

Telephone Mystery Shopping Project Undertaken in February 2017

Exploring how effectively NHS providers are fulfilling the legal requirements of the Accessible Information Standard

1. Background:

Healthwatch Gateshead volunteers were supported by staff to undertake this activity. This project was developed as a result of issues identified during round table discussions at the Healthwatch Gateshead Annual Event in October 2016.

They contacted a random sample of NHS GP Practices, Opticians and Dentists in order to explore the extent to which they are meeting their obligations in relation the NHS Accessible Information Standard, which became a legal requirement on 1 August 2016.

We met with Action On Hearing Loss representatives (formerly Royal National Institute for Deaf People) to obtain guidance regarding the level of support it would be reasonable to expect is available to people with a hearing impairment when contacting NHS providers. The “minimum standards” we identified were based on the Action On Hearing Loss “On the record: Health and care communication card”.

2. Drivers for the Project:

- a) By 1 August 2016 all NHS and publicly funded Adult Social Care providers (as defined in the Health and Social Care Act 2012) were required to adhere to the NHS England Accessible Standard.

- b) NHS England states that “The standard aims to make sure people who have a disability, impairment or sensory loss are provided with information they can easily read or understand with support so they can communicate effectively with Health and Social Care Services.”

- c) Section 5.5 of the standard: In scope – service user groups states that there is “particular relevance to individuals who have sensory loss (including people who are blind/ d/Deaf or deaf blind) and people who have a learning disability.
- d) Healthwatch Gateshead Mystery Shopping Exercise 30 September – posing as potential new patients we contacted 29 GP Practices. None of the practices we spoke to asked us about additional support needs.
- e) Feedback from round table discussion at the Healthwatch Gateshead Annual Event October 2016 indicated that people with hearing impairments continued to face challenges when accessing services despite the Accessible Standard Legislation.

3. Methodology:

A pre-project briefing ensured all volunteers understood their role and how to approach the project. Each volunteer used the same specific scenario when contacting the NHS provider and asked the same questions.

We contacted a randomly selected sample of ten GP Practices, six NHS Opticians and six NHS Dental Practices within Gateshead. We tried to make contact with all of them, however could not get through to one GP and one Dental Practice contacted was non NHS.

They asked specific questions about communication support for people who have a hearing impairment when contacting the provider and also during appointments and how they could be involved with the Practice.

Capture sheets were used to record information consistently. A de-brief took place after the “mystery shops” to identify key themes and possible recommendations.

4. Scenario:

- a) Volunteers telephoned NHS providers acting as the sister of a person who had a profound hearing impairment.
- b) They advised staff that they were ringing on behalf of their sister who was looking to register with them. They advised staff that due to their sisters hearing impairment she could not use the telephone herself.
- c) They told staff that their sister could lip-read a little but preferred to use British Sign Language (BSL) to communicate with people.

5. Summary Findings:

Overall there were mixed results. Although some of the NHS providers we contacted were very helpful and offered to find out about the support they could offer, there was a considerable number who offered little, inappropriate or no support at all. Some providers put the onus on the patient or their family to make their own interpreter arrangements.

It appeared that almost all of the staff we spoke to were unaware of the legal responsibility placed on NHS providers to identify; record and meet additional support needs of their patients. There also seemed to be a general lack of awareness among staff around the challenges and barriers faced by someone who has little or no hearing, and who can only communicate via lip-reading or BSL. In a number of cases the main form of communication was cited as “writing notes”. Although it could be argued that this approach meets the legal requirement of the Accessible Information Standard, it could also be argued that this is simply not good enough and means that patients with a hearing impairment are not receiving a standard of service equal to others.

The “support” offered by some of the providers we spoke to did not appear to promote independence, but rather dependence on family members. It was also apparent that some of the support mechanisms described to us meant that a patient with a hearing impairment may only receive limited information during their appointment (by writing notes) and in some cases (largely optician appointments) it appeared there would be very limited or no two-way communication with our sister at all. Only one out of the ten GP Practices

acknowledged that a longer appointment was needed in order to enable BSL to be used effectively.

We specified to providers that our sister's preferred method of communication was using British Sign Language. The support offered by many providers in response to this preference did not include BSL support, which is perhaps somewhat surprising. The support we were offered instead included note writing at appointments, use of a hearing aid loop system during appointments, that our sister could make her own interpreter arrangements and in some cases no support at all.

We were explicit in our explanation of what support our sister needed, that she only lip-read a little and that her preference was to use British Sign Language. Only three GP Practices were clear that they could arrange BSL support and this would be arranged, the staff we spoke to also seemed to understand the issues facing people with hearing loss. Two of the ten Dental Practices mentioned the potential of using interpretation services while the other three said lip-reading would be the main communication method. Of the six Opticians we contacted, only one mentioned the possibility of using an interpreter. Another said they would speak slowly and clearly so our sister could lip-read. None of the NHS providers contacted made reference to using a speech to text reporter, arranging a lip speaker or a note taker at appointments.

5.1 GP Practices

a) Communication between the provider and the individual

We asked about how our sister could get in touch with the surgery as she couldn't use the telephone and we weren't always there to act on her behalf.

Out of the nine practices contacted:

- Three said there was a text service and one told us how to access this.
- One said she could email and gave us an email address

- Seven mentioned online bookings and online prescription ordering, five practices explained the process to follow to register for online services.
- One said they could contact her by letter and vice versa, but went on to say “I’m not sure how that would work”.
- Two mentioned fax
- Two said she could come in person and one of these told us that they could “write notes to her”.

b) Support at appointments

We told staff that our sister could lip read but preferred to use BSL.

- GP Practice A advised that “no-one uses sign language here” and that our sister could write down what she needed when she came in. They talked about another patient who was profoundly deaf and how they manage to communicate with her by “writing notes” back and forth. They also mentioned that we could “try the surgery next door” as they may be able to help.
- GP Practice B told us they had two interpreters they used, but did not know if they were registered BSL interpreters as the member of staff told us they were “new to the practice and others were on their lunch”. They did advise that to access sign language support our sister would need to book an appointment in advance. However, they did not advise how far in advance was required or how to make arrangements.
- GP Practice C told us that they used Northern Sign for BSL interpreting. They advised that they would need a few days notice to make the necessary arrangements for a BSL interpreter to be present at our sister’s appointment. They also advised that they book a double appointment because of the extra time needed for the three way communication.
- GP Practice D advised that they have a couple of other patients who needed this type of support. They advised that they could provide a BSL interpreter and they would need two day’s notice to organise this. They told us that they

would put a note on our sister's records so that all staff would be aware of the support she needed. They also advised that if our sister popped in any time today another member of staff would be able to support her to register as this member of staff could use a little sign language.

- GP Practice E advised us that they could help our sister but offered no information as to what help they could offer. When they were asked about this, they responded by asking us "what did she do at her other GP"? They were unsure what other methods of communication there were other than the telephone but did advise how to register for online services when they were prompted.

They advised that she could use the loop system during her appointment. When we said that this was a support aid for people who have a hearing aid and that our sister used BSL, they asked us to hold while they checked with someone else. We were on hold for approximately two minutes.

When they returned, they advised that they could possibly arrange for an interpreter and that our sister should tick the relevant box on the registration form to highlight the support she needed. They asked us for her name so that they could look out for her and try and help her as much as they could. They also told us they would find out more information about interpreting services available.

- GP Practice F advised us that they were "not sure about the support available" and put us on hold. They came back to us and said they could book an interpreter for our sister and that their colleague (the Healthcare Assistant) dealt with this. They advised our sister to start the process by popping in to fill in a registration form, make an appointment with the nurse and complete the online services form (and to bring in necessary ID to do this). They asked for our contact details so that they could find out any additional information and update us.

- GP Practice G advised that there was nobody in the surgery who could use sign language and did not know what they would need to do to organise it. They said our sister could write a letter authorising us to speak on her behalf, and that they would put an alert on their system to record this. They thought they might be able to get an interpreter but wasn't sure if it was BSL, they presumed it was. The member of staff we spoke to asked if they could check things out and get back to us with all the relevant information as they were not sure of exactly what support was available.
- When contacting GP Practice H, it took us six minutes to get to speak to someone. They advised us that there was nobody there that could use sign language. They thought that they would be able to get an interpreter at appointments but did not know who they were or how to arrange this. They advised that usually patients make their own arrangements to bring an interpreter in with them.
- GP Practice I advised that they could arrange an interpreter but they would need two days notice to organise this. They suggested that if our sister registered she could sign up for online services or alternatively could call in to write a note relating to request appointments or prescriptions. They gave us a named person's email to address to contact them about available support.

5.2 Dental Practices

a) Communication between the provider and the individual

We asked about how our sister could get in touch with the surgery as she couldn't use the telephone and we weren't always there to act on her behalf.

Of the five Dental Practices we contacted:

- One told us she could come in herself and they would write messages to her
- Two mentioned using a text relay system to communicate
- One mentioned registering online and then using emails to communicate.

Additional information offered regarding support:

- Dental Practice C told us that there was an external service for deaf people. This service rings the Practice with information and requests, the Practice then replies and the answered is typed and passed back to the patient. We believe they were referring to a Text Relay service.
- Dental Practice D told us that patients can ring a text phone (they weren't sure of the name) and the text phone contacts the Practice verbally to pass on the message and vice versa to get information to the patient. They told us that other patients with a hearing impairment used this method of communication.
- Dental Practice E gave us the Practice website address and advised that our sister could complete the registration form online. They advised that she could put information in the comments box relating to her hearing impairment. The Practice would then communicate by email. They told us that other patients who have a hearing impairment use this method.

b) Support at appointments

- Dental Practice A told us that they had signs on a screen so our sister could see the information when she came into the practice. They advised that they could also write notes to our sister and vice versa.

They said that some patients bring their own interpreter. They checked with the Practice Manager and advised that they could also book an interpreter for our sister if she needed it. They said the interpreters they used were BSL interpreters and were "on a register".

- Dental Practice B advised us that if our sister went into the practice to obtain an application form, they would be able to communicate with her via writing notes. They advised that the application form asked for a full medical history and she would be able to indicate that she was deaf and then they would be able to arrange a BSL interpreter to support her at appointments.

They told us they used Northern Sign Language (NSL) and that when they made appointments for our sister, they would contact NSL to arrange an interpreter to be present.

Our volunteer highlighted that this Dental Practice immediately offered a BSL interpreter and that they felt as though this was common practice within the establishment.

- Dental Practice C told us that they have several deaf patients. They went on to advise that as our sister could lip read, then that was how they would communicate with her. There was no offer of BSL interpretation support.
- Dental Practice D told us that no-one at the Practice could use sign language, but as she can lip read they would speak slowly and clearly so they are understood.
- Dental Practice E said that as she can lip read that would be the way they would communicate with her at appointments and that they would print off detailed treatment plans for her to read and make a decision agreeing to treatment.

5.3 Opticians

a) Communication between the provider and the individual

We asked about how our sister could get in touch with the practice as she couldn't use the telephone and we weren't always there to act on her behalf.

Of the six Opticians we contacted:

- Optician A offered little information other than to come in to the Practice in person and they could communicate by writing things down.
- Optician B said that our sister would need to come in to make appointments and they could write down messages.

- Optician C offered to communicate via email (and gave the email address) or in person writing down messages.
- Optician D and E offered no information about how to communicate in order to make appointments or how to get in touch with the Optician.
- Optician F suggested that our sister should visit in person to register and that she could bring someone with her. They also suggested that someone could ring on her behalf. They said once registered they could send out appointments by letter.

b) Support at appointments

- Optician A advised that “they can manage” at appointments and that “there is no problem with doing the eye test as we don’t need to speak”. No support was offered and we were told they could do an accurate eye test regardless. They said that they had other similar patients.
- Optician B advised that our sister bring her own interpreter with her in the same way as other patients do. No other support was offered. We were told that the Practice had never had an enquiry like and suggested we contacted the Council to see if they can help.
- Optician C advised that when in the appointment, the optician would be able to deal with the issues at the time. They said they have other patients in a similar position and that they write notes to them. No other support was offered.
- Optician D said that they could do an accurate eyes test without needing the patient to speak or read out the letters on the board. They said that lip reading would be used to communicate. We were told about a home service, mostly used in nursing homes, but that this was only for people who couldn’t get out.
- Optician E transferred us to the Manager. We were advised that they have used interpreters for people who speak a foreign language and that they could

check out whether they could also enlist an interpreter for our sister. They offered to find out and get back to us.

- Optician F suggested that we accompany our sister to appointments and gave us information about opening times. They advised us that they would “work out what was the best arrangement for her when an appointment was given”. No support was offered and the onus appeared to be on the family to help with arranging and attending appointments with her.

6. Recommendations

Based on the experience of our volunteers and the information gathered by them, we have identified some low cost / no cost measures that could ensure appropriate support is given to people who have a hearing impairment.

1. NHS providers should ensure that staff receive disability awareness training including the barriers and challenges faced by people with a learning or physical disability.
2. NHS providers should ensure all staff are briefed about the Accessible Information Standard and what this means in practice.
3. NHS providers should review their current communication methods in line with the Accessible Information Standard and identify and address any gaps.
4. Text messaging, social media and email contact mechanisms should routinely be offered to all people with a hearing impairment, regardless of whether they have registered for online services.
5. NHS providers should review their current support mechanisms offered at appointments to ensure compliance with the Accessible Information Standard.
6. NHS providers should produce explicit guidelines about the support available to people with a hearing impairment or any other physical or learning disability

and how this is accessed. They should ensure all staff understand this and can articulate this clearly should they receive an enquiry.

7. NHS providers should offer longer appointments where additional communication support is required.
8. Staff should promote independence wherever possible and should not put the onus on the patient and their family to organise their own support at appointments.

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