healthwatch Rochdale

Barriers to care

Listening to d/Deaf Rochdale residents voices

Phase 2

Introduction

Over several months in 2024, Healthwatch Rochdale received a growing number of concerns from d/Deaf residents and those with hearing difficulties about their experiences with local healthcare services. This feedback came through our online feedback portals and highlighted serious barriers to care.

To better understand these challenges, we held a focus group in December 2024, supported by two local Deaf interpreters and in partnership with Trudy Taylor, Head of Patient Experience at Northern Care Alliance NHS Trust. This work formed the basis of our *Phase 1 Report*.

As part of our continued commitment, a second focus group was held on Thursday 10th April 2025 at BACP on Ramsey Street, Rochdale. Once again, we were joined by two local Deaf interpreters and d/Deaf residents from the borough.

Participants expressed frustration that little progress had been made since the last meeting. The biggest concern raised was the continued difficulty in accessing dental care—particularly the unwillingness of some local dental practices to book d/Deaf interpreters, despite repeated requests.

The group stressed that meaningful change is needed and called for greater accountability from decision-makers.

Throughout this report, we will share direct quotes and personal stories from the focus group to give a deeper insight into the lived experiences of d/Deaf residents in Rochdale.

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 and Bluetooth ad 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 re-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 in Dental settings**: Despite legal obligations under the Accessible Information Standard, Dental practices fail to book or offer BSL interpreters, leading to missed or postponed appointments alongside d/deaf residents not being able to have a dental pathway of care. Additionally Emergency dental access is not adapted for d/Deaf needs.
2. **Communication Barriers**: A lack of visual alerts in waiting areas – oftentimes patients miss their turn. Additionally, the use of 'Two-week rule' wrongly applied to emergency/short notice interpreting and staff not making use of Emergency interpreting tools (e.g. Sign Live, 999BSL). The 999 system not suitable for d/Deaf users.
3. **Digital and Technology Barriers:** No screen systems to alert patients visually in waiting areas. Many healthcare settings have either unreliable or no accessible Wi-Fi, which creates a major barrier for d/Deaf patients who rely on services like *Sign Live* for communication. The NHS app is not always accessible to d/Deaf users. Phone-only GP appointment systems and hospital appointments needing to be rearranged via a switchboard only, excludes d/Deaf patients.
4. **Interpreter Bookings and Appointment Scheduling**: Fixed appointment slots with little to no flexibility can make it difficult for d/Deaf patients to receive consistent and effective care. Interpreters are often booked for limited time periods, and if appointments overrun or are delayed, support may not be available throughout the visit. In addition, interpreters are not always given advance details about the appointment, making it harder for them to prepare and provide the best possible support. In hospital settings, some patients reported long delays before a d/Deaf interpreter arrived, causing distress and communication breakdowns. The group also raised concerns about inconsistent interpreter booking policies across services. In some cases, cost-saving measures appear to restrict access to interpreters, further disadvantaging d/Deaf patients and affecting the quality of their care.
5. **Staff Attitudes and Training Gaps:** Reception staff blame interpreters for no-shows and myths persist about interpreter availability and booking pathways.

The conversations suggest a lack of health care professionals' being provided with d/Deaf awareness training.

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. **Inappropriate Use of Family Members:** Family members wrongly used as d/Deaf interpreters. This raises legal, ethical, and safeguarding concerns especially around discussing private or sensitive health issues.
8. **Equality and Service Planning Issues:** d/Deaf residents are a small, identifiable community within Rochdale and are still overlooked in service planning. No localized interpreter training within healthcare trusts and Interpreter pay and terms vary significantly. d/Deaf carers are denied interpreter support if not the patient.

TOPICS OF CONVERSATIONS

URGENT CARE/A & E

A Rochdale d/Deaf female resident told us of the issues she had when she accompanied her husband when taken to Urgent Care at Fairfield Hospital.

"I got there with my husband around 7pm at night, we were taken and admitted to the urgent care via the ambulance service as husband had a bad chest, difficulty breathing and I had been panicked. As we were in the waiting area, we almost missed being seen as the nurses came out and shouted us. Surely it should have said on our admission information "DEAF". It was the lady sat next to us who prompted us to see if it was us they were shouting."

Some members of the group also spoke about the lack of effort from staff in Urgent Care. They felt that often staff don't think it is a priority or essential part of their care to have access to an interpreter and are told time and again "they don't work out of hours" or "they are unavailable".

Some d/Deaf residents shared that Urgent Care staff have referred them to the standard "2-week rule" for follow-up or non-emergency care, even when immediate support was needed. In these situations, little effort was made to explore other communication options, apart from offering *Sign Live*—which isn't always accessible due to technical or Wi-Fi issues.

This left participants feeling dismissed and unsupported during urgent health situations, where timely and effective communication is especially important.

Emergency Care Barriers:

- The "two-week rule" for booking interpreters conflicts with emergency appointment needs.
- Some services incorrectly claiming interpreter bookings require two weeks' notice.
- 24-hour emergency interpreter service exists but is underutilized.
- Standard 999 system problematic for d/Deaf users (can't call back, sometimes wrong service arrives).

Hospital Appointments

Some participants in our focus group have continued to experience issues when attending pre-booked appointments at Hospitals across Greater Manchester, mainly around the time allocation of these appointments.

Time allocation of bookings

It seems to be a standard practice for d/Deaf interpreters to be booked in for a 2-hour block for a hospital appointment. d/Deaf residents, and interpreters are telling us this is not long enough.

Participants and interpreters shared that, all too often, d/Deaf interpreters are booked for appointments without being told what the appointment is about. This lack of information is frustrating and can impact the quality of support provided.

Interpreters sometimes need to prepare in advance—for example, learning specific medical terminology or procedures in British Sign Language, or even ensuring appropriate clothing like medical scrubs is available. One interpreter mentioned being exceptionally tall and needing specially sized scrubs, which cannot be arranged without notice. Having just a small amount of prior information—such as the general nature of the appointment—would make a big difference in helping interpreters prepare and provide the best possible support.

If a d/Deaf patient is given a specific appointment slot at a hospital, the chances of it being on time is slim, but if they are awaiting an operation or procedure, and an accident happens, or an emergency comes in, they will get pushed down the queue or even cancelled. Only having a 2-hour slot booked does not offer any flexibility.

Some interpreters are now stating they will only take the booking if it is a standard allocated 4-hour slot, especially for a hospital appointment.

Examples given were:

"I was asked to go and deaf interpret a patient at Salford Royal, they had been in hospital three weeks, on my arrival I was asked to ask them a series of questions one being "Are you allergic to anything…?" Now – this patient had been in that bed for three weeks, being given medications and treatments, it was a bit late down the line me then asking that question." (Interpreter)

"I was in hospital for two weeks before the hospital provided me with a deaf interpreter via their systems, this was after I contacted one of the local interpreters I know asking for her help and she told me to insist. I was not happy. It also makes no sense." (Female deaf resident)

I went into Salford Royal hospital to have some injections. My appointment was for 9:00am – myself and the booked interpreter was both there for 8:45am. After two hours, I then went to get the scan I need before injection administered. Now – my interpreter was only booked 9am – 11am, and they had another booking so had to leave. How is that fair, half of my hospital experience meant I had no interpreter. The hospital booking team should know the process and time frames things take when they are making the initial booking. I am not a medical professional, but I know that most things take longer than two hours.

"As an interpreter, who often does out of hours, evenings and weekends, I find it frustrating when d/Deaf residents are admitted to hospital, and we hear that they have been told that there is no availability. I am available – if my calendar/diary allows. I have before now spent 22 days straight including over the weekend, supporting a deaf patient in a hospital ward. This is their right as a person. The consistency of my presence abled their continuity of care. This is an unusual circumstance; I had to negotiate and agree with the Trust this was essential." (interpreter)

We heard from a d/Deaf resident who had been admitted for day surgery at 10am. While the operation itself went smoothly, it lasted longer than expected. Unfortunately, the interpreter who had been booked was only allocated a two-hour time slot and had to leave before the patient came out of surgery.

As a result, when the patient woke up from the operation, there was no interpreter present to explain what had happened, how they were feeling, or what the next steps were. This left the individual disoriented, anxious, and without vital communication support at a crucial moment in their care.

"This caused distress as not only are you scared about the operation, but you are also alone, and you are deaf so have no idea what they are discussing or trying to tell you."

Other residents shared their concerns about the lack of understanding when it comes to the time allocation for interpreters during hospital appointments. For example, if a patient is booked in for an operation, the booking team should have a general idea of how long the procedure, recovery, and any potential delays might take.

Participants felt it was unreasonable and unrealistic to only book an interpreter for a two-hour slot when the entire process could take up to seven hours. This kind of planning oversight leaves d/Deaf patients without vital communication support for large parts of their hospital stay.

"I was once booked for a 2-hour slot, when I got there on the day not only was it a surgical procedure I was accompanying for, but they had also not prepped or for warned me around this. No notes, and I needed the appropriate scrubs etc and I knew straight away it was going to be longer than just 2 hours that I was needed for. Luckily, or should I say unusually, I had capacity could facilitate this, but often I would not have been able to have done. "

Interpreter Booking Problems:

- Interpreters not being booked for sufficient time (only 2 hours for day case surgery).
- Interpreters now requesting minimum 4-hour bookings for the NCA.
- Suspected cost-saving measures affecting interpreter availability.
- Patients sometimes waking from anaesthesia with no interpreter present (significant clinical risk management issue).
- Unexpected extended interpreter stays affect their subsequent appointments.

Concerns

- Patients sometimes waiting weeks in hospital before securing interpreter services.
- Significant clinical risk management issues (e.g., missed allergy information).

Receptionist Training/Effort

Both interpreters and d/Deaf residents all agreed that receptionists at hospital appointments are frustrating for the following reasons:

- When a d/Deaf patient turns up for an appointment expecting a pre-booked d/Deaf interpreter to be present, and they aren't, the receptionists always blame the interpreter. They say "they haven't turned up" when 99% of the time it has been that they have never been booked. This causes reputational damage to the profession.
- 2-week window myth. d/Deaf patients are told from receptionists that a service needs to be booked in advance "there is a 14 day/two-week window in which we need to notify interpreters to book them" This is not the case. If they put the effort in to contact the interpreters, they can verify there and then if they have availability for a same day or emergency appointment.

I had used the App to get a same day appointment, I had noted on it that I would need an interpreter for this as I am deaf. I got a message back saying that it was too short notice. I rang one of the local interpreters who I use and have known years, and she looked at her diary there and then, said she was available and rang the GP practice back and told them to book her that instant as I needed to be seen, and they hadn't even tried to make this reasonable adjustment. It is not fair and not true that they can't get them on the day at short notice.

Communication Gaps:

- Insufficient information provided to interpreter services (often only patient name, without specialty or procedure details).
- Providers lack understanding of practical needs.
- Health care staff shouting names in waiting rooms causing d/Deaf patients to miss their turns.

BSL 999 APP

WWW.BSL.CO.UK Ofcom approved and provided by Sign Language Interactions. Emergency Video relay service in British Sign Language. Available to download as an App on phone. First launched in 2022. Can make calls to Police, Ambulance, Fire and Coastguard.

One focus group member shared her recent experience of using the **999BSL app** when her husband needed an ambulance. She found the app to be a very helpful tool for accessing emergency services as a d/Deaf person.

However, once inside the ambulance, the video call was cut off due to poor signal—likely caused by the equipment on board. Despite this, she said it was a far better experience than a previous emergency, where she had tried to call 999 directly.

Because she couldn't hear the ambulance crew's return call, there was confusion and concern. The police were mistakenly sent to the wrong address, and the correct ambulance didn't arrive until 3am. The whole situation was incredibly stressful, made even harder by the lack of accessible communication.

EQUALITY

"The d/deaf community is very small in relation to the hearing population. This means that there is a smaller pool of people to cater this need to. Therefore, it should be easier, not harder to ensure that we can get appointment with an interpreter present."

The group also discussed that, while the d/Deaf community in Rochdale may be relatively small, the borough and its surrounding townships are expanding. This includes a rise in the number of residents who are refugees, people seeking asylum, and an aging population—all of whom may have communication or accessibility needs.

Despite this growth, there are still no dedicated health or social care services tailored to meet the specific needs of d/Deaf residents. Participants felt that services have not kept pace with the changing and growing population, and that more inclusive planning is urgently needed.

"Wherever you go, including if you get arrested by the Police, they manage to provide language interpreters for the Rochdale communities. It is a constant access. Why is it so difficult to do it for the d/Deaf community too? Reasonable adjustments need to be queried when services claim they cannot do this."

While there are a few agencies that provide d/Deaf interpreter services in Rochdale and across Greater Manchester, they often draw from the same small pool of interpreters—usually spread across just three or four organisations.

Becoming a fully qualified interpreter takes time, with many spending around nine years to achieve Level 6 qualifications and interpretation certifications.

Despite this, the Northern Care Alliance currently does not offer specific health-related training for d/Deaf interpreters. Many interpreters choose to invest in private courses, taken over several months, to gain a deeper understanding of healthcare procedures, terminology, and patient needs. This lack of formal health training within NHS structures adds extra pressure on interpreters and limits the availability of fully trained professionals within the healthcare setting.

FAMILY MEMBERS

The group strongly reiterated that family members should never be used as interpreters in healthcare settings. By law, a family member cannot act as a medical interpreter for a d/Deaf person.

Fully qualified d/Deaf interpreters are required to sign official disclaimers confirming that what has been interpreted is accurate and truthful. It would be unethical and potentially unsafe to sign this if a family member carried out the interpretation.

Using family members raises serious safeguarding concerns, especially in sensitive or complex situations. Professional d/Deaf interpreters have completed years of training, follow strict ethical codes, and carry appropriate insurance to protect both themselves and the people they support. They are also trained in medical terminology, protocols, and confidentiality—unlike family members, who may interpret based on personal understanding or lived experience.

My son, who is a grown adult, works at a local hospital. He is always being dragged away from his work to help the receptionists or other staff when they have a d/Deaf resident who is signing as they know me and his dad are both deaf. This is not fair on my son, he is not trained, he has a qualification to a level 3 – not 6 and it's a pressure on him. He also doesn't get paid an interpretation rate for this!

Another important conversation within the group highlighted the emotional and ethical burden placed on family members when asked to interpret sensitive or distressing health news—such as a terminal diagnosis or the death of a loved one.

Expecting a family member to deliver such information is not only inappropriate, but also deeply unethical. It places them in an extremely difficult position, both emotionally and morally, and can impact their own wellbeing.

"I especially do not want my mum as a family member to interpret for me, and it has been requested in settings before. If I need to go for women's health issues or things, I want to keep this and my body private and not worry my mum further." (Deaf female resident)

A key point raised during the discussion was the lack of support for d/Deaf individuals who are carers for family members. One example shared was of a d/Deaf woman who holds Power of Attorney and is the unpaid carer for her mother, who has advanced dementia. Despite the daughter being responsible for making decisions and needing to understand medical information, hospitals and healthcare providers have refused to book a Deaf interpreter—stating that the interpreter is not required because the *patient* does not have a communication need.

This is a clear oversight. In cases where the patient lacks capacity, it is the carer who needs to fully understand what is being said and what decisions are being made. Not providing communication support for d/Deaf carers in these situations creates serious barriers to care, confusion, and risk, and fails to respect the rights of carers who play a vital role in their loved ones' wellbeing.

- **Privacy and Dignity Concerns**:
  - Inappropriate reliance on family members for interpretation.
  - Privacy issues when discussing sensitive medical information.

DIGITAL BARRIERS

"By not having a screen that states your name when it is your turn for an appointment in any health care setting, it is a barrier. We can't hear and often can't see as seating is arranged so that often your back is to a doorway, the health care professionals who are calling our name, giving up and presuming we have not attended or gone already."

One recurring issue raised by the group was the lack of reliable internet or Wi-Fi access in hospitals and healthcare settings. Many participants shared that during hospital appointments; they've been told that medical equipment interferes with the Wi-Fi signal. As a result, connections are often weak, slow, or drop out completely.

This is especially problematic for d/Deaf patients who rely on services like Sign Live to communicate. If the video freezes or disconnects mid-conversation, important details can be lost—leading to confusion, stress, and potential risks to patient care.

In addition, many d/Deaf residents face barriers in booking same-day GP appointments, which typically open at 8am. As they cannot use the phone, and often face difficulties with the NHS app, they may need to visit the practice in person—where communication with reception staff can be challenging.

Another concern was the lack of accessible contact details on hospital letters, which almost always include only a switchboard telephone number—making it impossible for d/Deaf patients to follow up or ask questions.

- **Technology Issues**:
  - Sign Live app requires Wi-Fi and Wi-fi access often refused by hospitals.
  - Medical equipment can interfere with Wi-Fi reliability.
  - 8am phone rush for appointments not accessible to d/Deaf patients.
  - Hospital letters use landline numbers rather than text/mobile numbers

Main concern: DENTAL

During the focus group, a member of the Healthwatch Rochdale team contacted Roch Valley Dental Practice at 2pm by phone to ask about their process for booking d/Deaf interpreters. The receptionist (unknown) stated that she would return the call with an update the following week. However, as of 1st May 2025, no follow-up contact has been made (NB).

The receptionist explained that since the practice stopped using Language Empire, they no longer contract with any d/Deaf interpretation service. She also stated that, unlike spoken language interpretation—which is still funded and provided—NHS funding does not cover d/Deaf interpretation.

When asked about the legal requirement under the Equality Act 2010 to make reasonable adjustments for disabled patients, including the provision of communication support, the receptionist said she was unsure and would need to speak with the Practice Manager, who was currently on leave.

It was also noted that the receptionist acknowledged she had never personally received a request for a d/Deaf interpreter before. Importantly, the staff member raised concerns that asking patients to pay for their own interpreter would be unlawful, yet the receptionist was unable to comment further without consulting her manager.

"I recently went to Manchester University Hospital to have a tooth removed and stiches. I am profoundly deaf but can speak and sign but not lip read. This really confused the receptionists when I was enquiring as to where the interpreter was, their misconception was I could talk. They had no d/Deaf awareness or any training around this and it was very clear they were clueless.

One of the difficulties I had with this procedure was that the dentist who was removing my tooth was wearing a full mouth face mask and I really had no idea what was going on.

I have been to other appointments where they have worn clear visors or the masks with a mouthpiece clear, but again these cause issues as they steam up." (Male resident)

It seems that a few of the group have previously managed to get a dentist appointment with an interpreter once, then at a second appointment this has been not provided or offered, or the practice has said there are issues with it.

"I managed to book on as a patient to a Rochdale centre based dental practice. I went in and managed to get the message to the receptionist that I was deaf and would require a d/Deaf interpreter. This was facilitated to my joy the first time, but the second appointment I didn't get one"

One male participant thought this was a common occurrence, new receptionists book them, after the bill arrives, patients are told they can't book an interpreter again, leaving them without essential support for future visits.

Another focus group member said she recently received a text from her dental practice, One Dental, reminding her to book a check-up. However, it was a one-way messaging system—she couldn't reply or ask for an interpreter, making it impossible for her to arrange an accessible appointment.

One female expressed her deep fear that she and her family will be removed from the dental practice's list because they haven't been able to attend appointments for over two years due to lack of interpreter provision. She has been experiencing toothache but has been unable to get treatment, and doesn't know how to access emergency dental care as a d/Deaf person.

This led to a shared concern among group members:

"What are we supposed to do if we need emergency dental care?"

The group noted that NHS 111 emergency dental guidance and information is completely inaccessible—it instructs patients to call a phone number, which is

impossible for d/Deaf individuals. Even if a family member calls on their behalf, there is no clear process to request an interpreter, especially in time-sensitive situations.

Participants reported being told by receptionists that interpreters can't be provided in emergencies, or that they require two weeks' notice, which is not feasible when someone is in urgent pain or distress.

These examples highlight a critical gap in dental and emergency care accessibility for d/Deaf residents, and raise serious concerns around patient rights, communication equity, and health inequalities.

Questions from group around Dental:

- Why do Dentists not make reasonable adjustments?
- Is it not an NHS law that states that children's teeth are a priority (d/Deaf families of d/Deaf children needing interpreters waiting years)
- Who are the Rochdale based "community dental" team?
- If a resident needs to see a dentist as they are awaiting vital hospital treatment/procedure/operation – how would this be facilitated? (EG heart operations require that you have seen a dentist within the month due to complications that may arise from dental issues)

Dental Appointment Issues:

- d/Deaf Rochdale residents facing significant barriers to accessing dental services, despite trying across the townships.
- Some d/Deaf patients cannot register with practices or secure interpreters.
- Patients fear being removed from NHS lists if they miss appointments, but cannot attend due to interpreter unavailability.
- Dental practices wont book in the d/Deaf children as interpreter needed also for parent to attend

Further queries from conversations:

- If you have diabetes, you are required to get diabetic eye screening – how is this done for the d/Deaf community? Is there somewhere in Rochdale who does this?
- Why are there disparities in pay for interpreters – same level of qualification but not same level of pay? New legislation introduced.
- Northern Care Alliance – do they have a specific appointment letter that they send out to patients who are flagged as d/Deaf with reasonable adjustments?
- Why is there not an area on the NHS app to allow facilitation of booking interpreters?
- System – when an appointment is cancelled by Northern Care Alliance sometimes the interpreter doesn't get cancelled. Wasted journey, wasted costs and resource. How can this be improved?

Conclusions

The insights gathered through this engagement with d/Deaf residents and interpreters across Rochdale starkly highlight the persistent and systemic barriers faced by the d/Deaf community when accessing healthcare services. From emergency care and hospital procedures to routine dental visits, the accounts presented show a pattern of unmet needs, miscommunication, and a lack of reasonable adjustments—despite the legal obligations outlined in the Equality Act 2010.

Recurring issues such as the misuse of the "two-week rule," insufficient or incorrect interpreter bookings, and lack of training not only compromise patient safety but also deeply impact the dignity and autonomy of d/Deaf individuals. The inconsistency of interpreter availability during critical procedures and the reliance on family members for interpretation expose clear safeguarding and clinical governance failures.

It is evident from these discussions that a coordinated and informed approach is needed. This must include comprehensive staff training on d/Deaf awareness, system-wide reforms to interpreter booking procedures, investment in accessible technology, and a firm commitment from all health and care providers to uphold the legal and ethical standards of inclusive care, particularly in dentistry.

By listening to lived experiences and taking tangible action, health and care providers in Rochdale and beyond can move closer to a truly equitable system—one in which the rights, needs, and voices of d/Deaf individuals are not only acknowledged but fully respected.

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 and reduce barriers, the report recommends:

1. **Book Interpreters for Longer Time**

   d/Deaf patients need more time at hospital. Book interpreters for at least 4 hours. This helps if the appointment is delayed or takes longer than expected.

2. **Eliminate the mis-use of the "Two-Week Rule"**

   Some staff say interpreters must be booked 2 weeks in advance. This is not true. Emergency and short notice interpreters are available and should be used.

3. **Train Staff in d/Deaf Awareness**

   All healthcare staff should receive mandatory training on how to support d/Deaf patients. This includes not shouting names, understanding communication needs, and not using family members to interpret.

4. **Make Apps and Systems Accessible**

   Allow d/Deaf patients to request interpreters using the NHS App or online. Appointment letters should show if a patient needs support. Make sure systems help, not block, access.

5. **Do Not Use Family Members as Interpreters**

   Family members should not be used as interpreters in healthcare settings. It is neither safe nor private and can place emotional strain on both the patient and the family member. Only trained, qualified interpreters should be used—they have the right skills, follow strict professional guidelines, and are fully insured to carry out the work.

6. **Fix Digital Barriers**

   Show names on screens when it's a patient's turn. Give access to free Wi-Fi for apps like Sign Live. Use texts and emails, not just phone calls. d/Deaf patients need better digital support.

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

APPENDIX : In depth Recommendations:

1. Improve and Standardise Interpreter Booking Protocols

- **Recommendation:** Establish a mandatory minimum booking time of 4 hours for hospital-based appointments involving d/Deaf patients, especially where delays or complex procedures are expected.
- **Rationale:** This allows for flexibility during extended waiting times or procedures and reduces the risk of interpreters leaving mid-care due to time constraints.
- **Include:** Clear advance information (appointment type, setting, expected length) should be shared with interpreters at the point of booking.

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2. Eliminate the Misuse of the "Two-Week Rule"

- **Recommendation:** Dispense with the myth that interpreters require two weeks' notice across all services.
- **Rationale:** Emergency and short-notice interpreting *is* possible, and underutilisation of existing 24/7 interpreting services is leading to care gaps.
- **Include:** Train all front-facing staff (especially receptionists and triage teams) on how to quickly access on-demand interpreter services (e.g., SignLive, 999BSL).

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3. Enhance Deaf Awareness and Frontline Staff Training

- **Recommendation:** Implement mandatory deaf awareness training for all staff, including clinical and non-clinical personnel, with a refresher every 12–24 months.
- **Rationale:** Better understanding of d/Deaf communication needs (e.g., not assuming speech equals hearing, avoiding reliance on family members, not shouting names in waiting rooms) will improve patient experience and reduce clinical risk.
- **Include:** Role-play scenarios, training on reasonable adjustments, and use of communication tools (e.g., visual alerts or appointment displays).

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4. Embed Deaf Accessibility into Digital and Operational Systems

- **Recommendation:** Integrate interpreter request options into appointment booking systems, including the NHS App and practice-level digital tools.
- **Rationale:** This allows patients to flag their access needs independently and ensures interpreter services are not omitted from booking workflows.
- **Include:** Update template appointment letters for d/Deaf patients to reflect known reasonable adjustments and visual alerts for staff.

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5. Protect Patient Privacy by Ending the Use of Family Interpreters

- **Recommendation:** Enforce a strict policy against using family members as interpreters in health and social care settings.
- **Rationale:** Family members lack formal training, present ethical concerns, and compromise both safeguarding and medical accuracy.
- **Include:** Educate staff on legal and professional boundaries, and always prioritise access to qualified, registered BSL interpreters with appropriate insurance and safeguarding training.

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6. Address Digital Accessibility and Connectivity Gaps in Healthcare Settings

- **Recommendation:** Implement inclusive digital infrastructure and communication systems across all healthcare environments to remove technological barriers for d/Deaf patients.
- **Rationale:** Current practices—such as calling patients by name in waiting rooms without visual aids, lack of reliable Wi-Fi for digital interpreter services, and inaccessible communication methods—disproportionately exclude d/Deaf individuals from timely and equitable care.
- **Include:**
    - **Visual Calling Systems:** Install screen-based or pager-style appointment calling systems in all waiting areas so that patients can visually confirm when it is their turn.
    - **Wi-Fi Accessibility:** Ensure stable and secure patient-accessible Wi-Fi across healthcare premises to support the use of tools such as Sign Live and the BSL 999 app. Prioritise Wi-Fi as an *accessibility requirement*, not a luxury.
    - **Alternative Contact Methods:** Ensure appointment booking systems and hospital correspondence include SMS, email, or text relay contact options, not just voice phone numbers.

- **App and Website Improvements:** Work with NHS Digital and local practice software providers to integrate interpreter-request functions and visual communication alerts directly into digital tools (e.g., NHS App, online booking portals).

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- All participants

Responses

Healthwatch Response Deaf Residents feedback

Dental Practices- Phase 2 Report

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"

	Healthwatch Rochdale Recommendation April 2025 (Report Shared May 2025)	**Dental Response** August 2025 NHS GM Primary Care Team
1.	**Book Interpreters for Longer Time** d/Deaf patients need more time at hospital. Book interpreters for at least 4 hours. This helps if the appointment is delayed or takes longer than expected.	This is not applicable to Dental practices.
2.	**Eliminate the mis-use of the "Two-Week Rule"** Some staff say interpreters must be booked 2 weeks in advance. This is not true. Emergency and short notice interpreters are available and should be used.	Dental practices will be reminded that 2 weeks' notice is not required.
3.	**Train Staff in d/Deaf Awareness** All healthcare staff should receive mandatory training on how to support d/Deaf patients. This includes not shouting names, understanding communication needs, and not using family members to interpret.	There is a range of training provided for dental practice staff through a number of forums. There will be a review to ensure that the needs of d/Deaf patients are included within this training. Implement mandatory deaf awareness training for all staff, including clinical and non-clinical personnel, with a refresher every 12–24 months.

4.	**Make Apps and Systems Accessible** Allow d/Deaf patients to request interpreters using the NHS App or online. Appointment letters should show if a patient needs support. Make sure systems help, not block, access.	Appointment booking systems and NHS App is a national product however we will liaise with NHS GM digital colleagues to ensure this feedback is provided. This aligns to the response provided in relation to General Practice. We will additionally ensure that this feedback is provided to national developers.
5.	**Do Not Use Family Members as Interpreters** Family members should not be used as interpreters in healthcare settings. It is neither safe nor private and can place emotional strain on both the patient and the family member. Only trained, qualified interpreters should be used—they have the right skills, follow strict professional guidelines, and are fully insured to carry out the work.	The recommendation is accurate. Family members should **not** be used as interpreters in health care settings. All dental practices will be reminded of this.
6.	**Fix Digital Barriers** Show names on screens when it's a patient's turn. Give access to free Wi-Fi for apps like Sign Live. Use texts and emails, not just phone calls. d/Deaf patients need better digital support.	This is recognised as an area for improvement in some dental Practices. Where WiFi is available in a practice, practices will be asked to share, and are expected to enable the access to Wifi. Practices will be reminded of the requirement to provide this.

Healthwatch Response Deaf Residents feedback

Primary care: General practice (GP) – Phase 2 Report

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

	Healthwatch Rochdale Recommendation April 2025 (Report Shared May 2025)	**Primary Care: GP Practice Response** June 2025 Nadia Dove Associate Director Transformation and Delivery
1.	**Book Interpreters for Longer Time** d/Deaf patients need more time at hospital. Book interpreters for at least 4 hours. This helps if the appointment is delayed or takes longer than expected.	This is not applicable to General Practice
2.	**Eliminate the mis-use of the "Two-Week Rule"** Some staff say interpreters must be booked 2 weeks in advance. This is not true. Emergency and short notice interpreters are available and should be used.	General practice will be reminded that 2 weeks' notice is not required
3.	**Train Staff in d/Deaf Awareness** All healthcare staff should receive mandatory training on how to support d/Deaf patients. This includes not shouting names,	There is a range of training provided for general practice staff. There will be a review to ensure that the needs of d/Deaf patients are included within this training.

	understanding communication needs, and not using family members to interpret.	This will be picked up with the Primary Care Academy.
4.	**Make Apps and Systems Accessible** Allow d/Deaf patients to request interpreters using the NHS App or online. Appointment letters should show if a patient needs support. Make sure systems help, not block, access.	NHS App is a national product however we will liaise with NHS GM digital colleagues to ensure this feedback is provided. Appointment booking systems are also a nationally developed product. We will liaise with NHS GM digital colleagues to ensure that this feedback is provided to national developers.
5.	**Do Not Use Family Members as Interpreters** Family members should not be used as interpreters in healthcare settings. It is neither safe nor private and can place emotional strain on both the patient and the family member. Only trained, qualified interpreters should be used—they have the right skills, follow strict professional guidelines, and are fully insured to carry out the work.	The recommendation is accurate. Family members should not be used as interpreters in health care settings. All GP practices will be reminded of this.
6.	**Fix Digital Barriers** Show names on screens when it's a patient's turn. Give access to free Wi-Fi for apps like Sign Live. Use texts and emails, not just phone calls. d/Deaf patients need better digital support.	GP Practices are expected to enable the access to Wifi. Practices will be reminded of the requirement to provide this. Where the communication system are within local control e.g. GP practices process for notifying patients when the Healthcare professional is ready to see them, we will remind all GP practices of the measures that they should have in place to ensure that d/Deaf patients can access services. In regards to wider national digital infrastructure products that are in place across a range of health care environments, we will liaise with NHS GM digital colleagues to ensure that feedback is provided to the relevant national development teams.

Northern Care Alliance
NHS Foundation Trust

Directors Office

Rochdale Care Organisation
Rochdale Infirmary
Whitehall Street
Rochdale
OL12 0NB

Reference: ST/KM/KJ/050625

Direct Line: 01706 517784

E-mail: kay.miller@nca.nhs.uk

5th June 2025

Dear Kate, (Healthwatch Rochdale)

Firstly, thank you for your two very comprehensive reports 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 reports set 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.

I trust that you will find these actions suitable and sufficient to address your recommendations. If you would like to discuss these in more detail, I, the Deputy Director of Nursing (Kay Miller), Associate Director of Governance (Alan Whittaker) and Head of Patient Experience (Trudy Taylor), who will be leading this, would be happy to meet with you.

Yours sincerely

Kay Miller

Deputy Director of Nursing

Oldham and Rochdale Care Organisations

On behalf of

Steve Taylor

Chief Officer, Rochdale & Oldham Care Organisations, Northern Care Alliance

Appendix A

Strategy Workstreams:

1. 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 AIS@nca.nhs.uk and dDeafappointments@nca.nhs.uk email address.
- Ensuring the standardised outpatient letter includes 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.

Future Recommendations:

- 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.

2. Improve access to interpretation and translation services.

Feedback from our BSL interpreters highlights ongoing challenges for themselves as well as the patient. The interpreters have been invited to be part of the improvement work.

Implementation of this workstream will be overseen by NCA Interpretation & Translation Service and will include:

- Continued operation of BSL / text reply service allowing patients to book and confirm their own interpreters.
- Extending the duration of interpreter bookings.

- Training sessions to promote all aspects of Interpretation and Translation such as when a communication professional should be present, e.g. treatment and consent etc.
- Review, refresh, and promote new Interpretation and Translation posters, with clear and simple instruction for colleagues to access the service.
- Ensure only trained, qualified interpreters should be used—they have the right skills, follow strict professional guidelines, and are fully insured to carry out the work.

  Eliminate the need for family interpreters. Family members should not be used as interpreters in healthcare settings. It is neither safe nor private and can place emotional strain on both the patient and the family member.

Future Recommendations:

- Approve SignLive business case.
- Ensure booking in system 'Zipporah' is as easy to use as possible.
- Explore new digital solutions to help reduce issues with booking of BSL interpreters.
- Continue to capture and record any issues with d/Deaf patient bookings.

3. Improve our colleague's awareness, knowledge, and skills so they can best support d/Deaf service users.

Alongside patient feedback, data from PALS/Complaints and results from a recent audit evidenced that 87% out of 295 staff that completed the survey said that they would like to receive training on effective communication and basic hearing aid maintenance.

Working in conjunction with the NCA Learning and Development and Audiology Team this workstream will include:

- A new intranet page containing information, guidance and support resources to aid colleagues supporting d/Deaf patients and service users with other additional communication needs.
- Clarification on incorrect assumptions such as the **"Two-Week Rule"**
- Roll out of education and training packages across the NCA:
  - The training will utilise readily available, expertly developed training content, sourced from national and local organisations. Where training does not currently exist, the strategy team will work with expert colleagues and other subject matter experts, to develop bespoke training material.
  - Patient Access & Administration have developed a robust training workshop around Effective Communication and will provide a good overview of how best to support service user additional communication needs.
- Maintaining key links with our deaf communities with support from Healthwatch to continue our close collaborative working.
- Continued audit of Hearing devices and testing of new devices

Future Recommendations:

- Hearing devices business case to be submitted and approved.
- Widespread promotion of Effective Communication training resources.
- Compliance with patient communication needs checklist in all care settings.
- Consider Hearing friendly environment accreditation.

4. Improve awareness and understanding for d/Deaf service users so they can independently advocate for their own care.

Improved education is required to ensure d/Deaf service users are aware of the improved changes allowing them the same level of equality as a hearing patient and advocating for their own health and social care.

Future Recommendations:

- Relaunch of My Communication Passport.
- Distribution of Interpretation & Translation Service BSL & PALS text / reply cards.
- Ongoing engagement with d/Deaf service user groups and GM Healthwatch.
- Improved patient information on NCA website.
- Sharing of best practice with colleagues in GM.

The PALS/Complaints text/reply service also allows service users to independently raise any concerns they may have regards their care (including BSL videos for Deaf people who use BSL as their first/only language).

5. Improved access and support when attending urgent and emergency care.

The following are areas of work are underway:

- Reducing variation in access to Interpretation and Translation Services
- Pictorial resources to help bridge initial communication gap.

Future Recommendations:

- A defined pathway to clarify when BSL interpreters are needed.
- SignLive business case to be approved.
- Wi-fi coverage assessment to ensure adequate network so SignLive can be accessed.

6. **Deliver improvements that result in more positive experience for d/Deaf service users using NCA services.**

We know we will improve the health outcomes of d/Deaf service users when we remove communication barriers.

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.

We have created a route cause analysis tool so we can capture the issues and understand causes, which has yet to be properly embedded by relevant teams.

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.

Appendix B

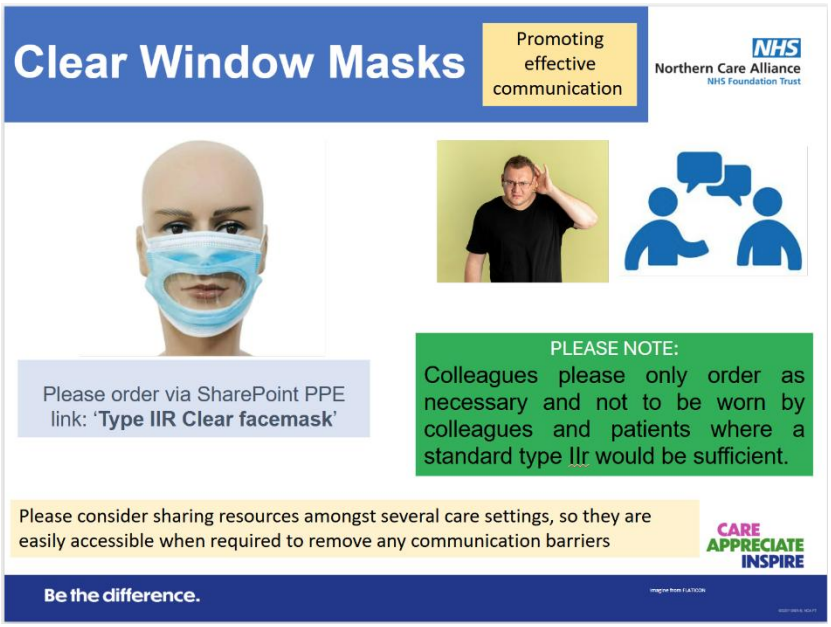
To answer your specific recommendations on both reports, not covered by the above, please be advised:

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.

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".

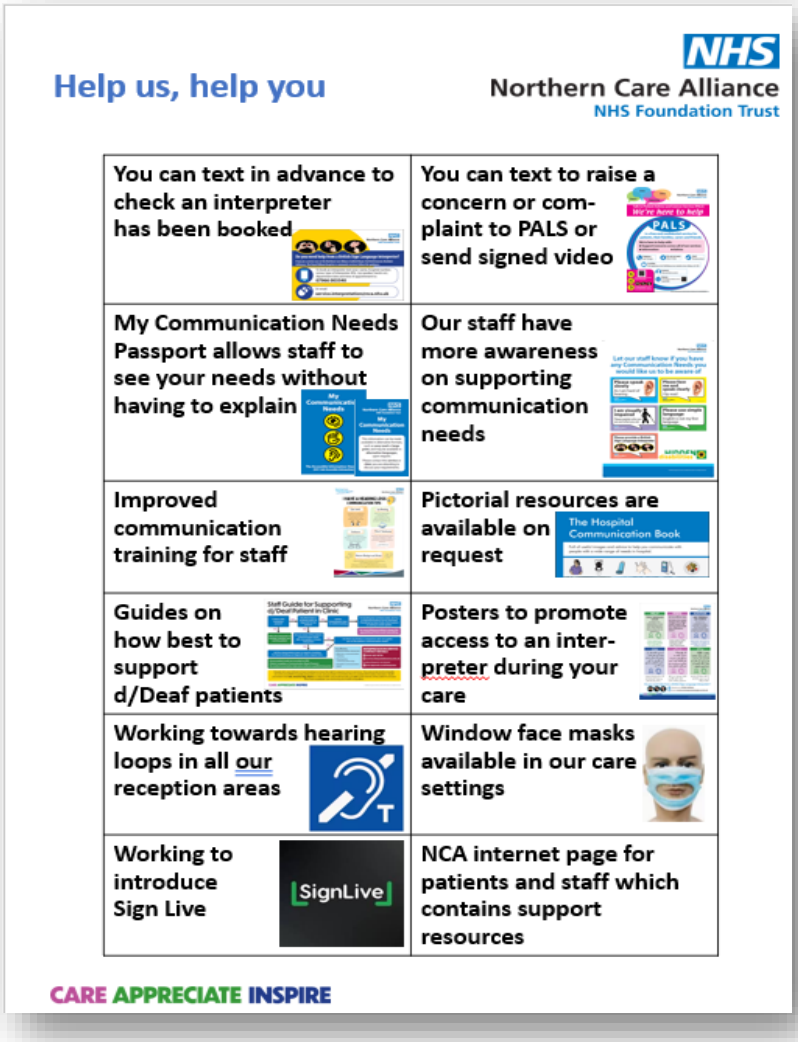
Staff have been provided with details on how to order the speficially designed clear window face masks via the PPE link:



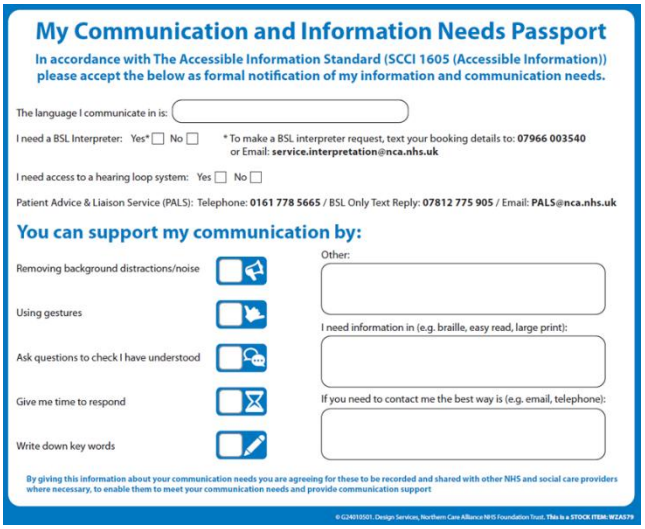
Appendix C

Additionally a variety of support resources have been developed to help staff with their local provision :

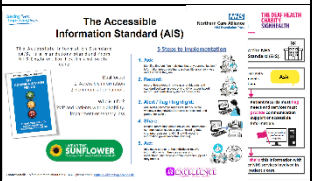
1. Supporting d/Deaf Patients: Our Commitment to Accessible Care

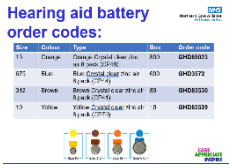
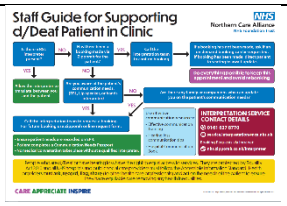


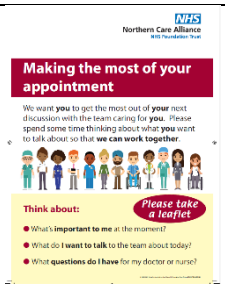
2. My Communication Needs Passport

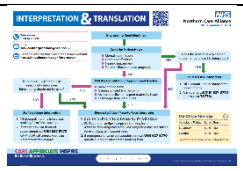
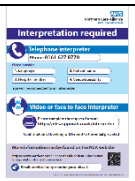


3. Resources Pack

My Communication Needs Passport		These wallet size patient passports will be available in NCA from spring 2025
Reception Area Accessibility Checklist		2-page Accessibility check list for all reception areas to provide guidance on best ways to support
Accessible Information Standard (AIS) Poster		NCA AIS Poster The Deaf Health Charity Sign Health have created this poster to highlight the principles of the AIS.
Communication Needs Poster		Should be displayed in all main reception and clinical areas
I have a hearing loss communication tips poster		Recommended near bed boards of patients with hearing impairment
What is an induction loop system?		Essential guidance should be accessible for all staff who have an induction loop in their care setting.

Adult hearing aid service, Bury Oldham and Rochdale		An information guide for staff who are supporting hospital patients on the ward, in care homes and for housebound patients.
Hearing aid battery order codes		Quick reference guide on ordering batteries for hearing aids.
Staff guide for supporting d/Deaf service users		3 care setting guides available - Inpatient - Outpatient - Urgent & Emergency Care
The Hospital Communication Book		We recommend a copy of these pictorial resources is always available in all care settings
Small drinks communication cards		We recommend a copy of these are kept on the hydration trolley of all care settings. Hard copies available from Experience Team
Clear face masks		Stock information on how colleagues can order clear masks to help reduce communication barriers
Hidden Disabilities presentation		Information and guidance for colleagues on Hidden Disability Sunflower Scheme
Sunflower Staff Lanyards		Information on how staff can access a Sunflower Hidden Disability lanyard (please note these can not be worn in clinical areas)
Making the most of your appointment card		Can be printed or ordered from your stock catalogue now using code **WZA581**

Poster TV Screen Format		Making the most of your appointment Other formats
Making the most of your appointment Top 5 languages		Available as a poster to print or tv screen format
BSL Text / Reply Contact Card		Text / Reply service is now available for d/Deaf users to check on interpretation bookings directly with the Interpretation and Translation Team
BSL Text / Reply Poster		Poster created to promote this service
PALS Poster		New PALS poster includes text / reply number and email to help patients with communication needs
Healthcare sign videos for colleagues	 	Bury People First project on 20 signalong signs NCA and Salford Deaf community with 20 BSL healthcare signs
Access to an Interpreter Poster		Poster in top 5 languages spoken in NCA which promotes the fact patients can ask for an interpreter to support them
Interpretation & Translation Awareness Session		Information slides on up-to-date practice for accessing the Interpretation and Translation Service

How to request an interpreter		New poster to highlight the correct way to book an interpreter
Interpretation & Translation Flow Diagram		Easy to use flow chart to help guide staff on requesting the correct support
Telephone Interpretation quick guide poster		Quick reference guide for colleagues

Training

Deafness and Hearing Loss Awareness Training		Concise effective training material to enhance the awareness and skills of colleagues on how best to support d/Deaf users

Appendix D

Healthwatch Rochdale - Barriers to Care - d/Deaf Residents Voices - RCO Action Plan v1.0

RAG
Not Started
Underway/Ongoing
Complete

NOTE: Where feasible, these actions are Rochdale specific, however, many of the actions will be NCA wide and driven by specilaist departments across the NCA

No	Title	Findings	Action	Action Owner	Due Date	Status	RAG
	OVERARCHING STRATEGIC RESPONSE						
1	NCA Strategic Response	The collection of findings during the focus groups and in the reports have highlighted the need for focused action in this speciaist area.	Draft a bespoke d/Deaf Strategy addressing all of the findings and recommendation from which each Care Organisation should darft a 'local' action plan. This is due to be presented to/approved by the Board in July.	Head of Patient Experience	01/07/2025	Approved by the NCA Experience Group and NCA Quality and Performance Committee during May 2025	
	PHASE 1 REPORT						
2	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.	Introduce a standardised outpatient letter that is a clear and as non complex as possible, that allows d/Dea patients to: - 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 no.	Heads of Patient Experience; and Interpretation & Translation Service			
3	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.	1. See Action 2 2. Ensure the digital special needs flags on patient details are working and fully utilised; and use these to trigger communications in written form (letter/text) rather than telephone.	NCA Interpretation & Translation Service			
4	Parking Difficulties:	Participants reported issues with finding suitable parking spaces, causing delays that sometimes resulted in being refused treatment.	The reports have been shared with our Estates colleagues and any actions will be reported on as we received feedback from them	Estates			
5	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.	See Action 2	Heads of Patient Experience; and Interpretation & Translation Service			
6	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.	See Action 17				

	Hospital Appointments:						
7	Waiting rooms – "Shouting" name	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.	Rochdale currently have 2 TVs with "patient call facility" fitted. Need to undertake an evaluation to determine future provision.	Estates Manager			
8	Face masks – for those who do lip read	Ensuring healthcare professionals wear transparent face masks to support lip reading	Provide staff with the details of how to order the speifically designed and approved clear window face masks via the PPE Link	Comms			
9	Having to "ring" for appointments as noted in letter correspondence	Updating patient records to clearly identify communication needs	See Action 3	NCA Interpretation & Translation Service			
10	Hospital Text service not always available to use to book/change appointments	Providing text-based options for booking and changing appointments	See Action 2	Heads of Patient Experience; and Interpretation & Translation Service			
11	Other Barriers I Hospital Setting	Not automatically booking an interpreter for the appointment at point of making it	See Action 2	Heads of Patient Experience; and Interpretation & Translation Service			
12		"Sign Live" Service – not available, freezes, digital barrier	Increase the accessibility of Wifi, etc to enable devices to operate more smoothly The reports have been shared with our Digital colleagues and any actions will be reported on as we received feedback from them	Digital			
13		If admitted (emergency) don't immediately know d/Deaf, and think it is part of the accident or head trauma etc	Educate UTC staff to be aware to watch for d/Deaf patients, particurly when attending with trauma. Practice Based Educator to undertake a bespoke session	UTC Lead/PBE			
14		Level of Sign language qualification of interpreter makes a difference to patients care especially around complex/health signed words and conditions	Ensure NCA only use **qualified level 6 BSL interpreters** who have experience in supporting patients with their health and social care needs.	NCA Interpretation & Translation Service			

	PHASE 2 REPORT						
15	Book Interpreters for Longer Time	d/Deaf patients need more time at hospital. Book interpreters for at least 4 hours. This helps if the appointment is delayed or takes longer than expected.	See Action 2	Heads of Patient Experience; and Interpretation & Translation Service			
16	Eliminate the mis-use of the "Two-Week Rule"	Some staff say interpreters must be booked 2 weeks in advance. This is not true. Emergency and short notice interpreters are available and should be used.	See Action 17, specifically: Train all front-facing staff (especially receptionists and triage teams) on how to quickly access on-demand interpreter services (e.g., SignLive, 999BSL).				
17	Train Staff in d/Deaf Awareness	All healthcare staff should receive mandatory training on how to support d/Deaf patients. This includes not shouting names, understanding communication needs, and not using family members to interpret.	Work in conjunction with the NCA Learning and Development and Audiology Team to: • Develop and launch a new intranet page containing information, guidance and support resources to aid colleagues supporting d/Deaf patients and service users with other additional communication needs. • Roll out of education and training packages across the NCA: – The training will utilise readily available, expertly developed training content, sourced from national and local organisations. Where training does not currently exist, the strategy team will work with expert colleagues and other subject matter experts, to develop bespoke training material. – Patient Access & Administration have developed a robust training workshop around Effective Communication and will provide a good overview of how best to support service user additional communication needs. Train all front-facing staff (especially receptionists and triage teams) on how to quickly access on-demand interpreter services (e.g., SignLive, 999BSL).	Heads of Patient Experience; and Learning & Development and Audiology			
18	Make Apps and Systems Accessible	Allow d/Deaf patients to request interpreters using the NHS App or online. Appointment letters should show if a patient needs support. Make sure systems help, not block, access.	See Action 2 & Action 12	Heads of Patient Experience; and Interpretation & Translation Service			

19	Do Not Use Family Members as Interpreters	Family members should not be used as interpreters in healthcare settings. It is neither safe nor private and can place emotional strain on both the patient and the family member. Only trained, qualified interpreters should be used—they have the right skills, follow strict professional guidelines, and are fully insured to carry out the work.	See Action 14 & Action 17				
20	Fix Digital Barriers	Show names on screens when it's a patient's turn. Give access to free Wi-Fi for apps like Sign Live. Use texts and emails, not just phone calls. d/Deaf patients need better digital support.	See Action 12				
21	Improve and Standardise Interpreter Booking Protocols	**Recommendation**: Establish a mandatory minimum booking time of 4 hours for hospital-based appointments involving d/Deaf patients, especially where delays or complex procedures are expected. **Rationale**: This allows for flexibility during extended waiting times or procedures and reduces the risk of interpreters leaving mid-care due to time constraints. **Include**: Clear advance information (appointment type, setting, expected length) should be shared with interpreters at the point of booking.	See Action 2				
22	Eliminate the Misuse of the "Two-Week Rule"	**Recommendation**: Dispense with the myth that interpreters require two weeks' notice across all services. **Rationale**: Emergency and short-notice interpreting is possible, and underutilisation of existing 24/7 interpreting services is leading to care gaps. **Include**: Train all front-facing staff (especially receptionists and triage teams) on how to quickly access on-demand interpreter services (e.g., SignLive, 999BSL).	See Action 16/17, specifically: Train all front-facing staff (especially receptionists and triage teams) on how to quickly access on-demand interpreter services (e.g., SignLive, 999BSL).				
23	Enhance Deaf Awareness and Frontline Staff Training	**Recommendation**: Implement mandatory deaf awareness training for all staff, including clinical and non-clinical personnel, with a refresher every 12–24 months. **Rationale**: Better understanding of d/Deaf communication needs (e.g., not assuming speech equals hearing, avoiding reliance on family members, not shouting names in waiting rooms) will improve patient experience and reduce clinical risk. **Include**: Role-play scenarios, training on reasonable adjustments, and use of communication tools (e.g., visual alerts or appointment displays).	See Acton 17				
24	Embed Deaf Accessibility into Digital and Operational Systems	**Recommendation**: Integrate interpreter request options into appointment booking systems, including the NHS App and practice-level digital tools. **Rationale**: This allows patients to flag their access needs independently and ensures interpreter services are not omitted from booking workflows. **Include**: Update template appointment letters for d/Deaf patients to reflect known reasonable adjustments and visual alerts for staff.	See Action 2				
25	Protect Patient Privacy by Ending the Use of Family Interpreters	**Recommendation**: Enforce a strict policy against using family members as interpreters in health and social care settings. **Rationale**: Family members lack formal training, present ethical concerns, and compromise both safeguarding and medical accuracy. **Include**: Educate staff on legal and professional boundaries, and always prioritise access to qualified, registered BSL interpreters with appropriate insurance and safeguarding training.	Strategy Workstream 2, bullet 6 states: - Eliminate the need for family interpreters. Family members should not be used as interpreters in healthcare settings. It is neither safe nor private and can place emotional strain on both the patient and the family member. This will be reinforced through effective comms and supervision See also Action 14				
26	Address Digital Accessibility and Connectivity Gaps in Healthcare Settings	**Recommendation**: Implement inclusive digital infrastructure and communication systems across all healthcare environments to remove technological barriers for d/Deaf patients. **Rationale**: Current practices—such as calling patients by name in waiting rooms without visual aids, lack of reliable Wi-Fi for digital interpreter services, and inaccessible communication methods—disproportionately exclude d/Deaf individuals from timely and equitable care. **Include**: - Visual Calling Systems: Install screen-based or pager-style appointment calling systems in all waiting areas so that patients can visually confirm when it is their turn. - Wi-Fi Accessibility: Ensure stable and secure patient-accessible Wi-Fi across healthcare premises to support the use of tools such as Sign Live and the BSL 999 app. Prioritise Wi-Fi as an accessibility requirement, not a luxury. - Alternative Contact Methods: Ensure appointment booking systems and hospital correspondence include SMS, email, or text relay contact options, not just voice phone numbers. - App and Website Improvements: Work with NHS Digital and local practice software providers to integrate interpreter-request functions and visual communication alerts directly into digital tools (e.g., NHS App, online booking portals).	See Actions 7, 12, 2 and a "Futur Recommendation within the Strategy, Workstream 4 is to "improve information on the NCA Website". This will form part of our futue planning.				

Contact Us

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

Registered Company Number: 08429721

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