



Is it my turn yet?

Access to GP practices in Northern Ireland for people who are deaf, hard of hearing, blind or partially sighted



supporting blind and
partially sighted people





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Executive summary

This report assesses the level of access to GP practices in Northern Ireland for people who are deaf, hard of hearing, blind or partially sighted.

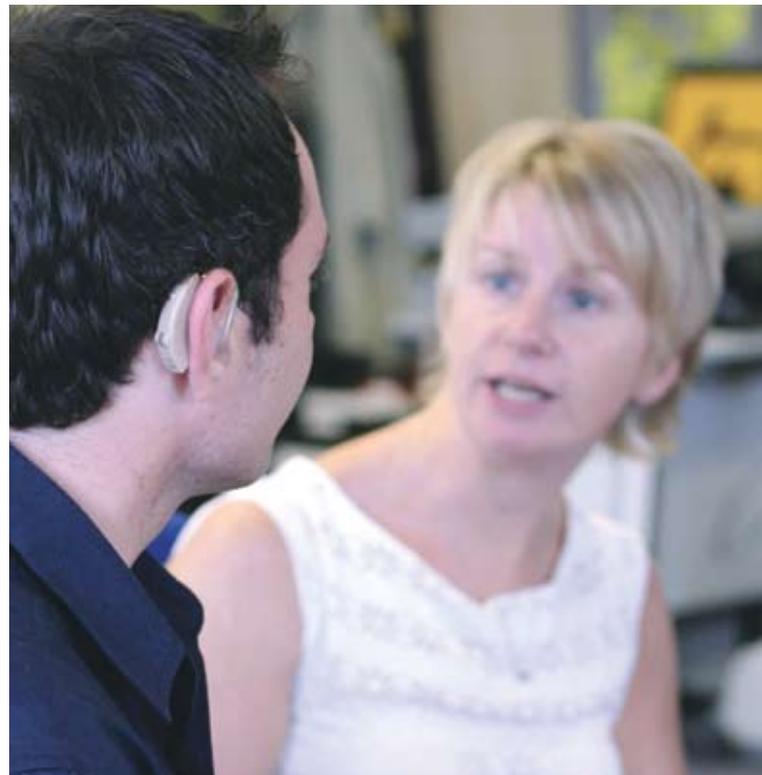
It is based upon research conducted for RNID, RNIB and BDA (Northern Ireland) in 2009. GP practices in Northern Ireland were contacted to ask them to complete a questionnaire about the accessibility to their service for people who are deaf, hard of hearing, blind or partially sighted.

Our findings show that there remain concerns about accessibility. For instance:

- Half of the GP practices have yet to provide any training to staff about deaf, visual, or general disability awareness – and only 15% of GPs have had any disability training.
- Although 50% of those GP practices which responded have induction loops in their waiting rooms, only 16% of these have loops in consulting rooms, suggesting hearing aid users may face greater difficulties communicating when with a GP or practice nurse.
- A majority (65%) of GP practices have visual display boards: a positive development for people who are deaf or hard of hearing – but is enough being done to assist people who are blind or partially sighted to get to their appointments and consulting rooms?

It is very pleasing to see that almost two thirds (64.4%) believe they can benefit from advice and support to improve their accessibility. Some improvements have also been made since RNID's report of 2004, *A Simple Cure*, which looked at the experiences of people who are deaf in accessing the NHS. However, what works for people who are deaf or hard of hearing (such as on line appointment booking or visual display boards in waiting rooms) may not be suitable for people who are blind or partially sighted.

It is important, therefore, for Health and Social Care Trusts and the Department of Health, Social Services and Public Safety to support GP practices as they strive to provide accessible primary health care for people in Northern Ireland, whatever their disability.



Acknowledgements

Grateful thanks are due to the practice managers, doctors and members of staff who completed our questionnaire March 2009. Without your input, none of this work would have been possible.

We would also like to thank Donal McDade of Social Market Research; Alan Walker of the General Medical Council; all those who attended our Stakeholder Event on 6 July 2009; the RNIB volunteers who phoned round GP practices encouraging them to respond; and various staff members both past and present at RNIB, RNID and BDA for their invaluable help and support.



Introduction

In spring 2009 Northern Ireland's leading agencies serving people who are deaf, hard of hearing, blind or partially sighted came together to undertake a survey of GP practices.

The aim was to:

- identify areas where these services still fell short of the requirements of patients and carers with sensory disabilities
- help GPs deliver a better service to people with sight or hearing loss
- develop and improve on existing good practice.

This report outlines the steps we believe should be taken in partnership with the health sector to improve the quality of service experienced by people with sensory disabilities when seeking help from their GP. It also outlines ways in which the sponsoring agencies stand ready to offer further assistance.

The partners

RNID is the largest charity in the UK tackling hearing loss and making hearing matter. There are 9 million people who are deaf or hard of hearing, of whom 219,000 live in Northern Ireland.

RNIB is the UK's major voluntary agency working for and with blind or partially sighted people. RNIB Northern Ireland is campaigning for positive and lasting change which will maximise independence and promote full inclusion in society for the region's 48,000 people who have significant sight difficulties.

BDA (Northern Ireland) is the Northern Ireland division of the British Deaf Association (BDA) – the largest Deaf organisation in the UK that is

run by people who are deaf or hard of hearing. We represent the Sign Language community, which is united by shared experiences, history and, most importantly, by British Sign Language (BSL). The BDA wants to see a society where Sign Language users have the same rights, responsibilities, opportunities and quality of life as everyone else.



Context

RNID carried out UK-wide research in 2004 into the experiences of the National Health Service of people who are deaf or hard of hearing. The research found that many people who are deaf or hard of hearing had difficulty communicating with their GP or nurse, which often left them unclear about their condition and instructions for taking medication¹.

In Northern Ireland this was supplemented by further research in 2005 into the levels of access to GP surgeries for people who are deaf and hard of hearing. These findings identified a number of barriers to access, including gaps in procedure, a lack of training and poor uptake of assistive equipment².

In July 2009 RNIB published *Losing Patients*, a report based on extensive UK-wide research (including significant input from service users in Northern Ireland). This looked at the issue of accessible information from the health service, including from GP practices. It established that the majority of patients who are blind or partially sighted do not receive information in a useful format (such as large print, audio or Braille). Most would like to be able to read this for themselves rather than rely on someone else to communicate it to them. The survey also established that few health professionals knew how to provide this information in accessible formats.

These research reports consolidate much anecdotal evidence provided to RNID, RNIB and BDA by people who are deaf, hard of hearing, blind or partially sighted.

We felt that it was now a good time to re-visit the 2004 RNID findings in *A Simple Cure* in order to assess progress five years on, and at

¹ *A Simple Cure*, RNID, 2004

² *The Doctor Will Hear You Now*, RNID NI, 2005

the same time expand the findings of RNIB's recent research in a Northern Ireland context. We therefore devised a survey questionnaire which investigated the extent to which the needs of all users with sensory loss were being met by general practitioners across Northern Ireland.

For the purposes of this report, we use the term "people who are deaf or hard of hearing" to cover all kinds of deafness. We use the term "people who are blind or partially sighted" to cover all degrees of significant sight loss.



Methodology

This project was managed by a steering group made up of staff from RNID, RNIB and BDA. As it was already aware of existing evidence around access to health services, the group identified key areas for further exploration and carried out a tendering process to engage the services of an external market research company. The work was awarded to Social Market Research (SMR) who then designed the survey form and processed the responses to the survey questions.

On 9 and 10 March 2009 the group sent out a total of 389 postal questionnaires and covering letters to GP practices in Northern Ireland, using a list supplied by the (then) four Health and Social Services Boards. The questionnaires were sent to the Practice Manager or, if no such person was employed, the senior (or sole) GP.

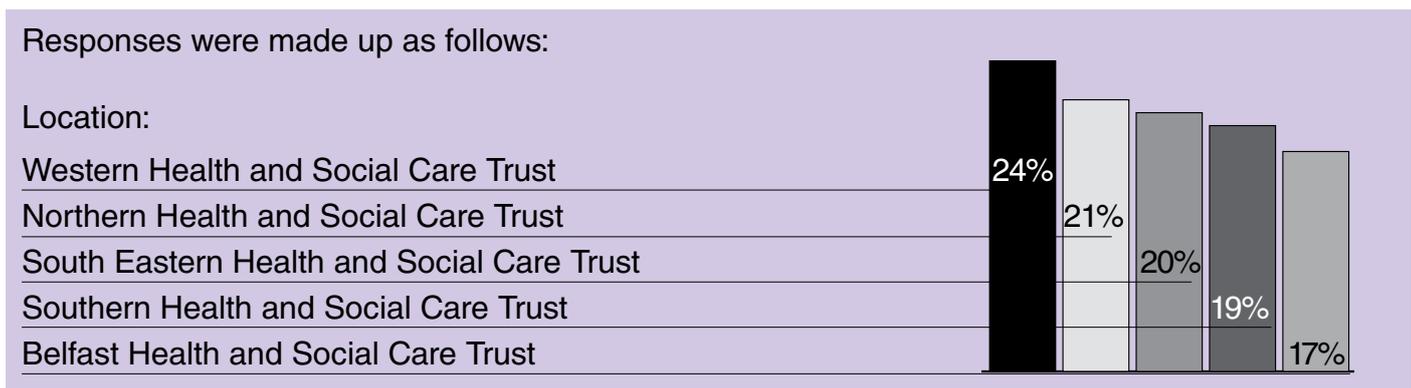
On 13 and 16 March 2009 staff and volunteers from RNIB telephoned each practice to check that they had received the survey and to encourage them to respond on time.

The deadline for returns was 31 March 2009, with an internal deadline of 6 April to allow for latecomers.

A total of 99 responses was received, a response rate of 25%.

SMR presented the findings to the steering group, who analysed them to identify the most significant trends and the areas of strength and weakness in access to GP practices for our client groups.

Their analysis also took into account practice size, with those practices with three or more GPs being categorised as ‘larger’ practices, and those with one or two GPs as ‘smaller’ ones. Results were also cross-referenced by the location of the practice, such as ‘urban’, ‘rural’ or ‘mixed’.



Practice size:		Urban	28%
1–2 GPs	39%	Rural	39%
3+ GPs	61%	Mixed	33%

A draft campaign report based on the research findings was presented on 6 July 2009 to a stakeholder group with members drawn from the relevant professional groups, including the:

- Department for Health, Social Services and Public Safety
- Regulation and Quality Improvement Authority
- Patient Client Council
- Health and Social Care Board
- British Medical Association
- Belfast Health and Social Care Trust
- Royal College of General Practitioners.

The purpose of this meeting was to ensure that our recommendations were well targeted and to engage the support of health professionals for the final report.

Following the stakeholder meeting, the report was extensively reworked in order to identify steps for improvement which could be taken in the short term, at little or no cost, and those which would take longer and incur some cost to implement.

Findings

The following sections outline the issues identified in this research. Each section focuses on a specific stage in a patient's contact with their practice. The findings in each section are then followed by a list of recommendations for action.

Later in the report, in the "Solutions" section, we have grouped answers according to who we believe should take the lead and whether they can be taken forward immediately or only in the medium or longer term.

1. Making contact

There are a number of ways in which patients can or might contact, or be contacted by their GP. In addition to phone or letter, Northern Ireland GP surgeries support patient contact via:

Fax	91%
Email	46%
Text Relay	17%
Textphone	17%

Email, fax, texting (SMS) and textphone are often the preferred means of communication for people who are deaf or hard of hearing. These results are mildly encouraging as they demonstrate an increase in access from the findings in 2005. Percentages are up via fax by 12%, via email by 22%, via Text Relay by 7%, and via textphone by 3% from 2005.

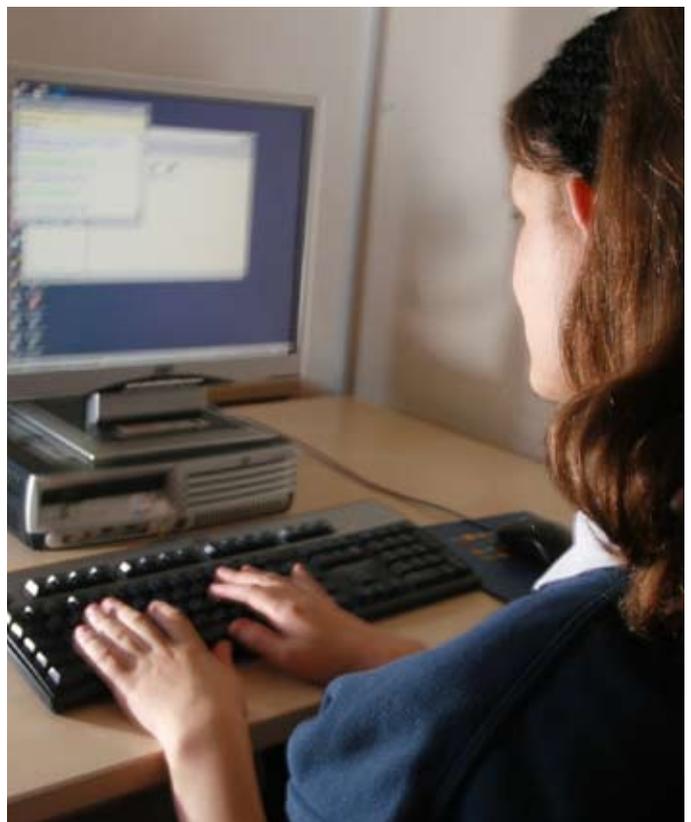
Email would suit a lot of people, but could be particularly beneficial for patients who are blind or partially sighted and use speech recognition software. This could be a way of sending electronic copies of advice or information otherwise available only as printed leaflets.

However, less than half of practices provide an email system to support contact from patients, with those practices more likely to be larger practices in urban areas, even though 99% of all those responding have access to the internet.

There was also a lack of awareness of the Text Relay service, with three-quarters of responding practices requesting further information about it.

None report use of text messaging.

Only 13 of the 99 respondents operated an online booking system, which allows patients to choose their own appointment slot. Again this was more likely to be available in larger, urban practices. Of those 13, only one practice had carried out an audit to ensure the system's accessibility for users who are blind or partially sighted.



Recommendations for contacting the practice

- Establish an email address to enable patients to make contact with the practice, and establish internal procedures for monitoring emails.
- Publish the email address on practice-headed paper, voicemail messages and promotional material.
- Train staff on how to use the Text Relay service.
- GPs could set up an SMS service for patients to contact them.
- Explore the use of an online appointment booking system.
- When commissioning online systems, seek professional advice from access specialists to ensure systems achieve at least AA compliance with the guidelines set out by the World Wide Web Consortium's Web Access Initiative or comply with Public Access Standard 78.
- Audit existing online booking systems for compliance and make any identified improvements.

2. Patients using the practice

This section examines the physical access arrangements in practice premises for people who are deaf, hard of hearing, blind or partially sighted. This includes the installation of equipment such as visual and audio display alerts and induction loop systems in waiting and consultation rooms.

Induction loops make a huge difference for hearing aid users. They can help reduce or even cut out background noise, helping the listener to hear sounds far more clearly. Half of GP practices in Northern Ireland have

an induction loop facility installed in their waiting area, mostly in larger practices. Of this 51%, one in 10 staff had had some difficulties in using the system, mainly reporting that they were unsure how to operate it.

When asked about the availability of an induction loop system in the consultation rooms, the figure dropped to 16%, indicating that communication for hearing aid users is more accessible in the waiting area than when they are actually with a GP or nurse. One in four practices reported difficulties using the loop in consultation rooms and only one practice had provided staff training on the use of the induction loop system.

Common issues raised by respondents were the need for information on how the systems work and the benefits to patients, and training on their use.

RNID's report *A Simple Cure*, showed that 26% of people who are deaf or hard of hearing in Northern Ireland missed appointments because they had misunderstood instructions from reception staff or hadn't heard their name being called.

Information announcements:	
Intercom	17%
Visual display board	65%
Visual and audio display board	26%

The number of practices which have installed a visual display board to alert patients to their name being called has increased dramatically from 29% in 2005; this will really benefit people who are deaf or hard of hearing. However, this development presents new barriers for people who are blind or partially sighted, who, as well



as requiring a spoken announcement, may need further assistance to find the consulting room. It is reassuring, however, that this potential issue has been recognised by 88% of practices, which state that their staff regularly come into the waiting room to guide patients to the consultation room if required.

What is not clear from the research is how a patient's need to be escorted is identified. If it was routine for the doctor or nurse to come to the waiting area personally for all patients, some of these difficulties would be removed. Three quarters of practices reported that staff normally offer assistance in guiding people to and from the entrance/exit to the practice regardless of the patient's ability to do so unaided, and this is to be commended.

In terms of general communication needs, practices were fairly confident that their consultation rooms were sufficient to meet the needs of people who are deaf, hard of hearing, blind or partially sighted, with 36% of respondents stating that the needs of all four groups were sufficiently met. However, a significant number, 39%, did not feel their consultation rooms were sufficient

for the comfort and communication needs of patients with a sensory disability, or simply did not know. This is a positive outcome in that practices have identified that there may be some shortcomings in this area, which presents an opportunity for learning and improvement.

In relation to people who are deaf or hard of hearing, while around half of respondents felt that the consultation rooms were either not sufficient, or were unsure if they were sufficient for communication, 76% had reported no difficulty in doctors or other staff communicating with such patients. This contrasts with RNID's earlier findings which indicated that 35% of people who are deaf or hard of hearing had experienced difficulty in communication. There is an obvious difference here between points of view of what constitutes effective communication.

Communication for people with sight loss can be improved by the patient sitting with any window behind or beside them, rather than having to look into the light. Glare from poorly-sited desk lamps, furniture such as examination couches or chairs that do not contrast with the surrounding floor or walls, or generally low lighting levels, can all create difficulties.

When asked if they thought their consulting rooms were comfortable for patients who are blind or partially sighted, just over half of the respondents said yes. Over 30% said they did not know, and a further 12% (for patients who are blind) and 13% (for patients who are partially sighted) said that the rooms were not comfortable for these patients. These findings suggest that this is an area where GP practices require support and guidance.

Emergency procedures

When considering the needs of people with a sensory disability, it is vitally important to make provision for emergency situations. For example, a person who is deaf using the toilet when the audio fire alarm rings may be unaware of any danger, while people who are blind or partially sighted may have to leave a building by an unfamiliar route.

Over half (54%) of responding practices said they had considered this when developing procedures, yet only 37% had received any training on the particular implications for people who are deaf, hard of hearing, blind or partially sighted. Just over a quarter (27%) had installed a flashing fire alarm suitable for people who are deaf or hard of hearing. While the numbers of practices installing flashing fire alarms has increased over the last four years, it is still not widespread.



Recommendations to help people using the practice

- Buy and install induction loop systems for both waiting areas and consultation rooms.
- Train all frontline staff, on a rolling basis, on the use of the induction loop systems.
- Buy and install visual and audible alerting systems.
- When calling patients forward for their appointment staff should offer whatever assistance may be needed, and should therefore have the necessary information on each patient readily available.
- Ask any patients who are deaf, hard of hearing, blind or partially sighted at the beginning of a consultation whether the room is suitable for communication – for example, in terms of lighting, position of doctor in relation to patient and so on.
- Provide training on the needs of people who are deaf, hard of hearing, blind or partially sighted in emergency situations.
- Establish a procedure to evacuate people with a sensory disability.
- Buy and install a flashing fire alarm.

3. Staff training

One solution to enable service providers to better meet the needs of people who are deaf, hard of hearing, blind or partially sighted is to provide rolling training to staff at the frontline. For example, training in visual awareness may encourage more practices to escort patients to or from the door of the practice before or after an appointment, as currently one in five practices do not offer this. It would also ensure that this and other assistance was offered in the most appropriate and courteous way.

Findings from this research have identified a need for GP practices, particularly smaller practices with one or two GPs, to further invest in staff training in deaf awareness, visual awareness and general disability awareness. Half (51%) of practices responded that they had not provided any training of this nature. Any training was delivered during the course of employment rather than as part of staff induction, and mainly to administration or reception staff. As the first point of contact for patients, this is to be welcomed. However, the research shows that only 15% of GPs had been given any training in deaf, visual or disability awareness.

Recommendations for staff training

- All frontline staff, including GPs and nurses, should be provided with deaf, visual and general disability awareness training. This should include some basic British or Irish Sign Language.
- Training should be provided as part of the staff induction programme.
- Training should be delivered by a person who is deaf, hard of hearing, blind or partially sighted.
- Training should be refreshed on a regular basis.
- Staff should be encouraged to routinely offer to escort people who are blind or partially sighted within the practice or health centre.

4. Communications and mobility

We also asked questions on a range of other issues, focussing primarily on ways of ensuring that patients' and carers' mobility and communications needs were fully met both at the practice and in the wider health sector.

Recording needs

It is positive to note that 63% of practices do routinely record a patient's communication needs on their file, and that 71% say they pass this information on at referral.

Communication needs could range from receiving letters or information material in a readable form for people who are blind or partially sighted, to the use of British Sign Language (BSL)/English or Irish Sign Language (ISL)/English interpreters for people who are deaf.



A gap remains between recording the need for a BSL/English or ISL/English interpreter and actually responding to that need, with only 42% of practices having established a procedure to book an interpreter if required.

One area of concern is that staff in GP practices don't always know how to contact an interpreter out-of-hours to assist with an emergency.

A majority (70%) of practices do not have a quality standard in place covering the standard of BSL/English or ISL/English interpreters that they book.

Practices that have provided deaf awareness training to staff are more likely to have a quality standard in place, demonstrating that training does make a practical difference in the delivery of services to sign language users.

A similar gap exists between recording a need for large print, audio or Braille and actually being able to provide it. The survey asked if respondents made any of their written information available in large print, audio or Braille. Just under a quarter (23.5%) offered large print, none offered audio and only one respondent offered Braille.

Only 19% of practices routinely record mobility needs, such as a requirement to be escorted to the right room or part of the building. This means that a patient is much more likely to have to ask for a particular form of assistance or support on each visit. It also greatly reduces the likelihood of their needs being passed on if they are referred on elsewhere for treatment or consultation.

Audits

In order to identify areas for improvement, we recommend an audit by a specialist. Only 10 of the 99 practices that responded had had an audit. Encouragingly, of those 10, nine had implemented the audit's recommendations, demonstrating that practices that undertake an audit find the process useful.

Disability Discrimination Act

The rights of disabled people generally to access goods, services and facilities have been protected by law since the introduction of the Disability Discrimination Act (DDA) 1995.

The DDA requires GPs to make reasonable adjustments to overcome barriers created by the physical features of surgeries, including:

- the design of their premises
- physical access to the buildings
- fixtures within the surgeries.

However, the research shows that less than half (47%) of the practices surveyed have made reasonable adjustments specifically for people with a sensory disability. Adjustments which have been made range from the installation of inclusive toilets and improved signage to the fitting of induction loop systems.



Mental health and deafness

A short section of the survey aimed to find out how aware GP practices are of the specialist Mental Health and Deafness Service, given that people who are deaf are significantly more likely to have serious and enduring mental health problems than people who are not deaf.

The findings show that much work needs to be done to raise awareness of this important issue among GP practices – with the majority not being aware of the existence of the dedicated service (72%), not having a referral procedure in place (81%) and not having referred any patients who are deaf to the service (93%).



Complaints

The accessibility of complaints procedures is also integral to a patient's experience of GP health care services, but the research has identified that 62% of practices responding do not feel their complaints procedure is accessible and do not actively promote it to patients who are deaf, hard of hearing, blind or partially sighted.

Recommendations for communication and mobility:

- Patients' communication and mobility needs should be prominently recorded on their file and passed on at referral.
- Procedures should be established to meet the communication and mobility needs of patients, such as a booking procedure for communication support.
- Practices should ensure that all written material should be produced in accordance with RNIB clear print guidelines.

- Trusts should provide facilities for practices to have material put into a patient's preferred reading format within a period of no more than three working days.
- All BSL/English or ISL/English interpreters booked for appointments should be Members of Register of Sign Language Interpreters (MRSLI) to ensure the upkeep of quality standards.
- Practices should carry out a specialist audit of their premises to identify areas of improvement in relation to access for people with a sensory disability.
- GP practices must have due regard to their legal obligations under the DDA.
- The Mental Health and Deafness Service needs to be promoted to all GP practices, and a referral procedure established.
- Complaints procedures should be fully accessible to deaf, hard of hearing, blind or partially sighted people and promoted as such.



Discussion and conclusion

The most refreshing aspect of these survey findings is that almost two thirds of respondents (64.4%) said they felt that there were ways in which RNIB, RNID or BDA could help them. GP practices are clearly keen to improve the ease with which people who are deaf, hard of hearing, blind or partially sighted can use and benefit from their services.

Lack of awareness is the biggest issue – many practices were open in admitting that they simply did not know if procedures existed, what was required of them, or what is itself good practice.



Responses on the type of help needed focused mainly on training, information and audit.

The survey findings show that there is still a lot of work to do to create truly accessible primary health care services for deaf, hard of hearing, blind or partially sighted people in Northern Ireland. Responsibilities under the DDA have not always been met.



The findings do reveal some improvements in relation to access for people who are deaf or hard of hearing since RNID's previous survey in 2004. Particularly notable is the growth in email facility, which has increased by 22%. There has been a dramatic increase in the percentage of practices which have installed a visual display board in the reception/waiting area, from 29% in 2005 to 65% in 2009.

Although this will help people who have a hearing loss it can do just the opposite for patients who are blind or partially sighted. Common sense will sometimes prevail, as the survey responses suggest that staff will approach the person to offer an escort. Would it perhaps be simpler all round, however, if the doctor or nurse always came out for every patient?

There has been an increase in the numbers installing a flashing fire alarm, but we have overarching concerns over emergency evacuation procedures. There is a general lack of awareness of the specialist Mental Health and Deafness Service.

In many cases improvement in service delivery for people with a sensory disability does not involve expensive or time-consuming solutions. Often it is a formalising of existing practices, where for example, the courtesy extended to people who are blind or partially sighted by staff in terms of assistance to and from the GP's consulting room or in and out of the building is actively encouraged and referred to in staff induction training.

It may be the purchase and installation of a flashing smoke alarm to complement the existing evacuation procedure, or simply to ensure that all staff are aware of how to book a BSL/English or ISL/English interpreter by putting up a notice behind reception.

By implementing the suggestions we make GPs can work towards meeting their legal obligations under the Disability Discrimination Act, as well as striving for best practice in communicating with patients as outlined in the General Medical Council's 'Management for Doctors' guidance.

Responsibility for the delivery of accessible health care services also falls upon Health and Social Care Trusts and the Department of Health, Social Services and Public Safety, in ensuring that the needs of all patients are met when accessing primary health care by putting in place quality standards. Such standards should apply to the standard of BSL/English or ISL/English interpreting, access facilities such as loop systems and the delivery of staff training.

We have grouped the actions necessary to increase access to GP practices in terms of short, medium and longer term, and into areas of responsibility. Many activities can be carried out quickly and at little expense, but more fundamental changes to systems and procedures will involve a number of action, time and commitments to funding.



Solutions

Short-term solutions

GP practices

- Establish an email address to enable patients to contact the practice, and internal procedures to ensure these are regularly monitored.
- Publish the email address on practice-headed paper, voicemail messages and promotional material.
- Provide training to staff on how to use Text Relay and the use of induction loop systems.
- When calling patients forward for their appointment offer whatever assistance may be needed. This will include basic things such as calling a person's name and waiting for them to stand up, then offering an elbow to escort them; or tapping a person who is deaf on the shoulder to let them know it is their turn.
- Routinely offer to escort people who are within the practice or health centre.
- Ask any patients who are deaf, hard of hearing, blind or partially sighted at the beginning of a consultation whether the room is suitable for communication – for example, in terms of lighting, position of doctor in relation to patient.
- Prominently record patients' communication and mobility needs on their file, both on paper and in electronic copy.
- Provide information to staff on how to meet patients' communication or mobility needs such as the telephone number for the RNID interpreting service displayed in staff area / on patients' records.
- Establish a mechanism to pass on patients' communication or mobility needs at referral – for instance, by including a tick box on paper referrals.
- Check that all BSL/English or ISL/English interpreters booked for appointments are Members of Register of Sign Language Interpreters (MRSLI).
- Establish a procedure to evacuate people with a sensory loss in the event of an emergency.





Health Trusts

- Ensure that contracts for sign language interpreting are quality assured, namely that all interpreters used are Members of Register of Sign Language Interpreters (MRSLI).
- Medical Adviser in each of the Health and Social Care Trusts to advise GP Practices on potential funding for sensory disability access audits or other measures.

DHSSPS

- Ensure that contracts for sign language interpreting are quality assured, namely that all interpreters used are Members of Register of Sign Language Interpreters (MRSLI).
- Issue letters to GPs and Trusts around the need for staff training on equipment, awareness training and so on.
- Ensure that existing IT systems can record patients' needs and notes for recommendations on how to meet those needs – for instance, a current telephone number to book an interpreter, or the mechanism for ordering audio or Braille copy of health information leaflet.

RNIB / RNID / BDA

- Provide information to GP practices on the voluntary sector services available.
- RNID and BDA to provide information to GP practices on deaf awareness training and training on Text Relay.
- RNID to explore options for training on use of loop systems.
- RNIB to provide information to GP practices on visual awareness training.
- RNIB to develop and disseminate best practice guidance on in-house production of Audio for patients who are blind or partially sighted.
- Identify potential members of an Implementation Group to take forward the findings of the report.
- Continue to liaise with key stakeholders to further develop actions arising from the report, including Health Trust Medical Advisors, Health Trust Equality Officers, RQIA, Practice Managers Association, and the Business Services Organisation.

Medium-term solutions

GP practices

- Explore the use of an online appointment booking system.
- Audit any existing online booking systems for AA compliance with the guidelines set out by the World Wide Web Consortium's Web Access Initiative or compliance with Public Access Standard 78.
- Explore the use of SMS (texting) systems for communicating with patients, especially patients who are deaf.
- Explore opportunities for funding to buy assistive equipment.
- Purchase and install induction loop systems for both waiting areas and consultation rooms.
- Explore opportunities for funding for visual and deaf awareness training.



- Train all frontline staff, on a rolling basis, on:
 - the use of induction loop systems
 - Text Relay service
 - deaf awareness
 - tailored work-related basic British or Irish Sign Language
 - visual awareness.
- Buy and install alerting systems that are both visual and audible, but also consider whether in fact it is more user friendly not to have such systems at all.
- Provide training on the needs of people who are deaf, hard of hearing, blind or partially sighted in emergency situations.
- As part of staff induction programme, including training on:
 - the use of induction loop systems
 - Text Relay service
 - deaf awareness
 - tailored work-related basic British or Irish Sign Language
 - visual awareness.
- Ensure awareness training is delivered by a disabled person.
- Ensure that all written materials are produced in accordance with RNIB Clear Print guidelines.
- Make complaints procedures fully accessible to people who are deaf, hard of hearing, blind or partially sighted and promote them as such.
- Have due regard to legal obligations under the DDA.

Health Trusts

- Explore the use of an online appointment booking system across the Trust.
- Ensure that any existing online booking systems meet AA compliance set out by the World Wide Web Consortium's Web Access Initiative or comply with Public Access Standard 78.
- Provide information and advice on in-practice production of clear print or audio texts.
- Provide facilities for GP practices to have information material put into a patient's preferred reading format within a period of no more than three working days.
- Monitor GP practice compliance with the Disability Discrimination Act.
- Explore funding options for Trust-wide purchasing of assistive products, deaf and visual awareness training and auditing services.



DHSSPS

- Consult with RNID, RNIB and BDA on the Sensory Disability Strategy.
- Include issues arising from this report in the Sensory Disability Strategy.
- Refer to the English Department of Health 'Towards Equity and Access' report 2005, which outlines good practice in providing services to deaf people and identify areas for transfer to NI.
- Work with RNID, RNIB and BDA in establishing quality standards for access to health care for people who are deaf, hard of hearing, blind or partially sighted.

RNIB, RNID and BDA

In partnership with the British Medical Association and the Regulation and Quality Improvement Authority, develop and disseminate good practice guidance for GP practices when meeting the needs of people who are deaf, hard of hearing, blind or partially sighted.

- Work towards developing a tailored access audit service and Sensory Disability Awareness Training.
- RNID to provide region-wide training session on loop systems.
- Provide input into the RQIA (The Regulation and Quality Improvement Authority) Review of Primary Care.

Longer-term solutions

GP practices

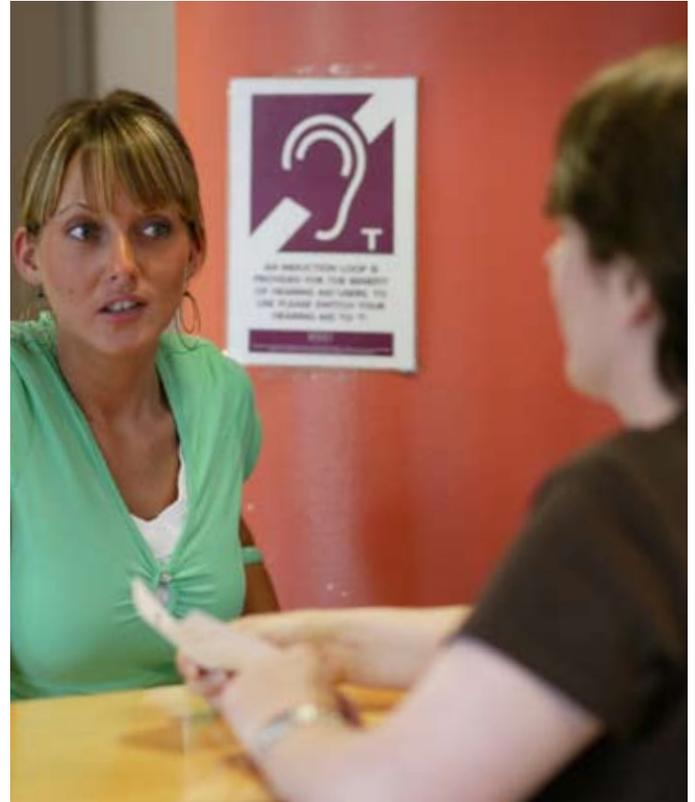
- Train and regularly refresh training for all frontline staff, on a rolling basis, on the use of the induction loop systems, deaf and visual awareness, Text Relay and emergency evacuation procedures for people with sensory disabilities.
- Ensure that procedures established are monitored for effectiveness.
- Consult with patients on access issues.

Health Trusts

- Commission online appointment booking systems.
- Seek professional advice from access specialists to ensure systems achieve at least AA compliance with the guidelines set out by the World Wide Web Consortium's Web Access Initiative or comply with Public Access Standard 78.

DHSSPS

- Provide funding for implementation of online appointment booking systems.
- When commissioning online systems seek professional advice from access specialists to ensure systems achieve at least AA compliance with the guidelines set out by the World Wide Web Consortium's Web Access Initiative or comply with Public Access Standard 78.
- Configure and make mutually compatible IT systems across the Health Service so that GPs can flag up a patient's communications or mobility needs when referring them to



another part of the health service, and ensure that mechanisms exist for those needs to be responded to once reported.

- Influence the development across the UK of GP contracts and Quality Outcome Frameworks so that they incorporate incentives to record and meet the access, mobility and communications needs of patients and carers with sensory disabilities.

RNIB / RNID / BDA

- Work towards developing a tailored access audit service and sensory disability awareness training.
- RNID to support GPs to implement 'Louder than Words' standards.

The way forward

Acting on these research findings can help GPs to meet the best practice guidance issued by the GMC, Management for Doctors. This covers communicating with patients and includes reference to 'provide information which patients or others need or want to know in a way they can understand'.

The responses to our survey provide a clear direction for RNIB, RNID and BDA in shaping our organisations' service offerings.

We look forward to fruitful discussions with the Health and Social Care Board, the Business Services Organisation, trusts and professional bodies representing GPs and practice managers.



Further information

Reports

Department of Health (England) 'Towards Equity and Access' report 2005. This outlines good practice in providing services to people who are deaf or hard of hearing.

RNID: *A Simple Cure* report (2004).



RNIB

For information on sight loss; visual awareness training; transcription services; employment and technology assessments; emotional support; benefits advice; products, library services and publications, contact:

RNIB Northern Ireland
40 Linenhall Street
Belfast BT2 8BA

We also have offices in Omagh, Coleraine and Derry.

Telephone **028 9032 9373**

Fax **028 9027 8119**

rnibni@rnib.org.uk

www.rnib.org.uk/northernireland



RNID

For information on hearing loss and deafness, products and equipment, deaf awareness training, employment advice, interpreting services, campaigning and volunteering, contact:

RNID Northern Ireland
Wilton House
5 College Square North
Belfast BT1 6AR

Tel/textphone **028 9023 9619**

Fax **028 9031 2032**

information.nireland@rnid.org.uk

www.rnid.org.uk



BDA

For information on sign language, deaf awareness training, advocacy services, consultancy and campaigning, contact:

BDA (Northern Ireland)
Unit 19c, Weavers Court
Linfield Road
Belfast BT12 5GH

Textphone **028 9043 7486**

Telephone **028 9043 7480**

Fax **028 9043 7487**

northernireland@bda.org.uk

www.bda.org.uk

Appendix 1

Covering letter as distributed

9 March 2010

Dear Practice Manager

RNIB, RNID and the Deaf Association of Northern Ireland are working together to find out how accessible GP services are to deaf, hard of hearing, blind or partially sighted patients and other users.

You will find enclosed a brief questionnaire to help us identify what provisions are currently in place and what further assistance you may require to ensure your GP surgery is fully accessible to patients with a hearing and/or sight loss. We are also seeking information on any innovative practices or systems you have in place, which we can share with other GP surgeries, to help improve practice.

The findings of the survey will be shared with you once the information is collated, and we will use this information to work with you in the future to improve access or to highlight best practice.

The questionnaire should be completed by the Practice Manager, if the practice has one, or if not, by a GP in the practice.

Please return the completed questionnaire in the freepost envelope provided by 31 March 2009.

Many thanks

Yours faithfully

Appendix 2

Survey as distributed

9 March 2009

Survey of GP Practices in Northern Ireland

We are currently seeking to find out how accessible health services are for deaf, hard of hearing, blind or partially sighted patients and other users in GP surgeries throughout Northern Ireland.

Please help us by filling in this form in order to tell us what systems and procedures your surgery currently has in place for deaf, hard of hearing, blind or partially sighted people. Your reply is very important to us and we will, of course, keep your comments confidential.

Please place a tick in the boxes that best describe your answers.

Please be assured that this questionnaire is confidential and anonymous. Questionnaires should be returned in the FREEPOST envelope provided to:

GP Survey
RNID Northern Ireland
FREEPOST NAT 12322
BELFAST
BT1 6BR

CLOSING DATE FOR RETURNS: XXXXX

Survey

SECTION A: CONTACT WITH PATIENTS

A1. Are patients able to contact your practice by any of the following methods? (Please tick all that apply)

- Telephone Letter
 Fax Email
 Other (please specify)
-

A2. RNID Typetalk is a national telephone relay service for people who are deaf, deafened, hard of hearing, deafblind or speech-impaired. It provides a link between any textphone user and a hearing person via a highly trained RNID Typetalk operator – Does your practice use the Typetalk service when communicating with deaf patients? (Please tick one box only)

- Yes No

A3. Would you like to receive more information on this service? (Please tick one box only and provide your address at the end)

- Yes No

A4. A textphone is telephone device that has a keyboard and a display screen. You type what you want to say rather than speaking into a mouthpiece. – Does your practice have a Textphone / minicom? (Please tick one box only)

- Yes No

A5. Would you like to receive more information on this equipment? (Please tick one box only and provide your address at the end)

- Yes No

A6. Does your practice provide an online system to allow patients to book appointments? (Please tick one box only)

- Yes → Please go to A7
 No → Please go to B1

A7. Has your practice taken any steps to ensure that the online appointment booking system is accessible to blind or partially sighted people? (Please tick one box only)

- Yes No

A8. Please say what steps your practice has taken to ensure that the online appointment booking system is accessible to blind or partially sighted people. (Please write your answer)

A9. Has your online booking system been tested to ensure that it is accessible to blind or partially sighted people? (Please tick one box only)

- Yes → Please go to A10
 No → Please go to B1

A10. What standards has the online booking system been tested against to ensure the online system is accessible? (Please write your answer)

Survey

SECTION B: PATIENTS USING YOUR PRACTICE

B1. Induction loop systems and infra red systems are used to assist those with a hearing loss by transmitting sound from a sound system, microphone, television or other source, directly to the hearing aid. Does the waiting area in your surgery provide patients who are deaf or hard of hearing with access to an induction loop or infra red facility? (Please tick one box only)

- Yes, an induction loop facility
 ➔ Please go to B2
- Yes, an infra red facility
 ➔ Please go to B2
- Yes, both an induction loop and an infra red facility ➔ Please go to B2
- No ➔ Please go to B5

B2. Have there been any difficulties in using an induction loop or infra red facility in the waiting area? (Please tick one box only)

- Yes ➔ Please go to B3
- No ➔ Please go to B5

B3. Please say what these difficulties have been? (Please write your answer)

B4. Have practice staff received training on the use of the induction loop or infra red facility? (Please tick one box only)

- Yes
- No

B5. Would you like to receive more information or support on the use of these induction loop or infra red facilities? (Please tick one box only)

- Yes ➔ Please go to B6
- No ➔ Please go to B7

B6. What information or support would your practice benefit from? (Please write your answer)

B7. Does your practice provide patients with any of the following systems? (Please tick all that apply)

- An intercom
- An electronic patient call in board that is visual
- An electronic board that is both audio and visual
- A flashing fire alarm
- Practice staff come into the waiting room to guide patients if required
- None of the above

B8. Do any of your practice consultation rooms have an induction loop or infra red facility? (Please tick one box only)

- Yes ➔ Please go to B9
- No ➔ Please go to B11

B9. Have practice staff experienced any difficulties in using an induction loop in the consultation rooms?
(Please tick one box only)

- Yes → Please go to B10
- No → Please go to B11

B10. Please say what these difficulties have been? (Please write your answer)

B11. Thinking about the consultation room(s) in your practice, do you feel that they are sufficient for the comfort and communication needs of each of the following groups? (Please tick for each)

	Yes	No	Don't Know
Deaf patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard of hearing patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blind patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partially sighted patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B12. Has a doctor or any other member of staff experienced any difficulty in communicating with deaf or hard of hearing patients?
(Please tick one box only)

- Yes → Please go to B13
- No → Please go to C1

B13. Please say what these difficulties have been. (Please write your answer)



Survey

SECTION C: STAFF TRAINING

C1. Has anyone in the Practice had formal training in any of the following areas:
(Please tick all that apply)

- Deaf Awareness Training?
- Visual Awareness Training?
- General Disability Awareness Training?

C2. Which practice staff have received this training? (Please tick for each)

	Deaf Awareness Training?	General Disability Awareness Training?	Visual Awareness Training?
GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration/reception staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3. Is this training included in your new staff induction procedure? (Please tick for each)

	Yes	No
Deaf Awareness Training?	<input type="checkbox"/>	<input type="checkbox"/>
General Disability Awareness Training?	<input type="checkbox"/>	<input type="checkbox"/>
Visual Awareness Training?	<input type="checkbox"/>	<input type="checkbox"/>

C4. Would staff normally offer assistance in guiding people to and from the entrance / exit before or after their appointment? (Please tick one box only)

- Yes No

C5. In developing emergency procedures for your practice (e.g. fire), has your practice considered the needs of deaf, hard of hearing, blind or partially sighted patients?
(Please tick one box only)

- Yes No Don't know

C6. Have practice staff been trained on the implications of emergency situations for patients who are deaf, hard of hearing, blind or partially sighted? (Please tick one box only)

- Yes No Don't know

Survey

SECTION D: STAFF TRAINING

D1. Does the practice make use of new technologies for communication purposes, such as video interpreting through a videophone? (Please tick one box only)

Yes No

D2. Are patients' communication and mobility needs recorded in their patient records (e.g. needs sign language interpreter, large print, guiding needs, appointments made by phone, or email, or fax?) (Please tick one box only)

- Yes, patient communication needs are recorded
- Yes, patient mobility needs are recorded
- Yes, both patient communication and mobility needs are recorded
- No, these needs are not recorded
- Don't know

D3. Does the practice have a procedure in place for booking communication support? (i.e. Sign language interpreters, speech to text operators, lip-speakers) (Please tick one box only)

Yes No

D4. Does the practice have a quality standard to ensure that only fully qualified sign language interpreters are used? (Please tick one box only)

Yes No

D5. Are you and your staff aware of the out-of-hours interpreting services and how to contact these services? (Please tick one box only)

Yes No

D6. Is there a system in place for passing on patients' needs when referred onto other services? (Please tick one box only)

Yes No



D7. Does your practice make communications (e.g. letters confirming appointments) available in the following formats? (Please tick for each)

	Yes	No
Materials are written in plain english for sign language users?	<input type="checkbox"/>	<input type="checkbox"/>
Large print?	<input type="checkbox"/>	<input type="checkbox"/>
Audio format?	<input type="checkbox"/>	<input type="checkbox"/>
Braille?	<input type="checkbox"/>	<input type="checkbox"/>

D8. Are staff encouraged to suggest to patients that communications (e.g. letters confirming appointments) are available in alternative formats?
(Please tick one box only)

Yes No

D9. Have any adjustments to your premises or services been made specifically to meet the needs of patients with sensory disabilities under the Disability Discrimination Act (1995)?
(Please tick one box only)

Yes → Please go to D11
 No → Please go to D12
 Don't Know → Please go to D12

D10. Please outline what these adjustments are? (Please write your answer)

D11. Has an access audit been carried out on your surgery for people with sensory disabilities? (Please tick one box only)

Yes → Please go to D13
 No → Please go to D14

D12. Have the recommendations from this audit been implemented?
(Please tick one box only)

Yes No

D13. Are you and your staff aware of the Mental Health and Deafness Service?
(Please tick one box only)

Yes No

D14. Does your surgery have a pathway/ protocol in place to make referrals to the Mental Health and Deafness Service?
(Please tick one box only)

Yes No

D15. Have you referred any patients to the Mental Health and Deafness Service? (Please tick one box only)

Yes No

D16. Is your complaints procedure accessible and promoted to people who are blind, partially sighted, deaf or hard of hearing people? (Please tick one box only)

Yes No



D17. Can you identify any other problems and possible solutions to ensuring that the needs of patients and users who are blind, partially sighted, deaf or hard of hearing are met by your practice?

Problems	Solutions
1.	1.
2.	2.
3.	3.

D18. Is there anything that RNIB, RNID or the Deaf Association NI can do to further support you in ensuring that the needs of patients and users who are blind, partially sighted, deaf or hard of hearing are met by your practice? (Please tick one box only)

Yes ➔ Please go to D21

No ➔ Please go to E1

D19. Please say what additional advice or support you would find helpful. (Please write your answer and provide your address at the end)

Survey

SECTION E: ABOUT YOUR PRACTICE

E1. In which Health Trust area is your practice located? (Please tick one box only)

- Belfast
- South Eastern
- Southern
- Northern
- Western

E2. How many GPs work in your practice (whole time equivalents WTE)? (Please write your answer)

E3. What is the size of the population your practice covers? Please give your answer in thousands. (Please write your answer)

E4. What type of community does your practice cover? (Please tick one box only)

- Urban
- Rural
- Mixed

E5. Is your practice fully computerised? (Please tick one box only)

- Yes
- No

E6. Do you have access to the internet in your practice? (Please tick one box only)

- Yes
- No

E7. Are you male or female? (Please tick one box only)

- Yes
- No

E8. What is your role within your practice? (Please tick one box only)

- GP
- Nursing Staff
- Administration
- Reception
- Other (please specify)

Thank you for supporting this consultation

Please put your completed questionnaire in the freepost envelope provided and send it to:

XXXXXX
FREEPOST XXX
XXXX PARK
BELFAST BTX XXX

Closing date for returns:
31 march 2010

If you have any queries about any aspect of this questionnaire please contact: xxxx on 028 90 XXXX or XXX on 028 90 XXXX

Appendix 3

Script for RNIB volunteers

Ask to speak to the Practice Manager.

If he/she is unavailable, or the practice doesn't have one, ask to speak to:

- the senior partner (i.e. doctor);
- the principal member of the admin or reception staff.

If nobody is available, just leave a message (there will not be time to ring again).

Message for voicemail or for junior members of staff, if nobody appropriate available:

“I'm ringing from RNIB (Royal National Institute of Blind People), Northern Ireland. We are working jointly with organisations representing deaf and hard of hearing people. We sent out a questionnaire on 9th March to ask what facilities you have for patients who have sight or hearing difficulties. We know you get a lot of requests for information, but we'd be really grateful if you could give this form a few minutes of your time. It will help us identify best practice and offer better guidance to GP practices in the future. We'd like the form to be returned by the end of the month. If you have not received a copy, or if you have mislaid it, please ring RNIB on 028 9032 9373 to ask for another one.”

If you do get to speak to the Practice Manager or a doctor:

Introduce yourself.

“I'm ringing from RNIB (Royal National Institute of Blind People), Northern Ireland. We are working jointly with organisations representing deaf and hard of hearing people. We sent out a questionnaire on 9th March to ask what facilities you have for patients who have sight or hearing difficulties.

“I'm just ringing to check that you received it and to ask you if you could complete it. We know you get a lot of requests for information, but we'd be really grateful if you could give this form a few minutes of your time.”

If they ask no particular questions, you can close the call with a “thanks for your time”.



www.rnid.org.uk

Telephone 0808 808 0123

Textphone 0808 808 9000

Fax 020 7296 8199

informationline@rnid.org.uk

19-23 Featherstone Street, London EC1Y 8SL



www.rnib.org.uk/northernireland

Telephone 028 9032 9373

Textphone 18001 028 9032 9373

Fax 028 9027 8119

rnibni@rnib.org.uk

RNIB Northern Ireland, 40 Linenhall Street, Belfast BT2 8BA



www.bda.org.uk

Telephone 028 9043 7480

Textphone 028 9043 7486

Fax 028 9043 7480

northernireland@bda.org.uk

British Deaf Association Northern Ireland

Unit 19c, Weavers Court, Linfield Road, Belfast, BT12 5GH

3603/0210 Photography Philip Meech, Simon de Trey-White, David Potter, Nicole Seagrim The Royal National Institute for Deaf People. Registered office: 19-23 Featherstone Street, London EC1Y 8SL. A company limited by guarantee registered in England and Wales number 454169. Registered charity numbers 207720 (England and Wales) and SC038926 (Scotland).

RNIB registered office 105 Judd Street, London WC1H 9NE. Registered charity number 226227

BDA registered office British Deaf Association England, 10th Floor, Coventry Point, Market Way, Coventry, CV1 1EA Registered charity number 103168