

A Spotlight Report on the Deaf Community in Medway

With Medway Deaf Club



April 2024



Background

In 2020, Healthwatch Medway reported on difficulties in accessing healthcare experienced by the D/deaf community. The report highlighted difficulties such as:

- Hospital appointment being cancelled because interpreters not available or unable to stay for duration of the appointment.
- Difficulties getting same day GP appointments as translators require advance booking.
- A six month wait for interpreter at a dental surgery.
- Difficulties communicating about appointments due to lack of email and text options.
- Reliance on family members to act as interpreters in emergency situations.

In 2022 Healthwatch Medway shared a report prepared by Healthwatch England that showed that the Accessible Information Standard, a legal requirement created by NHS England in 2016, was still being compromised in Medway for the d/Deaf community.

On the 7th of March 2024, Healthwatch Medway attended the Medway Deaf Club in Gillingham to find out if people had found that access to healthcare had improved. 18 of the people who attended the event identified as Deaf, and two people identified as hard of hearing. With the assistance of two interpreters, we had conversations with the 20 attendees, collecting insight around their experiences as d/Deaf people with health services in the acute hospital trust as well as community services.

We found that d/Deaf people still experienced barriers to access in acute hospital settings and in community services. These barriers increase the risk of health inequalities, with poorer health outcomes, poorer access to services, poorer communication in consultations and reduced levels of information given to patients.

Findings

We heard some common themes around barriers to accessing healthcare from the experiences that attendees shared with us. These are discussed in order of frequency of mention.



Barriers relating to Interpreters (24 mentions)

The most frequently mentioned difficulty was around Interpreters and the impact on poorer access to services, poorer communication and longer waiting times for appointments.

Choosing the type of support or Interpreter required (8 mentions)

40% of attendees mentioned how it would be beneficial for them to choose the type of support or interpreter they need, so they can be prepared for their appointment.

- “We should have a choice, as there are regional variations in sign language, for example its different signage up in Manchester.”
- “They told me it was a video interpreter and that’s not what I wanted or what I was comfortable with. I needed face to face interpreting.”

Three of these mentions were about being able to have a say in which interpreter is booked.

- “I had an experience with a trainee interpreter who wasn’t translating fully what I was saying. I would much rather have a qualified one to avoid confusion.”
- “If you are a woman, some things are private, and you might not want a male interpreter.”
- “I wasn’t comfortable with having a male interpreter.”

One attendee spoke about a positive experience where they felt that the service was tailored to their needs.

- “I usually avoid going to Specsavers unless I can bring my granddaughter. My granddaughter got in touch with them, and they came to my house to do the appointment and it was wonderful. They were fabulous.”

Delays in getting appointments (5 mentions)

25% of attendees spoke about delays due to booking interpreters.

- “When I ask for an interpreter, we always have to wait for three weeks for that. It’s the same for the hospital. The day I went they didn’t even have one. They are aware I am deaf as it is on my file, but sometimes it seems that they just don’t bother.”
- “Getting a translator can delay appointments. We as deaf people are always having to wait.”
- “More organisations need to be aware of booking interpreters to avoid delays.”

Issues with Interpreters (5 mentions)

25% of the experiences shared mentioned direct interactions with interpreters.

- “I had an operation at hospital and after I had finished the operation I returned, and my interpreter had left. I looked on the register for the interpreter, but I couldn’t find him on there, which made me worried if he was even registered or qualified at all.”
- “I brought my friend along with me to the appointment and the interpreter turned around and quite rudely said “who are you?”. I wasn’t comfortable with that question.”
- “Sometimes I am a little anxious about where to go in the hospital to find my appointment. It’s hard to find your interpreter and sometimes I feel like I am just waving at random stranger. If it was the wrong person, it would be so embarrassing!”
- “Sometimes agency interpreters aren’t great, and you never know what you’ll get.”
- “I get letters for my appointments, or they’ll call my daughter. “Can you come tomorrow”. I came with my daughter but then an interpreter was booked on that occasion. It was then a waste of my daughter’s time to come along. There is massive miscommunication.”

Difficulties in booking an Interpreter (5 mentions)

25% of people that attended the Medway Deaf Club mentioned issues around booking interpreters.

- “The [services] don’t know how to book interpreters.”
- “When I was coming [for an appointment] they hadn’t even booked an interpreter. They just say sorry there’s no interpreters today.”
- “Last minute emergency interpreters are so hard to get hold of, and that’s another barrier.”

Lack of Interpreter alternatives and general access to BSL (3 mentions)

15% of attendees mentioned there being the lack of option to bring along a friend or family member to interpret for them.

- “They don’t always accept a family member as an interpreter to come with you.”
- “You can’t bring someone along who isn’t fully qualified as an interpreter. The deaf person has a right to take a friend, but the hospital only allows fully qualified interpreters, so they are covered.”
- “My mother really needed access to sign language when she was an inpatient, but all she had was when we would visit her.”

I have been in contact with local GPs and tried to register myself as an interpreter to their surgery, but those positions have already been filled with interpreters who aren’t local. Interpreters that I know from Essex are getting those jobs. They’re not making use of local organisations. Booking local interpreters means they know the community, and possibly even the people.

Miscommunication (17 mentions)

The second most frequently mentioned topic was miscommunication and the impact on poorer health outcomes, in terms of miscommunication, poor treatment plans and a lack of information and understanding about medical conditions for patients.

Misunderstanding and poor information outcomes for patients (5 mentions)

25% of the Deaf Club attendees (5) mentioned how medical language can be a barrier to understanding health and social care professionals.

- “Medical professionals use a high standard of English that isn’t accessible. Deaf people need basic English.”
- “Using basic English when communicating with us should be in the AIS. Not just for deaf people but for people with other disabilities that may not understand the jargon.”
- “A lot of people don’t fully understand their medication. We need simple English, and they don’t understand why we need that.”
- “At the dentist and the optician’s deaf awareness is awful. There is so much information that we need to know from places like that, but it is inaccessible to us.”



Miscommunication with services and treatment plans (5 mentions)

25% of the Medway Deaf Café attendees (5) mentioned difficulties around miscommunication.

- “There is never enough time in appointments for questions. We need more time.”

Three of these mentions were specifically around miscommunications with medicine.

- “A little while ago I started noticing little blue marks on my fingernails around my cuticles. My sister is a nurse, so I got her to have a look. I got a doctor to have a look and showed them the tablets I was taking, and they told me they were wrong and to stop taking them. I stopped taking them and my fingernails grew normally again.”
- “My prescription is usually consistent, and I found it had been changed. I thought it was wrong, so I mentioned it. They apologised and said to come back in a couple of hours when they had corrected it. It’s always a good idea to take a picture on your phone for your memory and to avoid miscommunication.”

One attendee’s case was spoken about in more detail.

- “About four years back I went to the hospital and my partner who was hearing explained my issues. I was given the wrong medication, and I took the tablets before bed. I went to sleep and 15 minutes later I woke up and had a stroke. I was told to keep taking the tablets and continued to have worrying side effects. I kept asking what the tablets were for and what they were, but they wouldn’t tell me in a way I could understand. I was eventually given new tablets. The individual who prescribed me those tablets was sacked.”

Telephone communication barriers (4 mentions)

20% of attendees (4) mentioned communication over the phone being a negative in their experiences.

- “They just say you must call to get an appointment. We get called lazy if we don’t phone. It is a waste of our time when we have to keep going back to pharmacies in person.”
- “Even through healthcare apps it is the same and we are told to call.”
- “They keep ringing people, and the penny just doesn’t seem to drop.”

Written Communication barriers (3 mentions)

15% of attendees (3) mentioned the issues around written communication.

- “Waiting for letters. Sometimes you get multiple letters about the same appointment and then sometimes you don’t get any letters.”
- “Letters are also hard to understand and sometimes you end up taking the wrong letter to appointments due to confusion. There are always new forms to fill out.”
- “On any form we have to fill out there should be a box to tick for deaf or blind, a whole list of things so the people that you’re talking to can see.”

Physical Barriers (10 mentions)

The third most frequently mentioned topic were issues of physical barriers for deaf people.

Masks (7 mentions)

35% of the attendees (7) mentioned masks as a barrier to communication.

- “Deaf people access the world visually, so masks are a huge barrier.”
- “Masks are such a huge barrier for us.”

Five of these mentions stated other’s refusal to take their masks off to make communication easier.

- “I went for a hearing test and to fit a new hearing aid, and the doctor refused to pull his mask down! It made me so angry that I couldn’t communicate with him. They should have clear masks or something.”
- “[The carers] refused to lift their masks when speaking to my mother or me, so we just could not communicate with them.”
- “The masks are definitely an issue, and they refuse to pull them down.”

One person mentioned beards posing a similar issue to masks.

- “One of the members of staff at Hempsted Valley [opticians] can sign, but the man who was doing my eye test had a big beard which made it hard to understand what he was saying.”

100% of participants had not seen healthcare workers use clear masks to aid communication.

Information Screens (2 mentions)

10% of people (2) spoke about the physical barrier of no information screens in services. This makes it hard for Deaf people to know when their appointment is, as they may not be able to hear their name being called out.

- “At the GP in the reception, they have a TV screen listing the different GP suites and who’s appointment is next, but they don’t use the screens they just call out the names.”
- “They have screens at the hospital for written information in London, but they don’t in Medway.”

Technology Barriers (1 mention)

One attendee mentioned technology barriers.

- “A lot of us don’t have computers and everything is online. It can be hard for people to access. There should be paper forms.”

Deaf Awareness (4 mentions)

20% of attendees (4) mentioned the lack of Deaf awareness in services.

- “It should be noted down in my surgery and hospital’s notes [that I am Deaf], but it just isn’t paid attention to.”
- “They did not know how to deal with her because she was deaf. They had absolutely no deaf awareness. With caring agencies, they need to pick carers based on the need of the client so they can pick the best fit.”
- “They’re not doing anything that recognises I am a deaf man, even though they know I am deaf.”



Summary

This report finds that D/deaf people are still facing the same challenges in accessing healthcare that they were in 2020. This is a breach of statutory duty under the Accessible Information Standard, a legal requirement created by NHS England in 2016.

As a result of our findings, Healthwatch Medway will:

- Work with Medway and Swale Health and Care Partnership to clarify how to hold health care services to account for their requirements under the Accessible Information Standard and to push for improvements.
- Request clear panel face masks are made available in Medway health settings, including Medway Maritime NHS Foundation Trust and community health settings, to aid communication.
- Request that Medway Maritime NHS Foundation Trust, create a clearly defined meetings point at the hospital site for people to meet a booked Interpreter, and that this is communicated in appointment letters.
- Request that Medway Maritime NHS Foundation Trust review innovations underway at other Acute Trusts across Kent and Medway that are improving BSL online options, translation services and access to PALS, to inform local improvements and increase accessibility.

Lots of people have been refused AIS. It is really important as it might help to stop some of the issues that we are having as the Deaf community.

If you would like to chat with us about the report you can reach us through the following routes:



Online:
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By Telephone:
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By Email:
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By Text:
Text us on 07525 861 639. By
texting 'NEED BSL', Healthwatch's
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