

Barriers to care

Listening to d/Deaf Rochdale residents voices

Phase 1



About us

Healthwatch Rochdale is the independent health and social care champion for the Rochdale borough. We are here to listen to local people's experiences of using health and social care services and we use those experiences to help improve services locally and nationally.

Introduction

Over several months, Healthwatch Rochdale received a growing number of negative experiences from Rochdale residents who are d/Deaf or have hearing impairments, shared through our feedback portals regarding local healthcare services.

Common themes and trends emerged from the feedback, with a key overarching issue being significant barriers to accessing healthcare—primarily due to the lack of availability of deaf interpreters for GP appointments, NHS dental services, and Urgent Care.

Rochdale residents who are d/Deaf told us they needed a British Sign Language (BSL) interpreter for appointments. Even though providing a BSL interpreter is a requirement of the Accessible Information Standard, healthcare professionals don't always book one when needed. d/Deaf residents told us this therefore meant they had cancelled or rearranged their appointments.

Under the Equality Act 2010, all public organisations must ensure disabled people can access the services they provide. The NHS introduced the **Accessible Information Standard** in 2016 to ensure people with disabilities, including deaf and hard-of-hearing patients, have an accessible experience when accessing information from health and social care services.

To get a better insight into the barriers being faced we held a focus group in December 2024 in partnership with Trudy Taylor, Head of Patient Experience, Northern Care Alliance NHS Trust.



During this focus group, we employed two deaf interpreters who helped us listen more deeply to people's experiences. We were also joined by three local deaf interpreters who regularly support residents in Rochdale.

From those who spoke to us 12 residents identified as d/Deaf.

Quotes from the meeting and highlights from people's experiences will be shared within this report.

Our Findings

For clarification:

- "deaf" is used to describe someone who does not hear very much. They may lipread or actively listen using a hearing device such as a hearing aid or Implant. Their first language is primarily English. Frequently deaf people use loop systems, Bluetooth and/or additional assistive devices.
- We use "Deaf" with a capital D to refer to people who have been deaf all their lives, or since before they started to learn to talk. They are pre-lingually deaf. It is an important distinction, because Deaf people tend to communicate in sign language as their first language. For most Deaf people English is a second language, and understanding complicated messages in English can be a problem.

(The Deaf Health Charity SignHealth)

The d/Deaf participants in our focus group identified and highlighted some key barriers to accessing health care across Rochdale and Greater Manchester based on their lived experiences of the services.

Key Barriers to Healthcare for d/Deaf People – Summary

The main issues identified include:

1. **Lack of BSL Interpreters:** Despite legal obligations under the Accessible Information Standard, healthcare providers frequently fail to book BSL interpreters, leading to missed or postponed appointments. This affects GP visits, hospital care, urgent care, and maternity services.
2. **Communication Barriers:** d/Deaf patients often struggle with written correspondence, which may be complex or require reliance on family members to interpret. Additionally, reliance on telephone communication excludes many d/Deaf individuals, leading to missed appointments or miscommunication.

3. **Parking Difficulties:** Participants reported issues with finding suitable parking spaces, causing delays that sometimes resulted in being refused treatment.
4. **Lack of Flexibility in Appointment Scheduling:** Fixed appointment slots with limited flexibility make it challenging for d/Deaf patients to arrange their preferred interpreters or manage childcare and travel.
5. **Hospital and Urgent Care Challenges:** Incidents of interpreter absence at critical moments such as maternity care, urgent care visits, and hospital appointments were common. Patients experienced delays, distress, and poor treatment outcomes due to these gaps.
6. **Primary Care Issues:** GP practices often lacked awareness of d/Deaf needs, failed to use text services for communication, and relied heavily on verbal announcements, creating further barriers.
7. **Pharmacy and Dental Care:** Issues such as incorrect prescriptions, poor communication methods, and reduced access to interpreters resulted in delayed treatment and increased health risks.

CAR PARKING

There was a thoughtful and lengthy discussion about the challenges of parking when attending health appointments. Many felt that there should be designated parking spaces for patients with additional needs who don't have a Blue Badge.

"Sometimes car parking takes so long, traffic, roadworks also factor in and if on public transport – it's not reliable. If there was a designated space for us – great. It would really help us, it's not that easy for us to ask for directions to a certain building or ward for example. If there was designated space on the hospital map, then we could navigate better to where we need to go once parked up."

Parking issues, at hospitals, has caused almost all the participants problems at some point.

*"I had an appointment, ensured i arrived in plenty of time, then it took over 45 minutes to find a parking space. This made me late for my appointment. The problem being there is only an option to **ring** this number if you are going to be late – what about those of us who do not have that luxury?"*

Three participants shared that they had been refused appointments because they arrived late— caused by difficulties finding parking. This not only affected their ability to receive care, but also meant interpreters, who had already been booked, went unused. The group raised concerns about the potential cost to the NHS caused by this barrier.

Appointments

Most people in the focus group said that appointment times weren't flexible or suited to their needs. They often receive letters with a set date and time, with no option to change it. If they can't attend, they're told the next available appointment might not be for another six months or more.

Participants shared that they want to be able to book interpreters they know, trust, and feel comfortable with—people who understand their needs. However, these interpreters aren't always available at the set appointment times, and there's often no option to reschedule.

This lack of flexibility also affects other important arrangements, like childcare and travel.

SECONDARY CARE:

URGENT CARE/A & E

Two participants shared that when they visited the Urgent Care Centre in Oldham, they were told that d/Deaf interpreters weren't available because it was "nighttime." As a result, they had to leave while still in pain or feeling unwell. However, one interpreter at the focus group explained that they have responded to requests for d/Deaf interpretation at night in places like Salford on many occasions. This suggests that access may depend on the knowledge of the receptionist on duty and whether they know who to contact for support.

Maternity

A local interpreter shared an incident where she had to support a female family member during childbirth at Royal Oldham Maternity via Zoom, because no d/Deaf interpreter was available in person. While this was far from ideal, it was a last resort to ensure the mother's wellbeing. Sadly, the family member has since experienced trauma linked to the lack of communication support during her birthing journey. The situation highlighted the impact of not having reasonable adjustments in place and how the absence of a d/Deaf interpreter contributed significantly to her distress.

A female participant told us about her distress at the lack of care from the Maternity team at Oldham after the birth of her baby. Both herself and partner are d/Deaf, they wanted the baby to immediately have the newborn hearing test, the hospital did not seem to understand their urgency for this, nor did they rush to do it.



Hospital Appointments

Some participants in our focus group have experienced issues when attending pre-booked appointments at Hospitals across Greater Manchester.



"I can see it is the hospital ringing my phone. I can't answer. I then wait ages to eventually get a letter, I've been taken off the list for failing to make an appointment. Back to square one!"

SALFORD ROYAL: One participant shared their experience of attending regular appointments in Salford for ongoing health issues. Each time, they were reassured that a d/Deaf interpreter would be available. However, on five separate occasions, no interpreter was present or failed to show up. In one instance, they believe the interpreter had cancelled in advance, but Salford failed to inform them—leading to yet another wasted journey and added stress to an already difficult situation.

Another participant commented *"I was told there was an interpreter at my hospital appointment. When I turned up -none! I then had to try to write everything down with the consultant doing the same. I needed this appointment!"*

WAITING LISTS: Several participants shared that hospital appointments—either sent by their GP or already scheduled—have been changed, cancelled, or rearranged without their knowledge. Hospitals often try to contact d/Deaf residents by phone, but when the call goes unanswered, the appointment is either missed or changed without proper notice. As a result, people have received letters saying they "failed to attend" or that they've been moved to the bottom of waiting lists due to not responding. Five people in the focus group reported experiencing this issue.

WRITTEN CORRESPONDANCE: A male, British Asian deaf participant told us *"Having to rely on others is unfair, I've had things sent in a letter as they can't facilitate a hospital appointment with an interpreter to give me medical information, but then is another barrier – I need someone to read the letter for me and I don't want to worry my next of kin or other family members. Having to rely on others is not fair!"*

Other barriers from Hospital settings:

- Waiting rooms – "Shouting" name
- Face masks – for those who do lip read
- Having to "ring" for appointments as noted in letter correspondence
- Continuity of needs (d/Deaf, Hard of hearing, Non Verbal) not being transferred onto Hospital notes
- Hospital Text service not always available to use to book/change appointments
- Not automatically booking an interpreter for the appointment at point of making it

- “Sign Live” Service – not available, freezes, digital barrier
- If admitted (emergency) don’t immediately know d/Deaf, and think it is part of the accident or head trauma etc
- Level of Sign language qualification of interpreter makes a difference to patients care especially around complex/health signed words and conditions



“I have refused some (deaf) interpreters as not using the right British Sign Language, we need proper, qualified interpreters not low-rate ones who can potentially harm our health care not help it.”

“Notes are already there, clear for hearing people for example if autistic, it states along with other needs for this condition, makes me feel like a second-class citizen, why are these notes not on our records as d/Deaf people? Twice electronic files have not been updated, when transferred, with my needs.”

One lady shared a frightening experience after having blood tests at the hospital and being discharged home. In the early hours of the morning, she was suddenly woken by the ambulance service, who nearly broke down her door. The hospital urgently needed her to return based on her test results but had tried to contact her by phone—not realising she was Deaf. When they couldn’t reach her, they sent an ambulance to her home. The crew explained they had knocked several times but didn’t know she was Deaf and wouldn’t have heard the banging or phone calls. In the confusion, she had to quickly connect with her trusted Deaf interpreter via Zoom to help her communicate with the ambulance team and understand what was happening

We also heard of the struggles that parents had:

“My son has other needs alongside being deaf, trying to manage appointments with hospitals is quite tiring. We have had appointments cancel us, on the morning, as the interpreter is unavailable. This is disappointing. Never a backup, or alternative suggestion. ”

PRIMARY CARE:

Opticians

Participants of the focus group commented that in many instances people do not understand that d/Deaf people also have barriers when it comes to accessing the Optician.



“We got the wrong prescription of glasses – they were not right, there was no one to deaf interpret the appointment, we got it sorted, but it took many visits.”

Over half of the group said they attend Specsavers because the service offers d/Deaf interpretation support. Participants mentioned that there had been a period when this support was unavailable, which caused some difficulties. However, they were pleased to share that in Rochdale, the interpreter service has recently been reinstated and is now available again.

“When at Opticians they say – is it 1 or 2, I am not verbal and deaf – we had to figure a way out to understand. I tapped once for 1 or tapped twice for 2. There was no interpreter available. We just about managed, but we shouldn’t have to manage.”

The group discussed challenges during eye tests, where d/Deaf residents are asked to communicate letters or numbers from the chart. However, not everyone reads English or knows the individual letters in British Sign Language (BSL), which can make this difficult. Four participants shared that they had been given the wrong glasses or prescription by the opticians, possibly due to these communication barriers.

Dentists

Every member of the focus group raised concerns about dental care in the Rochdale Borough. Four participants said they haven’t seen a dentist since before the Covid pandemic—over four years ago. Two people shared that they were removed from their NHS dentist’s list for missing appointments they were never made aware of.

The group also discussed how, in the past, NHS dentists in Rochdale used “Language Empire” to provide d/Deaf interpreters, which made accessing dental care much easier. However, this no longer seems to be the case. Three local dentists were named where d/Deaf residents had previously experienced no issues, but now only the specialist dental service at Nye Bevan House appears to provide interpreters when requested.

“I have had trouble with my dentures for about 6 months, I have tried to make a Dentist appointment, but they cannot get me an interpreter. I now have an abscess where the dentures have rubbed my gums.”

Three participants shared serious concerns about their children's dental health, explaining that they're unable to access dental care because interpreters aren't being offered. One parent was especially worried about her two primary school-aged children, who are both Deaf, and felt strongly that they should be treated as a priority.

The group also talked about how the setup in dental surgeries can make communication even harder. For people with hearing difficulties, it's often challenging to understand the dentist, who usually speaks from behind and above while wearing a face mask—making lipreading or clear communication nearly impossible.

Pharmacy

The group spoke about issues with prescriptions, with some saying that medication is often missing when they go to collect it. When they try to ask why—usually through gestures—pharmacy staff have told them to “call the GP,” visit the surgery in person, or use the app to request a review. However, all three of these options present barriers for the d/Deaf community.

One participant pointed out that this could lead to serious harm if the correct medication isn't received when it's needed.



“I had medication missing, pharmacy simply did not have it. This medication is needed as its for ongoing kidney issues. Its not just as easy for me to travel around Rochdale asking each pharmacy if they have my prescription.”

A concern was raised about how d/Deaf residents often have to rely on family members to speak on their behalf when collecting prescriptions or discussing issues with pharmacists. While families are trying to help, this was seen as a possible breach of confidentiality and GDPR—something that happens through no fault of their own, but due to a lack of accessible communication support.

GP Appointments

All participants in the focus group are registered with a GP in the Rochdale Borough, but their experiences vary widely.

Four people shared that they had changed their GP within the last two years because they felt their previous practice wasn't meeting their needs—especially when it came to accessing d/Deaf interpreters for appointments.

“It is plain discrimination against us for being deaf. Polish, Urdu, other languages can easily get interpreters at their GP Practice so why not us needing British Sign Language Interpreters?”

Three participants shared positive experiences with their GP practices, where they've been registered for a long time. Their practices also care for other d/Deaf family members, so they understand their needs well. These practices regularly make reasonable adjustments and ensure d/Deaf interpreters are booked for appointments, which has made a big difference to their care.

Six participants felt that their care at the GP Practice could be better.

Two female participants told us they avoided going to their GP as it is too stressful.

"I feel depressed after an appointment; we feel hurt inside and feel our rights to communicate are not being heard by health professionals."

A common view shared by many in the group was that GP reception staff would benefit from better training around accessibility for d/Deaf patients. Participants felt that staff often aren't aware of the correct systems or procedures for booking interpreters or making other necessary adjustments, which can lead to confusion and barriers to care.

"I feel we are treated as second class citizens with no rights. It is a fact that hearing people get treated better than us who are d/Deaf..."

Other barriers from GP practices:

- Waiting rooms – "Shouting" name
- Having to "ring" for appointments as noted in letter correspondence
- Lack of empathy from receptionists
- Accessibility of "Sign Live" service
- Not knowing patients' needs. If patient "hard of hearing" receptionist deciding doesn't need a d/Deaf interpreter
- Seating arrangements – not always best placed to see boards to alert when time for appointment
- Hearing Loop not working
- Expectation to Lip Read- not everyone can do this, not everyone has English as their first language



"I feel that GPs don't want to see us, I have wondered if it has been an opportunity for GP practices to save money by putting up the barriers for d/Deaf people so we don't bother to make appointments. I just don't go. Its that simple. Its not worth the stress I put myself through and the worry."

Conclusions

This report shines a light on the significant barriers d/Deaf residents in Rochdale face when trying to access healthcare. One of the main issues raised was the lack of British Sign Language (BSL) interpreters at GP surgeries, hospitals, and urgent care, which has led to delays, cancelled appointments, and difficulties receiving the right care.

Participants also spoke about challenges with parking, the lack of flexibility in appointment times, and poor communication methods—such as relying on phone calls or letters—which don't always meet the needs of d/Deaf patients.

Additionally, the group also raised concerns about the poor use of the “Sign Live” service, a lack of staff training—especially among reception teams—and unclear processes for booking interpreters. These issues make it even harder for d/Deaf patients to access the care they need.

The report highlights the importance of improving accessibility, ensuring staff are properly trained, and putting better communication systems in place. These steps are vital to making sure d/Deaf residents across Greater Manchester footprint receive fair and equal healthcare experiences.

Trudy Taylor, Northern Care Alliance NHS Foundation Trust summarised *“We thank you for this opportunity today to hear where the gaps are, and I am sorry for your experiences not being what they should. Your feedback is very powerful and by working together; especially knowing things in the moment, the better we can do as an organisation and can action.”*

Recommendations

Under the Equality Act 2010, people who are d/Deaf or have hearing loss have the right to equal access to services.

To improve accessibility, the report recommends:

- ✓ **Installing visual alerts.** For all healthcare settings to have digital boards that flash and show clearly the patients name when it is their turn, or to make use of the vibrating handheld devices that alert patients that it is their turn for their appointment.
- ✓ **Updating patient records to clearly identify communication needs.** For Healthcare providers to review and update patient records regularly to ensure any disabilities or communication needs are clearly recorded. This includes noting when reasonable adjustments are required—such as booking

a d/Deaf interpreter—so that patients receive appropriate support during appointments.

- ✓ **Providing text-based options for booking and changing appointments.** For Health care services to have a text facility option for booking/changing appointments.
- ✓ **Ensuring healthcare professionals wear transparent face masks to support lip reading.** For healthcare professionals to wear facemasks with transparent mouth pieces- “Clear Window Face Masks”.

These recommended improvements aim to reduce inequalities in healthcare access for the d/Deaf community of Rochdale.

Acknowledgments

Healthwatch Rochdale would like to thank the following for their support to enable this focus group to happen and the voices to be heard:

- Sue Cryer
- Karen Ward
- Heidi Crompton (Deaf Interpreter on the day)
- Drew (Deaf Interpreter on the day)
- BACP Community Centre for the use of their venue and facilities
- Trudy Taylor, Head of Patient Experience, Northern Care Alliance NHS Trust
- All participants

Responses

- Greater Manchester NHS Health and social care commissioner
- Heywood Middleton and Rochdale locality
- Northern Care Alliance

Healthwatch Response Deaf Residents feedback

Dental Practices

Thank you for your report dated 8th May 2025. The NHS GM Primary Care Team has responsibility for the commissioning and contracting of Primary Care across Greater Manchester, including dental services.

As you are aware as commissioners of dental contracts there are steps, we can take to support and influence dental practices as independent contractors to implement changes and the HealthWatch reports shared set out some opportunities for us to introduce some further steps. In addition to this, and whilst the report relates to matters identified within Heywood, Middleton and Rochdale (HMR), we would be keen to apply any actions to dental practices across Greater Manchester.

Your reports set out some opportunities for us to introduce and/or enhance our provision and as we recognise the needs of the d/Deaf community are immediate and are keen to address them as quickly as possible

Interpretation and BSL

BSL interpreters are commissioned by the NHS GM ICB for all primary care across Greater Manchester, including in HMR.

Further guidance is due to be issued to all primary care providers, including dentists, regarding the steps they need to take to access BSL interpreters as part of the wider interpretation service in place.

Response

- Similarly to General Practice, staff training for dental practice staff relating to d/Deaf awareness to be offered to enable staff to meet the support needs of patients with additional communication needs.
- Continued work to ensure the digital special needs flags are in place and fully utilised.
- Ensuring every dental practice has up to date details of how a d/Deaf patient can:
- Amend their appointment via Interpretation and Translation Service text/reply number.
- Check a BSL interpreter has been booked for their appointment.
- Book a BSL interpreter via the Interpretation and Translation Service text/reply number.
- When no interpreter is available patients are communicated with in a timely way.
- Clarification on incorrect assumptions such as the "Two-Week Rule"

A number of recommendations are addressed below: (Report Phase 1)

| | Healthwatch Rochdale Recommendation December 2024 (Report Shared May 2025) | Dental Response August 2025 NHS GM Primary Care Team |
|----|---|--|
| 1. | Installing visual alerts. For all healthcare settings to have digital boards that flash and show clearly the patients name when it is their turn, or to make use of the vibrating handheld devices that alert patients that it is their turn for their appointment. | Where digital boards are not in place Dental practices will be reminded to ensure patients are collected in person from the waiting area. |
| 2. | Updating patient records to clearly identify communication needs. For Healthcare providers to review and update patient records regularly to ensure any disabilities or communication needs are clearly recorded. This includes noting when reasonable adjustments are required—such as booking a d/Deaf interpreter—so that patients receive appropriate support during appointments. | There is the facility on the clinical practice systems to flag individual patient needs. We will ensure that all Dental practices are reminded that they need to record d/Deaf status for their patients. |
| 3. | Providing text-based options for booking and changing appointments. For Health care services to have a text facility option for booking/changing appointments. | We will work with Dental practices to support enabling easier access for patients who are d/Deaf. |
| 4. | Ensuring healthcare professionals wear transparent face masks to support lip reading. For healthcare professionals to wear facemasks with transparent mouth pieces—“Clear Window Face Masks”. | Dental practices will be reminded that they should make suitable provision available for d/Deaf patients to improve their experience when attending a dental appointment. Communication is acknowledged to be critical to this. |

Healthwatch Response Deaf Residents feedback

Primary care: General practice (GP)

Thank you for the comprehensive report in your email dated 8th May 2025. These provide valuable insight into the thoughts and experiences of our d/Deaf patients and carers across our locality.

Within this response I will seek to address the recommendations you have made which are most relevant to the General Practice services.

Although there are a number of arrangements in place to try and support the provision needed for this proportion of our population, we recognise that there are limits with these and often significant variation regarding how arrangements are put in place and how effectively they are across primary care providers

As you are aware as commissioners of GP contracts there are steps, we can take to support and influence GP practices as independent contractors to implement changes and the HealthWatch reports set out some opportunities for us to introduce some further steps.

A summary of the proposed actions is provided below.

BSL Interpreters

BSL interpreters are commissioned by the NHS GM ICB for wider primary care and General practice to access in HMR locality. However, it is clear from your report that despite previous communication being issued to all primary care providers a number of GPs may be unaware of this and this has meant that in some instances patients have not been able to access this support.

Further guidance will be issued to all GPs regarding the steps they need to take to access BSL interpreters. We will also contact GM wider primary care teams and request that further information regarding access arrangements is sent again to all HMR locality wider primary care providers.

In addition to the above communications via the HMR GP bulletin the information is shared via email and on the NHS futures site(which all HMR GP practice Managers have access to). Access to BSL will be an agenda item on GM ICB update on all Primary Care Network (PCN) meetings over the forth coming months. These meetings are attending by GP partner from each GP practice and lead GPs will be asked to highlight this issue to staff and cascade of information to their practice teams

Primary care issues

The HMR locality Primary care team will also use the PCN agenda slot to highlight the issues you have raised in the report regarding GP practices lack of awareness of d/Deaf needs, failure to use text services for communication, and reliance on verbal

announcements and to ask lead GPs to take these discussion back to their own practices and to look at how they can remove and or reduce some of the issues that create barriers for d/Deaf patients accessing their services.

We will ask lead GPs to arrange for greater use of visual aids including TV screens in practices to provide information.

Most GP practices do not routinely use face mask as part of their consultation but where this is standard practice e.g. minor surgery procedures etc. we will remind all practices of the need to have a stock of clear face masks in order to support the needs of d/Deaf patients.

We will work with GP practices to support them to review their current practices and implement changes this will include a follow up with the PCNs to update on actions taken.

Progress will be monitored and reported on via PCOG and PCCC and via regular updates between Head of Primary care and HealthWatch Rochdale CEO.

Our response to the specific recommendations within your reports is as follows

Listening to Deaf Residents Voices December 2024 phase 1

| | Healthwatch Rochdale Recommendation December 2024 (Report Shared May 2025) | Primary Care: GP Practice Response June 2025 Nadia Dove Associate Director Transformation and Delivery |
|-----------|---|--|
| 1. | Installing visual alerts. For all healthcare settings to have digital boards that flash and show clearly the patients name when it is their turn, or to make use of the vibrating handheld devices that alert patients that it is their turn for their appointment. | It is our understanding that GP practices have access to digital boards to call patients into consultation rooms. Where these are not in place patients are collected in person from the waiting area. To support this recommendation we will ask all GPs to confirm that these arrangements are in place. |
| 2. | Updating patient records to clearly identify communication needs. For Healthcare providers to review and update patient records regularly to ensure any disabilities or communication needs are clearly recorded. This includes noting when reasonable adjustments are required—such as booking a d/Deaf interpreter—so that patients receive appropriate support during appointments. | There is the facility on the EMIS system to flag individual patient needs. We will ensure that all GP practices are reminded that they need to record d/Deaf status for their patients. |

| | | |
|-----------|---|--|
| 3. | Providing text-based options for booking and changing appointments. For Health care services to have a text facility option for booking/changing appointments. | The NHS App and PATCHS provide the facility for digital booking. We will work with GP practices to support enabling easier access for patients who are d/Deaf . |
| 4. | Ensuring healthcare professionals wear transparent face masks to support lip reading. For healthcare professionals to wear facemasks with transparent mouth pieces- "Clear Window Face Masks". | Most GP practices do not routinely use face masks as part of their consultation but where this is standard practice e.g. minor surgery procedures etc. we will remind all GP practices of the need to have a stock of clear face masks in order to support the needs of d/Deaf patients. |

Healthwatch Response Deaf Residents feedback

Secondary care: Rochdale and Oldham Care Org, Nother Care Alliance NHS Trust

Firstly, thank you for your comprehensive report in your email dated 8th May 2025, into the thoughts and experiences of our d/Deaf patients and carers. Whilst we were clearly aware of the additional provision needed for this proportion of our population, it is clear we can do more to improve their experiences within healthcare.

Your report sets out some opportunities for us to introduce and/or enhance our provision. Based on these and following your focus groups, our Patient Experience team have reviewed our current provision against your findings and set some objectives to make improvements.

The first of these, to drive the whole project forward, was to develop an overarching Five Year NCA d/Deaf Improvement Strategy. This has been approved by the NCA Experience Group and NCA Quality and Performance Committee during May 2025 and will be submitted to the NCA Board for final approval in July.

The strategy approaches our improvement challenges through 6 key workstreams. These are presented in detail in Appendix A to this letter.

For clarity, there are two recommendations not explicitly captured/answered in the strategy and therefore these have been addressed in Appendix B.

Alongside the above, several resources have been developed to assist staff in developing their d/Deaf provision at local level. Examples of these are shown in Appendix C.

At Rochdale, we recognise the needs of our d/Deaf community are immediate and are keen to address them as quickly as possible. Therefore, we have already begun to develop a detailed action plan to specifically address the recommendations within your reports and to begin to enhance our provision, ahead of the Board sign off (see appendix D). However, please note:

- a) we have not included Primary Care Issues, GP, Pharmacy, Dental Care or Opticians in our plan as these should be captured by our commissioning colleagues.
- b) A number of recommendations are addressed by the same action(s). For ease of reference, each recommendation has been listed, but the action may be cross referenced to another.

(Appendixes available upon request)

| | Healthwatch Rochdale Recommendation December 2024 (Report Shared May 2025) | Secondary Care: Northern Care Alliance NHS Foundation Trust June 2025 Kay Miller Deputy Director of Nursing Oldham and Rochdale Care Organisations |
|-----------|---|--|
| 1. | Installing visual alerts. For all healthcare settings to have digital boards that flash and show clearly the patients name when it is their turn, or to make use of the vibrating handheld devices that alert patients that it is their turn for their appointment. | We are testing 8 x of these waiting room TVs with “patient call facility” across the NCA Outpatient Depts. Rochdale has currently fitted 2 of these. This is being overseen by our Estates Manager and following an evaluation, a decision to install more will be made. for per CO. |
| 2. | Updating patient records to clearly identify communication needs. For Healthcare providers to review and update patient records regularly to ensure any disabilities or communication needs are clearly recorded. This includes noting when reasonable adjustments are required—such as booking a d/Deaf interpreter—so that patients receive appropriate support during appointments. | <p>As part of our Strategy Workstreams:</p> <p>Deliver improvements that result in more positive experience for d/Deaf service users using NCA services.</p> <p>We know we will improve the health outcomes of d/Deaf service users when we remove communication barriers.</p> <p>We should also see confidence return to service users who have had a previous poor experience with us, this should enable us to see a reduction in complaints and concerns. Complaints often result in effective action plans, but these are not widely shared.</p> <p>We have created a root cause analysis tool so we can capture the issues and understand causes, which has yet to be properly embedded by relevant teams.</p> |

Additionally Patient Communication Passport to be in use

The image shows three versions of the 'My Communication Needs' passport. The first is a blue version with three yellow icons (eye, hand, ear) and the text 'The Accessible Information Standard (SCCI 1605 Accessible Information)'. The second is an NHS version with the NHS logo and text: 'This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact the service or clinic you are attending to discuss your requirements.' The third is a detailed form version with the title 'My Communication and Information Needs Passport' and text: 'In accordance with The Accessible Information Standard (SCCI 1605 (Accessible Information)) please accept the below as formal notification of my information and communication needs.' It includes sections for language, BSL interpreter, hearing loop, and other communication needs, with checkboxes and text input fields.

See below Future Recommendation:

Recommendation:

- Ongoing recording of any issues related to d/Deaf patients care.
- All improvement action plans resulting from d/Deaf PALS / Complaints to be shared widely across NCA.
- My Communication Passport embedded to help reduce patients having to repeat themselves.
- All clinical areas to have effective ways to improve colleagues awareness of how best to support patients' communication needs.
- Ensure Friends and Family Test (FFT) feedback survey is accessible to all.

3. Providing text-based options for booking and changing appointments. For Health care services to have a text facility option for booking/changing appointments.

As part of our Strategy Workstreams:

Improve patient access and administration (booking and scheduling) of care episodes.

Actions for the improving patient access and administration workstream include:

- Staff training and d/Deaf awareness to enable staff to meet the support needs of patients with additional communication needs.
- Continued work to ensure the digital special needs flags are working and fully utilised.
- Promoting and dealing with requests sent to the new generic ALS@nca.nhs.uk and dDeafappointments@nca.nhs.uk email address.

| | | |
|--|--|--|
| | | <ul style="list-style-type: none"> Ensuring the standardised outpatient letter includes details of how a d/Deaf patient can: <ul style="list-style-type: none"> Amend their appointment via Interpretation and Translation Service text/reply number. Check a BSL interpreter has been booked for their appointment. Book a BSL interpreter via the Interpretation and Translation Service text/reply number. When no interpreter is available patients are communicated with in a timely way. <p>See below Future Recommendation:</p> |
| <div> <p>Future Recommendations:</p> <ul style="list-style-type: none"> Widely promote the d/Deaf one-page pledge for patients which contains support resources. Ensure new improved patient appointment letter templates are used in all care settings. Explore other digital methods for d/Deaf patients to be able to amend / change their appointments. Create facilities to enable patients to be able to make and change their own appointments and request/change Interpreters. </div> | | |
| 4. | <p>Ensuring healthcare professionals wear transparent face masks to support lip reading. For healthcare professionals to wear facemasks with transparent mouth pieces- "Clear Window Face Masks".</p> | <p>Staff have been provided with details on how to order the specifically designed clear window face masks via the PPE link:</p> |

Clear Window Masks

Promoting
effective
communication

NHS
Northern Care Alliance
NHS Foundation Trust



Please order via SharePoint PPE
link: 'Type IIR Clear facemask'



PLEASE NOTE:

Colleagues please only order as necessary and not to be worn by colleagues and patients where a standard type IIR would be sufficient.

Please consider sharing resources amongst several care settings, so they are easily accessible when required to remove any communication barriers

CARE
APPRECIATE
INSPIRE

Be the difference.

improve health LA10006

©2020 NHS UK

Rights and Responsibilities

The Equality Act 2010 (and the subsequent Accessible Information Standard brought in by the NHS to strengthen this specific aspect) is clear on this requirement. All registered providers must have due regard to the [protected characteristics](#) defined in the Equality Act 2010. A British Sign Language user will be protected under this Act. Healthcare providers must work with a person to make any reasonable adjustments and provide them with support. This is to help them understand and make informed decisions about their care and treatment. This includes the extent to which they may wish to manage these options themselves.

Providers of NHS care must, by law:

- **Identify** people who have any information or communication needs and find out how to meet their needs.
- **Record** those needs clearly and consistently.
- **Flag** their file or notes to make clear that they have information or communication needs and include how to meet those needs.
- **Share** people's information and communication needs with other providers of NHS and adult social care, when you have consent or permission to do so.
- **Meet people's needs** by making sure they receive information that they can access and understand. People should also receive support with communication if they need it.

A private dental provider, who is partially funded by the NHS, must comply with the AIS. If they only provide private work, the AIS does not apply. However, Dentists must still abide by the Equality Act 2010 as a service provider.

1. It is unlawful for a dental provider to ask a deaf person to pay for a sign language interpreter (section 20 (7) of the Equality Act 2010).
2. The decision on whether a dentist must arrange, and pay for, a BSL interpreter depends on an individual assessment of what's reasonable. The courts will decide each case. The [Equality and Human Rights Commission's 'Services, Public functions and Associations: Statutory Code of Practice'](#) confirms that financial help from an NHS England area team could be a factor in this judgement.
3. If a practice fails to apply for available financial help, it could be breaching the duty to make reasonable adjustments and open to legal challenge.

4. If no financial assistance is available, the practice should consider whether it's reasonable to pay for a sign language interpreter. For example, would protecting some appointments for deaf people and booking an interpreter for these be reasonable? If providers do not consider how they might make a reasonable adjustment, they could be open to challenge.
5. If a dental practice refuses to supply a BSL interpreter, they should have evidence that they considered the options for making reasonable adjustments. For example, by investigating support from NHS England or considering paying for an interpreter.

Contact Us



Healthwatch Rochdale
FREEPOST Healthwatch Rochdale
Tel 01706 249 575
info@healthwatchrochdale.org.uk
www.healthwatchrochdale.co.uk



© Healthwatch Rochdale LTD 2025.

Registered Company Number: 08429721

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format, please contact us at the address above.

