Beyond Barriers to Better Health: Improving communication pathways in Primary Care for Deaf patients

Engagement period: January – February 2026

Date of publication: July 2026

Contents

1. Terminology used in this report

This report uses the terminology 'Deaf' to refer to participants, as people who are profoundly Deaf or use British Sign Language (BSL) as their main aid to communication.

2. Glossary

Ask First app (formally known as Ask NHS): Is an AI conversation and triage checker app and is used as a 'digital front door' to NHS services[1].

British Sign Language: a language that is visual, used by Deaf people in the UK which combines hand-shapes, facial expressions, gestures and body language. BSL is distinct in its grammar and structure. BSL was formally recognised as a language in 2003 and only granted legal status in 2022[2].

Co-design and Co-production: Involving and using the insights of those with a relevant lived experience in design, development and evaluation[3] of projects.

Convos: A Deaf owned company that provides Video Remote Interpreting (VRI) and Video Relay Service (VRS)[4].

Hearing loops: A hearing loop is a sound system designed to help people who use hearing aids hear more clearly. It is also known as an audio induction loop or induction loop[4].

NHS App and Relay UK: Work together to provide accessible communication for Deaf users to contact NHS services. Relay is a bridge to the NHS app and uses assistants to convert words to spoken text. You can also use Relay UK to call NHS England, whereby a relay assistant converts the spoken words into text[5].

Primary Care: There are 'four pillars' of the Primary Care system in the UK. These are General Practice, community pharmacies, optical services and dentistry.

Sign Solutions: An organisation that offers interpretation, training and translation services, to help Deaf people communicate and understand information[6].

[1] AskFirst - Sensely
[2] British Sign Language - RNID
[3] NHS England » Co-production
[4] Hearing Loops | Hearing Dogs for Deaf People
[5] NHS 111 Wales - About Us : Relay UK
[6] Sign Language Interpreter, Deaf Awareness Training, BSL Translations | Sign Solutions

Video Relay Service (VRS): connects Deaf people with **telephone callers** through a qualified British Sign Language interpreter, video equipment and a reliable internet connection[7].

Video Remote interpreting (VRI): enables Deaf people to use BSL to **communicate in real time** through a live sign language interpreter via video[8].

Image of Video Remote Interpreting

[7] The difference between VRI and VRS video calls | Sign Solutions
[8] The Growth and Impact of Video Relay Services (VRS) in the UK - Reading Deaf Centre

3.Key findings and recommendations

This project describes the work of Deaf facilitators who engaged with 6 Deaf clubs across Hertfordshire. They held focus groups and helped facilitate a survey (77 respondents) with Deaf individuals to understand their experiences of accessing primary care.

An additional survey was completed with Primary Care professionals (28 respondents) to understand their perspective.

3.1. Key findings

Overall, Deaf people who participated in this project had mixed experiences of Primary Care services; with a substantive number, **28%** (11 participants) describing their experience as poor or very poor. This was linked closely to challenges with communication:

- Nearly **half** (**52%,** 12 participants) of Deaf people we engaged with, told us they communicated with Primary Care staff using pen and paper (**47%**, 35 participants) and help from family and/or friends (**47%**, 35 participants).
- **Two-thirds** of Primary Care staff (**67%**, 18 participants) asked for help from family or friends when communicating with Deaf people and just under **two-thirds** (**63%,** 17 participants) reported using pen and paper.
- However, although commonly used, pen and paper were not considered to be a widely appropriate form of communication, especially for BSL users. Additionally, participants flagged that over-reliance on family members and/or friends came at a cost to their independence and privacy.
- Just under **one-third** of Deaf people (**32%,** 24 participants) reported that they were offered, or had access to, face-to-face British Sign Language (BSL) or a qualified BSL interpreter when accessing Primary Care services.
    - Nearly **half** of the Primary Care staff participants we heard from (**48%,** 13 participants) noted their place of work offered face-to-face BSL or BSL interpreters.
    - Of the Primary Care staff we spoke to, **13%** (6 participants) signed in BSL themselves.
    - However, both Deaf people and Primary Care staff shared their frequent experiences of BSL interpreters not being booked or not attending. In some instances, Deaf people were refused care due to a lack of interpreters.

3.1.1. Getting support and adjustments was variable and dependent on staffing expertise.

- At times, Primary Care staff adjusted support for Deaf people: such as turning the waiting room music off, having a separate, quieter waiting room and repeating themselves or speaking slowly when communicating. However, these instances were irregular.
- Over **half** of Primary Care staff had not received training on how to support Deaf patients.
- When Primary Care staff did receive training, their understanding seemed to be limited; **a quarter** (**26%)** were familiar with the accessible information standard and **39%** of Primary Care staff (9 participants) said they knew their responsibilities under the 2010 Equality Act.
- Key barriers to staff making the right adjustments for Deaf people included a lack of training, access to appropriate technology such as hearing loops and a lack of BSL interpreters.

3.2. Recommendations on how to improve Primary Care services for Deaf people

3.2.1. Actively tackle communication exclusion

- Deaf people should be asked how they wish to receive information and this should be provided in an accessible format.
- All patient records should be clearly marked to highlight preferred communication needs, removing the need for Deaf people to repeatedly ask for support.
- Communication needs should be shared as part of routine referrals or handovers and recorded in a highly visible way on patient databases.
- Offer a range of options for making appointments or enquires, such as online booking systems, text message service, face-to-face, email, phone, or Video Relay Services.
- Provide text email and text messaging services that allow Deaf people to reply.
- Ensure access to VRS interpreting services and provide screens for Video Remote interpreting at reception desks and pharmacy counters.
- VRI to be on the same device for patients to request an appointment, if they don’t have digital.

- Arrange and secure interpreters' access ahead of and for appointments.
- Provide screens for visually notifying patients when it is time for their appointment or find other ways to alert them, such as a vibrating pager, staff alerting the Deaf people personally, or speech-to-text apps if opted for in advance.
- If face masks are required, use transparent material to enable lip reading.

3.2.2. Ensure individual choice and agency

- Support Deaf people so that they are not reliant on family or friends to book appointments or to provide translation during appointments.
- Primary Care staff should ensure that key information is understood by the patient.
- Complaint mechanisms should allow BSL options for feedback to be possible and to help improve access and quality of services.

3.2.3. Create more welcoming spaces

1. Ensure alternative access options to healthcare settings using an intercom system.
2. Provide quiet waiting room spaces by switching off background music or creating separate quiet spaces. Hearing aids amplify background sounds and additional sensory input can be distressing.
3. Ensure technology such as hearing aid loops is working and that staff are trained to use all communication systems in place.
4. Ensure reception staff have good Deaf awareness and understand basic communication tips.

3.2.4. Introduce regular and mandatory staff training

Provide awareness training for staff, including:

- Understanding of Deaf culture and community.
- How to facilitate lipreading.
- Awareness of British Sign Language and how to book a BSL interpreter.
- How to use VRI on demand at reception or front desks.
- How to use VRS.

4. Broader Context

12 million people experience some degree of hearing loss across the UK and this is expected to rise to 14.2 million by 2035[9]. Hearing impairment can impact communication and social interactions, which can have a detrimental impact on mental health[1].

Deaf people face communication barriers when accessing healthcare services and instances of misunderstanding, wrong diagnoses and discrimination[10] led to Deaf people not getting the care they need.

As a result, Deaf people experience health and care inequalities at a higher rate than the general population. Deaf people are more likely to[11]:

- Receive later cancer diagnoses (a systematic review of cancer screens showed that Deafness was associated with a decreased chance of attendance).
- Have decreased rates of toothbrushing and increased rates of tooth decay (both children and adults).
- Experience poor mental health, with higher rates of anxiety/ depression[12.]
- Higher mortality rates, poorer overall health and more issues accessing healthcare[13.] Have higher instances of under-diagnosis and under-treatment. Even when Deaf people were diagnosed, they were less likely than hearing people to receive medical care for conditions such as high blood pressure, high cholesterol, diabetes and cardiovascular disease.

Experience using healthcare services

The NHS Accessible Information Standard (AIS)[14], introduced in 2016, places a legal duty on all health and social care providers to identify and meet individuals' communication needs. This requires healthcare providers to:

1. Ask patients about their communication requirements.
2. Clearly record and flag this information in their records.
3. Share it with relevant staff.

Ensure appropriate action is taken by providing accessible formats and necessary communication support.

[9] Deafness and hearing loss toolkit: Introduction | RCGP Learning
[10] https://pmc.ncbi.nlm.nih.gov/articles/PMC3073438/
[11] Giving Deaf people a voice: overcoming health inequalities in the Deaf community | NIHR
[12] https://pubmed.ncbi.nlm.nih.gov/22423884/
[13] THE HEALTH OF DEAF PEOPLE IN THE UK .pages
[14] 20170410_our_response_to_the_accessible_information_standard_consultation_0.pdf

However, Healthwatch England's 2025 review found that healthcare services are often not meeting these duties. It found that Deaf people faced a lack of interpreters, inaccessible booking systems, no visual cues while they were waiting and an over-reliance on communication via mobile or landline [15].

Booking Primary Care appointments

Deaf people face greater barriers to accessing health services, with **45%** (sample size of 300) having to go to their GP in person to book an appointment. Therefore, almost half **(44%)** said that contacting their GP practice was difficult[16].

Receptionists play a central role in helping Deaf people access the healthcare they need; yet **40%** of Deaf people said receptionists were not helpful, compared to **8%** of hearing people[8].

Communication issues

The census reports British Sign Language (BSL) as the first language of 22,000 people in England and Wales, while some figures estimate as much as 151,000[8].

Research has found that healthcare services often do not provide information in BSL or communicate with Deaf people in their preferred way[8].

One UK study found that BSL interpreters were only present at **17%** of GP consultations (sample size of 98). On top of this, **one-third** said they left GP appointments uncertain about their condition and **one-third** said they lacked information about how to take medication or had taken the wrong dosage[17].

Deaf people have also reported that even in audiology departments, where Deaf people are treated regularly, some staff still call out in waiting rooms[18].

Personalised care

Previous research has shown that Deaf people also experience a lack of personalised care[19]. For instance, despite Deaf people preferring the GP they want to see, as this helps with communication, they were less likely to get their preferred doctor[11].

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[15] How accessible is your healthcare?
[16] THE HEALTH OF DEAF PEOPLE IN THE UK .pages
[17] (PDF) Access to Primary Care and Accident & Emergency Services for Deaf People in the North West. A report for the NHS Executive North West Research and Development Directorate 2002
[18] Giving Deaf people a voice: overcoming health inequalities in the Deaf community | NIHR
[19] Deaf Health-exec-final

Reasonable adjustments

The **Equality Act (2010)** states that all health and care services, including Primary Care services, must dismantle the barriers that those with a disability face when accessing healthcare, ensuring they have equal access to healthcare[20]. Being Deaf can be classified as a disability if it meets the threshold of impacting daily activities.

To ensure that those with a disability don't face barriers to healthcare, Primary Care services can implement **reasonable adjustments**, which are small changes in the way they might care for someone with additional needs.

Examples of these may include[21]:

- Giving people a quiet space to wait for their appointment, as waiting rooms can be noisy and overwhelming for those with hearing challenges.
- Offering longer appointments for people who need more time to understand information.
- Ensuring there is a hearing loop system (assistive listening) technology which transmits sound directly into hearing aids, reducing background noise.
- Giving someone a priority appointment if they find it difficult waiting in their GP surgery or hospital.
- Ensuring access to a British Sign Language (BSL) interpreter to support at appointments or an internet video-link that could be used with BSL interpretation remotely.

[20] Equality Act 2010
[21] NHS England » Reasonable adjustments

5. About this project

5.1. Research and Engagement Network Development (REN) Programme

The NHS Long Term Plan has an ambition to increase the number of people participating in research. In particular, NHS England recognised a specific need to increase the diversity of people who get involved in research, because without diverse participants, there is a risk that research outcomes will not be as effective across demographic groups and that research trials will not be designed to meet the needs of the population.

To help address this, NHS England set up the Research and Engagement Network Development (REN) Programme, which aims to support work with partner organisations to develop and grow local research engagement networks and activity.

This work was funded as part of the continued focus on increasing opportunities for research participation and funded the training of the Deaf facilitators (Community Research Champions), engagement with Deaf people and the analysis of the findings for this report.

5.2. Introduction to partner organisations

The Hertfordshire Hearing Advisory Service (HHAS)

Hertfordshire Hearing Advisory Service (HHAS) is an independent UK charity that provides practical, community-based support for people affected by Deafness or hearing loss. Through 'Hearing Aider' and Deaf awareness training, HHAS equips front-line staff with the hands-on skills and communication confidence they need. Additionally, their small Deaf Services Team, who host the Hertfordshire Deaf Health Forum, supported this project with interviews and focus group facilitation with Deaf people, ensuring their lived experiences could be accurately captured.

Communities 1st

Communities 1st is a Hertfordshire-based organisation that supports local voluntary and community groups by developing, connecting and strengthening the voluntary sector across the County. It runs the Volunteer Centres for St Albans, Hertsmere, Broxbourne, East Herts and Welwyn Hatfield and provides training, advice, organisational support and wellbeing-focused services for older

people and vulnerable residents. Its mission is to help build inclusive, empowered and thriving communities throughout Hertfordshire. Communities 1st supported this project by managing and overseeing the program of work across partners.

Healthwatch Hertfordshire

Healthwatch works with those who commission, deliver and regulate health and social care services to ensure resident voices are heard and to address gaps in service quality and/or provision. Healthwatch supported this project by analysing the insights arising from focus groups and surveys and writing this Report. Healthwatch Hertfordshire would like to thank Ginger Research for their support with data analysis.

Gobby

Gobby is a new qualitative-first survey tool designed to engage groups of people with shared experiences by crowdsourcing free-text responses to open questions. It aims to understand group 'lived experiences', attitudes and ideas in support of co-production and evidence-based decision-making. Gobby supported this project with the survey platform on which responses to engagement were captured, thematically analysed and reported on.

5.3. How we engaged with Deaf people

5.3.1. Aims

- To explore Deaf people's experiences accessing Primary Care services.
- To understand the challenges Deaf people face when accessing Primary Care services.
- To explore Primary Care professionals' experiences supporting Deaf people.
- To understand the challenges Primary Care professionals face in supporting Deaf people.

5.3.2. Methodology

We engaged 6 Deaf clubs and networks across Hertfordshire. The survey platform Gobby was used to capture Deaf people's experiences of Primary Care and Primary Care professionals' experiences of supporting Deaf people.

- **We engaged with Primary Care professionals using the survey platform Gobby.** The survey was promoted via social media and shared with the NHS across Hertfordshire to distribute via their networks, contacts and social media channels.

- **Sessions were run at Deaf clubs where Deaf people were supported by Community Research Champions** Zoe Overing and Robert Hobbs *(see below for the full explanation of this role*) to answer the survey on tablets, so that they could help guide discussions and build trust with Deaf people.

The gobby survey on tablets

5.3.3. Community Research Champions

We trained 2 Deaf people as Community Research Champions. **A Community Research Champion is an individual or a member of a community who shares the message of how taking part in health research can tackle Health Inequalities in society.**

This training, conducted by Communities 1st, taught Community Research Champions to:

- Understand Co-Design and Co-Production in Health Research.
- How to engage as a Community Research Champion.
- How to organise an event.
- How to create an event that is accessible.
- Understanding barriers to preventing communities from taking part in research.
- How to disseminate feedback to the community in a way that is accessible.

Key learnings: During the Community Research Champion training, the interpreter joined remotely while the session itself was delivered in person. This created some practical challenges, such as where the presenter was positioned. For future sessions, it would be more effective to have the interpreter attend in person.

"The Community Research Champion training delivered by Communities 1st gave Zoe and Robert confidence in supporting the Deaf community to engage with the 'Beyond Barriers to Better Health' study. It focused on helping Zoe and Robert to identify and mitigate possible barriers to participation, such as venue suitability, how the time of the day (daytime or evening) affects accessibility, digital literacy, cultural considerations and the need to take a flexible and responsive approach to make the study accessible to all. This led to important adjustments being made to facilitate and increase participation, including a mixed digital and analogue approach and the creation of BSL explainer videos."

Robert Varney, Assistant Manager at Communities 1st

5.3.4. Adaptive approach

Our methods were adjusted based on feedback. As engagement increased, the Community Research Champions developed a better understanding of how to engage with Deaf people effectively.

1. **British Sign Language (BSL) adaptations** *(see glossary for full explanation)*:

Deaf people face barriers with written English. For many, BSL is their first language and English their second[22]. Some who are profoundly Deaf and lack early access to English experience language deprivation, making BSL their primary way to communicate[24]. Early barriers to language learning can make written English harder to understand, which creates communication challenges in everyday life[24].

The Gobby survey used written English so, while some Deaf people with strong English skills could complete it, those who found reading complex questions or long forms difficult may have avoided taking part.

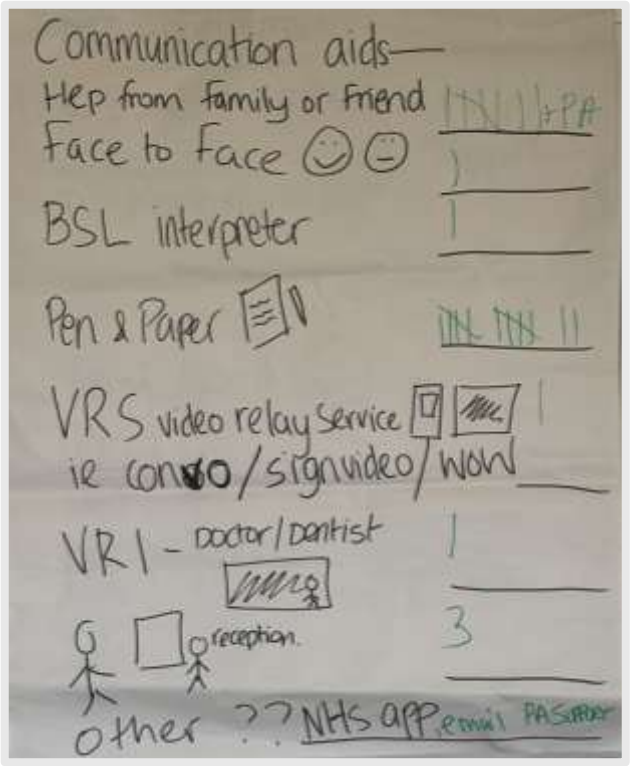
To address this, Community Research Champions developed a PowerPoint presentation explaining survey questions via BSL video explanations. Pauses were built in after each slide to allow participants time to process the information and respond to the questions.

[22] What is the difference between Deaf and Deaf? - SignHealth

PowerPoint of presentation with BSL questions

PowerPoint of presentation with BSL questions

The BSL video form questions were also distributed on social media to gather more responses. Flipcharts were also used to gather input in larger focus group discussions. However, some participants felt uncomfortable speaking in big groups.



Flipchart used in engagement

2. **Adaptations to digital methods:**

Some participants were reluctant to complete the online survey because it required scanning a QR code to access the page, which raised concerns about potential scams. To address this, Community Research Champions adapted their approach by providing paper copies of the survey for those who were hesitant to use QR codes.

Additionally, the Community Research Champions offered one-to-one interviews for participants who found the survey difficult to complete independently, or who needed further explanation.

3. **Discussion time:**

We learned that participants needed more time than allocated to think about their answers to the questions posed. Therefore, Community Research Champions ensured that after each question, there was a long enough pause for the participants to consider the question before answering.

5.3.5. Other feedback from Community Research Champions

Community dynamics:

- While small, familiar groups helped participants share experiences, they also:
    - Isolated some demographics
    - Created privacy concerns (“everyone knows everyone”)
    - Sometimes people at the clubs wanted to socialise, not participate in research.
- Engagement through Deaf clubs was limited, leading to a lack of ethnic diversity and those from younger age groups. Due to time constraints and other work commitments, the Community Research Champions were unable to attend a younger person's group. Therefore, their perspectives could not be included in the research.

Effective approaches to keep:

- In-person engagement and facilitators with lived experience and fluency in BSL.
- Offering one-to-one interviews for those with privacy concerns.
- Offering a range of different engagement approaches (adapting the survey for BSL, offering one-to-one conversations and printing out the survey) and ensuring researchers are flexible.

Lessons learned:

- Allow more time to build trust with Deaf people, including longer sessions and more time to attend a greater number of clubs.
- Allow more time to engage with demographics we struggled to engage with, training Community Research Champions from target populations to ensure we can engage with a more diverse range of demographics.
- Allow more time for targeted engagement with people who might be younger or come from different geographies.
- Consider additional roles, such as audio note-takers, to reduce pressure on facilitators.
- Provide clearer reassurance about how data will be collected, used and kept confidential.
- Strengthen links with Deaf clubs and Deaf Health Forums.
- Don’t rely on technology, as some may be distrustful or struggle to use digital tools.

"From my own personal experience and from what I've heard from others with similar lived experiences, I see these challenges on a daily basis. Based on the evidence gathered and the lived experiences shared, I strongly believe there is a critical need for dedicated advocacy support for Deaf patients in Hertfordshire. Advocacy would give us a voice where we currently feel unheard. We need someone to speak up for Deaf patients – someone who truly understands Deaf Culture and BSL." *Zoe Overing, Deaf outreach worker and Community Research Champion*

Promotional materials

5.4. Demographics

Please note that it was optional for respondents to share their demographic information with us. A total of **77 people (22 of whom were Primary Care staff)** participated in our survey, but not all demographic prompts were responded to.

5.4.1. Deaf community demographics

Age

- 18-24: **1%** (1)
- 25-34: **3%** (2)
- 35-44: **16%** (12)
- 45-54: **10%** (8)
- 55-64: **12%** (9)
- 65-74: **14%** (11)
- Over 75: **34%** (22)
- Prefer not to say: **10%** (8)

Gender

- Female: **58%** (45)
- Male: **29%** (22)
- Non-binary: **1%** (1)
- Prefer not to say:**4%** (3)
- No answer: **8%** (6)

Carers, have a disability, or long-term condition

- Carer: **8%** (6)
- Disability: **78%** (60)
- Long-term condition: **18%** (14)

Ethnicity

- Asian/Asian British – Any other Asian background: **1%** (1)
- Asian/Asian British – Bangladeshi: **1%** (1)
- Asian/Asian British – Chinese: **3%** (2)
- Asian/Asian British – Indian: **8%** (6)
- Black/Black British – African: **1%** (1)
- Black/Black British: Any other Black/Black British background **1%** (1)
- Mixed/Multiple ethnic groups: Any other mixed/multiple ethnic background **1%** (1)
- White: Any other White background: **14%** (11)
- White: British/English/Northern Irish/Scottish/Welsh: **64%** (47)
- Prefer not to say: **8%** (6)

Level of service

- General practice (GP): **79%** (61)
- Optometry (eye test or glasses): **75%** (58)
- Community pharmacy: **68%** (52)
- Dental practice: **53%** (41)
- Other community service: **12%** (9)
- No answer: **12%** (9)

5.4.2. Primary Care staff demographics

A total of 28 Primary Care staff participated in our survey:

Primary Care Services

- General practice (GP): **61%** (17)
- Other Primary Care service: **18%** (5)
- Community pharmacy: **11%** (3)
- Dental practice: **11%** (3)

Primary Care Staff Roles

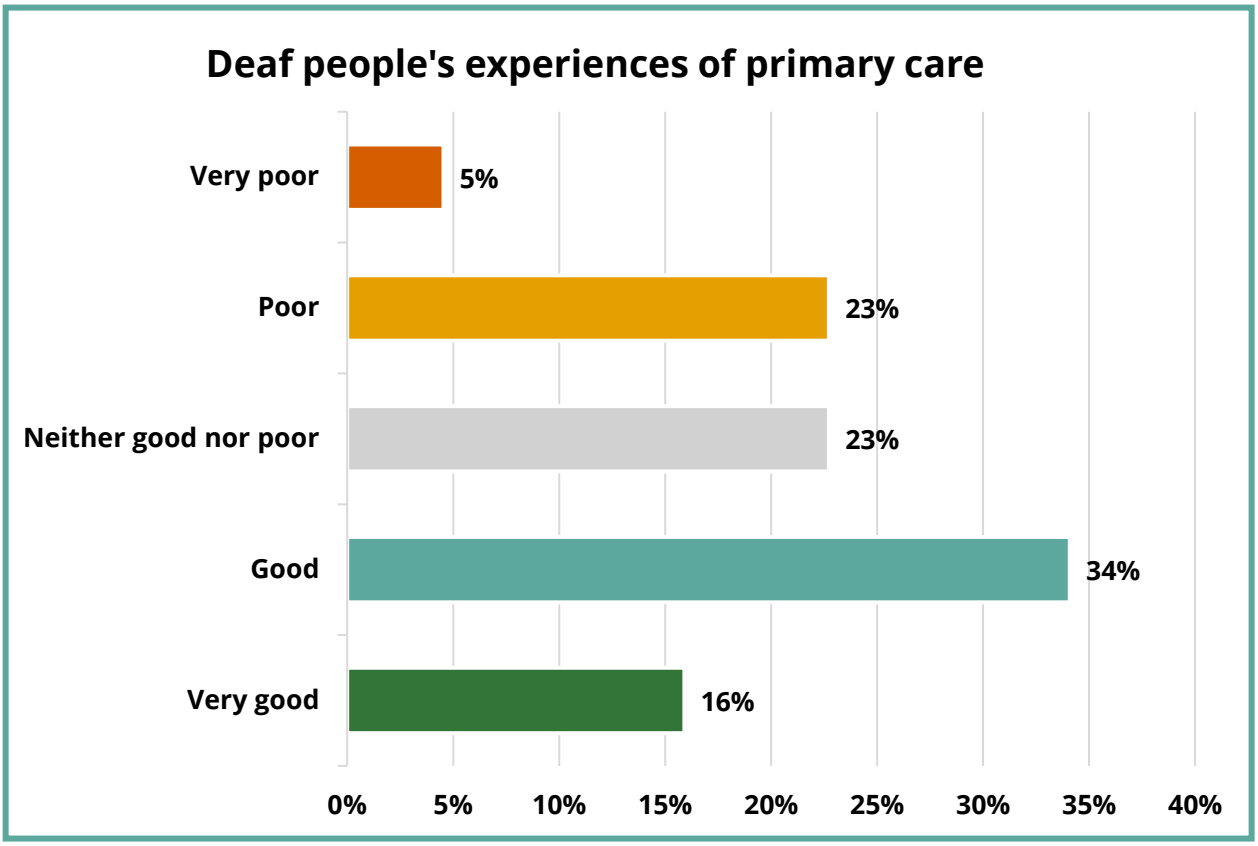
- Allied Health Professional: **21%** (6)
- Receptionist: **18%** (75)
- Other primary care staff: **18%** (5)
- Social Prescriber: **14%** (4)
- GP:**14%** (4)
- Practice Manager: **7%** (2)
- Community Pharmacist: **7%** (2)

Engagement at Deaf club

6. Findings

6.1. Experiences of primary care

Experiences of Primary Care were mixed, with just over **two-fifths** of those who answered this question (**41%**, 21 participants) saying that their experience was either 'very good' or 'good'. **One-fifth** (**20%,** 8 participants) said that their experience was 'neither good nor poor'. Over a quarter (**28%,** 11 participants) described their experience as 'poor' or 'very poor'.



Number of responses to this question: 44

We found that communication difficulties for Deaf people led to delays in accessing help and a poor quality of care. Often, not being able to understand professionals led to Deaf people not having agency over their care, anxiety and frustration.

***"[there are] ...delays to accessing help because I need face to face appointments and wait is long, but phone appointment can be same or next day. It feels unfair."* (Deaf participant)**

Milly's* Case Study: Communication barriers in Dentistry and the need for Video Remote Interpreting (VRI)

Milly struggles to access her dentist due to communication issues:

"If I want to ask a question, I just can't be bothered because I know there's that communication barrier there. I just sort of nod my head, they'll do a bit of gesturing, thumbs up, 'Is that OK, is that OK?' and I feel a bit like 'It's OK, I'll just get on with it'."

Milly wishes her dentist would improve the way they communicate with Deaf people:

"But I do know that in future, if there was anything more serious that needed to be done, I wish that the dentist would learn how to use VRI. It would be so useful because I know lots of people experience this problem, not having this accessibility."

** Name changed to protect anonymity*

Erin's* Case Study: Communication barriers in Pharmacy Care and Informed consent challenges

Erin faced communication barriers at her pharmacy:

"I visited the pharmacy for a flu and Covid vaccination. All the staff wore masks and I wasn't sure what was being said."

The staff refused to remove their masks, despite Erin asking:

"In the treatment room I asked if the masks could be removed but they refused. They asked me to point to information and answer questions on a computer screen. I received an injection in both arms and went home.

The next day I woke up and my right arm was very red and swollen. It was really painful, but I didn't know which injection I had in which arm because I couldn't access that information at that time. It was really stressful."

** Name changed to protect anonymity*

Andrew's* story: Barriers to informed consent and access to BSL interpreting in GP Services

Andrew faced communication barriers at his GP surgery:

"I became seriously ill when I was 24. I was really dizzy on Friday night and, although I wasn't too bad, by the Saturday morning I was flat on my back, really unwell."

There was no BSL interpreter available during Andrew's appointments and his mother had to communicate on his behalf despite not being fluent in BSL:

"I went to the GP and they gave me tablets without properly discussing them with me. There was no interpreter. Mum was with me and she communicated for me. I relayed information to my mum, but she is not fluent in BSL."

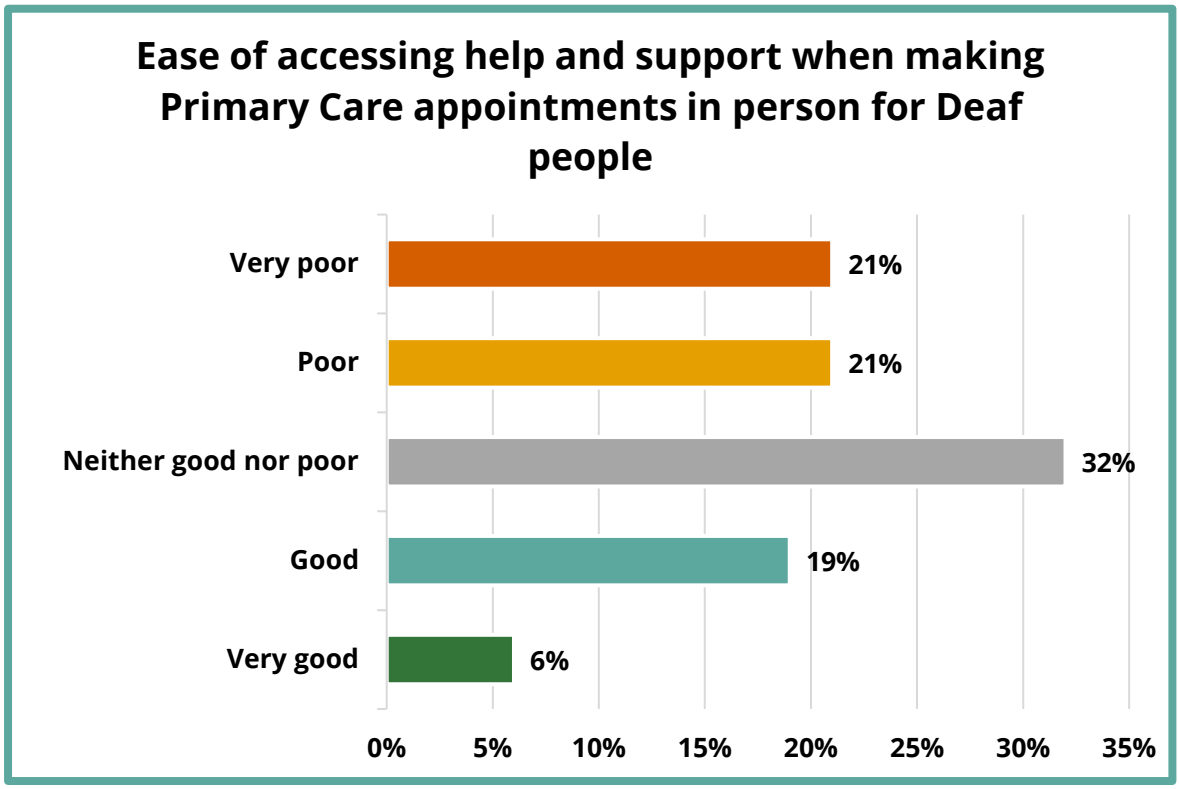
Andrew was prescribed medication every two weeks for six months without fully understanding the treatment or being able to give informed consent:

"The GP gave me medication every two weeks for six months. It was all wrong and I put weight on, ballooned up."

** Name changed to protect anonymity*

6.2. Experiences of access

42% (20) Deaf people felt that access to help and support when making Primary Care appointments in person was either 'poor' or 'very poor.'



Number of responses to this question: 47

Although there was a range of views about how easy it is to access help and support when making Primary Care appointments in person, only a quarter (**25%,** 12 participants) felt that access to help and support was either 'good' or 'very good'.

Deaf people struggled to use telephone-based appointment systems and communicate with reception staff face-to-face. Additionally, many told us that staff were not 'Deaf aware' and they often had to walk in to make appointments, or rely on a family member or friend.

"I find it difficult to book appointments. I have to walk into the GP to make appointments and I communicate using pen and paper. Same with other Primary Care services." **(Deaf participant)**

"I have to ask my friend to call the GP or dentist for me to make an appointment." **(Deaf participant)**

"It's always poor communication, especially with reception staff and when booking appointments or an interpreter. They are not fully Deaf aware." **(Deaf participant)**

The difficulty of making appointments was widely acknowledged by Primary Care staff. Staff raised concerns that access to urgent medical issues was particularly difficult. Consequently, patients had missed appointments due to access issues.

> ***"I think patients struggle to arrange appointments as mostly this is still done on the phone in our practice."*** **(Clinician, GP)**

> ***"For urgent and emergency appointments access can be difficult."*** **(General Practice, Practice Manager)**

> ***"Patients miss appointments because they don't get telephone calls."*** **(Clinician, GP)**

Alex's* Story: Delays in urgent medical care

Alex is profoundly Deaf and communicates primarily through visual methods, such as writing, texting, or sign language:

"I had a swollen eye and wanted to call my GP surgery but had to ask my mum to call on my behalf as I am profoundly Deaf. They had half an hour left of the surgery opening time and they said I needed to call 111 because they were closing soon."

Then Alex's mother supported him:

"So, my mum called 111 and I sent a photo across of my eye and then was asked to prove that I was in the room with my mum. I'm profoundly Deaf and I had to speak into a phone to say that I was there. I gave all the relevant information; they said that they would call me back - and they never did."

** Name changed to protect anonymity*

6.3. Communication

Communication with Primary Care professionals was largely experienced as difficult. When asked about communicating with Primary Care staff, only a few participants reported positive experiences, sharing that some staff supported them by writing or typing notes and using video relay. Deaf people shared that they also appreciated it when the staff were kind and patient.

> ***"It's fairly good at my dentist where we have a good understanding by writing notes. The GP does provide video relay, but for optician it needs improving."*** **(Deaf participant)**

> ***"Last time I tried to lip read but I didn't fully understand, so the GP typed into the laptop for me. They were kind and understanding and patient with me."*** **(Deaf participant)**

Deaf people described their experiences of a range of communication difficulties. In particular**,** they expressed difficulty lip-reading in Primary Care environments, due to a lack of staff awareness, with staff wearing face masks and not facing Deaf patients when they speak. Another issue was the noisy environments in waiting rooms.

> ***"It's hard to understand people when there's other sounds: other people talking, babies or even worse music/TVs. Why do waiting rooms have to be loud?"*** **(Deaf participant)**

> ***"They refused to remove their face mask so I couldn't understand what they were saying or what was happening because couldn't lip-read."*** **(Deaf participant)**

> ***"At the doctors it's very hard because there's no support and they look at the computer when talking to you. Chemists are very good. Dentists are hard because of the masks."*** **(Deaf participant)**

Additionally, some Primary Care staff acknowledged that the use of masks was problematic for Deaf people.

> ***"There's poor communication technique by clinicians e.g. covering mouth, looking away, mumbling, speaking too fast."*** **(Clinician, GP)**

Kat's* story: Communication barriers and anxiety in dental care
Kat described feeling anxious about attending the dentist for her first filling:

"I went to my dentist for my first ever filling and I was very anxious. I didn't want to go but knew I had to."

She explained the communication difficulties caused by staff wearing masks:

"It's really difficult going to the dentist because they always wear a mask and never take it off."

Kat's mother accompanied her to support communication during the procedure:

"My mother came into the room with me. The dentist began the procedure and while I was lying back with my mouth open, they started talking and asking me questions. My mother had to tell the dentist that I couldn't hear what they were saying but the dentist still continued speaking to me and asking questions."

** Name changed to protect anonymity*

Inappropriate communication via telephone was also an issue for Deaf people, with participants sharing that services continued to call them, even when they had informed services of their communication needs.

"I get asked to do phone calls, despite the fact that I am profoundly Deaf. They should communicate with me via email or text." **(Deaf participant)**

"They still call me even when I've told them multiple times I can't hear on the phone. They also book phone appointments when I ask for face to face." **(Deaf participant)**

Some Primary Care staff were aware that the habitual use of the telephone created a barrier for Deaf people.

"There's the challenge of staff not reading the notes or finding alternative ways to communicate." **(General Practice, Social Prescriber)**

Deaf people also cited an inability to respond to Primary Care services that text or email patients, but don't provide a way for people to respond.

"I'm unable to email or text my GP or any professionals because the system won't let me." **(Deaf participant)**

"I can't reply to messages as they don't accept text messages." **(Deaf participant)**

"Sometimes I get sent a text message with a phone number, but you can't reply to it unless you can phone. (I can't)." **(Deaf participant)**

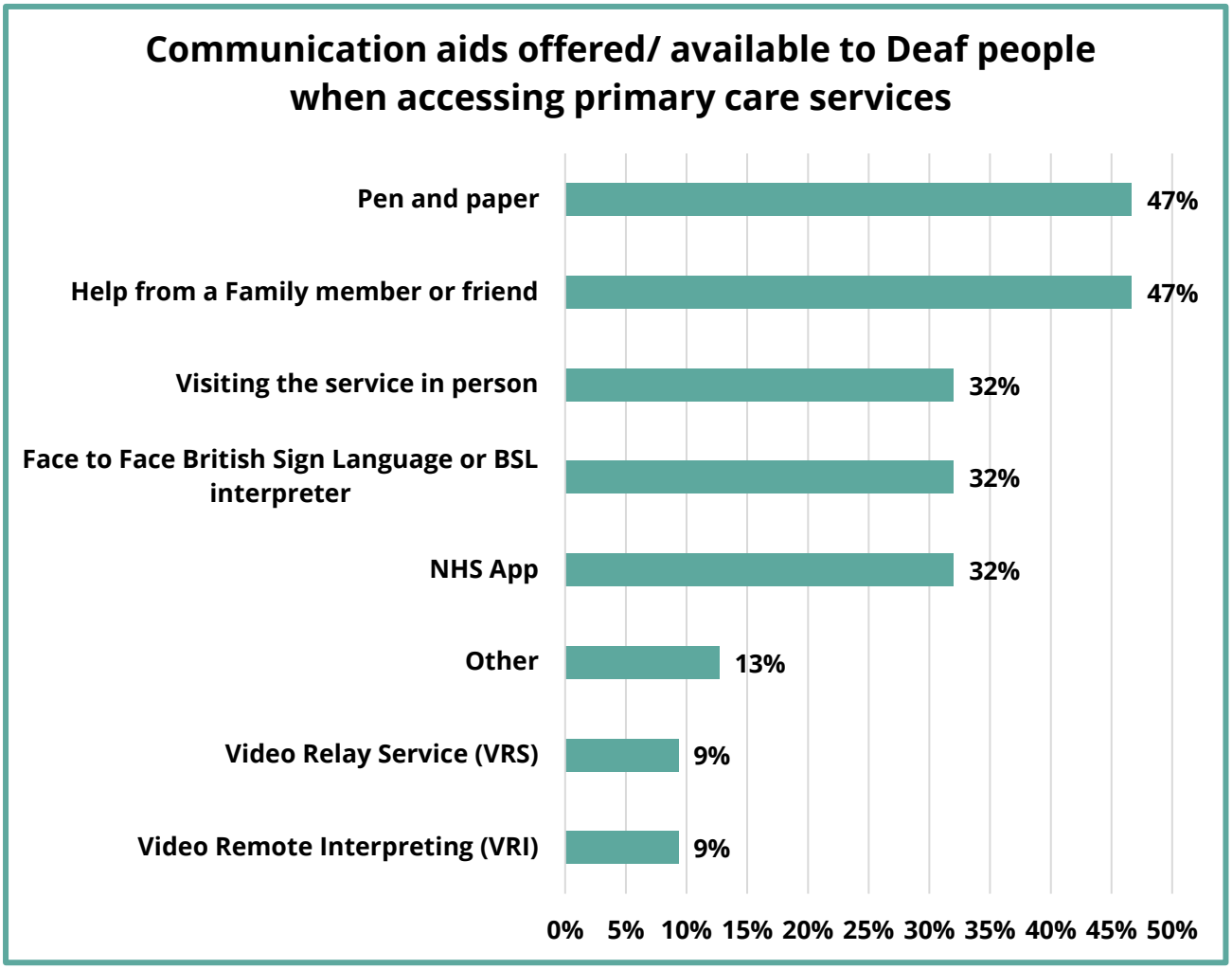
Some Primary Care staff were eager to point out that they did provide text and/or email-based communication for Deaf people that is interactive. However, this practice may be inconsistent across Primary Care services.

"If Deaf people communicate well via text/ email it makes things easier to set up initial appointments." **(General Practice, Allied Health Professional)**

"We have an interactive messaging service." **(General Practice, Administrator)**

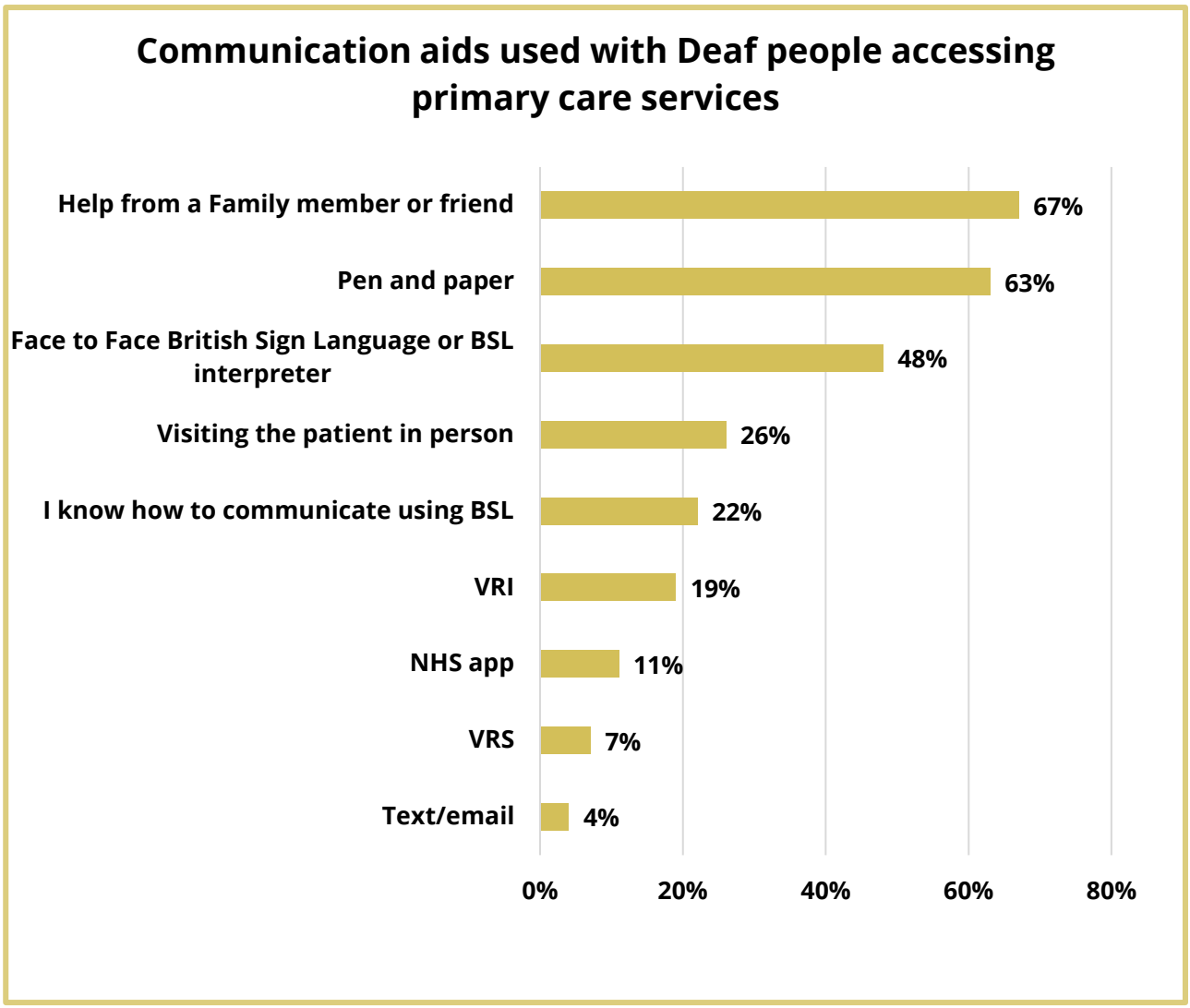
6.4. Communication aids

Pen and paper, or support from a family member or friend, were the most commonly offered aids available to Deaf people. When accessing Primary Care services, the most commonly offered form of communication was a pen and paper (**47%,** 35 participants) and help from a family member or friend (**47%,** 35 participants). See the graph below.



Number of responses to this question: 75

These findings were supported by feedback from Primary Care staff who also reported that help from a family member or friend, or pen and paper, were the most commonly used communication aids. Two-thirds of Primary Care staff (**67%,** 18 participants) received help from the patient's family members or friends when communicating with Deaf people. Just under two-thirds (**63%,** 17 participants) reported using pen and paper when communicating with Deaf people. See the graph below.



Number of responses to this question: 27

However, although commonly used, pen and paper were not considered to be a widely appropriate form of communication, particularly for those for whom English is a second language and who are BSL users.

***"I worry that the professionals do not understand my English when written. Medical jargon can be difficult to understand."* (Deaf participant)**

***"I struggle with pen and paper because I have poor English."* (Deaf participant)**

Some Primary Care staff mentioned Deaf people for whom English was a second language, suggesting that they are aware of the limitations of pen and paper for this group. One staff participant also recognised the limitations of asking BSL users to use pen and paper.

***"Clients attending appointments without an interpreter can be pushed in to writing things down. But BSL does not follow the English language."* (Other Primary Care service, Allied Health Professional)**

Being asked to communicate in writing was also raised as a barrier for BSL users wanting to make complaints (as described in section 6.11).

Similarly, relying on family or friends was not perceived to be an appropriate solution for all.

Despite some Deaf people preferring the support of family or friends when using Primary Care services, this was not an appropriate adaptation for all. As some struggled when accessing Primary Care services, many health care services didn't allow Deaf people to book and attend appointments independently, even when Deaf people informed services of their needs. This often leads to frustration and embarrassment.

"I prefer to be with my family or my PA to support me to communicate with the GP, also with an interpreter. This makes it more accessible for me." **(Deaf participant)**

"They're friendly, however, it requires my son to fill in the gaps and repeat the questions." **(Deaf participant)**

Julie's* story- Challenges upholding patient autonomy in primary care

Julie informed us that their GP contacted their mother, asking for her medical information. However, when her mother declined:

"The GP has become grumpy and they aren't happy about this because she won't share my information with them.....My mother has tried asking for a face-to-face appointment for me, but they say they can't do that. She has also tried asking for a phone appointment to be changed to face-to-face, but reception refused saying they need evidence that I am Deaf. I have tried to sort things out myself with the Practice Manager and finally they have agreed to face-to-face appointments."

Julie expressed frustration that the GP still expected her to attend appointments, sharing that this expectation stripped away her independence:

"Why do they expect me to attend with my mother? I would like to be more assertive and independent by communicating with the doctor myself."

** Name changed to protect anonymity*

Michael's* story – Experiences of assumptions and access barriers

When Michael tried to book an appointment, the staff called his mother. However, his mother insisted:

"Well, hang on a second, (have they) booked an appointment through the portal? If (they've) made that appointment, then (they) should be allowed."

They finally allowed him to make an appointment when his mother offered to accompany him. Michael also suggested adding an interpreter option on the online form:

"They realised then, when I gave them that feedback, that they need to contact Head Office to make that improvement."

A few Primary Care staff acknowledged the difficulties that a reliance on family and friends to communicate with Deaf people can create.

** Name changed to protect anonymity*

"The patient often has to use friends and family to translate for them which means they can miss out information." **(General Practice, Receptionist)**

"Deaf clients being asked to bring someone with them who can interpret for them. In our service, family and friends are not allowed to be used." **(Other Primary Care service, Allied Health Professional)**

Claire's* story - The Impact of assumptions on care

Claire finds it difficult to communicate at appointments:

"My BSL signing is not very good as I've moved to England from Poland. I have not seen a GP, dentist or optician for 3 years. I only recently went to the doctor as I needed to obtain a sick note."

Claire previously had trouble accessing her GP because only her mum could make appointments for her. After her mum moved abroad 10 years ago, Claire became able to book appointments herself. Despite this, when she tried to book using lipreading, she was told her notes still said only her mum could arrange appointments:

"It felt so embarrassing ...they told me that my notes state that only my mum can make an appointment for me."

** Name changed to protect anonymity*

6.5. Visual cues

Another issue raised was the lack of visual cues to indicate that a health professional is ready to see patients. For instance, staff would call Deaf people by name, which participants found challenging. This experience often caused a lot of anxiety, with participants having to survey the reception, not knowing where the staff would come from. Therefore, some suggested that Primary Care practices physically signal to them and/or have electronic display boards.

> ***"Sometimes staff will come to call you by name, but if you don't know where they'll appear, you can't sit with a good view and you can be missed. Staff who call you get annoyed if you don't hear first time. They don't check everyone has seen them when calling your name. Visual cues REALLY help."*** **(Deaf participant)**

> ***"They always shout my name, even when I ask to please wave at me, they ignore me. It's very stressful to miss my appointment."*** **(Deaf participant)**

> ***"People calling my name without informing me that it is time for my appointment is very challenging."*** **(Deaf participant)**

> ***"Without a BSL interpreter, I feel nervous waiting in the waiting room and I have to watch reception and doctor door if my name is called out."*** **(Deaf participant)**

> ***"I'm constantly looking around when I have my appointment for the doctor to call me. Everyone knows because it's on speaker, but no-one knows when it's my turn because I'm Deaf and they haven't come and alerted me."*** **(Deaf participant)**

Primary Care staff did not mention a lack of visual cues for notifying patients at all, which suggests a lack of awareness about this barrier.

6.6. Use of British Sign Language (BSL)

British Sign Language (BSL) users expressed frustration about not consistently being able to use BSL when accessing Primary Care services. Just under one-third of Deaf participants (32%, 24 participants) were offered, or had available, face-to-face British Sign Language or a BSL interpreter when accessing Primary Care services.

Nearly half of the Primary Care staff participants (48%, 13 participants) were offered face-to-face BSL or made BSL interpreters available. An additional group of Primary Care staff participants (**13%,** 6 participants) signed in BSL.

> ***"I am able to sign so support the Deaf people in our practice; I have done training with both clinical and nonclinical staff across the PCN."*** **(Clinician, GP)**

However, gaps in the provision of access to face-to-face British Sign Language or BSL interpreters had a significant impact on Deaf people. Their experiences included difficulties booking and using BSL interpreters both face-to-face and via video relay.

Safia's* Story: Call for Equal Access to Healthcare for the Deaf Community

Safia, who is profoundly Deaf and uses British Sign Language (BSL), reflected on the importance of the project:

"The recent primary care survey had a real impact on me. It opened my eyes that primary care is linked to opticians, dentists and others."

She highlighted ongoing access barriers:

"I don't think access for Deaf people is good enough. I feel especially for me it is really poor. I have never had an interpreter for optician or dentist. I want to look after my eyes and teeth for the future and the rest of my life. Because I have no ears and can't hear, I use my eyes all the time, my eyes work hard."

Safia also called for systemic change:

"I hope the government recognise and Healthwatch to recognise it's not accessible for Deaf people. I want them to improve human rights and equality. I want Healthwatch to petition for a strong law that interpreters must be provided for Deaf people to communicate in their language."

** Name changed to protect anonymity*

Deaf people and Primary Care staff shared their experiences of BSL interpreters not being booked or not attending. A small number of Primary Care staff described this as being their experience too. This led to frustration and anxiety, especially for those whose first language was BSL.

"The interpreter didn't turn up. I wasn't happy, so had to use paper and pen, which is very frustrating because my first language is BSL." **(Deaf participant)**

"BSL interpreter services often cancel last minute or do not source anyone for us." **(General Practice, Receptionist)**

"The frequent arriving at appointments to find an interpreter has not been booked causes anxiety, stress." **(Other Primary Care service, Allied Health Professional**

Ellie's* story: problems with booking and confirming BSL interpreters

Ellie often faces issues booking interpreters:

"When I ask my parents or PA, or when I use Convo to request an interpreter, the receptionist always says, 'no problem' and that they will book one for me. Then when I get to my appointment and..ask them if an interpreter has been booked, they say 'Oh I'm sorry, no, they haven't booked one'."

Ellie feels staff don't read her medical notes, which state that she's Deaf and needs a BSL interpreter present at appointments:

"It seems to me like they couldn't be bothered. Or maybe it is something new to them. Either that, or maybe they couldn't be bothered to read my medical notes properly because they will state that I am Deaf, please book a BSL interpreter. Maybe they are too lazy to state that I am Deaf on the screen? How would a patient know if the word 'Deaf' was on the screen or not? We need some proof that the information is there."

** Name changed to protect anonymity*

6.7. Video Relay Services (VRS) or Video Remote Interpreting Services (VRI)

Only 19% had access to Video Relay Services (VRS) or Video Remote Interpreting services (VRI), with the Deaf community reporting difficulties when accessing VRS or VRI. Several Deaf people also described attempting, unsuccessfully, to use Video Relay Services or Video Remote Interpreting, sharing that without video relay services, booking BSL takes 2 weeks.

> ***"Booking BSL takes two weeks, unless they have video relay. Some have their own Convo, but not all of them. All GPs should have access to video relay."***
> **(Deaf participant)**

Tom's* Story: Barriers to accessing GP Services through Video Remote Interpreting (VRS)

Tom faced communication barriers when accessing GP services through Video Relay Services (VRS):

"I called 111 through VRS, explained my symptoms and was advised to book an appointment with my GP. I was told I could do this through a VRS app and was assured it would be fine."

The GP surgery was unable to communicate with Tom through VRS and instead contacted his mother:

"It wasn't successful and the GP had to call my mum. When she said they should be contacting me, the GP said they couldn't use VRS."

Tom was later asked to attend the surgery to use a VRS system there, but the staff did not know how to operate it and the appointment could not go ahead as planned:

"I was asked to come into the surgery and use VRS there. I was shown into a room where VRS was set up and someone came in to use the system, but they had no idea how to get it working. They asked me how to use it, but I didn't know either. In the end, we gave up because we couldn't get it to work."

** Name changed to protect anonymity*

Kate's* Case Study: communication barriers in remote GP consultations and interpreter access

Kate used the Ask First app, which advised her to contact a professional online:

"I was asked about my accessibility needs and the number I wished to be contacted on. I requested British Sign Language support and provided my Convos video relay number."

Initially, her GP contacted her on her mobile phone rather than her Convos number:

"I answered the call and spoke using my Deaf accent, but then the call ended."

Later, a video consultation was arranged, but difficulties remained:

"I had my remote interpreter connected, who relayed my signing to the GP, but the audio quality was not very good for the interpreter. I advised my interpreter to ask the GP to contact me via my Convos number so that the call could be properly connected with a BSL interpreter."

Once the GP contacted her via Convos, the consultation proceeded successfully:

"The GP did this and discussed my symptoms through the Convos interpreter."

Afterward, Kate requested that her records be updated:

"I was disappointed about how I was initially contacted and raised that my records should be clearly flagged to indicate I require a BSL interpreter."

** Name changed to protect anonymity*

Most of these experiences – relating to being offered, trying to use, or having available face-to-face British Sign Language or a BSL interpreter, or VRI or VRS - were associated with GP surgeries.

There was significantly less feedback about BSL use in other Primary Care contexts, which could be the subject of further research.

6.8. Digital access

The difficulty of accessing Primary Care services was even greater for Deaf people who were also digitally excluded, with some sharing that they struggle with typing English (as this is their second language). Some particularly struggled with using the NHS App & Relay UK and would like to be offered alternative support.

> ***"I find difficult to use eConsult from the GP to make appointments as I'm not good with computers. My English typing is not good."*** **(Deaf participant)**

> ***"Making appointments online is too difficult and I can't hear on the phone. I used to go in and book but as I am now unable to drive, I have to rely on my son booking online or calling for a time that suits him."*** **(Deaf participant)**

Some Primary Care staff also acknowledged the additional barriers that digitally excluded Deaf people faced.

> ***"Most Deaf people are using non-smartphone devices so they can see the text based on screen but not video."*** **(Allied Health Professional)**

Alex's* Case Study: Barriers to communication with GP Services and digital access

Alex has difficulty communicating with his GP surgery:

"Previously, I was able to text the GP Practice Manager if I needed an appointment, but they will no longer allow this."

In addition, Alex struggles to use technology:

"I have been introduced to the NHS App & Relay UK, but I find the technology overwhelming. I have therefore asked for alternative support so that I can ask for help with making phone calls when needed."

** Name changed to protect anonymity*

6.9. Reasonable adjustments

Whilst Primary Care staff described how their services are adapting to meet Deaf people's communication needs; the experience of these adaptations was inconsistent. Many Deaf people acknowledged how individual members of Primary Care staff attempted to adapt to meet their communication needs. This included:

- **Noise in waiting room:** Turning off the music in the waiting room/ allowing Deaf people to repeat themselves.
- **Communication:** Primary Care staff spoke slowly.
- **Personalised care:** Booking Deaf people in with a member of staff they know well/ feel comfortable with.
- **Time:** Some shared that Primary Care staff were patient and took time to support them.

> ***"They are willing to adjust the 'normal' way of doing things to suit me. Some are willing to turn off the music; some will allow me to wait in a quiet room"*** **(Deaf participant)**

> ***"They see that I am old and struggling and try to speak clearly and slowly and repeat themselves."*** **(Deaf participant)**

> ***"They try to book me with a person who knows me well, who I feel comfortable with, rather than a different person."*** **(Deaf participant)**

> ***"They take time to best to support me, to help me before jumping to others."*** **(Deaf participant)**

Primary Care services reported a range of adaptations by individual health care professionals. However, the experience of Deaf people suggests that these adaptations are not consistently being made across services. Primary Care staff reported that their services had made the following adaptations:

- Most commonly, booking BSL interpreters and offering text-based appointment booking systems (i.e., via email or text).
- Less commonly, staff offer extended appointment times, online appointments, same-day appointments, use hearing loops and offer VRS/VRI.
- **Deaf people's experience of adaptations was more limited.** They reported Primary Care services making the following adaptations:
- Most commonly, offering/using pen and paper, speaking clearly and directly to facilitate lip reading and booking BSL interpreters.

- Less commonly using VRS/VRI.

In the future, Deaf people want Primary Care services to:

- Be aware of specific communication needs ahead of any patient contact.
- Offer alternative channels for booking appointments other than telephone or online (e.g., text options) and for other communications.
- Provide screens for visually notifying patients when it is time for their appointment or find other ways to visually signal them.
- Avoid relying on friends/family to communicate on behalf of patients.
- Provide awareness training for staff, including:
    - How to facilitate lipreading.
    - How to book a BSL interpreter (and confirm with the patient)
    - How to use VRS/VRI.

Enya's* Case Study: Improving access through 'Sign Solutions'

Enya asked if she could use Sign Solutions to access a live BSL interpreter:

"This was the first time the pharmacist had ever met a Deaf person and they didn't know what Sign Solutions were. I explained it to them. She said, 'OK, yes, let's try that. The first day was difficult for her because she had to set it up and work out how to use it, but I'm going to praise her for the time and effort she put in. My appointment was extended. I was really impressed that she understood how to do it."

Enya reflected on the flexibility of remote access:

"I'm really happy because if it were a physical check, I would rather an interpreter was present, face to face, but if it's just for results, things like that, then that's fine to do it remotely. Ever since then, she has used Sign Solutions. She'll ask, 'Would you like in person or remote?'

She also suggested extending the approach to support other patients***:***

"I know that there are four or five other Deaf people within that surgery and it would be useful for them as well. When they arrive at the surgery, they would be really impressed that it had all been set up for them in advance."

** Name changed to protect anonymity*

6.10. Staff training

Primary Care staff welcomed the idea of more training, both in terms of increasing their awareness of the communication needs of Deaf people and learning BSL.

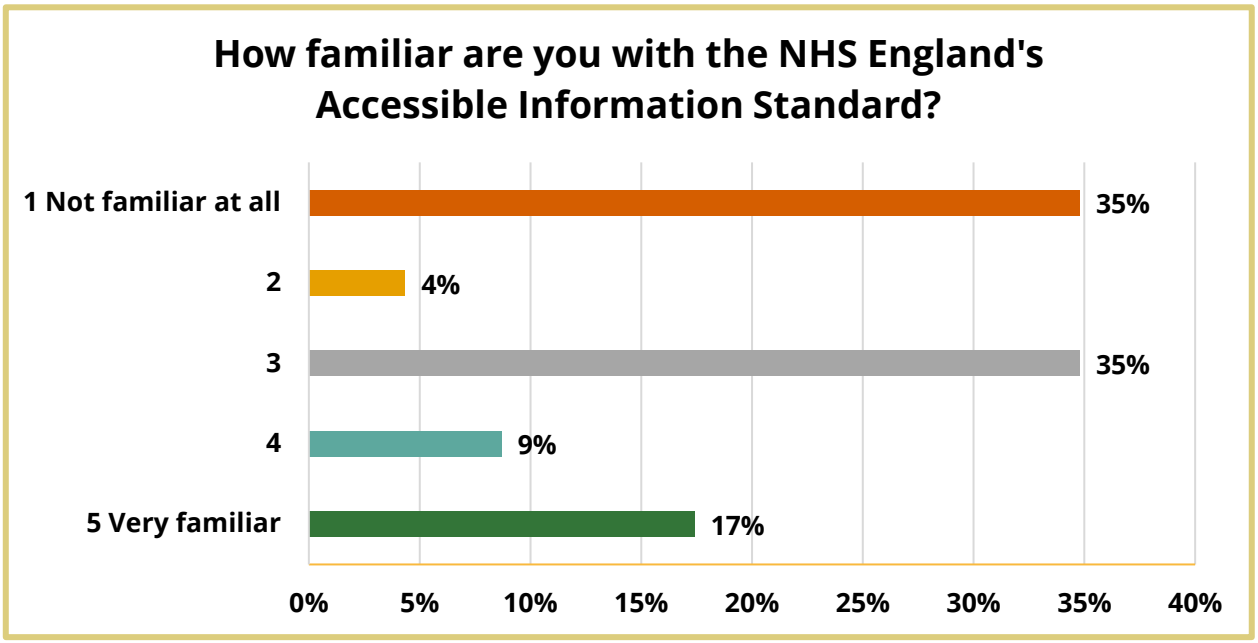
> ***"There needs to be more support for clinicians who have limited experience working with Deaf people."*** **(Other Primary Care service, Allied Health Professional)**

> ***"Offer BSL training for all reception staff to help support patients."*** **(General Practice, Receptionist)**

Primary Care staff's experience of training appeared to be limited. When asked whether they had received any training about how to support Deaf people, half (**52%,** 12 participants) reported that they had not.

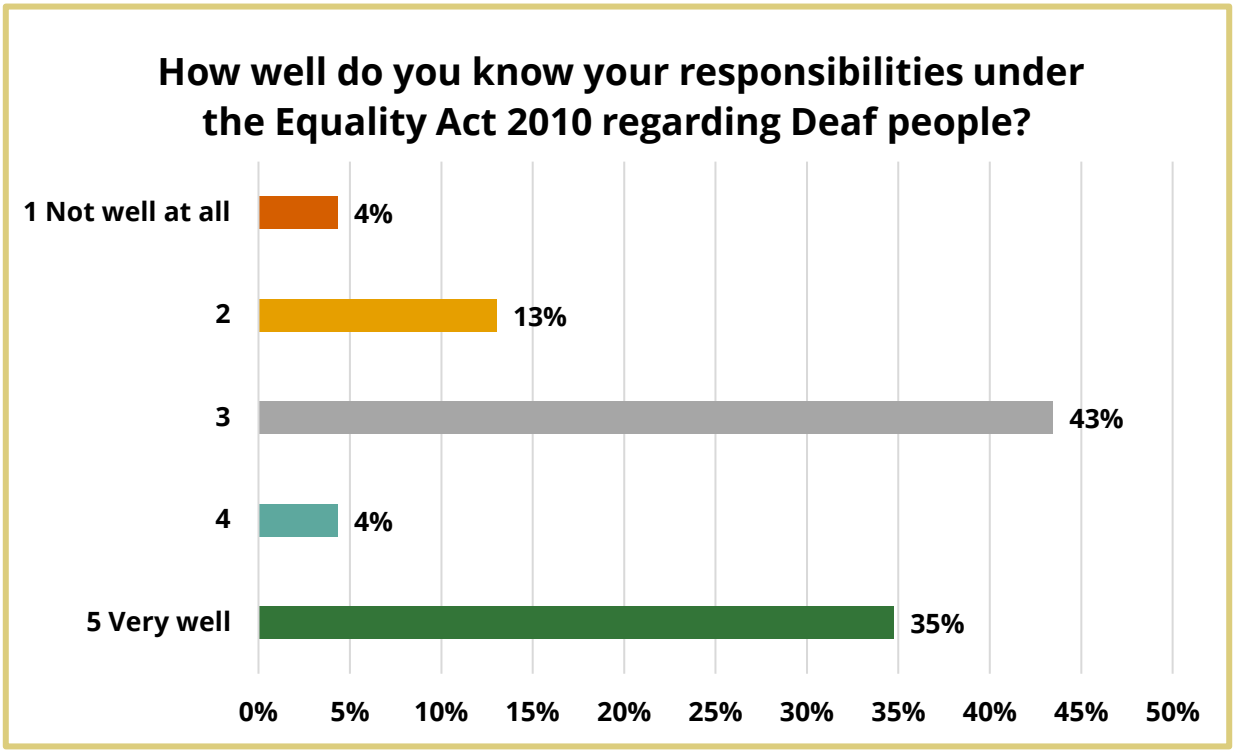
Moreover, very little about the training received was remembered. A third of staff participants (**35%,** 8 people) had received training, but only mentioned provider names (e.g., local PCN, e-learning for healthcare) or the involvement of experts by experience.

Only a quarter of Primary Care staff (26%, 6 participants) said that they were familiar with the NHS England Accessible Information Standard (rankings 4 and 5 below).



Number of responses to this question: 23

Further, only 39% of Primary Care staff (9 participants) said they knew their responsibilities under the 2010 Equality Act regarding Deaf people 'well' (ranking 4 and 5 below).



Number of responses to this question: 23

6.11. Written complaints process

Written complaint processes posed barriers for BSL users wanting to complain in their own language. A small number of participants reported that they had made complaints in writing. Some had also complained to PALS/ the Herts ICB Board.

"If I make a complaint, I will email them or send a letter." **(Deaf participant)**

"I am aware of the PALS (Patient Advice and Liaison Service) and use it by email." **(Deaf participant)**

"I have good English, but not always perfect. I had to use ChatGPT to check my English to make complaint to Herts ICB board." **(Deaf participant)**

Some relied on other people to make complaints on their behalf, which again led to frustration and a lack of agency.

> ***"I inform the BSL interpreter about complaints."*** **(Deaf participant)**

> ***"My parents didn't want to make my complaint. I told my support worker to do it."*** **(Deaf participant)**

Concerningly, amongst those who had made complaints, some reported a perceived lack of action.

> ***"I did complain but they didn't put red flags or make the action."*** **(Deaf participant)**

> ***"They said that they would look at it but there was no response."*** **(Deaf participant)**

Several pointed out that not being able to complain in BSL was a barrier to making complaints.

> ***"Staff can't understand BSL or BSL signs."*** **(Deaf participant)**

> ***"It's difficult to share suggestions or complain but I talk to other people about it."*** **(Deaf participant)**

> ***"I can't complain in my own language."*** **(Deaf participant)**

> ***"You can't complain in BSL. They don't understand us properly anyway! Online complaint forms and grammar are not suitable for a Deaf person. I can't understand a hearing person's grammar. I always ask my family help to me complain. Or complain via email. But my grammar is different; they don't understand. There should be an independent and separate complaints service/department for Deaf people in a BSL format."*** **(Deaf participant)**

6.12. Structural barriers to improving care

Primary Care staff pointed out that training is not the only intervention required to make services more accessible to Deaf people. Staff identified two barriers that Primary Care services face when trying to make their services accessible to Deaf people. Firstly, they described how outsourced providers could create additional barriers for Deaf people being referred to their services. This can cause problems, particularly when outsourced services refuse to book interpreters or communicate with the Deaf people in their preferred way.

> ***"Many health services that have been outsourced are refusing to book interpreters due to costs. There are too many services intentionally not booking purely for cost-cutting purposes."*** **(Other Primary Care Service, Allied Health Professional)**

> ***"I had one physio provider refuse to take WhatsApp calls so the user could access services and book their appointment."*** **(General Practice, Social Prescriber)**

Secondly, staff told us that a lack of NHS resources made it difficult to make services more accessible for Deaf people. Staff told us that due to issues with resources, it was difficult to put communication support and training in place.

> ***"It has been difficult to get the right communication support in place, but very worthwhile spending time and energy on doing this."*** **(Other Primary Care service, Allied Health Professional)**

> ***"There is a lack of training offered for staff to learn BSL, a lack of ways to source appropriate technology such as hearing loops and a lack of BSL interpreters available."*** **(General Practice, Receptionist)**

7. Cases for change, summary of recommendations

1. **Deaf people should be asked how they prefer to communicate.** Their communication needs should be clearly recorded in patient records and respected throughout their care.
2. **Information should be available in accessible formats**. People should be able to book appointments in different ways, including online, by text message, email, phone, face-to-face, or through Video Relay Services (VRS).
3. **Interpreting**, including screens at reception desks and pharmacy counters where needed. Interpreters should be booked in advance for appointments.
4. **Patients should be visually informed when it is time for their appointment**. This could include visual display screens, vibrating pagers and staff alerting patients.
5. **Complaints and feedback systems should be accessible,** including options in British Sign Language (BSL), so Deaf people can share their experiences and help improve services.
6. **Waiting areas should be made quieter where possible**, for example by reducing background music or providing quiet spaces.
7. **Equipment such as hearing loops should be checked regularly to make sure** equipment and support systems.
8. **All staff should receive Deaf awareness and communication training** to help provide accessible and inclusive care.