Making health and social care information accessible

Action on Hearing Loss Workshop 04.02.14 London – Notes

# Introduction

Roger Wicks, Director of Policy and Campaigns at Action on Hearing Loss, thanked participants for attending and outlined the role of Action on Hearing Loss and the charity’s support for accessible communication.

Sarah Marsay, Public Engagement Account Manager at NHS England, welcomed participants to the workshop, and talked through an introduction to the ‘making health and social care information accessible’ project.

A question and answer session followed, with the opportunity for those present to query anything which was unclear or on which they wanted further detail.

Following this, the 16 participants split into two groups to discuss their personal experiences and to offer views to shape the standard. The workshop was facilitated by Sarah Marsay and Frances Newell from NHS England, and Chris Wood, Christina Lowe and Ayesha Lalloo from Action on Hearing Loss. The event was also supported by two British Sign Language (BSL) interpreters and two speech-to-text-reporters.

Action on Hearing Loss have summarised the key points from participants at the event as follows:

* People with hearing loss, including BSL (British Sign Language) users, feel that they get a worse service from the NHS than hearing people and that their needs are not taken seriously. They feel that there is low awareness, and because of this staff can act defensively or embarrass people with hearing loss.
* Qualified BSL interpreters are often not provided for health and care appointments, leaving people waiting, missing work, having to book another appointment, using family or friends, or passing written notes.
* Various small and inexpensive actions could be taken to make the NHS more accessible for people with hearing loss, such as:
  + Recording communication needs when a patient first registers and sharing these automatically with other services;
  + Putting in place proper systems for automatically booking BSL interpreters, who should arrive before an appointment;
  + Using remote (online) video interpreters;
  + Enabling people to make bookings via text relay, SMS (text message), email or online;
  + Using visual signs and visual communication, rather than shouting;
  + Better use of loop systems to support hearing aid users;
  + Staff facing the person they are talking to and avoiding dark areas;
  + Using vibrating pagers to alert people that it is their turn;
  + Better staff training in communicating with people with hearing loss.

Comments from participants of both groups are as follows. It should be noted that this report includes key points made by participants – recorded for the purposes of informing the development of the standard – and is not a verbatim or word-for-word account.

## Workshop 1 – Discussion about personal experiences

1. **Thinking about when you use NHS or social care services:**
2. **Do you usually get information in a format you can understand?**
3. **Do you usually get the communication support you need?**

### Group 1

* It is important that there is a British Sign Language (BSL) interpreter there – but often there is not.
* Sometimes when I am ill the doctor can understand me. Simple words I can manage by writing, but when it is more complex I need an interpreter.
* In the past, I have booked an appointment with an interpreter and have had to take time off work to attend. I have had to wait at the hospital and let other people go before me because the interpreter has not arrived. Sometimes I have waited for three hours for the interpreter to turn up.
* The interpreter should be there, on time, before my appointment. Often they are late, sometimes very late.
* The interpreter is a professional; they should arrive 15 minutes before the appointment, and should talk to you beforehand to check they understand what is happening.
* Often when I see the doctor there is no BSL interpreter and the communication is really slow and frustrating because he is a hearing person and I am d/Deaf. I find it really difficult to understand what is wrong with me. The NHS should know how to give information clearly.
* I have been left waiting in an NHS waiting room for ages –I was on the verge of giving up, I felt like I was wasting my time. I think that NHS staff need to be more aware of how to book an interpreter, and they should inform me that a booking has been made.
* When I get letters from my GP surgery about appointments, they never say if an interpreter has been booked. This makes me worried. They should know that I need an interpreter, and they should let me know when one is booked. In my experience, when an interpreter is not booked staff blame the computer system.
* It took me three attempts to get an appointment with my doctor with a BSL interpreter. On two occasions I came for my appointment but there was no interpreter so I had to rebook.
* They ask me to ‘phone to book but this is not fair as I cannot use the ‘phone.
* In my experience hearing people get seen quickly [by a doctor] but d/Deaf people have to sit there waiting and waiting for an interpreter. This is not fair.
* I feel that hospitals do not see the issues of people with hearing loss as a priority. Sometimes staff are used as signers instead of booking a professional interpreter. I think that this is to save money, but it is not acceptable.
* Loop systems should be available. At the hospital I go to they say that I should ask for the portable loop system but I find this unfair and I do not want to have to indicate that I am d/Deaf.
* I find that the design of healthcare environments is not helpful and often the receptionist does not look at me so that I can lipread.
* There are small things that can be done to help d/Deaf people. For me it is just looking at my face [so I can lipread], but people do not do that.
* Often I am sat in a waiting room and staff come to the end of the corridor and shout the name of the next patient. This is not appropriate for d/Deaf people.
* I have difficulty reading the handwriting of my doctor; this makes things even more difficult.
* My doctor knows that I am d/Deaf and so usually when I see him it is fine. But I worry that if I ever needed to see a doctor somewhere else in the country they would not know that I was d/Deaf or be able to support me.
* In my experience, professionals seem to find it difficult to explain my condition or the implications in plain English. This makes things even harder if you are d/Deaf and it is really stressful. I have found some consultants to be arrogant in the way they deal with people with hearing difficulties. They do not take the time to explain things to me in a way I can understand.
* Often, when I go to reception, they have the ‘T symbol’ [the universal symbol for induction loop or infrared systems that can benefit hearing aid wearers] on display but they do not seem to be d/Deaf aware. For example, they do not seem to understand that they should book an interpreter for me, and they think it is acceptable to write information down instead.
* In my experience, staff are embarrassed that they cannot communicate, and so can act defensively. This can mean that they shout at you, or sit you down and ignore you. I feel it is almost as if you are stigmatised. It needs to be recognised that lack of communication creates problems for the staff member as well as for the patient. Often it seems that staff have not had the training they need to support you. It would only need a small amount of training to enable staff to support d/Deaf patients.
* I have spoken to a staff member who said that a d/Deaf patient using BSL was being aggressive. This was due to a lack of understanding about BSL.
* When I ask the receptionists at my GP surgery for a BSL interpreter they say that there is no interpreter available to attend the appointment. They suggest passing notes instead. But this is not an effective way of communicating.
* Someone I know told me that their doctor refused to communicate using notes.
* One of my friends had a bad experience last year. A BSL interpreter was not booked for a doctor’s appointment despite the notes requesting one, and so the doctor shared all of the information with my friend’s parents.
* I find it embarrassing when another patient has to let me know that it is my turn to go through for my appointment. This is because staff just call names out.
* During a major operation they took my hearing aids out before I fell asleep, and I could not hear. The staff were not d/Deaf aware and I did not know what was going on. It was a really bad experience and I was really confused due to the lack of communication. It is not just reception staff that need d/Deaf awareness training it is clinical staff too.
* My doctor’s surgery resist booking a BSL interpreter for me, even though I have asked them to. If I am ill and need to see the doctor they tell me to bring a family member with me. But my family are not interpreters. I also worry about my children being used as interpreters – what if I was terminally ill? It is not appropriate for children to be involved in medical discussions.
* I find it stressful when I am ill and need to see a GP but I have to wait for an appointment with an interpreter. I can get more unwell whilst waiting. I think that the GP practice should email me to let me know what is happening [with booking an interpreter].
* It is a basic equality issue and it is not a new issue. When I go to the supermarket there is a loop system. I do not understand why the NHS cannot offer the same level of service when they look after my health needs.
* I do not understand why my GP practice does not know when the interpreter will arrive, even when I ask them. They should let me know if they are going to be late. Also I think that I should be able to book an appointment in an emergency using text message.
* I find it difficult to communicate in dark places, good lighting is important.

### Group 2

* I find that verbal information is more of a problem [than written].
* In my experience, if I know which professional I am seeing then it is not a problem but if I am referred to someone who I do not know then it is a problem.
* For me, the communication support I receive is not sufficient. I regularly go to one local hospital and there are different staff each time, which makes things particularly difficult as they do not seem to understand my needs. I seem to get different information every time, even when I take my wife with me who can hear. She gets different verbal information every single time, and I have never received any written information.
* The problem I have with the NHS is that staff do not speak clearly and I feel that they lack basic d/Deaf awareness. Now I have the confidence to make my needs known I can communicate more effectively with people. I just need people to speak clearly and to face me so that I can lipread. In my experience even the audiology department calls the name of the next patient out – which is not appropriate for a d/Deaf person. I have to take my sister with me and the doctor will speak to my sister. But this does not empower d/Deaf people at all.
* It should not be necessary to take a family member with you. Staff in the audiology department do not seem to care that you cannot hear and they make excuses. This is very disappointing. I have had 25 years of experience of using the audiology service. The very first audiologist I saw was good, she spent a lot of time with me and I thought that was exceptional. But since then I have not met another audiologist who is as caring and as good as she was.
* I always go to appointments by myself because I think it is really good to try and be independent as much as possible. I think this makes you more assertive as you have to explain what you need staff to do [so that you can communicate].
* Thinking about awareness, I think there should be more images of younger people wearing hearing aids. Videos, posters and leaflets always seem to show older people. Staff seem to be surprised that I use a hearing aid [because I am not an older person] and they do not know what to do. I think there is a general need for more awareness about hearing loss affecting people of all ages.
* In my experience, staff are not aware that d/Deaf people might have difficulty communicating and they do not seem to have much patience. I think things are improving and some staff are being taught about how to communicate with d/Deaf people but it has taken a long time for people to accept that there is a problem. Staff need to have more training [on d/Deaf awareness], for example people who work in pharmacies.
* I have been a hearing aid user for very many years. I work for Action on Hearing Loss as a volunteer and I mostly support older people. I do not think that older people with hearing loss receive better treatment than younger people. Lots of older people I work with have difficulties with their hearing aids.
* I do not think people with hearing aids receive all the support that they should, for example from hospital or care home staff.
* I feel there is a lack of awareness about younger people with hearing loss.
* I have a doctor I can understand. But when I cannot see him there are all sorts of problems.
* I cannot hear anything in background noise, or if there are a lot of hard surfaces - I get echoes.
* Today people are living longer and so there are a lot of older people. In my experience, people feel isolated when they cannot hear and this isolation makes them even more lonely.
* I have done work experience in a hospital. There I have seen a lack of d/Deaf awareness amongst staff which causes problems with communication and therefore consent. Patients can only give their consent if they are able to communicate.
* I recognise that using a computer or tablet may not be everyone’s preference. But I think it can be a way of supporting communication as it means you can access a remote BSL interpreter or subtitles of what the doctor is saying.
* About 25 years ago I was at a hearing aid department and I did not hear them call my name. I suggested that they should have a visual display. I do not understand why they still do not have a visual display, especially in an audiology department. They say they have not got the funding for it.
* For me the worst thing is when I do not know that someone is speaking to me. I need people to clearly address me – and to face me when they speak.
* I often find myself asking people to talk to me and not to the wall. I also have difficulty in understanding men with beards [due to not being able to lipread].
* Sometimes when people write things down, this can help with communication. But not if the handwriting is illegible – and often it is impossible to read.
* If I go to hospital I always inform the receptionist that I am hard of hearing. I think it is important that d/Deaf people tell the receptionist that they need support.
* I have also told the receptionist that I am d/Deaf but they do not always remember to tell the doctor or nurse. In waiting rooms there should be a visual alternative for all information which is given verbally.
* I have had a similar experience in an audiology department [of having my name called for an appointment but not hearing the announcement]. There should be visual cues too.
* With d/Deaf people often the barriers to access are invisible. When I have good access, I can be part of society. Access is the main thing. When people know my needs I feel great. When they do not I feel like I am looking down a long dark tunnel.
* I think that staff in the hospital should be more caring, much better trained and accept that if a person’s hearing aid is not good enough, they should do something about it. I know several people who have not gone back to the hospital [despite having problems with their hearing aid] because they have not been treated sympathetically.
* I think that clarity of speech, elocution and diction are really important. This applies to both staff speaking to d/Deaf people and to some d/Deaf people themselves. I hate it when people treat me like I am the village idiot – I’m d/Deaf not daft.
* I have been d/Deaf to some degree since birth. When I became an adult, for the first 20 years I hid it as best as I could. I had to hide it to keep my job. When I stopped working it was the same time as the Disability Discrimination Act. I came out and said I am d/Deaf. It changed the world. There are all sorts of strategies in managing different situations. For me, the worst thing is background noise. When I go to the pharmacy I ask to see the pharmacist in person so that I can hear them. When producing videos, there should be subtitles and BSL versions too.
* I have also found that I need to be assertive to access information. I have had a security person pick me up and show me the door simply because I could not understand. Staff think this person is causing trouble without realising that the deafness is the trouble not the person.
* Some audiology departments are wonderful.
* It would make a big difference if loop systems at reception desks were switched on and working correctly. In my experience staff do not even know what a loop system is. It is training again; it is all down to d/Deaf awareness.
* I often find that buildings have loop systems but staff do not realise that not all hearing aids have got a T-bar fitted [to enable the user to use the loop system]. The loop does not work unless your hearing aid is loop specific.
* I have got the T-setting on my hearing aid and I also have the other equipment they fitted in my home when I got my hearing aid such as my telephone. It was all free.
* If there is one person speaking into a microphone and the loop system is working I can hear everything perfectly. But sometimes I am given a neck loop. I do not know who tests these or how they work. Services need to sort issues like this out.
* I have problems with my hearing and with my hearing aids, the sound is distorted. I try to explain this to staff but they do not seem to understand because they are not d/Deaf themselves.
* I have difficulties when I go to the dentist when he or she wears a mask [because I cannot lipread].
* I find that if people notice my hearing aid they assume that I can hear okay. It all comes back to d/Deaf awareness.
* A hearing aid is an aid not an ear. It will not ever replace the ear; just enhance the hearing someone has got.

1. **Do you think there is any information you are missing out on?**

### Group 1

* Yes, I think that d/Deaf people suffer in the long run because of a lack of information. The NHS should know how to communicate clearly.
* I worry that I miss out on information because the BSL interpreters provided are not sufficiently qualified or skilled. I would like to know how the NHS checks that interpreters are qualified.
* There should be specially qualified BSL interpreters to handle complex or embarrassing issues. It is really important that they understand and are able to communicate information effectively.
* I need more information about how to complain. I think the NHS needs to let d/Deaf people know how to complain about an interpreter or a service so that the service can improve.
* PALS services [the Patient Advice and Liaison Service] are the place to go [to complain] but I find they are inaccessible for people with hearing problems.

### Group 2

* Yes, I feel that I am missing out on information.
* In my experience, you have to ask for information – you do not receive it automatically. If you do not ask for information you will not necessarily receive it. You have to try to communicate as best you can – if you cannot get it [the information you need] verbally you have to write it down and people seem to take it more seriously.

1. **What difference would it make to you if organisations always gave you information in a format you could understand and if you always got the support you needed to communicate?**

### Group 1

* I would be the same as everybody else – the same as the hearing community.
* There would be no stress.
* I would be happy. There would be no stress and no stress equates to a happier, healthier person.
* I think it is important to ensure the safety of d/Deaf people [through access to the correct communication support]. Otherwise our health will suffer.

### Group 2

* I think I would be more empowered and more included.

## Workshop 2 – Discussion about improvements

1. **How should organisations find out about your information or communication support needs?**
2. **What questions should they ask?**

### Group 1

* If there was a communication breakdown, I would ask my social worker to book a BSL interpreter to complain.
* It should be automatic. There should be an automatic box on patient records saying ‘interpreter needed’.
* When you register with the practice it should be on the form.
* The system needs some flexibility. I do not want to have to flag up that I have a hearing problem every time I interact with any NHS service. It should be recorded on medical records, and this should go with you, so that services know.
* The receptionist should book the interpreter automatically. The interpreter should be there waiting for me. I should be able to talk to the receptionist via text talk / text relay.
* It should say on the form if I am d/Deaf or use BSL, what my exact needs are, what is my first language. This should then automatically come up on the computer for the staff member to know what is needed. This would allow a full and smooth communication. The interpreter should arrive 15 minutes early.
* There should also be an option to request a male or female interpreter. I might have a sensitive problem and prefer a male interpreter [because I am a man]. Women may feel the same.
* Ask the question straight away – do not wait until the GP has seen the person and cannot understand.
* Staff should be able to ask questions or give instructions in a visual way but not a patronising way.
* In my experience many staff do not know how to communicate in a visual way. This could be because of their attitude, or because they have not had any training.
* I would need someone to ask me ‘do you need to use the loop’. I think that staff worry about offending us by saying the wrong thing, but we are all normal people, and just as difficult to offend as any other person. Staff need the training to talk to us like a normal person, so they do not alienate us. They need to be d/Deaf aware, realise that it is not a big issue and respect our privacy by not telling everyone. Staff should sit facing me to make communication easier and should take responsibility for finding out what my needs are.
* I think that there should be a central place to go to book an interpreter / communication support. It should be an on-call service.
* I would like to be able to text someone in the NHS to book an appointment and an interpreter, or use text relay.
* It is important that the ambulance staff now your needs too. I want to be able to text the ambulance service in an emergency.
* Training and awareness are the key things.

### Group 2

* Staff who work in pharmacies and opticians which sell hearing aids should learn d/Deaf awareness.
* All organisations should have a form you can fill in to record your disability.
* When you first register or visit a GP surgery they should record that you are d/Deaf or hard of hearing and your preferred method of communication. This should be documented from the very first visit and a flag should be added to your patient record. This should then pop up as a message whenever your record is opened. This should be the case across all disabilities.
* I think that if an organisation is publicly funded then they should be required to give you a form when you register to record that you have a disability or a communication need.
* Organisations need to listen to d/Deaf people. I had an accident that made me blind and everybody was sympathetic. But when I am “just deaf” they treat me like an idiot.
* Someone told me that the Government has classified lipreading as a leisure activity. It would be helpful if lipreading was classed as an essential need.
* Staff should ask, ‘what can we do to support you in the clinic room with communication?’ They should ask on your first visit, to avoid difficulty in the future.
* I think that it is important to find out views from lots of different people so that the guidelines suit everyone.

1. **What should organisations do to make sure that you can get communication support and information in the right format quickly?**

### Group 1

* I think that all NHS staff need some sort of mandatory training in d/Deaf awareness. Doctors train for seven years; during this time they should be able to include some d/Deaf awareness training.
* I think that there should be a colour-coded system for all the doctors’ doors so that people can see where to go. Patients could be given a corresponding coloured wristband so that they know which room to go to.
* They could have a sign with the name of the next patient to be called.
* Another option would be a pager system. I once went to a pub which gave me a pager which vibrated when my table was ready – so I knew when to go through to the restaurant. It saved me a lot of stress – and I think it would be a cheap solution.
* The NHS should be aware that you are d/Deaf – there should be a flag on your notes. They should give you a visual signal or ticket so that you know where to go. This could be similar to some supermarkets where you get a ticket from the counter and know when it is your turn because they display the number on a screen.
* There should be a visual system but also a record on your medical records to identify someone who is d/Deaf. This would enable staff to adapt their service.
* I think that doctors need to be more accommodating of d/Deaf people. The doctor needs to be able to communicate with me just as much as I need to communicate with him or her.
* A few years ago, there was some trouble near to where I live. The police came and offered to bring an interpreter so they could discuss the incident with me. I think that the NHS should do the same.
* I think that staff at the hearing aid clinic should be able to use basic BSL, even if it is just to say your name. Staff should be d/Deaf aware too – in my experience they often are not.
* I think that your patient record should state the type of communication you use, as well as saying this person is d/Deaf, for example.
* I think that the NHS computer system should be the same across England.
* I think that NHS staff should learn BSL – even if it was just the basics.
* One solution [to getting a BSL interpreter quickly] is to use video interpreters online. This can be a useful, safe solution.
* My local council use video interpreters. I think that the doctors should too.
* I prefer to have a real person to interact with rather than a video.
* If I was using remote interpretation, I would be worried about security and confidentiality. I would be concerned that the interpreter might be laughing at a sensitive issue.

### Group 2

* I think that they should have a screen or a ticket system in waiting areas so you know that it is your turn. It is so simple but it just means anyone with a language barrier or hearing loss can follow.
* I would like to see better Wi-Fi so that I could use a tablet computer and a mobile phone [to support communication], for example using remote captioning and speech-to-text-reporting. It would be so easy for me. I would not have to take my sister to appointments with me. I would like speech to be recorded on my mobile phone and for this then to be converted from speech to type. Some organisations are already doing this. Another way to improve my experience would be to promote d/Deaf awareness.
* There needs to be more awareness amongst staff of the need to speak slowly and clearly.
* I would like to see more electronic contact, through email or text messages. There should be a choice of communication other than by telephone.
* Do not assume that everyone wants or is able to access information electronically – not everyone has access to or can use a computer.
* I think that people who use telephones need to speak clearly. Some people speak incredibly quickly. When you ask them to slow down they slow down for a couple of sentences then speed up again. They need to be more d/Deaf aware.
* I wonder how they test loop systems in public spaces. Also, I cannot hear information from loudspeakers.
* I think that there should be portable loop systems that the patient can take into the consultation room. That would be more cost effective than fitting a fixed loop and it would be especially useful in emergency situations.
* I think that there needs to be flexibility to meet the needs of lots of different people - one size will not fit all.
* There should be online booking systems and communication by text message.

* I cannot use a telephone now; I rely heavily on texts and email. For me, there is nothing worse than seeing a telephone ringing and knowing I cannot answer it.
* I have a mobile phone that is compatible with hearing aids. When it rings it is very loud, others vibrate instead. There are different ways to use technology to communicate.
* I think there should be lots of different ways for the patient to contact the health professional, for example email and text message. A range of different ways are needed to meet the needs of lipreaders and people who use BSL, for example.
* I think every GP should have spare hearing aid batteries. Also, when you have an eye test they do it in the dark – I cannot hear what they are saying and I cannot see to lipread.
* I think that d/Deaf people need to be more assertive in asking for help, and in being clear about what support they need and if they have not understood something. The GP or other professional should also check that the patient has understood.
* One technique that some GPs are using is called teach-back. It checks that patients have understood everything. This is good as there are lots of people who do not have the confidence to say they have not heard, they just want to finish the appointment as quickly as possible.
* I think that it is very important that d/Deaf people express what they mean and what they need from the member of staff.
* If you say “I beg your pardon, I didn’t hear”, many people say “It doesn’t matter”. I find this deeply offensive; it is treating you as if you are insignificant.
* Honesty is the most important thing. All communication needs to be honest.
* I like to have a text record of appointments and discussions so that there is no ambiguity. I have had electronic notetakers and it is just wonderful to have the notes in front of you, it is just no problem.

1. **Is there anything else that we should think about when recording or sharing information about people’s information or communication support needs?**

### Group 1

* I think that the language is important. ‘Should do’ is better than ‘could do’.
* I think it needs to be made clear that sharing information is not necessarily in breach of a person’s privacy, especially if it is important to support my communication needs. If this involves sharing information with an outside agency then this should not matter either, as this should still be another professional.
* In my view, sharing information about your communication needs is fine. But information about your health needs should not be shared.
* I would not want my social worker to receive information about my health, but I think that my communication needs should be shared [between social care and health services].
* There should be alternative ways for people to communicate with health professionals if they do not use computers, for example lots of older people have health problems but do not use computers.
* Deaf people with mental health problems need particular support from appropriately trained staff.
* I would like to be able to use Typetalk to make the appointment, and then have a BSL interpreter at the appointment with me.
* Technology is not perfect – but the internet, text message or video call are all good.
* The NHS could have a video booking system. There could be a screen which recognises my face and knows that I need an interpreter.
* I can book a doctor’s appointment online – this should be available to everyone.
* Some GPs do not have an online appointment system.
* Online interpretation services must be confidential.
* It is essential that the standard is enforced. Services must be told to do it.

### Group 2

* I think that there should be more advertising about health services and health issues in public places, for example places of worship, health centres, libraries.
* I think that the NHS should consult or listen to d/Deaf people more. If communication with d/Deaf people improved then this would lead to inclusion and equality. I find it very stressful going to hospital but if there was more dialogue with d/Deaf people lots of problems could be solved.
* I think that there should be more dialogue with d/Deaf people. I feel very excluded from society due to difficulties with access. When access is improved then so is equality and you feel part of the community.
* Terminology is important, especially respecting the words that people use to refer to themselves. People describe themselves differently, for example d/Deaf or hard of hearing. This should be respected.
* I think the NHS could be better at signposting to different organisations for support. When I became d/Deaf I went to lots of medical appointments but I was not signposted to other organisations that could help, for example Hearing Link or Action on Hearing Loss. There should be more joined-up thinking – this would really support d/Deaf people. Being put in touch with different groups has helped my communication and helped me to do the things I want to do.
* When I became d/Deaf it affected me very badly, and it affected my family too. Organisations should consider the psychological and social impact of deafness.
* I think the social impact is very important. Deafness can be very socially isolating and I do not think that this is appreciated by many people.
* On the point about signposting, I think you should be signposted to counselling services too. When I was first told I was d/Deaf I found that healthcare staff were not d/Deaf aware and I lost my confidence and was stressed all the time. I had counselling and I got my assertiveness back. I have realised the psychological impact that it can have if your communication needs are not supported. People need to be supported and staff need greater awareness.
* I think that there should be a more holistic approach in the NHS rather than just a focus on the medical aspects. When I was first given my hearing aid my father came to the appointment with me and I thought I could hear again. When I left I realised that I could not hear anything. Nothing was really explained in a good way. It was incredibly stressful.

## Close and next steps

On behalf of NHS England, Sarah Marsay thanked everyone for participating and sharing their views, and thanked Action on Hearing Loss for setting up the workshop.

More information about the accessible information standard, including updates are available at [www.england.nhs.uk/accessibleinfo](http://www.england.nhs.uk/accessibleinfo)