ACTION ON
HEARING
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ACCESS ALL AREAS?

A report into the experiences of people with hearing loss when accessing healthcare

By Laura Ringham

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Acknowledgements

I would like to thank all our research panel members who took the time to complete the survey. I would also like to thank colleagues at Action on Hearing Loss who were involved in the project and reviewing the report, in particular, Dr Pritti Mehta, Chris Wood and Laura Matthews.

Executive summary

Ten million people in the UK have hearing loss – one in six of the population. When it comes to using healthcare services, it is vital that people with hearing loss have the same level of access as hearing people. There is a clear legal foundation for providing access to healthcare services for people with hearing loss. The Equality Act 2010 (the Disability Discrimination Act 1995 in Northern Ireland) requires service providers to make reasonable adjustments to make their service accessible for people who are disabled, and states that they must anticipate and promote these adjustments rather than make them on a responsive basis.

We conducted a survey to explore the experiences of people with hearing loss when accessing healthcare. This report presents the findings of that survey, carried out with members of the Action on Hearing Loss research panel in April 2012, and our subsequent recommendations. Access to healthcare is an important campaign area for us. Most recently we, along with a group of partner organisations[1], have been campaigning for healthcare service commissioners to ensure robust procedures are in place for providing appropriately qualified British Sign Language (BSL) interpreters for people who are deaf. This research will further support our campaigning work in the area of access to healthcare.

Our research panel consists of approximately 900 people and has representation from individuals with different levels of hearing loss and tinnitus, across a range of demographic characteristics. We have promoted the opportunity to join the panel through a number of different channels and people have self-selected to become members. The majority (69%) of our panel members are hearing aid wearers; a small proportion (4%) use BSL; and just under two-thirds (64%) are of working age.

In total, 607 panel members responded to our survey, representing a response rate of 67%.

The survey asked about a range of issues related to accessing healthcare, including:

- experiences when contacting and visiting the GP surgery
- GP and practice nurse consultations
- access to pharmacies.

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[1] The partner organisations are: Association of Sign Language Interpreters (ASLI), National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD), British Deaf Association (BDA), SignHealth, Signature and British Society for Mental Health and Deafness (BSMHD).

Contacting and visiting the GP surgery

We asked panel members a number of questions about their experiences of contacting their GP surgery, including their current and preferred methods of contact.

Our survey found that there was a marked difference between how patients currently contact their surgery to book appointments and how they would prefer to:

- The majority (72%) of respondents currently contact their GP surgery by phone, yet just under half (44%) said this would be their preferred method of communication.
- Just under half (46%) of respondents currently visit their GP surgery in person to make an appointment, but a much smaller proportion, less than one in 10 (9%), identified this as their preferred method of contact.
- Approximately one in 10 respondents (9%) currently contact their GP surgery by email, while around three in 10 (31%) identified that this would be their preferred method of contact, suggesting that there is unmet demand for alternative communication methods such as email.

This highlights the importance of GP surgeries offering and promoting a range of contact methods to patients, to enable them to use their preferred method of communication.

GP and nurse consultations

In terms of contact within the surgery, the use of visual display screens in waiting rooms can help to ensure that patients with hearing loss know when it is time for their appointment and do not miss it. However, these screens are not widely used. The use of such technology can help to avoid patients missing appointments, which can incur a substantial cost to the health service.

Our survey found that:

- just under half (44%) of respondents said that their GP surgery had a visual display screen
- one in seven respondents (14%) had missed an appointment because they had missed being called in the waiting room.

We wanted to explore patient experiences during consultations and asked panel members whether they had ever been unclear about certain types of information provided during a consultation.

Our survey found that after attending an appointment with a GP:

- more than one-quarter (28%) of respondents had been unclear about a diagnosis
- around one-quarter (26%) had been unclear about health advice they were provided with
- approximately one-fifth (19%) had been unclear about their medication.

Respondents identified the top three reasons for feeling unclear after a GP consultation as:

- the GP not facing the patient (64%)
- the GP not always speaking clearly (57%)
- the GP not making sure the patient had understood what had been said (51%).

A much smaller proportion of respondents reported feeling unclear about information following a practice nurse consultation:

- 7% had been unclear about their diagnosis
- 5% had been unclear about medication.

Where respondents had felt unclear about information provided by a practice nurse, the issues were similar to those experienced at GP consultations, with the most common reasons being:

- the nurse not always facing the patient (59%)
- the nurse not making sure the patient had understood what had been said (44%).

It is vital that patients leave a medical consultation feeling clear about all of the information provided and it is concerning that a significant proportion of our respondents reported that this was not always the case.

The findings suggest that where communication barriers arose that resulted in patients being unclear about information, they could easily be addressed by practitioners making simple changes to improve communication.

Experiences of British Sign Language users when accessing healthcare

During April 2012 we were involved in conducting a separate survey to explore the experiences of British Sign Language (BSL) users when accessing healthcare. In total, 305 people who identified that they use BSL as their first or preferred language completed the survey.

Key findings included:

- 68% of respondents had asked for a sign language interpreter to be booked for a GP appointment but did not get one
- 74% of respondents have had to remind GP staff about their communication needs
- 41% of respondents had left a health appointment feeling confused about their medical condition because they couldn’t understand the sign language interpreter.

We are concerned that BSL users are not being provided with fully qualified interpreters in healthcare settings. It is imperative that sign language interpreters used by healthcare providers are fully qualified to deliver interpreting services in a healthcare setting. This ensures accurate communication of medical information.

Access to pharmacies

As it is becoming increasingly common for health advice to be delivered outside of a GP setting, we asked our panel members a number of questions about access to pharmacies.

Our survey found that:

- around half (51%) of respondents had experienced a consultation with a pharmacist or chemist
- the consultation took place in a private room for just over one-third (35%) of respondents. Private rooms are important for patient confidentiality but can also aid communication by reducing background noise.

Relatively small proportions of respondents who had experienced a consultation with a pharmacist reported feeling unclear about the information provided: one in eight respondents (12%) stated that they had felt unclear about a diagnosis or medication.

Where respondents had felt unclear, the most common reasons for this were:

- the pharmacist not always speaking clearly (67%)
- the pharmacist not making sure the patient had understood what had been said (58%).

Our recommendations

The Equality Act 2010 and Disability Discrimination Act 1995 provide a clear legal foundation for providing access to healthcare for people with hearing loss. However, our findings suggest that people with hearing loss still face challenges when accessing healthcare.

The findings of our survey point to a number of recommendations to improve the experience of patients with hearing loss when accessing healthcare.

Health sectors across England, Scotland, Wales and Northern Ireland should:

- meet their legal obligations to ensure their healthcare services are fully accessible to patients with hearing loss
- meet their public sector equality duties by promoting equality of opportunity for people with hearing loss.

England

In England, the NHS Commissioning Board’s objective is to pursue the long-term aim of the NHS being recognised globally as having the highest standards of caring, particularly for older people and at the end of people’s lives. It highlights: improving hospitals’ responsiveness to personal needs; improving people’s experience of accident and emergency services; improving access to primary care services; and improving the experience of care for people at the end of their lives. All areas should be actively pursued for the benefit of people with hearing loss. *The Mandate*, published by the NHS in November 2012, aims to further ensure that the NHS strives to make improvements for the benefit of all patients. Through the mandate, the NHS will be measured by how well it achieves the things that really matter to people. The mandate makes clear that tackling inequalities should be a principle underpinning everything it does. This should include opportunities to address variations in access to healthcare for people with hearing loss.

We also call for the development of commissioning tools building on national best practice guidelines. We will publish guidance for clinical commissioning groups and health and wellbeing boards to ensure that accessibility issues are addressed through service planning and commissioning processes.

Scotland

One of the three ambitions set out in the *Healthcare Quality Strategy for NHS Scotland*, published in 2010, was that all healthcare services in Scotland should be person-centred. This means that all of those delivering healthcare services must respect individual needs and demonstrate clear communication.

The Charter of Patient Rights and Responsibilities – published in 2012 – explicitly asserts the right of NHS users in Scotland to request support, such as a sign language interpreter or other communication support, when making decisions about their healthcare and when receiving information about their care and treatment.

We will continue to work with the Scottish Government, NHS Scotland and health boards to ensure that these ambitions are fulfilled with respect to people with hearing loss, so that they are better able to access healthcare services. Service providers should be encouraged to take the simple steps listed overleaf.

Wales

Over the next five years, through its ‘Together for Health’ vision for the NHS in Wales, the Welsh Government is looking to drive significant improvements in health across all areas and all groups within Wales. Everyone should have easier access to a wide range of safe, effective, well-run, fully integrated services, sustainable over the longer term. We will be working to ensure that these improvements benefit people with hearing loss.

In Wales, we will publish guidance for health boards to ensure that accessibility issues are addressed through service planning processes. We will also: support the Government to ensure that it delivers on its commitment to introduce Accessible Information Policies in each health board for people with sensory loss; work with the Healthcare Inspectorate Wales to build a focus on services for people with sensory loss into their inspection process; and support the NHS to ensure all new staff in Wales receive sensory awareness training.

Northern Ireland

A major objective behind the 2011 review of health and social care in Northern Ireland, *Transforming Your Care*, and the consultation that followed, was to ensure that health and social care services are patient-centred, including reviewing and improving access to these services. We will be working with the Department of Health, Social Services and Public Safety (DHSSPS), health boards, trusts and practices to ensure that there are improvements in accessing services for people with hearing loss.

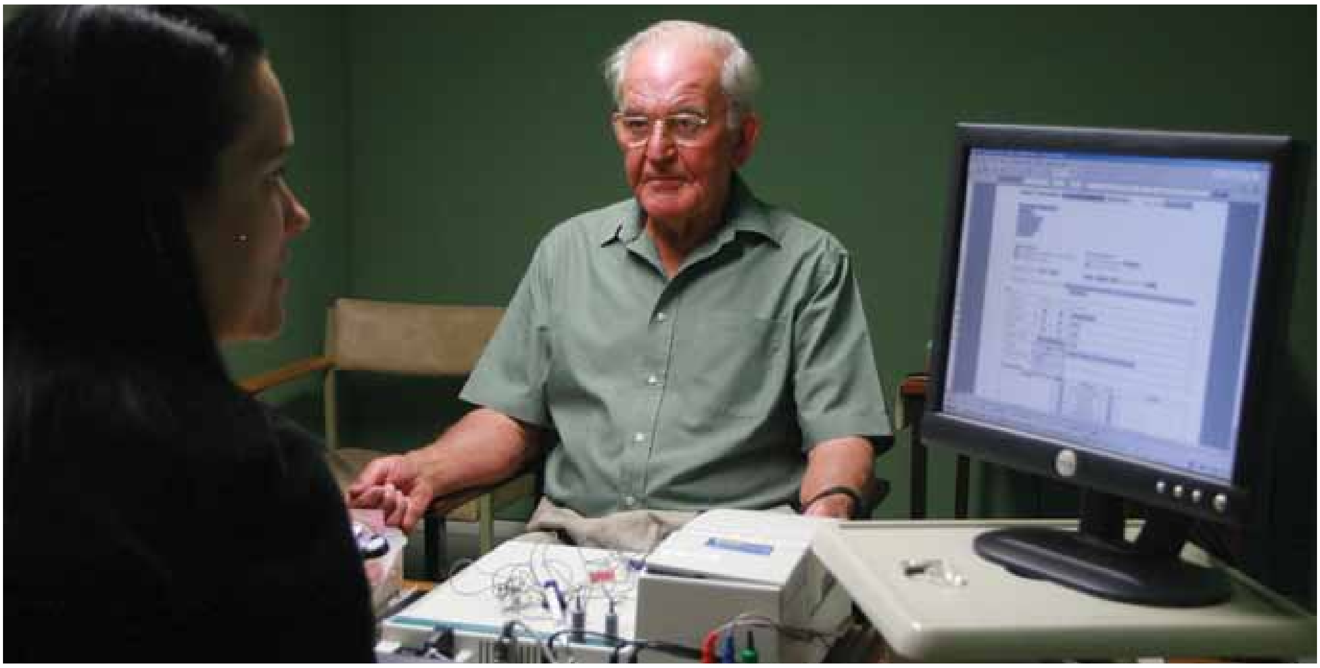
There are also a number of simple steps that service providers can take to ensure they are fully accessible to people with hearing loss.

GP surgeries should:

- provide deaf awareness training for all practice staff. Comprehensive training should cover effective communication tips, the types of communication support available and good practice
- meet their legal obligations to provide a range of ways for patients to contact their GP surgery and ensure that practice staff are trained in how to use these methods
- extend the use of technology that can help improve the patient experience for people with hearing loss, such as visual display screens in waiting rooms and induction loop or infrared systems
- ensure that patient records clearly indicate when a person has a hearing loss and include basic information about their preferred method of communication and any communication support requirements
- have policies and procedures in place to enable communication support to be booked as and when required, using only communication professionals who are fully qualified to deliver interpreting services in a healthcare setting.

Pharmacies should:

- ensure that private rooms are available for patient consultations
- extend the use of technology that can help improve the patient experience for people with hearing loss, such as induction loop or infrared systems
- provide deaf awareness training for all staff who come into contact with patients.



Introduction

Our research panel

We launched the Action on Hearing Loss research panel in 2012. It comprises approximately 900 people who have signed up to take part in research activities on a regular basis. We will use the panel to gather evidence of the experiences of people with hearing loss, and this will inform our future work. We will conduct the majority of panel projects through online surveys, providing a cost-effective way to consult with people on a regular basis and explore important topic areas in detail.

The research panel has representation from people with different levels of hearing loss and tinnitus, across a range of demographic characteristics. We have promoted the opportunity to join the panel through a number of different channels and people have self-selected to become members. The majority (69%) of our panel members wear hearing aids; a small proportion (4%) use British Sign Language (BSL); and just under two-thirds (64%) are of working age.

We contacted all panel members by email to invite them to take part in our first panel survey about people's experiences of accessing healthcare. The survey opened on 17 April 2012 and remained open for a period of three weeks. In total, 607 panel members responded. This represents a response rate of approximately 67%, which is very encouraging for our first panel survey.

Why access to healthcare?

Ten million people in the UK have hearing loss – one in six of the population. When it comes to using healthcare services, it is vital that people with hearing loss have the same level of access as hearing people. There is a clear legal foundation for providing access to healthcare services for people with hearing loss. The Equality Act 2010 (the Disability Discrimination Act 1995 in Northern Ireland) requires service providers to make reasonable adjustments to make their service accessible for people who are disabled, and states that they must anticipate and promote these adjustments rather than make them on a responsive basis.

Increasing access to healthcare for people with hearing loss continues to be an important campaign area for us. We've undertaken previous research[2] in this area, and our 2011 members' survey incorporated a set of questions about contacting and visiting the GP surgery.

Access to healthcare was our focus during Deaf Awareness Week 2012 (7-13 May) and we encouraged people to tell us their stories about communication barriers they have experienced within a healthcare setting.

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[2] Previous research reports are available on our website and include: *A Simple Cure* (2006), RNID; *Are you listening?* (2010), RNID Scotland; *Is it my turn yet?* (2010), RNID Northern Ireland, RNIB & Sign Community.

We also launched a joint campaign with six partner organisations[3], calling on healthcare service commissioners to ensure robust procedures are in place for providing appropriately qualified sign language interpreters for people who are deaf.

We intended our first panel survey to build on and complement our existing evidence and to further support our campaigning work in this area.

As well as asking about panel members' experiences of accessing healthcare services, we included a number of questions in our survey to gather some information about our respondents. You can find the results in appendix 1.

Note: Percentages do not always equal 100%. This is either due to rounding decimals up or down, or because respondents could select multiple answers for certain questions. The total number of respondents answering each question has been included where possible. Base numbers will vary across questions, as not all questions are asked to all respondents. Respondents may also choose not to answer every question.

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[3] The partner organisations are: Association of Sign Language Interpreters (ASLI), National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD), British Deaf Association (BDA), SignHealth, Signature and British Society for Mental Health and Deafness (BSMHD).

Section 1:
Contacting the GP surgery

We were interested in finding out about our panel members' experiences of contacting their GP surgery and the communication methods they used to do this.

We first asked our panel members whether a number of alternative contact options were available at their GP surgery – such as email, text message, fax and textphone (minicom) – or whether they did not know.

Overall, we found that awareness and availability of these contact methods was generally quite low.

Around two-fifths (39%) of respondents said that email contact facilities were available at their GP surgery, while one-quarter (26%) of respondents said that they were not.

Approximately three in 10 respondents (31%) said that they were able to contact their GP surgery via fax, while around one in 10 respondents (11%) said that this option was not available.

Only a small proportion (11%) of respondents said that the option to contact the surgery by text message was available; one-third (32%) said that it was not.

Just 6% of respondents said a textphone number was available, while over one-quarter (28%) of respondents said that this method of contact was not an option.

A large proportion of respondents did not know whether the contact options we asked about were available at their GP surgery.

Our survey found that:

- two-thirds (66%) of respondents did not know whether a textphone number was available
- almost three-fifths (58%) of respondents did not know whether text message or fax contact was available
- Just over one-third (35%) of respondents did not know whether email contact facilities were available.

The high proportion of panel members reporting that they did not know whether these contact methods were available may be a reflection of the fact that respondents are not aware of communication methods that they do not use. GP surgeries should ensure that all their contact methods are promoted to patients, to enable them to choose their preferred means of communication.

Table 1: Availability of contact options at GP surgery (all respondents)

	No. of respondents	Yes, this is available	No, this is not available	I don't know if this is available
Textphone (minicom) number	584	6%	28%	66%
Email	588	39%	26%	35%
Text message	585	11%	32%	58%
Fax	575	31%	11%	58%

We asked our panel members to identify all the methods that they currently use to contact their GP surgery to make an appointment, before asking them to identify their preferred method of communication.

The majority of respondents, nearly three-quarters (72%), currently contact their GP surgery themselves by phone. However, this was the preferred method of contact for just under half (44%) of respondents.

Just under half (46%) of respondents currently visit their GP surgery in person to make an appointment, but a much smaller proportion, less than one in 10 (9%), identified this as their preferred method of contact. This suggests that people may be making a journey that they would prefer not to make – a pattern that we also found in our 2011 members' survey.

Approximately two in 10 respondents (18%) currently have someone who calls the GP surgery on their behalf, but only a small proportion (5%) identified this as their preferred method of contact.

Only small proportions of respondents currently contact their GP surgery by Text Relay or textphone (4%) or identified this as their preferred method of contact (3%).

Approximately one in 10 respondents (9%) currently contact their GP surgery by email, while around three in 10 (31%) identified that this would be their preferred method of contact.

Only a very small number of respondents (1%) currently contact their GP surgery via text message, although one in 12 (8%) chose this as their preferred method of contact.

Our findings suggest that there is unmet demand for alternative contact methods, such as email and text messaging, and these methods may be particularly favoured by people with hearing loss who are unable to use the phone.

Under the Equality Act 2010 (the Disability Discrimination Act 1995 in Northern Ireland), GP surgeries have a legal requirement to ensure their services are accessible to people with disabilities. GP surgeries should, therefore, aim to provide a range of contact methods and promote them, so that patients can choose their preferred method of contact.

We then asked our panel members whether their GP surgery provided text message reminders about appointment times and dates. Only a small proportion (14%) of respondents were aware of their GP surgery providing this service. The majority of respondents, almost six in 10 (57%), reported that their GP surgery did not provide this service. Approximately three in 10 respondents (29%) did not know if their surgery provided text message appointment reminders, or did not use a mobile phone.

Mishearing appointment times and dates over the phone was one issue that our members reported in our 2011 members' survey when we asked about difficulties when contacting their GP surgery. Text message reminders can be useful for patients in general and may be a particularly helpful back-up for people with hearing loss who may have difficulty hearing appointment times and dates clearly over the phone.

Table 2: Current methods of contacting the GP surgery to make an appointment (all respondents)

Respondents asked to select all that apply

Contact method	No. of respondents	Percentage
By phone – calling myself	435	**72%**
I visit the surgery in person	281	**46%**
By phone – a friend or relative calls on my behalf	108	**18%**
By email	57	**9%**
Text Relay service or textphone	24	**4%**
Fax	7	**1%**
Text message	3	**1%**
Total number of respondents	607	

Table 3: Preferred methods of contacting the GP surgery to make an appointment (all respondents)

Respondents asked to select one only

Contact method	No. of respondents	Percentage
By phone – calling myself	263	**44%**
By email	185	**31%**
I visit the surgery in person	56	**9%**
Text message	46	**8%**
By phone – a friend or relative calls on my behalf	28	**5%**
Text Relay service or textphone	15	**3%**
Fax	0	**0%**
Total number of respondents	593	

*Note: A number of panel members got in touch to tell us that they contact their GP surgery online, through their GP surgery's website. Unfortunately, we did not ask about this option and are therefore unable to assess to what extent such facilities are used by our panel members.

Table 4: Whether the GP surgery provides text message reminders about appointments (all respondents)

	No. of respondents	Percentage
Yes	81	**14%**
No	339	**57%**
Don’t know / I don’t use a mobile phone	173	**29%**
Total number of respondents	593	

We next asked panel members whether they had ever experienced difficulty when trying to make a short-notice appointment at their GP surgery. Around four in 10 respondents (41%) said they had. The remaining six in 10 (59%) had not experienced any difficulty.

We asked respondents who said they had experienced difficulty when trying to make a short-notice appointment about the reasons for this. Just over one-fifth (22%) said the difficulty was because they were only offered a telephone consultation, which would not be suitable. Just under one-fifth (18%) of respondents reported that the difficulty was due to short-notice appointments having to be made over the phone in the first instance, which respondents were unable to use. These findings suggest that patients with hearing loss could benefit from some increased flexibility in the process for making short-notice appointments.

One in eight respondents (12%) said that the difficulty they had experienced when trying to make a short-notice appointment was because they usually made appointments in person but were too ill to travel. A very small proportion (3%) of respondents reported that they had difficulties using the Text Relay system when trying to make a short-notice appointment. The following comment illustrates one example of a Text Relay issue:

> **“Same-day appointments are booked in the morning.
> The lines are always engaged and thus impossible with Text Relay.”**

The majority of respondents, just over half (56%), chose the ‘other’ option at this question, identifying that there was another reason why they had experienced difficulty when trying to make a short-notice appointment. These respondents were asked to provide further details. The vast majority of comments provided related to the difficulty with getting an appointment – for example, there being no short-notice appointments available or not being able to get an appointment with a specific doctor – rather than particular issues connected to hearing loss.

Table 5: Have you ever experienced difficulty when trying to make a short-notice appointment at your GP surgery? (all respondents)

	No. of respondents	Percentage
Yes	239	**41%**
No	349	**59%**
Total number of respondents	588	

Table 6: Reasons for difficulty when trying to make a short-notice appointment (respondents who have experienced difficulty when trying to make a short-notice appointment)

Respondents asked to select all that apply

	No. of respondents	Percentage
I was only offered a phone appointment, which would not be suitable	53	**22%**
Short-notice appointments can only be made by telephone, which I cannot use	42	**18%**
I usually make an appointment in person, but was too ill to travel	28	**12%**
Difficulties using the Text Relay system	6	**3%**
Other	134	**56%**
Total number of respondents	239	

Section 2:
Visiting the GP surgery

Waiting for a consultation

In the second section of the survey, we asked our panel members about their experiences of visiting their GP surgery for consultations. This included questions about how patients are called to appointments, as well as questions about their experiences during consultations with a GP and with a practice nurse.

We know from previous research that poor communication can result in patients missing appointments. A survey we conducted in 2006[4] found that a quarter (24%) of patients with hearing loss had missed an appointment because of poor communication, such as not being able to hear staff calling out their name.

We asked our panel members how their GP surgery alerts patients in the waiting room to their appointment. More than one-third (38%) of respondents stated that their surgery verbally calls patients to appointments, while just under one-third (31%) said that their GP or nurse collects them for their appointment. Just under half (44%) of respondents reported that their GP surgery uses a visual display screen to call patients to appointments (this figure was 47% in our 2011 members' survey).

The use of visual display screens can help to ensure that patients with hearing loss can clearly see when they are being called for appointments, and can help to avoid patients missing out on their appointment because of ineffective communication. Missed appointments can incur a substantial cost to the health service.

While it is likely that the use of visual display screens within GP surgeries has increased since 2006, we continue to find that people with hearing loss are reporting that they have missed appointments. In this survey we found that one in seven respondents (14%) stated that they had missed an appointment at their GP surgery because they had missed being called in the waiting room. This is something that could easily be avoided by surgery staff taking account of patients' communication needs.

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[4] *A Simple Cure* (2006), RNID

Table 7: How the GP surgery calls patients to appointments (all respondents)

Respondents asked to select all that apply

	No. of respondents	Percentage
My surgery has a visual display screen to call patients to appointments	267	**44%**
My surgery verbally calls patients to appointments	229	**38%**
My GP or nurse will come and get me for my appointment	187	**31%**
Total number of respondents	607	

Table 8: Ever missed an appointment because you have missed being called in the waiting room? (all respondents)

	No. of respondents	Percentage
Yes	84	**14%**
No	515	**86%**
Total number of respondents	599	

We then asked our research panel members whether their hearing loss was recorded on their patient records, to make surgery staff aware of their communication needs: around two-fifths (39%) of respondents said that it was; more than half (55%) of respondents did not know; and a minority (6%) of respondents said that it was not.

Recording that a patient has a hearing loss can assist surgery staff in communicating effectively. This might include alerting staff to book appropriate communication support for consultations, or highlighting that patients may need to be collected from the waiting area if visual display screens are unavailable.

Table 9: Whether hearing loss is recorded on patient records to make surgery staff aware of communication needs (all respondents)

	No. of respondents	Percentage
Yes, my hearing loss is recorded on my patient records	222	**39%**
No, my hearing loss is not recorded on my patient records	37	**6%**
I don’t know if my hearing loss is recorded on my patient records	318	**55%**
Total number of respondents	577	

We were interested in finding out whether panel members ever had someone accompany them to medical appointments in order to help them understand what is being said.

The vast majority of respondents, nearly three-quarters (73%), said that they never have someone with them when attending medical appointments. One-quarter (24%) of respondents said that they sometimes have someone with them at medical appointments, while only a very small proportion (3%) said that they always have someone with them at appointments.

Respondents who did not have anyone attend appointments with them were then asked if they would like someone to attend, to help them understand what is being said during the appointment. The vast majority of respondents, eight in 10 (81%), said that they did not want someone to attend. Approximately two in 10 respondents (18%) said that they would sometimes like someone to attend appointments with them, to help them understand what is being said. This suggests that there may be some level of unmet need in terms of a demand for support during appointments to assist with communication.

For those respondents who did have someone accompany them to appointments, this was most commonly a partner or spouse, with over three-quarters (78%) of respondents identifying that this was who attended medical appointments with them. Only small proportions of respondents identified that other people attended medical appointments with them: 4% had a friend accompany them, 7% a son or daughter aged over 16 and just 1% a son or daughter aged under 16.

Table 10: Whether someone attends medical appointments to help respondent understand what is being said (all respondents)

	No. of respondents	Percentage
Yes, I always have someone at the appointment with me	20	**3%**
Yes, I sometimes have someone at the appointment with me	138	**24%**
No, I never have someone with me at the appointment	426	**73%**
Total number of respondents	584	

Table 11: Whether respondents would like someone to attend medical appointments with them to help them understand what is being said (respondents who never have someone with them at appointments)

	No. of respondents	Percentage
Yes, always	3	**1%**
Yes, sometimes	75	**18%**
No	341	**81%**
Total number of respondents	419	

Table 12: Person who usually attends medical appointments (respondents who said they always or sometimes have someone to attend appointments with them)

	No. of respondents	Percentage
Spouse or partner	114	**78%**
Friend	6	**4%**
Son or daughter (16 or over)	11	**7%**
Son or daughter (under 16)	1	**1%**
Other relative	15	**10%**
Total number of respondents	147	

GP consultations

Our 2011 members' survey found that over one-third (38%) of respondents felt they may have missed important information when visiting their GP. This was one of the most concerning findings from the 2011 survey and we wanted to investigate this issue further to find out more about the types of information that patients had missed or were unclear about during appointments.

Our survey of panel members found that after attending an appointment with a GP:

- just over one-quarter (28%) of respondents had been unclear about a diagnosis
- around one-quarter (26%) had been unclear about health advice they were given by the GP
- around two-fifths (19%) had been unclear about their medication.

This reflects a worrying proportion of respondents who have left a GP appointment feeling unclear about important information provided. It is vital that patients leave a GP consultation feeling that they have been able to access all of the information given, particularly since the consequences of not fully understanding health advice or medication may be dangerous.

In order to understand more about where communication difficulties arose, we asked respondents whether a number of different factors had ever contributed to them feeling unclear about information that was provided during a GP appointment. Of those respondents who said they had been unclear about information following a GP appointment (either a diagnosis, medication or health advice), the most common contributing factor reported was the GP not always facing the patient, which nearly two-thirds (64%) of respondents identified.

More than half (57%) of respondents who had been unclear about information said that their GP not speaking clearly had contributed to this, while half (51%) said that their GP did not make sure they had understood what had been said.

These findings suggest a lack of deaf awareness among GPs and highlight simple changes that could be made to improve communication during a consultation. Facing patients, speaking clearly, and building in a check to ask patients whether or not they have understood the information provided during a consultation are all simple steps that GPs could take as part of an increased commitment to deaf awareness and improved communication.

In terms of other factors that had contributed to respondents feeling unclear, just over one-third (35%) of respondents said that the lack of an induction loop in the consulting room had contributed to them feeling unclear about information. The provision of loop systems within consulting rooms can help to enhance communication for patients with hearing aids. The same proportion (35%) of respondents said that they had felt unclear about information because they did not want to ask their GP to explain things further.

Approximately one in six respondents (17%) reported that they were not provided with communication support, while one in nine (11%) stated that their GP used complicated language, which had contributed to them feeling unclear about information.

In addition to providing a list of factors that may have contributed to patients being unclear about information, we included a question that gave respondents the opportunity to give their own examples of communication difficulties. Many of the comments provided further illustrated the findings above. For instance, the issue of GPs not facing patients was a consistent theme within the comments, often because they were concentrating on a computer screen.

Comments from our panel members included:

“Doctors look at the computer screen and type as they talk to you, which means I can’t hear. I do ask them to repeat, but if I have misunderstood sometimes I don’t realise until I get the medication from the chemist and the instructions are different. They think they are deaf aware, but they really are not.”

“The GP is often typing away at the computer whilst talking to me so it is difficult to hear what is being said. Also, the seating is at the side of the GP rather than face to face.”

“The GP faced the computer and didn’t turn around until I asked him to.”

“Looking at a computer while trying to speak to me.”

“Occasionally the doctor will move around the room and not be facing me, or may speak with their hand covering their mouth; I am happy to point out the difficulties this may cause me, but this may not be the case with others in a similar position.”

Other comments illustrated how GPs did not always speak clearly to patients, or where GPs did not try to accommodate patients' communication preferences. For example:

"GPs are often hurried and therefore speak too quickly."

"I have to slow the interview down so that I can properly understand as my GP is often in a hurry to see the next appointment and doesn't have time to explain fully."

"I prefer [the doctor] to write or type communication but [he or she] seems reluctant and still tries to manage with me lipreading."

"I always have to tell them [about my hearing loss], although it's on my records. I have to tell the receptionist, and still they expect me to hear my name being called over the background music they play, conversations other people are having, etc."

"Just general poor knowledge of how to communicate with deaf people."

GPs have a responsibility to ensure that patients are clear about the information they have been provided with during a consultation. Overall, our findings demonstrate that, in many cases, communication barriers that result in patients being unclear about information could easily be addressed by GPs. Greater awareness around facing patients to aid lip-reading, speaking clearly and checking that patients have understood information are all straightforward actions that would help to ensure that patients with hearing loss do not leave a consultation feeling unsure about the information they have been given.

Experiences of British Sign Language users when accessing healthcare

During April 2012 we were involved in conducting a separate survey to explore the experiences of British Sign Language (BSL) users when accessing healthcare. In total, 305 people who identified that they use BSL as their first or preferred language completed the survey.

Key findings included:

- 68% of respondents had asked for a sign language interpreter to be booked for a GP appointment but did not get one
- 74% of respondents have had to remind GP staff about their communication needs
- 41% of respondents had left a health appointment feeling confused about their medical condition because they couldn't understand the sign language interpreter.

We are concerned that BSL users are not being provided with fully qualified interpreters in healthcare settings. It is imperative that sign language interpreters used by healthcare providers are fully qualified to deliver interpreting services in a healthcare setting. This ensures accurate communication of medical information.

Table 13: Unclear about diagnosis after GP appointment (all respondents)

	No. of respondents	Percentage
Yes	160	**28%**
No	404	**70%**
Don't know	17	**3%**
Total number of respondents	581	

Table 14: Unclear about medication after GP appointment (all respondents)

	No. of respondents	Percentage
Yes	109	**19%**
No	460	**80%**
Don't know	7	**1%**
Total number of respondents	576	

Table 15: Unclear about health advice after GP appointment (all respondents)

	No. of respondents	Percentage
Yes	151	**26%**
No	410	**71%**
Don't know	19	**3%**
Total number of respondents	580	

Table 16: Factors contributing to feeling unclear about information provided during a GP appointment (respondents who said they had been unclear about a diagnosis or medication or health advice)

Respondents asked to select all that apply

	No. of respondents	Percentage
My GP did not always face me	134	**64%**
My GP did not always speak clearly	118	**57%**
My GP did not make sure I had understood what had been said	107	**51%**
There was no induction loop in the consulting room	73	**35%**
I did not want to ask the GP to explain things further	72	**35%**
I was not provided with communication support	35	**17%**
My GP used complicated language	23	**11%**
Total number of respondents	208	

Practice nurse consultations

We also asked our panel members about their experiences when attending appointments with a practice nurse.

We found that only small proportions of respondents had been unclear about information provided during a consultation with a practice nurse:

- 7% had been unclear about their diagnosis
- 5% had been unclear about medication
- 9% had been unclear about health advice.

The proportions of respondents that had been unclear about information following an appointment with a practice nurse were therefore much lower than the proportions that had missed information following a GP consultation. However, this may in part be a reflection of the fact that practice nurses may be less likely to provide information about diagnoses and medication.

Respondents who did report that they had been unclear about information following a practice nurse appointment (either diagnosis, medication or health advice) were asked to identify factors that had contributed to making them feel unclear about information provided during the appointment.

The top three contributing factors identified were:

- the nurse not always facing patients (59%)
- the nurse not making sure patients understood what had been said (44%)
- the nurse not always speaking clearly (40%)[5].

As with our findings relating to GP consultations, they reflect minor changes that could be made to improve communication and access to information during consultations.

Table 17: Unclear about diagnosis after practice nurse appointment (all respondents)

	No. of respondents	Percentage
Yes	42	**7%**
No	512	**90%**
Don’t know	15	**3%**
Total number of respondents	569	

Table 18: Unclear about medication after practice nurse appointment (all respondents)

	No. of respondents	Percentage
Yes	26	**5%**
No	509	**92%**
Don’t know	19	**3%**
Total number of respondents	554	

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[5] It is important to note that figures are based on small numbers of respondents, as only small proportions identified that they had been unclear about information during a consultation with a practice nurse.

Table 19: Unclear about health advice after practice nurse appointment (all respondents)

	No. of respondents	Percentage
Yes	50	**9%**
No	494	**87%**
Don't know	21	**4%**
Total number of respondents	565	

Table 20: Factors contributing to feeling unclear about information provided during practice nurse appointment (respondents who said they had been unclear about a diagnosis or medication or health advice)

Respondents asked to select all that apply

	No. of respondents	Percentage
My nurse did not always face me	40	**59%**
My nurse did not make sure I had understood what had been said	30	**44%**
My nurse did not always speak clearly	27	**40%**
There was no induction loop in the consulting room	19	**28%**
I did not want to ask the nurse to explain things further	19	**28%**
I was not provided with communication support	14	**21%**
My nurse used complicated language	6	**9%**
Total number of respondents	68	

Just under two-fifths (17%) of respondents said that they had put off making an appointment at their GP surgery because they were worried about communication problems. This is concerning because, in some instances, delaying an appointment may be potentially harmful. Again, we would encourage GPs to consider how they can improve communication with patients with hearing loss, in order to minimise any potential patient distress around attending appointments.

Table 21: Ever put off making an appointment at GP surgery because of worry over communication problem (all respondents)

	No. of respondents	Percentage
Yes	98	**17%**
No	483	**83%**
Total number of respondents	581	

While the findings in this section point to a number of areas where changes could be made to enhance communication, in general, satisfaction levels were relatively high among respondents when asked about different aspects of their GP surgery.

In summary:

- approximately seven in 10 respondents (69%) were satisfied with contacting their GP surgery
- the same proportion (68%) of respondents were satisfied with visiting their GP surgery
- approximately eight in 10 respondents (79%) were satisfied with GP consultations.

This suggests that while there are changes that GP surgeries could make to improve the experience of people with hearing loss when accessing healthcare, patients' satisfaction with their GP surgery is generally high.

Table 22: Satisfaction with GP surgery

	No. of respondents	Very satisfied	Quite satisfied	Neither / nor	Quite dissatisfied	Very dissatisfied
Contacting your GP surgery	590	26%	43%	14%	13%	4%
Visiting your GP surgery: contact before a consultation	576	27%	41%	22%	8%	2%
GP consultations	586	35%	44%	15%	4%	1%

Section 3:
Access to pharmacies

It is becoming increasingly common for health advice to be delivered outside of a GP setting, including through pharmacies. Our final set of questions explored the issue of accessing health advice in a pharmacy setting.

Around half (51%) of our panel members reported that they had at some point had a consultation about a health condition or medication with a pharmacist or chemist. Of those respondents who had experienced a consultation with a pharmacist, just over one-third (35%) of these respondents said that the consultation took place in a private consulting room. Private rooms are important for patient confidentiality but can also aid communication by reducing background noise.

Respondents whose consultation took place in a private consulting room were asked whether there was an induction loop system available in the room. Only a small proportion (8%) of respondents reported that a loop system was available, while around one-quarter (27%) of respondents reported that there was not. Two-thirds (66%) of respondents did not know whether an induction loop was available in the private consulting room or not.

Table 23: Consultation with a pharmacist or chemist (all respondents)

	No. of respondents	Percentage
Yes	300	**51%**
No	285	**49%**
Total number of respondents	585	

Table 24: Consultation in a private consulting room (respondents who have had a consultation with a pharmacist or chemist)

	No. of respondents	Percentage
Yes	105	**35%**
No	194	**65%**
Total number of respondents	299	

Table 25: Loop system available in pharmacy consulting room (respondents who had a pharmacy consultation in a private consulting room)

	No. of respondents	Percentage
Yes	8	**8%**
No	27	**27%**
Don't know	67	**66%**
Total number of respondents	105	

Again, we were interested in whether our respondents had been unclear about any information that had been provided during consultations. Of those respondents who had experienced a consultation with a pharmacist or chemist, relatively small proportions reported feeling unclear about information:

- one in eight respondents (12%) had been unclear about a diagnosis
- one in eight respondents (12%) had been unclear about medication
- one in seven respondents (14%) had been unclear about health advice.

Respondents who reported feeling unclear about information were again presented with a list of factors that may have contributed to this.

The most common contributing factors were:

- the pharmacist did not always speak clearly (67%)
- the pharmacist did not make sure the respondent had understood what had been said (58%)
- the pharmacist did not always face the respondent (53%)[6].

Again, these communication problems could be addressed through some simple changes and increased awareness of how to communicate with people with hearing loss.

Table 26: Unclear about diagnosis after pharmacist consultation (respondents who have had pharmacist consultation)

	No. of respondents	Percentage
Yes	35	**12%**
No	256	**87%**
Don't know	5	**2%**
Total number of respondents	296	

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[6] It is important to note that figures are based on small numbers of respondents, as only small proportions identified that they had been unclear about information during a consultation with a pharmacist.

Table 27: Unclear about medication after pharmacist consultation (respondents who have had pharmacist consultation)

	No. of respondents	Percentage
Yes	36	**12%**
No	255	**86%**
Don't know	5	**2%**
Total number of respondents	296	

Table 28: Unclear about health advice after pharmacist consultation (respondents who have had pharmacist consultation)

	No. of respondents	Percentage
Yes	42	**14%**
No	249	**84%**
Don't know	7	**2%**
Total number of respondents	298	

Table 29: Factors contributing to feeling unclear about information provided during pharmacy consultation (respondents who said they had been unclear about a diagnosis or medication or health advice)

Respondents asked to select all that apply

	No. of respondents	Percentage
The pharmacist or chemist did not always speak clearly	38	**67%**
The pharmacist or chemist did not make sure I had understood what had been said	33	**58%**
The pharmacist or chemist did not always face me	30	**53%**
There was no induction loop available	26	**46%**
The pharmacist or chemist used complicated language	5	**9%**
Total number of respondents	57	

Our recommendations

The Equality Act 2010 and Disability Discrimination Act 1995 provide a clear legal foundation for providing access to healthcare for people with hearing loss. However, our findings suggest that people with hearing loss still face challenges when accessing healthcare.

The findings of our survey point to a number of recommendations to improve the experience of patients with hearing loss when accessing healthcare.

Health sectors across England, Scotland, Wales and Northern Ireland should:

- meet their legal obligations to ensure their healthcare services are fully accessible to patients with hearing loss
- meet their public sector equality duties by promoting equality of opportunity for people with hearing loss.

England

In England, the NHS Commissioning Board's objective is to pursue the long-term aim of the NHS being recognised globally as having the highest standards of caring, particularly for older people and at the end of people's lives. It highlights: improving hospitals' responsiveness to personal needs; improving people's experience of accident and emergency services; improving access to primary care services; and improving the experience of care for people at the end of their lives. All areas should be actively pursued for the benefit of people with hearing loss. *The Mandate*, published by the NHS in November 2012, aims to further ensure that the NHS strives to make improvements for the benefit of all patients. Through the mandate, the NHS will be measured by how well it achieves the things that really matter to people. The mandate makes clear that tackling inequalities should be a principle underpinning everything it does. This should include opportunities to address variations in access to healthcare for people with hearing loss.

We also call for the development of commissioning tools building on national best practice guidelines. We will publish guidance for clinical commissioning groups and health and wellbeing boards to ensure that accessibility issues are addressed through service planning and commissioning processes.

Scotland

One of the three ambitions set out in the *Healthcare Quality Strategy for NHS Scotland*, published in 2010, was that all healthcare services in Scotland should be person-centred. This means that all of those delivering healthcare services must respect individual needs and demonstrate clear communication.

The Charter of Patient Rights and Responsibilities – published in 2012 – explicitly asserts the right of NHS users in Scotland to request support, such as a sign language interpreter or other communication support, when making decisions about their healthcare and when receiving information about their care and treatment.

We will continue to work with the Scottish Government, NHS Scotland and health boards to ensure that these ambitions are fulfilled with respect to people with hearing loss, so that they are better able to access healthcare services. Service providers should be encouraged to take the simple steps listed on page 33.

Wales

Over the next five years, through its 'Together for Health' vision for the NHS in Wales, the Welsh Government is looking to drive significant improvements in health across all areas and all groups within Wales. Everyone should have easier access to a wide range of safe, effective, well-run, fully integrated services, sustainable over the longer term. We will be working to ensure that these improvements benefit people with hearing loss.

In Wales, we will publish guidance for health boards to ensure that accessibility issues are addressed through service planning processes. We will also: support the Government to ensure that it delivers on its commitment to introduce Accessible Information Policies in each health board for people with sensory loss; work with the Healthcare Inspectorate Wales to build a focus on services for people with sensory loss into their inspection process; and support the NHS to ensure all new staff in Wales receive sensory awareness training.

Northern Ireland

A major objective behind the 2011 review of health and social care in Northern Ireland, *Transforming Your Care*, and the consultation that followed, was to ensure that health and social care services are patient-centred, including reviewing and improving access to these services. We will be working with the Department of Health, Social Services and Public Safety (DHSSPS), health boards, trusts and practices to ensure that there are improvements in accessing services for people with hearing loss.

There are also a number of simple steps that service providers can take to ensure they are fully accessible to people with hearing loss.

GP surgeries should:

- provide deaf awareness training for all practice staff. Comprehensive training should cover effective communication tips, the types of communication support available and good practice
- meet their legal obligations to provide a range of ways for patients to contact their GP surgery and ensure that practice staff are trained in how to use these methods
- extend the use of technology that can help improve the patient experience for people with hearing loss, such as visual display screens in waiting rooms and induction loop or infrared systems
- ensure that patient records clearly indicate when a person has a hearing loss and include basic information about their preferred method of communication and any communication support requirements
- have policies and procedures in place to enable communication support to be booked as and when required, using only communication professionals who are fully qualified to deliver interpreting services in a healthcare setting.

Pharmacies should:

- ensure that private rooms are available for patient consultations
- extend the use of technology that can help improve the patient experience for people with hearing loss, such as induction loop or infrared systems
- provide deaf awareness training for all staff who come into contact with patients.

Appendix

Overview of respondents

We included a number of questions in our survey to gather some information about our respondents. In terms of hearing loss, the majority (58%) of respondents describe themselves as hard of hearing and around one-fifth (21%) describe themselves as deaf.

Three-quarters (74%) of our respondents wear hearing aids and more than half (55%) have tinnitus.

Only small proportions of respondents reported that they have a cochlear implant (5%) or use British Sign Language (2%).

A small proportion (16%) of respondents reported that they had developed hearing loss between the ages of 0 and 15. One in 10 respondents (10%) reported having hearing loss since birth. Just under half (46%) of respondents stated that they developed hearing loss between the ages of 16 and 49, while just over one-quarter (29%) of respondents reported developing hearing loss over the age of 50.

We had slightly more female than male respondents; approximately six in 10 (62%) respondents are female and four in 10 respondents (38%) are male.

Approximately six in 10 respondents (63%) are of working age (16–64) and approximately four in 10 (37%) are of retirement age.

Table 30: Hearing loss statements

Respondents asked to select all that apply

	No. of respondents	Percentage
I wear hearing aids	446	**74%**
I am hard of hearing	354	**58%**
I have tinnitus	333	**55%**
I am deaf	127	**21%**
I am deafened	65	**11%**
I have cochlear implant(s)	29	**5%**
I wear a bone-anchored hearing aid (BAHA)	16	**3%**
I use British Sign Language	10	**2%**
I use Sign Supported English (SSE)	10	**2%**
I do not have hearing loss	7	**1%**
Other	64	**11%**
Total number of respondents	607	

Table 31: Age when lost or started to lose hearing

	No. of respondents	Percentage
From birth	58	**10%**
0-2 years	15	**3%**
3-5 years	27	**5%**
6-15 years	51	**9%**
16-35 years	125	**22%**
36-49 years	137	**24%**
50-64 years	131	**23%**
65-74 years	25	**4%**
75 or over	10	**2%**
Total number of respondents	579	

Table 32: Sex of respondents

	No. of respondents	Percentage
Male	224	**38%**
Female	359	**62%**
Total number of respondents	583	

Table 33: Age of respondents

	No. of respondents	Percentage
16-24	4	**1%**
25-44	83	**14%**
45-54	92	**16%**
55-64	189	**32%**
65-74	157	**27%**
75-84	55	**9%**
85 and over	6	**1%**
Total number of respondents	586	

Table 34: Respondents' region

	No. of respondents	Percentage
East Anglia	56	**9%**
Greater London	54	**9%**
Midlands	91	**15%**
North-east England	32	**5%**
North-west England	49	**8%**
Northern Ireland	8	**1%**
Scotland	43	**7%**
South-east England	94	**16%**
South-west England	67	**11%**
Wales	30	**5%**
Yorkshire and the Humber	43	**7%**
Other	24	**4%**
Total number of respondents	591	

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