

# Services for the Deaf

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## Lord Hunt of Kings Heath (Labour)

My Lords, I am very grateful to my noble friend Lord Ponsonby for his initiative and his excellent speech. I declare my interest as chair of an NHS foundation trust, a consultant and trainer with Cumberlege Connections and president of [GS1](#).

**Parliamentary debates about the quality of public services to deaf people are all too infrequent.** Therefore, like the noble Baroness, Lady Howe, I welcome the opportunity to put that right tonight. As noble Lords have said, it is particularly opportune because of the publication on 25 March of this excellent report by the deaf health charity SignHealth. I was very privileged to speak at the conference held on 25 March to launch the report.

As my noble friend said, the report makes very sobering reading. He went through some of the details, but the headline results of issues in relation to deaf people in the health service—underdiagnosis, poorer treatment, poorer communication and lack of accessible health information—are a salutary wake-up call to us all. As the noble Baroness, Lady Howe, said, this has been reinforced by some interesting work by [local Healthwatches](#), which we were sent over the weekend. The noble Baroness referred to Kirklees Healthwatch, but I also notice work in York, Wakefield, Staffordshire, Enfield, Islington and Stockport. All of those [local Healthwatches](#) are doing good work in their areas. I hope that the Government will listen to what Healthwatch is saying and act on some of its recommendations and proposals.

My noble friend referred to a number of recommendations made by SignHealth to try to turn the situation around, such as communications agreements for each deaf person coming into contact with the health service. It is surely a sensible recommendation that they should be able to book appointments online using [SMS](#) text to communicate with services. Also, health information needs to be more accessible in other formats, including [British Sign Language](#) and subtitles. Importantly, there is the recommendation on psychological therapies, which ought to be available to deaf people in British Sign Language nationwide. It has been reported to us that Ministers have turned that recommendation down. I would be grateful if the [Minister](#) could update the House on that. If Ministers have turned it down, does she think that that is consistent with the [Equality Act](#) duty?

I want to ask the Minister about this more generally. She knows that individual [National Health Service](#) bodies and the department's arm's-length bodies have public sector equality duties under Section 149 of the Equality Act 2010. This duty requires public authorities to have due regard to eliminate discrimination between those with and without a protected characteristic and to advance equality of

opportunity between those with and without a protected characteristic. My understanding is that that means removing or minimising disadvantages suffered by people in protected groups and considering steps to meet the needs of protected groups where they are different from those of other people. Public authorities are also under a duty to make reasonable adjustments for disabled people to make sure that a disabled person can use a service as close as reasonably possible to the standard usually offered to non-disabled people. From the SignHealth work, it is pretty apparent that for many deaf people that duty is not being effectively applied. Again, what action are the Government taking to monitor the implementation of the Act's duty and what action will they take if it is clear that public authorities are failing in that duty?

We have had some debate about the necessity of interpreting services. I have been contacted by a general practitioner who is particularly concerned about this issue. She tells me that there is currently confusion in the NHS about the funding for interpreters since the reorganisation and replacement of primary care trusts by clinical commissioning groups. My understanding is that in many parts of the country primary care trusts funded interpreting services but, since they were abolished, there seem to be two problems. One is that clinical commissioning groups have not always been prepared to continue to fund those services. Secondly, there has been the issue of how GPs might obtain funding from [NHS England](#), which is the body that they are now in contract with, for interpreting services within their own surgeries. I understand that, while at first some GPs were successful, there are indications that funding is now being withdrawn. That means that GPs will have to pay for interpreting services out of their practice expenses. Again, I would be interested in what the Minister has to say about that.

The noble Lord, Lord Borwick, made an interesting speech and I certainly take his point about literacy and the achievement of the cochlear implant programme. However, I was delighted with the official recognition of British Sign Language some years ago. I recall the bad old days when some deaf children were forbidden to use sign language at school. We have all moved on from that and, for those deaf people who use sign language, it is important that interpreters are available in the NHS. I also share his concern—he raised the point that we debated in October—about whether enough people are coming forward to train as teachers of deaf children. That is a very important point.

I very much take the point raised by the noble Lord, Lord Addington, about online interpretation. He was really saying that that solution was capable of a much wider interpretation than simply talking about deaf people themselves. We must surely be on the edge of a revolution in communications and the use of [IT](#) in the health service. This could clearly bring great advantages for many people who find communications difficult at the moment, but I do not think it takes away the responsibility of people in the health service to improve the way they do things now. It is very clear that some deaf people are finding services very inaccessible indeed.

## **Lord Addington (Liberal democrat)**

I totally agree with the noble Lord: it is another way of skinning the cat – that is all.

## **Lord Hunt of Kings Heath (Labour)**

The NHS has a long way to go to use the technology that the noble Lord has put forward. I welcome the suggestions that he made.

My noble friend Lord Ponsonby asked the [Minister](#) a number of questions. I would like to put forward a number of proposals for the Government to consider. For many years, the outcome of health services for deaf people has been overlooked. We are talking about a relatively small group of people-people who inevitably find communication difficult. Will the Government consider the appointment of a national champion-perhaps a national clinical director-to champion health services for deaf people? The clinical directors that the department and [NHS England](#) have taken on have been outstanding in giving leadership in relation to a number of clinical areas. I wonder whether, for deaf people in particular, having a champion at national level could help disseminate information and really bang heads together to ensure that much more focus is given to the needs of these people.

Secondly, will the Minister encourage Healthwatch to continue to build on its work to give specific focus on services for deaf people?

Thirdly, will the Minister encourage health and well-being boards at local level to pick up our concerns about across-the-board services? The noble Lord, Lord Addington, made a very strong point about the role of the Minister for the Disabled at national level. At local level, the health and well-being boards could clearly carry out that same function.

Fourthly, will the Minister encourage the development of clinical networks in each local health area so that there is co-ordination of services across primary, secondary and tertiary care as regards the needs of deaf people?

Finally, will the Minister institute regular meetings between deaf organisations and the NHS within each local health area so that there can be proper discussion and debate about the needs of deaf people?

This is a very important debate and I am sure that we all look forward to a positive response from the Minister.

## **Baroness Jolly (Liberal Democrat)**

My Lords, I thank the noble Lord for securing this short debate on the health of deaf people, and I welcome the opportunity to discuss the serious concerns that he raises. This has been a really good, well informed debate and many excellent questions have been asked. I would point out that my scripted speech is six-minutes long, so I hope to answer as many of the other questions as possible within the rest of the time available to me. However, in tested and time-honoured tradition, I will send a letter to all noble Lords to address anything that I have not covered.

I would also like to take this opportunity to pay tribute to the work of SignHealth and the efforts that it has made to achieve equal access to healthcare and better health outcomes for deaf people. The findings outlined in its recent report, *Sick of It*, are truly shocking. The fact that deaf people are more likely to have undiagnosed conditions such as high blood pressure and diabetes and that they are more likely to receive inadequate treatment when they are diagnosed, is completely unacceptable. This Government are committed to delivering health outcomes that are among the best in the world for people with hearing loss.

Before getting to the main issue of the health of the deaf population, I would like to spend a few seconds outlining service improvements to those with hearing loss or who are deaf. These include the rollout of a national screening programme for newborn children; significantly reduced waiting times for assessment and treatment, with almost all patients now treated within 18 weeks, with the average being four and a half weeks; and greater choice of hearing aid services-for example, through independent high street providers. In particular, by taking forward measures which enable the early identification of deafness, we are able to provide a clear care pathway for services and enable parents to make informed choices on communication needs.

However, as SignHealth's report shows, it is in the most basic way that we are failing deaf patients. Small adjustments could make a real difference by enabling those with hearing loss to communicate with their health providers. Have services thought about how deaf patients can book a GP appointment if they cannot just pick up a telephone? Once they have made an appointment, will they know when their name is called or will they be left sitting in the waiting room? Once they get to see their GP or hospital clinician, will they be able to communicate with them? I am sure that SignHealth would readily identify with the questions I have posed.

The noble Lord, Lord Addington, talked about the use of technology in communication, and he brings his personal knowledge to bear. Online signing is something that might be sensible, and an intelligent use of services such as Skype might also be helpful. Critical to all of this-and I shall come to it later- is the co-commissioning of these sorts of services. That sort of approach would not only give patients their dignity but also help make the GP's job more straightforward.

The noble Baroness, Lady Howe of Idlicote, urged noble Lords to carry out checks in their own practices. I do not think that anyone would dare not to do so after that. Certainly with my own practice in Bodmin, in the heart of Cornwall, I can book online to see a doctor or a nurse. When I turn up for a visit I do not talk to a receptionist, I just press a touch-screen pad which asks me for my date of birth and my gender. It then says, "Ah! Are you Mrs Jolly?", and tells me to sit down and wait. All those services would work perfectly well with deaf people and there is no reason why they should not be replicated throughout the land. What happens behind the consulting room door may not be as good as all of that-I just do not know.

There are currently over 10 million adults in England living with hearing loss; the [World Health Organisation](#) estimates that by 2030 the figure will rise to 14.5 million. It is therefore vital that health and social care services are geared up to be able to communicate with deaf people and those with hearing loss in order to promote good health and address their health needs. All options should be considered. The noble Lord, Lord Hunt, told the House about the public sector equality duty. This requires all public bodies, including those who provide health and social care, to, "advance equality of opportunity" and to,

"have due regard to the need to eliminate discrimination".

SignHealth's *Sick of It* report is right to remind deaf people that they have a right to complain when a service provider has not taken their particular needs into account. However, it is up to the service providers to anticipate the requirements of disabled people and the reasonable adjustments that may have to be made for them in advance, before any disabled person attempts to access their service. The reasonable-adjustment duty is an anticipatory duty, so it is just not acceptable for health services not to be equipped to provide communication support for those who need it. This may involve the use of [British Sign Language](#), but it may also involve the use of basic technology such as display screens in GP waiting rooms. It may also involve something as simple as text messaging-nearly all noble Lords referred to that-as all of us become increasingly reliant upon this and other electronic forms of communication.

My noble friend Lord Borwick talked about skills possibly being superseded by technology and referred to cochlear implants, texts and the internet. I defy any noble Lord not to be touched by the moving story of Joanne Milne as she heard for the first time this week but a lot of this will take a long time to roll out. It will take a while before the youngsters reach the age of older people who are deaf or have hearing loss. This will not be an instant fix.

I am happy to be able to report that progress is being made on the NHS information standard. As part of the commitment to improve the experience of patients using NHS services and empower people to be equal partners in their own care, [NHS England](#) is developing an information standard for the provision of accessible, personalised information. The standard will ensure that disabled patients, service users and carers receive information from NHS bodies and providers of NHS care in

formats that they can understand. It also requires that they receive appropriate support to enable them to communicate with service providers. Successful implementation of this information standard will improve the health outcomes and experience of disabled people. It will also reduce the number of appointments and screening opportunities missed by patients who have received invitations or information in formats that are inappropriate for them. It is intended that the standard will be finalised in late 2014, with organisations required to comply in 2015. Alongside the statutory information standard, NHS England will publish guidance on making reasonable adjustments to meet the communication needs of service users with disabilities.

We know that there is a need to improve both the commissioning and integration of health and social care services for people with hearing loss, as well as the provision of new and innovative models of care. This is why we are also developing a new action plan on hearing loss. The action plan will identify the key actions that will make a real difference to health and social care outcomes for children, young people and adults with hearing loss. NHS England is currently engaging with a range of stakeholders, including the Department of Health, [Public Health England](#), other government departments and agencies and key stakeholders, and aims to publish the action plan as soon as possible.

I hope that I have been able to reassure the House that the Government have a strong commitment to promoting the needs of deaf people across a range of public services but, in particular, ensuring that deaf people have equal access to health and social care and improved outcomes equal to people who do not have hearing loss. Equality is the watchword.

To answer noble Lords' questions, the noble Lord, Lord Hunt, asked about the decision on psychological therapy provided in British Sign Language and where the responsibility for that should be in specialised commissioning. Following advice from the prescribed specialised services advisory group, and in consultation with NHS England, Ministers have taken the decision that responsibility for commissioning psychological therapies for deaf sign language users should remain with the clinical commissioning groups.

The noble Lord, Lord Hunt, also made five points. There was that of the national champion and how to build on the work thus far. I am happy to take that back and will write to him. On health and well-being boards, they should pick up across-the-board services. We hope that they are doing so. I suspect that health and well-being boards will, in their second report for this coming year, pick up on that sort of thing if they are not doing so already. On co-ordination of services, again, it should be within the gift of health and well-being boards to ensure that social care and all health services are not only properly commissioned but also properly co-ordinated. It sounds an admirable idea that there should be regular meetings with the NHS in each local area for people with hearing loss and deafness. I imagine many people with other sorts of disability would like to see that as well. Perhaps that is something that [Healthwatch](#) might be able to facilitate.

Do GPs have to pay for their translation services? Each provider of a public service is responsible for ensuring that they make reasonable adjustments to meet the needs of disabled people. This is not funded centrally but must be found from within local budgets.

The noble Lord, Lord Addington, asked about co-ordinating help for deaf people in other fields, such as education and employment. The [Minister](#) of State for Disabled People, in his capacity as chair of the interdepartmental group on disability, recently wrote to Ministers in other government departments to ask what their departments are doing to support their deaf users.

On the questions of the noble Lord, Lord Ponsonby, about plans to ensure that [NHS Choices](#) increases the number of videos available in [BSL](#), NHS Choices is very keen to provide more BSL content. It has approached SignHealth and in turn secured funding for the existing BSL videos. Noble Lords might be interested to know that there are videos available on: breast cancer, diabetes, heart disease, lung cancer, prostate cancer, back pain, depression and low mood, getting tested for Chlamydia, preventing high cholesterol and tinnitus. Those are the ones currently signed.

What would the Minister recommend to a deaf person who wants to see a doctor but is told that no interpreter is available? We recommend that they lodge a formal complaint with the GP practice. If the complaint is not resolved, we recommend that the complaint is escalated to CCG or NHS England as set out in the complaints procedure.

What does the Minister think would be the best way to raise deaf awareness among staff working in the health service? It is ultimately the responsibility of individual employers to support the development of the staff they employ. However, [Health Education England](#) will provide leadership and work with local education training boards-LETBs-regulatory bodies and health care providers to ensure professional and personal development continues beyond the end of formal training.

What steps will the Government take to encourage NHS England and Public Health England to promote the health of deaf people? The NHS is a universal service for the people of England and NHS England is under specific legal duties in relation to tackling health inequalities and advancing equality. The Government will hold NHS England to account for how well it discharges these duties.

Can we expect NHS computer systems to be able to tell us how many deaf people there are and which services they are accessing? The short answer is regrettably no, not yet. However, the new system being commissioned by NHS England to upgrade the hospital episodes statistics-the [HES](#) service-will mean that they include a richer source of hospital data, plus data from care provided outside hospital. While this will not tell us how many deaf people there are, it will tell us about deaf people's access of services. I am sure other improvements to care data in time will be able to give us the number of deaf people there are.

Will implementation of the proposed information standard be supported by a funded programme which can help to educate and support? As part of the engagement activity, we asked health and care professionals and organisations to advise us as to the challenges they experience in meeting the communication needs of patients, carers and services users, as well as the ways they have identified to overcome the challenges. These will be reviewed. The intention is that the findings will inform the drafting of the standard itself and the development of supporting tools. Regarding the psychological therapies question, following a device from the prescribed specialised services group, Ministers have decided that these services should be commissioned by CCGs.

I move on to the question of the noble Lord, Lord Borwick: what can be done to encourage more teachers to work in this specialist area? Schools and local authorities are responsible for assessing their workforce and have adequate recruitment and training strategies in place. We expect authorities to work with schools so that they know and build the appropriate skills for the teaching workforce, and the DfE is funding scholarships for teachers to develop their knowledge and skills, including postgraduate qualifications. Regarding the question of texting information, this sort of thing is a local decision. I have told noble Lords how my local GP practice chose to sort it, and others may choose to use texts.

On teacher numbers, so far 600 teachers have achieved or are working towards a qualification relating to special education needs, and a further 500 have applied for the current funding round. I have exhausted the supply of responses from the [Dispatch Box](#), but I feel absolutely sure that when we go through *Hansard*, many more questions that will come to light, so we will write a letter to all noble Lords who have taken part in the debate.