Feedback from Deaf people on the Rapid Investigation Service

Background

Wessex Voices interviewed three Deaf adults who use British Sign Language (BSL). The Rapid Investigation Service (RIS) leaflet was sent in advance to allow time for consideration and feedback. Each interview was carried out virtually with a qualified interpreter for two interviews. One used 'Live Captions'. This is a record of the interviews and resulting recommendations.

A summary of the findings are that Deaf people will require more time to assimilate information, and an advance indication of what support is available to them throughout their experience of the service. The service will need a good understanding of people's bespoke preferred communication methods.

Recommendations

- Reinforce to GPs the importance of passing on people's communication support needs and their preferred means of contact to the RIS (as per the legal duty under the Accessible Information Standard)

- Provide Deaf awareness training to the RIS team

- Include information about being able to request reasonable adjustments on the RIS patient leaflet and make it available in British Sign Language (BSL)

- Use plain English in all communications and make appropriate information available in BSL, e.g. around tests and results when needed

- Review the ways that Deaf people can make contact with the service to provide the widest range possible, and make sure the team are familiar with these, including how to book qualified interpreters

- Provide a named contact for Deaf patients to ensure reasonable adjustments are acted on by the RIS and hospitals where tests are carried out

- Ensure hospital colleagues clearly communicate any provisions put in place to enable access to tests in advance of the Deaf person attending

- Remind Deaf patients that they can have support with them during their contact with the RIS

- Ensure that additional time is made available for appointments involving Deaf patients as a reasonable adjustment. Check people's understanding of what they are being told

- Consider whether face to face appointments could be made available to the very few Deaf people who may need it, for example if they are unable to use assistive technology.

General insight about Deaf people's access to health services

"You know GPs and hospitals should know I am deaf and need an interpreter. It might make things a bit smoother when these things are put in place."

Six out of 10 people will have some sort of hearing impairment, whether or not this is acknowledged. Hearing can be affected, for instance, because of mask wearing or particular accents, which makes it very difficult to understand. People who are born deaf may have low levels of literacy so assumptions should not be made about reading ability. There can also be an over reliance on people's ability to lip read, or hearing loops.

Trying to book appointments can be difficult. Written letters are often unclear and hard to understand. It can vary as to whether GPs note and pass on access requirements when they refer people, and it can be hit or miss whether they are then acted on by other services. Voice entry systems to buildings can be hard to use. Appointments without appropriately qualified interpreters (Level 3 or above) can be a waste. Plain English should be used in all communications, including when an interpreter is involved. One interviewee suggested more GP surgeries should have staff trained in BSL.

Making reasonable adjustments

The leaflet does not indicate that if you have a disability that you can request reasonable adjustments, nor is it available in BSL. The RIS should not rely on GPs identifying and sharing someone's support needs, as they are often not recorded in a person's medical notes. Once in contact with the RIS, it would be better to have a named contact to follow through on any support needs, rather than a generic email address. The RIS should also pass those support needs on discharge.

People should be given a choice about how they can and are contacted by the service. This should be established by the GP so the service knows how best to contact the person.

Text Relay can be helpful if the person can read well. For others it won't work. Likewise email and instant messaging may be some people's preference.

For video calls, the system should have subtitles rather than less accessible one. People said Teams was OK but not Zoom. Sign Health has VRI (Video Remote Interpreting whereby participants are in the same room, but the interpreter joins remotely) and VRS (Video Relay Services whereby participants are telephoning each other from different locations and the interpreter relays the call). These rely on good internet connections, which can be problematic if this is lost and the appointment time runs out. If the interpreter accessible via a tablet and two Deaf people are trying to see the interpreter at once it can be hard to see.

Technological solutions are not necessarily the answer for older Deaf people. Again people should be asked for their preference.

People should have access to appropriately qualified interpreters for all consultations, discussions and tests if needed, as well as have the option of having somebody to attend with the patient so that they can relay things. Where there are additional needs because of mental capacity issues advocates may be needed. One person said very few people will need it but there should have the option of face-to-face discussion (using clear face masks) where necessary.

Reasonable adjustments should also be made available at hospital tests. When people attend hospital the staff should be aware, have provisions in place and have told the person, e.g. where to meet their interpreter. Rather than call people’s names out, staff will need to fetch the person. If an interpreter is accessed remotely the above limitations (e.g. about internet connection and two people being able to see the screen) will apply.

Approach of the RIS and at tests

Echoing the feedback from people with anxiety, it will be important to take time and help people prepare for discussions and tests. The RIS or at the test people should not be rushed. They need to understand what is being said to them, what will happen and what they need to do to engage with the service and get their tests done effectively. Another reason is because people may also feel anxious (particularly because this is about cancer) so checking understanding and really giving time for questions is really important. This can take a lot of concentration on part of the Deaf person.

People could be provided with information about tests using BSL videos hosted on websites. Information about where to go in the hospital also needs to be clear.

Written summary and follow up

Two people said it was important that the GP knew what had happened and they too wanted written information. This needs to be in plain English, avoiding jargon or may need translating into BSL, especially if the issues are serious. People should be made aware that they can get back in touch with the service with any questions or concerns if needs be.

For more information

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