

Making health and social care information accessible

Consultation workshop hosted by SignHealth in Bristol on 22.09.14 (afternoon session)

Notes

Introduction

The event was attended by ten participants. British Sign Language (BSL) interpreters and relay interpreters were present.

Sarah Marsay, Public Engagement Account Manager at NHS England, introduced the accessible information standard, and there was an opportunity for participants to ask any questions.

Note on participants' views

Where participants' views are recorded below, they do not necessarily represent the views of NHS England. The notes are not a verbatim record, rather they are an attempt to present the key points made by participants in order to inform the consultation on the draft standard.

Discussion about the aim and scope of the draft standard

Sarah Marsay talked through information about the aim and scope of the draft standard, including what it is intending to achieve and aspects which have been defined as in and out of scope at this stage, before inviting participants to respond to three key questions.

1. Overall, do you agree with what the standard is aiming to do?
2. Do you agree with what the standard includes?

- “At the moment I have to write things down and explain that I need an interpreter. It is very difficult when staff change.”
- “Will this apply to all services? What about 111? Will we get face-to-face [BSL interpreting] for 111? They have it in Scotland.”
- “When I ask about using email or SMS [text messaging] I am always told that ‘data protection’ means I cannot. They say my husband or son can ring instead.”
- There was a discussion about whether websites are accessible. One participant commented that the W3C [World Wide Web Consortium] standards on accessibility are not very good in terms of d/Deaf access. It was felt that the level of English was too high on many sites, and also that there were lots of people who did not have access to a computer or the internet. There was a fear that if websites were not included in the accessible information standard then d/Deaf access would be missed when NHS England looked at websites in general. Participants also felt that there should be a central place where people could find health information in BSL.

3. What types of information format and communication support should be included on the standard's list?

- “Will the person asking about communication needs know the full range of support that is available?”
- Participants asked about BSL video relay. This was felt to be particularly important for situations like A&E, maternity, or anywhere that cannot be booked in advance. It was also felt to be important for making 999 calls.

Discussion about the detail of the draft standard

Sarah Marsay provided more detail to participants about specific elements of the draft standard, including timescales for meeting individuals' needs, quality considerations, and implementation, before inviting participants to respond to four key questions.

4. Do you agree with what the standard says about how quickly people should get accessible information and communication support?

- Participants discussed how long they would be prepared to wait for information to be put into an accessible format, such as a letter.
- One participant said that they normally have to wait two weeks for an interpreter, but that they might be dead by then!
- Another participant said that waiting just added anxiety, so using something like BSL VRS [video relay service] would possibly be helpful, for peace of mind. The guidance therefore does not need to say “as soon as possible” because VRS means it can be immediate.
- It was accepted that different settings might need different timescales. People expressed frustration at having appointments cancelled because no BSL interpreter was available.
- On a separate point, people said how important it was to know that an interpreter had been booked - otherwise there was always a fear that they would turn up and find there was no interpreter.

5. Do you agree with the quality considerations?

- There was agreement that Level 6 [qualification requirement for BSL interpreters] was important, and that this should be clear in the standard.
- It was also pointed out that it needed to be a Level 6 qualification with the interpreting unit, as there were different possible ‘Level 6 qualifications’.
- Some participants thought it would be better if that standard stated that BSL interpreters used should carry the NRCPD [National Registers of Communications Professionals working with Deaf and Deafblind People] card, and that the standard should include a picture of the card by way of demonstration.

- There was a discussion about NHS staff (non-interpreters) being used as BSL interpreters. There was a fear that staff might step in instead of a qualified BSL interpreter being booked. In addition, because there are so few staff who would be qualified, it was thought it might be better to remove this statement completely.
 - Participants discussed the practical difficulties of using BSL interpreters. Some felt that it might be better to use BSL VRS sometimes, rather than have an interpreter waiting around for when the doctor was ready (for example in a hospital). It was also thought that just having a BSL interpreter for the ward round was not enough; there were a lot of interactions when somebody was on a ward and communication was needed.
6. It is proposed to give organisations 12 months to implement the standard. What do you think about this?
7. What do you think about plans for making sure that organisations follow the standard?
- Participants thought that one year sounded reasonable for implementation. However, there was a worry that the sanctions did not appear strong enough. It was commented that it sounded a bit like “keep your fingers crossed”.
 - One participant wondered whether a quality assessment could be done every couple of years, as part of which NHS England would visit organisations and check that data about people’s information and communication needs was recorded, and feedback being gathered, and then question the Chief Executive.
 - There was also a feeling that fines might be a way of enforcing implementation of the standard.

Close

Sarah Marsay thanked all of the participants for their contributions and thanked SignHealth for hosting the event.