



Supporting people
who are deaf, have
hearing loss or tinnitus

EXPERIENCES OF ACCESSING NHS SERVICES IN SCOTLAND

Research Note

April 2025

Introduction

More than 1.5 million adults in Scotland are deaf or have hearing loss. More than half a million adults in Scotland have hearing loss severe enough that they would have difficulty in noisy environments, whilst an estimated 100,000 would not be able to hear most conversational speech.

Under the Equality Act 2010, health services like the NHS as well as social care services across the UK are required, by law, to make “reasonable adjustments” to remove barriers facing deaf people or people with hearing loss when accessing services, including providing information in an accessible format. Reasonable adjustments for people who are deaf or have hearing loss could include things like providing an accessible alternative to the telephone to book appointments or receive test results, or providing communication support, such as a qualified British Sign Language (BSL) interpreter.

Failure to make reasonable adjustments is classed as discrimination and is against the law. Health and social care services are also responsible for meeting the costs of any reasonable adjustments required.

The Equality Act also makes it clear that under the existing Public Sector Equality Duty (PSED) NHS bodies have to think out what’s likely to be needed in advance and not simply respond to individual requests as they emerge.

In late 2024, RNID surveyed people who are deaf or have hearing loss and have accessible information and communication needs about their experiences of accessing NHS services, to improve and update our current evidence base on the barriers to accessing NHS healthcare.

The findings for Scotland indicated that a failure to provide communication support and poor adherence to the Equality Act 2010 can have serious practical, health and emotional consequences for deaf people and those with hearing loss when accessing NHS services. People who are deaf or have hearing loss avoid seeking NHS treatment, don’t understand the information they are given and, ultimately, feel unable to manage their own physical and mental health because of failures of the NHS to provide accessible healthcare.

Method
Survey of people who are deaf or have hearing loss

RNID conducted a survey of 118 people living in Scotland who are deaf or have hearing loss to understand their experiences of accessing NHS services.

The data was collected via online survey between 13th November 2024 and 20th January 2025 through RNID’s Research Panel, Campaigns Network, Charity Newsletter and social media channels.

The questions and answers were provided in written English and BSL video translations with subtitles to ensure the survey was accessible to BSL users. There was also the option for BSL users to provide a signed response to any open-ended questions with instructions provided about how to submit their response to a member of the Insight and Evidence Team at RNID.

The survey included several open-ended questions which allowed respondents to expand on their answers and provide more detailed insights into their experiences. This qualitative data was analysed using thematic analysis and has been incorporated into this research note where appropriate.

Communication support professionals, such as BSL interpreters and lipspeakers are vital for providing safe and effective healthcare for people who are deaf or have hearing loss. 5% of this sample say they need a communication support professional to be present to access an appointment.

Table 1. Do you need a communication support professional to be present for you to access a GP or hospital appointment? For example, a BSL interpreter, Lipspeaker or Notetaker (n=118)

Percentages

Yes	5%
No	85%
Don’t know	9%
Prefer not to say	1%

Results

Section 1: Lack of accessible methods of contact

Despite 71% of people saying they can contact their GP in a way that is accessible to them, nearly a quarter (24%) say they are not able to. Over half (56%) say that their GP contacts them in a way that was accessible to them, while over a third (34%) say this is not the case. This has an impact on confidence, where only 58% feel confident contacting their GP.

Only 63% say they leave NHS appointments feeling they have fully understood the information they have been given about their health, whereas over a quarter (27%) say they do not.

Only 56% say they leave NHS appointments with a clear understanding of the outcome and next steps, with a third (33%) saying this is not the case.

Table 2. Thinking about your experiences as someone who is deaf or has hearing loss, please respond to the following statements: (n=118)

	Yes	No	Don't know	Prefer not to say
I can contact my GP in a way that is accessible to me	71%	24%	5%	0%
My GP contacts me in a way that is accessible to me	56%	34%	10%	0%
I feel confident contacting my GP	58%	33%	8%	0%
I leave NHS appointments feeling I have fully understood the information I was given about my health	63%	27%	9%	1%
I leave NHS appointments with a clear understanding of the outcome and next steps	56%	33%	9%	2%

Where patients are denied alternative methods of communication, this can lead to delays in treatment, disengagement from healthcare services, and puts patients at risk of missing critical information about their health:

"I think my biggest problem is making an appointment. I find phoning difficult, and I have no online way of making an appointment. I am supposed to go and see my doctor about my blood pressure just now but keep putting it off because of the difficulty making an appointment." Male, aged 55-64

"I only have the option to make appointments with my GP by phoning or calling in at the surgery, so my partner makes these appointments for me. I imagine it would be a real problem if I was living alone." Male, aged 65-74

*"When a receptionist from a healthcare setting was contacting me by telephone, I could very rarely understand what was being said to me because I couldn't hear clearly. I felt I was fighting a losing battle because I hadn't a clue what was being said, then they would start shouting at me, making it harder for me to hear."
Female, aged 65-74*

"My doctors surgery says it will not respond to emails about prescriptions. I have to get in my car and drive 5 miles to speak to the receptionist. What would happen if I was too unwell to drive?" Female, aged 75+

"They thought they had done [the] right thing by insisting that I could understand them by writing down everything before the surgery. They refused to phone to book an interpreter for three days. No interpreter was provided until two days after my surgery." Female, aged 35-44, Sign Language User

Section 2: Information and communication needs are not being met

Worryingly, 64% say they have never been asked about their information or communication needs. For those people who have been asked, this was when they received a letter about a referral to a hospital or other service (17%), during an appointment with a healthcare professional (11%) and when registering as a new patient (9%).

Table 3. In which situations, if any, have you been asked about your information or communication needs (n=118)

	Percentages
I have never been asked about my information or communication needs	64%
When receiving a letter about a referral to a hospital or other service	17%
During an appointment with a healthcare professional	11%
When registering as a new patient	9%
When booking an appointment	8%
When presenting at a service for urgent medical care	5%
When checking in for an appointment	4%
Other	3%
Don't know	5%

70% of people say that healthcare professionals have either never or rarely been made aware of their information or communication needs before meeting with them. Only 2% say that healthcare professionals have always been made aware of this before meeting with them.

Table 4. How often do you find that healthcare professionals (such as doctors or nurses) have already been made aware of your information or communication needs before you meet with them? (n=118)

	Percentages
Always or sometimes (net)	21%
Always	2%
Sometimes	19%
Rarely	35%
Never	36%
Rarely or never (net)	70%
Don't know	8%

Section 3: Barriers at every stage of the patient journey

People who are deaf or have hearing loss are experiencing barriers when accessing healthcare across many points in the patient journey.

71% experience barriers when being called for an appointment from the waiting room. Nearly half (46%) experience barriers when booking appointments and nearly a third (32%) experience barriers when discussing their symptoms or a problem with a healthcare professional.

Around a third experience barriers when checking in for an appointment at reception (35%), when being told about medication or treatment (33%), and when discussing symptoms or a problem with a healthcare professional (32%).

Similarly, nearly a third (32%) experience barriers when being given test results, and when understanding the outcome of an appointment. 29% experience barriers when being given a diagnosis, 26% when receiving information about a referral and 13% when trying to make a complaint.

Only 9% say they have not experienced any barriers to information or communication.

Table 5. At what points, if any, have you experienced barriers to information or communication when accessing healthcare? (n=118) **Percentages**

When being called for an appointment from the waiting room	71%
When booking appointments	46%
When checking in for an appointment at the reception desk	35%
When being told about medication or treatment	33%
When discussing my symptoms or a problem with a healthcare professional	32%
When being given test results	32%
When understanding the outcome of an appointment	32%
When being given a diagnosis	29%
When receiving information about a referral	26%
When trying to make a complaint	13%
I have not experienced any barriers to information or communication	9%
Other	9%
Don't know	1%

For those who said they have experienced barriers at 'other' times, many comments reflected barriers when communicating with healthcare professionals and services via telephone. Others explained it was difficult to get a diagnosis or communicate in examination rooms due to a poor acoustic environment.

Worryingly, over a quarter (28%) say they have been denied the information and communication support they need. A further 15% say they don't know if they have been denied the information and communication support they need.

Table 6. Have you ever been denied the information and communication support you need (n=118) Percentages

Yes	28%
No	54%
Don't know	15%
Prefer not to say	3%

Those who have experienced being denied the information and communication support they need report a range of consequences – from giving up on making appointments and missing them altogether, to not understanding the outcome of appointments or the diagnosis or treatment given:

"The appointment I was given was a telephone consultation. When I said I could not use the phone, my appointment was cancelled." Female, aged 65-74

"I was ignored until the end of the clinic [and] was told the test I was there for had finished for the day and to make another appointment ... I didn't!" Female, aged 75+

"I couldn't find out about a referral I was supposed to be getting." Female, aged 45-54

Section 4: Unmet communication support needs

Overall, 44% have been forced to rely on either a partner, family member or friend to relay information or interpret for them at an appointment due to lack of access.

Specifically, nearly a third of people (31%) have had to rely on their partner to relay information or interpret for them at an appointment, and 29% have had to use other family members or friends to relay information or interpret for them, and 14% say they have had to use their children.

By having to rely on family and friends, this limits people's autonomy, independence and privacy. It also creates risks - family members and friends are not trained interpreters, and mistakes can lead to misdiagnosis or unsafe care:

"I was admitted to A&E and the staff relied on my wife to tell me what was happening." Male, aged 75+

"My son had his arm broken and needed surgery. No interpreter was provided all [the] way through. Doctors preferred to talk directly to my son who was about 10 years old. It worried us even more, [we] felt like we had missed something, letting our son down." Female, aged 35-44, Sign Language User

"I can only access healthcare if my husband can use the phone for me. There is no available visual phone contact and as I rely on lipreading quite a lot I am therefore unable to use the phone. This applies to both the GP practice and hospital appointments." Female, aged 75+

"I felt a bit degraded when one clinic I attended accompanied by a family member they contacted that person rather than me to check on my progress. I felt not only left out, but I also lost the opportunity to pass on relevant information." Female, aged 75+

Other impacts due to a lack of accessible communication include almost a third (31%) of people who are deaf or have hearing loss saying they have avoided seeking help for a new health concern and 18% have avoided pursuing follow-up or review appointments for existing health conditions.

Additionally, 14% felt that their health was put at risk. 8% say a health problem they were experiencing was made worse and 7% have even avoided calling an ambulance or attending Accident and Emergency as a result.

For those who answered 'other', some explained they had given up accessing NHS healthcare, while others had chosen to access care privately or have avoided accessing care altogether. Others explained they were frustrated by not being able to contact their GP or hospital themselves, as well as feeling by the lack of availability of alternative contact methods.

Table 7. In which of the following ways, if any, has a lack of accessible communication impacted you? (n=118)

	Yes
I have relied on my partner to relay information or interpret for me at an appointment	31%
I have avoided seeking help for a new health concern	31%
I have relied on other family members or friends to relay information or interpret for me at an appointment	29%
I have avoided pursuing follow up or review appointments for existing health conditions	18%
I have relied on my children to relay information or interpret for me at an appointment	14%
I felt that my health was put at risk	14%
A health problem I was experiencing was made worse	8%
I have avoided calling an ambulance or attending Accident and Emergency (A&E)	7%
Other	12%
None of the above	22%

Of those who are managing other disabilities or long-term health conditions, 70% agree that it makes it harder for them to manage their existing health conditions when their communication needs are not met.

Table 8. "When my communication needs are not met, it makes it harder for me to manage my existing health conditions." (n=83)

	Percentages
Agree (net)	70%
Strongly agree	21%
Agree	49%
Neither agree nor disagree	16%
Disagree	9%
Strongly disagree	1%
Disagree (net)	10%
Don't know	3%

When considering their ability to maintain good health, 47% agree that it is harder for them as someone who is deaf or has hearing loss to maintain good *physical* health because of a lack of accessible communication, compared to just 27% who disagree with this statement.

Table 9. A lack of accessible communication makes it harder for me as someone who is deaf or has hearing loss to maintain good physical health (n=118) **Percentages**

Agree (net)	47%
Strongly agree	12%
Agree	36%
Neither agree nor disagree	25%
Disagree	21%
Strongly disagree	6%
Disagree (net)	27%
Don't know	3%

Similarly, over half (55%) agree that it is harder for them as someone who is deaf or has hearing loss to maintain good *mental* health and wellbeing, compared to 23% who disagree.

Table 10. A lack of accessible communication makes it harder for me as someone who is deaf or has hearing loss to maintain good mental health and wellbeing (n=118) **Percentages**

Agree (net)	55%
Strongly agree	19%
Agree	36%
Neither agree nor disagree	18%
Disagree	18%
Strongly disagree	5%
Disagree (net)	23%
Don't know	4%

Nearly half, 45% say they find it stressful to access NHS services because they feel they have to fight for their communication needs to be met, compared to 28% who disagree.

Table 11. It is stressful to access NHS services because I must fight for my communication needs to be met (n=118)

Percentages

Agree (net)	45%
Strongly agree	15%
Agree	31%
Neither agree nor disagree	26%
Disagree	23%
Strongly disagree	5%
Disagree (net)	28%
Don't know	1%

In contrast, when NHS staff make adjustments for patients who are deaf or have hearing loss to ensure their needs are being met, this has a significant impact on patient experience. This can include ensuring patients are able to lipread and taking additional time to check that patients have understood the information they've been given:

"The receptionists at my GPs surgery are very understanding, when I phone to make an appointment, taking time to speak slowly, repeat dates and times in different formats to ensure I have heard correctly which leaves me feeling confident I have the correct information." Female, aged 75+

"When I have made it clear to health professionals that I am deaf, in the majority of instances they have made adjustments to the way they speak to allow me to lip read. This lets me control my health care rather than relying on someone to accompany me to appointments." Female, aged 65-74

"I have found a deaf friendly GP. He faces me and talks clearly. Everything is explained and I fully understand my treatment." Male, aged 75+

Section 5: Pervasive inequalities and a lack of improvement over time

When asked to rate their experience of accessing healthcare, a third (32%) describe it as poor, with only 25% rating their experience as good.

Table 12. Overall, how would you rate your experience of accessing healthcare? (n=118)	Yes
Good (net)	25%
Very good	7%
Good	18%
Satisfactory	42%
Poor	25%
Very Poor	8%
Poor (net)	32%
Don't know	2%

Only 36% feel they have the same access to the NHS as hearing people, whereas 42% disagree.

Table 13. As someone who is deaf or has hearing loss, I feel I have the same access to the NHS as hearing people (n=118)	Percentages
Agree (net)	36%
Strongly agree	14%
Agree	22%
Neither agree nor disagree	20%
Disagree	27%
Strongly disagree	15%
Disagree (net)	42%
Don't know	2%

Less than a quarter (23%) agree that deaf people and those with hearing loss are treated fairly by the NHS. 36% disagree with this statement, whereas 38% are ambivalent saying they neither agree nor disagree.

Table 14. Deaf people and those with hearing loss are treated fairly by the NHS (n=118) **Percentages**

Agree (net)	23%
Strongly agree	4%
Agree	19%
Neither agree nor disagree	38%
Disagree	23%
Strongly disagree	14%
Disagree (net)	36%
Don't know	3%

While a quarter (25%) of people agree that deaf people and those with hearing loss can trust the NHS, an equal number say that they disagree (25%), while 45% neither agree nor disagree with this statement, demonstrating uncertainty about whether deaf people and those with hearing loss can trust the NHS.

Table 15. Deaf people and those with hearing loss can trust the NHS (n=118) **Percentages**

Agree (net)	25%
Strongly agree	5%
Agree	20%
Neither agree nor disagree	45%
Disagree	16%
Strongly disagree	9%
Disagree (net)	25%
Don't know	4%

This erosion of trust is further reinforced by the finding that 19% say they have lost trust in healthcare professionals as a result of a lack of accessible communication.

Nearly a quarter (74%) of those surveyed said they are also managing other disabilities or long-term health conditions. Of those who are managing other disabilities or long-term health conditions, 70% agree that it makes it harder for them to manage their existing health conditions when their communication needs are not met.

Table 16. "When my communication needs are not met, it makes it harder for me to manage my existing health conditions." (n=83) **Percentages**

Agree (net)	70%
Strongly agree	21%
Agree	49%
Neither agree nor disagree	16%
Disagree	9%
Strongly disagree	1%
Disagree (net)	10%
Don't know	3%

When asked to reflect on how often they are asked about their information and communication needs compared to ten years ago, only 13% agree that they are asked more frequently now than they were ten years ago, with nearly two thirds (64%) disagreeing with this statement.

Table 17. Healthcare professionals ask me about my information and communication needs more frequently than they did ten years ago (n=118) **Percentages**

Agree (net)	13%
Strongly agree	1%
Agree	12%
Neither agree nor disagree	14%
Disagree	42%
Strongly disagree	21%
Disagree (net)	64%
Don't know	6%
Not applicable	3%

When asked to reflect on how often their information and communication needs are met now, compared to ten years ago, 12% agree that their needs are met more often now than they were ten years ago, whereas 53% disagree with this statement.

Table 18. Healthcare professionals meet my information and communication needs more often than they did ten years ago (n=118)

Percentages

Agree (net)	12%
Strongly agree	1%
Agree	11%
Neither agree nor disagree	24%
Disagree	37%
Strongly disagree	16%
Disagree (net)	53%
Don't know	8%
Not applicable	3%

When asked to reflect on how accessible healthcare is now compared to ten years ago, only 11% agree that it is more accessible, whereas nearly two thirds (63%) disagree with this statement.

Table 19. Healthcare is more accessible to me than it was ten years ago (n=118)

Percentages

Agree (net)	11%
Strongly agree	0%
Agree	11%
Neither agree nor disagree	21%
Disagree	40%
Strongly disagree	23%
Disagree (net)	63%
Don't know	3%
Not applicable	3%

A lack of accessible contact methods - particularly the reliance of healthcare settings on telephone communication and refusal to use email and text messaging - is a key factor in how inaccessible communication affects people's ability to manage other health conditions. This results in people not being able to get the information they need or relying on others to help them to contact their GP or hospital:

"I have problems when using the telephone. Living alone, there have been occasions when I have had to try and this can create problems, particularly when having to choose from a menu when the options are often spoken rapidly. I can also have great difficulty establishing what is being said resulting in words and phrases having to be repeated which wastes time. This could be dangerous if the situation was urgent." Female, aged 75+

Other respondents explained that NHS staff do not check if they are deaf or have hearing loss:

"I don't think that services ever check if a patient has a hearing loss." Female, aged 65-74

"For every interaction when a patient has a communication need, the health professional should check if they have any needs in relation to their hearing loss, etc. before continuing. This should be at the top of everyone's records as a pop up or similar within both primary and secondary care services." Female, aged 35-44

When considering the impact of inaccessible communication on other health conditions, people also report missing key information during appointments, which limits their understanding of their health condition or next steps:

"I attended a pre-op assessment for cataracts. I found hearing the consultant very difficult as they spoke too quickly. I came away from the appointment with little understanding of why I wasn't suitable for surgery at the time." Female, aged 65-74

"I find that if I can't fully understand what's being said then I struggle to recall things relevant to the appointment." Male, aged 65-74

The result, is that people disengage from health services and do not want to seek help, even when they need it:

"I am dissuaded from pursuing help for new and recurrent problems as it always seems to be a 'hit or miss' experience in terms of understanding my needs. This impacts on my mental health." Female, aged 65-74

Patients also explain that the attitude of staff members is often negative. They feel that staff are even intolerant of people who are deaf or have hearing loss:

"I always have to point out to NHS staff and professionals that I have a hearing loss and have to ask them to face me and speak clearly. Some respond well to this, but others don't seem to understand, or don't care, about the basics of communicating with someone who has hearing loss. It can be very stressful for me." Male, aged 65-74

"I have to tell people I am hard of hearing. They usually shout thereafter. People are quite intolerant of hearing loss." Female, aged 65-74

Section 6: Complaints

Whilst 19% have made a complaint about their access to healthcare, a further 36% felt they had good reason to complain but decided not to pursue a complaint.

Table 20. Have you ever made a complaint about your access to healthcare as a result of your information or communication needs not being met? (n=118) Percentages

Yes, I have made a complaint	19%
No, but I felt I had good reason to complain	36%
No, I have not needed to complain	41%
Don't know	3%

Of those who decided not to pursue a complaint, their reasons for this tended to be because they did not think the complaint would change anything, or that the complaint wouldn't be taken seriously.

Table 21. Which, if any, of the following things stopped you from pursuing a complaint? (n=43) Percentages

I didn't know how to make a complaint	12%
The complaints process was not accessible to me as someone who is deaf or has hearing loss	9%
I didn't think the complaint would be taken seriously	53%
I didn't think a complaint would change anything	63%
Other	5%
Don't know	0%

Appendix: Demographic Data

Table i. Are you: (n=118)	Percentages
Female	64%
Male	36%
Non-Binary	0%
Prefer not to say	1%

Table ii. How old are you? (n=118)	Percentages
18-24	1%
25-34	2%
35-44	7%
45-54	11%
55-64	15%
65-74	35%
75+	29%
Prefer not to say	1%

Table iii. How would you describe your ethnicity? (n=118)	Percentages
Asian or Asian British	0%
Black, African, Caribbean or Black British	1%
Mixed or Multiple Ethnic Groups	0%
White	96%
Other ethnic group	1%
Prefer not to say	3%

Table iv. How would you describe yourself? (n=118)	Percentages
I am Deaf	15%
I am deaf	27%
I have hearing loss	67%
I am deafblind	2%
I prefer another term	3%
Prefer not to say	0%

Table v. Is sign language your main or preferred language? (n=118)	Percentages
Yes	2%
No	98%