

Making health and social care information accessible

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

Notes

Introduction

The event was attended by five participants.

Lynn Stewart-Taylor from SignHealth gave an overview of the draft accessible information standard and explained that feedback was requested to make sure the final version was as good as it could be. There was a brief discussion about the wider process, and some concern that this might be the last chance for d/Deaf people to make comments.

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

1. Overall, do you agree with what the standard is aiming to do?
 2. Do you agree with what the standard includes?
- Although most of those present had good English skills, there was a feeling that providers should be careful with terms like 'easy read'.
 - Participants thought that remote interpreting should be included: both for when the patient is in the same room as the clinician, and for when the patient was in a different place (for example at home booking an appointment). While it was accepted that not everyone had access to the right technology, people felt this was the way things were moving.
 - Participants were happy with most of the exceptions [exclusions from the scope of the standard], although they wanted to be clear that d/Deaf staff would not be marginalised.
 - There was a strong view that there should be no gaps, i.e. that everyone should be asked whether they have any communication needs. Participants felt that asking questions about communication needs should prevent some actions taking place, for example a referral letter being sent in an inaccessible format. Systems should be able to highlight patients who have not been asked about their communication needs.
 - There was a discussion about the exclusion of websites. It was felt that there should be a central site that d/Deaf people could go to for regularly updated health information in BSL. Participants felt invisible at times.

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

- It was thought that relay interpreters were an important option to include.
- Participants also thought that different formats might be acceptable at different times and that flexibility was very important, for example, recording a need for an interpreter in some settings but different support in others. There was agreement that people should be able to select more than one option. However, there was also a concern that this might encourage services to take the 'easy' option.
- One participant was not sure about the word "help" when talking about hearing aids.
- It was pointed out that some d/Deaf people still liked to use a fax machine. There was discussion about whether an 'app' could be used in the future, as technology develops.

Discussion about the detail of the draft standard

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

- There was some concern over the timescales given to providers to make information accessible.
- There were worries that the phrases "as soon as possible" and "try" [to meet needs] were too vague.
- Participants asked why NHS organisations could not just employ interpreters so they were always available, or at least use a Video Relay Service (VRS). There would then be no reason for not providing an interpreter within a very short timescale.
- Participants felt that providers should keep searching for an interpreter until one was found, and that they should explain the reason why if one was not available, for example, 'we have tried these agencies...'.

5. Do you agree with the quality considerations?

- Participants were uneasy about NHS staff and social care staff acting as interpreters. Sometimes the signing might be good enough, but normally it would not be. Qualified, registered interpreters should be used. Due to these concerns, it was felt that it was safer to remove any mention of staff acting as interpreters.
- Participants said it was important that interpreters had a yellow card [demonstrating membership of the NRCPD (National Registers of Communications Professionals working with Deaf and Deafblind People)] to ensure quality. It was felt that no other standard was acceptable for interpreters used in NHS settings.
- There was also a discussion about choice of [BSL] interpreter and trying to have the same interpreter throughout an episode or course of treatment; this made the experience much easier and meant that the interpreter would already know the background and context of care.

- Participants also discussed how providers could ensure that the quality [of BSL interpreting and translation] was satisfactory. Particularly when large agencies are used there was a feeling that they may not ensure a high standard of provision. Some participants felt that this may be because many of the larger agencies focused on providing foreign language interpretation.
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?
- There was an interesting discussion about enforcement.
 - There was a real fear that the standard might lead to no change after people had got their hopes up.
 - The general feeling was that the measures did not seem strong enough.
 - Participants said they did not want to be asked vague questions, such as 'how was your experience today?' Instead, they wanted more specific questions, such as 'was the interpreter on time?' 'was their level of signing good enough?' 'were you told why no interpreter was available?'
 - There was also a suggestion that it should be possible to make complaints to an organisation or group that fully understand the needs of d/Deaf people. Participants would also like to be able make a complaint in BSL.

Close

Lynn Stewart-Taylor thanked all of the participants for their contributions. Participants asked about the next steps and whether there would be an opportunity to see any final draft.