or speech-to-text reporters) for GP appointments	99	3%	5%	6%
Making it easier to book appointments online	348	19%	20%	10%
Improving the availability of hearing loop systems	141	4%	7%	9%
Improving the way receptionists, doctors and nurses communicate with people who are deaf or have hearing loss	472	23%	25%	19%
Improving knowledge of deafness and hearing loss more generally among receptionists, doctors and nurses	481	18%	22%	28%
Total number of respondents	709			

More than two-thirds (68%) of people who are deaf said that increasing the number of accessible contact options should be a top priority for GP surgeries. A high proportion of people who are deaf also identified better communication with practice staff (57%) – and improving practice staff knowledge of deafness and hearing loss (40%).

Echoing the findings from previous survey questions about communication problems that some people who are deaf had experienced during appointments, nearly half (50%) wanted to see improvements in the availability of communication support. Nearly a third (32%) also felt that GP surgeries should prioritise increasing the amount of health information available in sign language.

More than one-quarter (26%) of survey respondents also chose improving online access as one of the top three changes they wanted their GP surgery to make to improve accessibility.

Table 17: What are the three most important things for you for making access and communication easier? (Respondents who said they use British Sign Language (BSL), Sign Supported English (SSE) or Irish Sign Language (ISL) as their first or preferred language only)

Respondents could select one option in each column.

	Number of respondents	1st choice	2nd choice	3rd choice
More ways to contact GP surgeries that are accessible to you (email, SMS text, video interpreting services)	49	47%	17%	4%
More information about health issues available in sign language	23	11%	17%	4%
Improving the availability of communication support (eg BSL interpreters or speech-to-text reporters) for GP appointments	35	21%	17%	11%
Making it easier to book appointments online	19	3%	13%	11%
Improving the availability of hearing loop systems	6	1%	0%	7%
Improving the way receptionists, doctors and nurses communicate with people who are deaf or have hearing loss	41	13%	18%	26%
Improving knowledge of deafness and hearing loss more generally among receptionists, doctors and nurses	29	4%	10%	26%
Total number of respondents	72			

Section 6. Discussion and recommendations

In this last section, we discuss the findings of the survey and present our recommendations for future work.

Contacting GP surgeries to book appointments, order repeat prescriptions and get test results

Despite the requirements of the Accessible Information Standard to provide “one or more communication or contact methods which are accessible to, and useable by the patient”, our findings suggest that the communication needs of people who are deaf or have hearing loss are routinely unmet. People who are deaf or have hearing loss may find it difficult or impossible to use the phone, yet our results show that many are still being forced to use the phone to book appointments or rely on other people to book appointments on their behalf. A high proportion of survey respondents also choose increasing the number of accessible contact methods as one of their top three priorities for improving the accessibility of GP surgeries.

Forcing people to visit their GP surgery in person, or rely on other people to book appointments on their behalf, reduces personal independence and makes it more difficult for people who are deaf or have hearing loss to look after their own health. Providing a full range of accessible contact methods is crucial for ensuring the ambitions of the General Practice Forward View (NHS England, 2016) – to help people “take more responsibility for their health” – are fully realised for people who are deaf or have hearing loss.

A high proportion of survey respondents wanted to see improvements in online access. Improving online access not only frees up time for patient care, it also increases the accessibility of GP surgeries for many people who are deaf or have hearing loss. Although online access might not be suitable for everyone, our findings suggest that GP surgeries should continue to offer, and extend, online services to patients. Given the potential accessibility benefits of online access, GP surgeries should also consider promoting online services directly to people who are deaf or have hearing loss, as our findings suggest that many respondents don’t know if online access is available for ordering repeat prescriptions and getting test results.

“I do wish that I could make appointments online. Phone calls are a struggle for me and, if you’re not feeling well, it’s even worse – no matter how helpful the person on the other end of the phone is trying to be.”

Anonymous survey feedback

In doing so, GP surgeries should make sure online services are accessible for people who are deaf or have hearing loss. Using BSL should not be a barrier preventing people who are deaf accessing and benefiting from online GP services. As a minimum, GP surgeries should ensure online information is written in Plain English. Although some people who are deaf can read or write English, there are some who can’t, so to ensure online services are accessible for everyone, GP surgeries should also consider producing BSL videos of key documents or other important information.

[Booking urgent, same-day appointments and getting urgent medical advice](#)

Our findings suggest that some people who are deaf or have hearing loss are experiencing difficulties booking urgent, same-day appointments or getting urgent medical advice. In particular, the results suggest that the requirements of the Standard to ensure people who are deaf or have hearing loss can contact services in an accessible way are being undermined by GP surgery policies for booking urgent, same-day appointments, operating telephone ‘triage’ policies or by only offering phone appointments.

Whilst these new consultation types may be more convenient for some patients and increase the amount of time doctors, nurses and other practice staff can spend on patient care, phone consultations, in particular, may be inaccessible for many people who are deaf or have hearing loss and may further increase the health inequalities they face (see Section 1).

Some people who are deaf or have hearing loss may find it impossible to use the phone, or struggle to follow phone conversations with their doctor or nurse. Without an accessible alternative to the phone, some people who are deaf or have hearing loss may be forced to visit their GP surgery in person to get medical advice or clarify information about their treatment and care; increasing demand on already stretched services and costing the NHS money.

As recommended by the Standard, it's vital that GP surgeries continually review their service policies to ensure they support the aims of the Standard and make changes where necessary to ensure they are meeting its requirements. Organisations promoting new models of service delivery for GP surgeries should also be mindful of the accessibility requirements for some people who are deaf or have hearing loss.

Our findings also suggest that some people who are deaf or have hearing loss may be experiencing difficulties accessing medical advice when their GP surgery is closed. In England, the vast majority of out-of-hours care is provided by the NHS 111 service. NHS England's service specification for Integrated and Urgent Care (NHS England, 2017d) states that NHS 111 services must be designed to support patients with "hearing impediment, physical disabilities and communication difficulties". The specification also states that NHS 111 services must meet the requirements of the Accessible Information Standard. Our findings suggest that more work needs to be done to ensure these requirements are properly implemented and enforced.⁷

Identifying communication and information needs

Our findings also suggest GP surgeries need to be more proactive in terms of helping people who are deaf or have hearing loss explain what support they need to communicate well and understand information. Having a clear process in place for asking people who are deaf or have hearing loss what support they need to communicate well and understand information is crucial for ensuring needs are accurately recorded on patient records – so practice staff know when to take action to meet those needs.

In doing so, GP surgeries have an important role to play in promoting accessible contact methods and communication support, as some people who are deaf or have hearing loss (particularly those who have acquired hearing loss later in life) may be unfamiliar with the different forms of support available to help them communicate well and understand information.

7. We have produced guidance to help NHS 111, urgent care centres and hospitals improve the accessibility of their services for people who are deaf or have hearing loss. To find out more, please visit actiononhearingloss.org.uk/how-we-help/health-and-social-care-professionals/guidance-for-hospitals-and-other-urgent-and-emergency-care-services/

As recommended by the Standard, practice staff should use a standardised list of questions or prompts to help people articulate their requirements when they register as new patients or when they next get in touch to book an appointment.⁸ In line with the Accessible Information Standard, GP surgeries should not make assumptions about the different forms of support that people who are deaf or have hearing loss may need without consulting the individual concerned or, where appropriate, their parent, guardian or carer.

Waiting areas

Our findings demonstrate the importance of ensuring all practice staff working in GP surgeries should undergo deaf awareness training. The survey results and comments we received from respondents demonstrate that the poor deaf awareness of practice staff in waiting areas causes considerable stress and anxiety for people who are deaf or have hearing loss. A high proportion of survey respondents also chose improving practice staff knowledge of deafness and hearing loss as one of their top three priorities for improving communication in GP surgeries.

Poor communication in waiting areas may lead to missed appointments and may put people off visiting GP surgeries altogether; forcing them to wait until their health gets worse and they can't wait any longer. NHS England also estimated that the cost of people who are deaf or have hearing loss missing appointments because they didn't hear their name being called in the waiting room could be as high as £15m every year (NHS England, 2017a).

“I rarely visit my GP surgery, but when I have to, I dread waiting to be called. Recently, when I arrived for an appointment, the receptionist said, “Wait next to the desk and we’ll ask someone to come for you.”

“It was awful: everyone was staring at me, as if to say, why is she hanging around here? I felt like a child.”

Mel Stubbs, Sandhurst

8. A communication card and template letter to help people explain to their GP surgery what support they need are available to download from the On the Record campaign webpage. To find out more, please visit actiononhearingloss.org.uk/ontherecord

GP surgeries must meet their commitments under the Accessible Information Standard to ensure that all staff are aware of the different types of support people who are deaf or have hearing loss may need, and help them to access training, if needed.

Although visual display screens can be useful if people who are deaf or have hearing loss miss important information about their appointment when they arrive at reception, they should not be seen as a 'one-size-fits-all' solution to improving accessibility. Visual display screens might not be accessible for everyone, especially if people have other conditions such as sight loss.

In line with the Standard, GP surgeries should always ask people who are deaf or have hearing loss how they would like to be notified when it's their turn to be seen. GP surgeries should also continue to offer and promote hearing loop systems to everyone who needs them.

Consultations

The high proportion of survey respondents saying that they sometimes leave their appointments unclear about the information they're given, suggests that more work needs to be done in terms of improving the way doctors, nurses and other practice staff communicate with people who are deaf or have hearing loss. Poor communication in appointments may force people who are deaf or have hearing loss to go back to their GP surgery again to clarify important information about their treatment and care and may even be dangerous, if they leave their appointment feeling unclear about how to take their medication. The Ear Foundation (2014) has estimated that, because of communication difficulties, people who are deaf or have hearing loss cost the NHS £76m every year in extra GP visits.

"If I have to go to the doctor's surgery or hospital, it's worrying enough, but it's always more stressful for me because I know I'm going to have difficulty hearing what's said to me. Sometimes I can hear the person reasonably well, sometimes it's really difficult. It's a lottery."

Richard Coates, Kings Lynn

"I had to retire early from general practice nursing due to my hearing loss. I absolutely dread going to see the GP or nurse: I have to explain every time and feel I'm treated as stupid or a nuisance. My previous GP refused to look at me when she was speaking and the nurse knew nothing about deafness."

Sue White, Southampton

Our findings suggest that doctors, nurses and other GP surgery staff could improve the way they communicate with many people with hearing loss if they followed communication tips, or by allowing more time for appointments with people with hearing loss to ask questions and check their understanding.

It's also vital that GP surgeries meet their commitments under the Standard to provide communication support to people who are deaf or have hearing loss – our findings suggest that, in particular, people who are deaf still experience difficulties in terms of accessing high-quality communication support for their appointments. Without support from a well-qualified communication professional, people who are deaf may be at risk of poor care and poor health. SignHealth estimates that the missed diagnosis and poor treatment of people who are deaf costs the NHS £30m every year (SignHealth, 2014).

“A BSL interpreter didn't show up for my GP appointment. So, when I was in the consultation room, the doctor made me write everything down, even though I find this difficult. I hope I understood all the information correctly – if only the BSL interpreter had arrived!”

Nicola Gray, East Grinstead

Although it may be difficult to secure the services of communication professionals at short notice, there are other options GP surgeries could explore (such as remote video-interpreting services) to ensure people who are deaf are able to access their services in urgent or emergency situations.

In each case, the provision of support should be built around the needs and preferences of the patient. GP surgeries should meet their commitments under the Standard to ensure communication professionals have appropriate qualifications and, ideally, are registered with the National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD). Providing a NRCPD-registered communication professional should ensure people who are deaf or have hearing loss receive high-quality communication support – and don't miss any important information about their treatment and care.

Doctors, nurses and other practice staff should also work together with communication professionals to make sure the format of GP appointments supports good communication. In line with the requirements of the Standard, doctors, nurses and other practice staff should allow more time for information to be translated into BSL and for checking it has been understood by the patient.

Recommendations

NHS England should:

- monitor performance against the Standard, publish the results annually and intervene if poor-performing GP surgeries do not improve.
- provide funding, resources and training for GP surgeries to help them meet the requirements of the Standard.
- continue to provide funding, resources and training for GP surgeries as part of the Patient Online programme to help them offer and extend online access for their patients.
- ensure guidance and key messaging produced by other work programmes, such as the General Practice Development programme, are consistent with the requirements of the Accessible Information Standard.

The Care Quality Commission (CQC) should:

- ensure the issues facing people who are deaf or have hearing loss when accessing GP surgeries are taken into account during CQC inspections.
- meet their commitments in the CQC's Equality Objectives for 2017-19 to:
 - Ensure CQC staff have good knowledge of the communication and information needs of people who are deaf or have hearing loss.
 - Provide accessible contact options to help people who are deaf or have hearing loss give feedback on the quality of care.
- take action to help poor-performing services improve.

Commissioners of GP services should:

- meet their commitments under the Accessible Information Standard to seek assurances from GP surgeries and NHS 111 services that they are meeting the communication and information needs of people who are deaf or have hearing loss.
- monitor the performance of GP surgeries against the Standard and take action to ensure services improve.
- provide funding, resources and training for GP surgeries to help them meet the requirements of the Standard.

GP surgeries should:

- provide a range of different contact options such as email, text/SMS message, textphone or Next Generation Text (NGT) and promote these to people who are deaf or have hearing loss.
- offer and extend online access for booking appointments, ordering repeat prescriptions and getting test results. GP surgeries should also ensure these online services are accessible for people who are deaf or have hearing loss.
- have a clear, standardised approach for asking people who are deaf or have hearing loss what support they need to communicate well and understand information, and record this information on patient records, in line with the Accessible Information Standard.
- book deaf awareness training for all practice staff, to take place during work hours.
- ensure waiting areas are accessible for people who are deaf or have hearing loss.
- ensure hearing loop systems are available for people who use hearing aids in waiting areas and consultation rooms.
- provide appropriately qualified communication professionals, such as a BSL interpreter, for everyone who needs one, in line with the Accessible Information Standard.
- ensure that people who are deaf or have hearing loss have enough time to communicate in appointments; and extend appointment times if necessary, in line with the Accessible Information Standard.
- gather feedback on the provision of accessible communication and information, from people who are deaf or have hearing loss, in line with the Accessible Information Standard.
- ensure people who are deaf or have hearing loss can give feedback or make a complaint about the quality of care in an accessible way.

Action on Hearing Loss will:

- work with GP surgeries and other NHS services to improve the accessibility of their services for people who are deaf or have hearing loss.
- work with CQC to help them take account of the communication and information needs of people who are deaf or have hearing loss when carrying out inspections – and gather feedback from people who are deaf or have hearing loss about the quality of care.
- raise awareness of the Accessible Information Standard and provide information and guidance, so that people who are deaf or have hearing loss know what to expect when they access GP surgeries – and what action they can take if their needs are not met.

Section 7. Appendix – overview of respondents

We also asked survey respondents some specific questions about themselves.

Half (50%) of survey respondents said they have hearing loss. Nearly one-third (30%) said they're deaf and another third (29%) described themselves as hard of hearing.

More than four out of five (84%) survey respondents said they use hearing aids and more than two-fifths (43%) have tinnitus. Almost nine out of 10 (87%) use English as their first or preferred language and one in 12 (8%) use British Sign Language (BSL).

We had slightly more female respondents than male: nearly two-thirds (61%) of survey respondents are female and almost two-fifths (39%) are male.

Half (51%) of survey respondents are of retirement age (65+).

Table 18: Which of the following statements describe you? (All respondents)

Respondents could choose more than one answer

	Number of respondents	Percentage (%)
I have hearing loss	368	50
I am deaf	219	30
I am hard of hearing	215	29
I am deafened	69	9
Other – please explain	74	10
Total number of respondents	739	

Table 19: More about you... (All respondents)

Respondents could choose more than one answer

	Number of respondents	Percentage (%)
I wear hearing aid(s)	614	84
I have cochlear implant(s)	66	9
I wear a bone-anchored hearing aid (BAHA)	9	1
I have tinnitus	313	43
I have Ménière's disease	49	5
I have balance problems	161	22
Other (including other conditions) - please explain	92	13
Total number of respondents	730	

Table 20: What is your first or preferred language? (All respondents)

	Number of respondents	Percentage (%)
BSL (British Sign Language)	56	8
ISL (Irish Sign Language)	1	0
Sign Supported English (SSE)	15	2
English	641	87
Other - please explain	26	4
Total number of respondents	739	

Table 21: Are you...(all respondents)

	Number of respondents	Percentage (%)
Male	289	39
Female	443	61
Non-binary	0	0
Total number of respondents	732	

Table 22: How old are you? (All respondents)

	Number of respondents	Percentage (%)
16-24	14	2
25-44	95	13
45-54	103	14
55-64	152	21
65-74	238	32
75-84	102	14
85+	37	5
Total number of respondents	741	

**Table 23: Which of the following ethnic groups do you belong to?
(All respondents)**

	Number of respondents	Percentage (%)
Asian / Asian British	7	1
Black / African / Caribbean / Black British	4	1
Mixed / Multiple ethnic groups	8	1
White	701	95
Other - please explain	17	2
Total number of respondents	737	

Table 24: Where do you live? (All respondents)

	Number of respondents	Percentage (%)
East Midlands	71	10
East of England	61	8
London	74	10
North East England	30	4
North West England	82	11
South East England	182	24
South West England	122	16
West Midlands	74	10
Yorkshire and the Humber	48	6
Total number of respondents	744	

Section 8. References

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