

## HASCCC Review: Access to Health Services

### 1. Summary of Focus Group Findings

The second focus group as part of the HWS engagement took place. The session included a short survey and discussion. Findings from both parts of the session will be themed into the key aims, following the topic guide.

1. Key challenges or barriers in accessing health & social care services
2. Needs specific to the community
3. Ways to offer “good quality services”
4. Best way to get and obtain information

The session was guided by Healthwatch Southwark Staff, with interpretation provided by a freelance BSL who was already familiar with the group, a British deaf association (BDA) staff member and the Deaf Support Group Co-ordinator who scribed.

### 1. Key challenges or barriers in accessing health & social care services

Communication is a key obstacle which the Group felt hindered their ability to both access services and get a good quality experience.

#### **Language**

The group emphasised language as the first challenge in accessing services. Most of the attendees were from a mix of ethnic backgrounds and generally communicated with each other through British Sign Language. Unfortunately one attendee could neither sign nor lip read. A lot of the attendees could no lip read, and so depended on the Interpreter.

In addition, the content of written communication also required translation in terms of grammar changes and simplistic English. Some received support from the Club Co-ordinator relating to letters. It was noted that the role of the Club Co-ordinator had changed because of limited capacity and also to avoid duplicating services as some required providing interpreting services.

*“our language is not English, we rely on Ann to change it to BSL...”*

#### **Interpreting Services**

*The Group highlighted the difficulties in booking an interpreter, the long waiting time for an interpreter to be available, and the alternative ways they had to deal with services when an interpreter was not available. Some highlighted safety implications around adequate communication and understanding between health professionals and patients.*

- *Most attendees mentioned that their “English is not good”. Some took an active approach and went to a “discussion meeting about the doctors services” and they did not know “how to treat a deaf person”*
- *Others explained that booking a GP appointment required weeks “ages” of waiting. “When I need to book appointment at the doctors I need to wait 6 weeks for an interpreter.”*

HWSouthwark Summary of findings with a deaf support group:

- Possible safety issues as a consequence of not being able to have an interpreter. *“The majority of people will go to their GP without an interpreter which is not a safe thing to do...”*
- *Others have used pen and paper as means to communicate in GP, hospital and other settings.*

### **Information and support**

Many wanted or went through the process of filing a complaint about a service. However, many also did not know how to go through the process, including the support which the individual required to enable them to do so.

### **Cultural and diversity Training: Staff/Health professionals**

A key issue highlighted was around front line staff, particularly support and receptionist staff, who did not always know who to deal and communicate with deaf people.

*“Receptionist should know how to deal with deaf people. ..”*  
*“If they do not have any training why are they are front desk?”*

Some expressed frustration that during follow up appointments or when booking appointments, staff would call instead of text.

*“When I have an appointment they seem to ring my home and not text me. Why do they do that? Considering they know that I am deaf.”*

Some shared experiences on how other public services *‘instead of booking for an interpreter they forced me to learn to lip read the conversation..’*

When probed about how they find the experience of GPs and if they felt they were being understood by professionals, some responded with *“no they don’t, I feel they talk down to me...”*

### **Needs / good experiences**

Individuals valued services where staff considered and remember the needs of patients and took the patients advice as to how to communicate with them.

*“I was waiting to see my doctor I ask receptionist to tap me when my name is called and she did not forget, she tapped me..”*

Although there were more negative experiences shared, where staff seemed to ‘forget’ about their need after being informed by the patient, and in some cases resulted in no health or care service being provided, or a bad experience of care.

*“I was having problems with my back, went to the doctor and the nurse said take your clothes off and said doctor will see me in an hour, an hour went pass and no doctor...2 hours nothing. By the time I put my clothes back on the nurse said where had I been and I said nowhere. I made a complaint.”*

Some shared negative experiences at unplanned urgent care service settings where professionals would forget their disability and need, e.g. A&E. It remains to be seen how prevalent this issue is.

*“I broke my arm I told receptionist I was deaf I waited and waited. I waited for 10 hours and no one came for me. Obviously they had called my name out but I am deaf!”*

However, interestingly one attendee perceived that their needs in relation to other individuals with language needs were met through alternative ways more so than the deaf community, and questioned this.

*“I feel as a deaf person it is so much harder because our needs are not met. Other disabled people get their needs met, why don't we? If a person needs a Spanish translator – no problem but when we need a BSL interpreter big problems. I have never heard of a non-speaking English person having to communicate via pen and paper.*

## **Ways to offer a good quality service**

This question was intentionally open-ended to allow for constructive suggestions and ideas what would help alleviate the obstacles and challenge their faced. This will be taken forward in the recommendation and Healthwatch role section later.

- General agreement around the need to be more confident, especially around communication. Some suggested workshops to enable this.
- That health professionals and clinician should take a BSL course
- That health professionals, particularly frontline staff should undergo a cultural and diversity training
- GPs and hospitals should have an interpreter on call

*“I don't see why we have this meeting because this has been going on for years.”*