



Middlesbrough Redcar and Cleveland Stockton-on-Tees Local Involvement Networks (LINK)

Sensory Impairment Report

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Sensory Impairment

Introduction

At the launch of Middlesbrough LINK in March 2009 it became apparent that there were a lot of issues when accessing health and social care services for those who had a hearing or visual impairment.

Redcar and Cleveland LINK had similar issues raised at their launch also.

Stockton-on-Tees LINK joined the established joint LINK sensory impairment working group following issues raised during their hearing loop study, engagement activities and consultation events.

Since this was such an important issue to all of the LINKs the groups got together to look at the issues and an initial meeting of LINK members and interested people from Middlesbrough and Redcar and Cleveland was set in November 2009. Stockton-on-Tees LINK members joined in mid 2010.

Working Group Remit

To investigate the issues for people, who have a hearing or visual impairment, in accessing health and social care services. Then make recommendations to any relevant health and social care providers.

Working Group

The Sensory Impairment working group was initially set up as a joint working group between Middlesbrough and Redcar and Cleveland LINKs with LINK members and other interested individuals in attendance. It then became apparent that the same issues were affecting people in other areas so Stockton-on-Tees LINK became involved in the working group. A total of 18 people have been involved in the working group. (See Appendix A for working group members)

Background

The working group had their initial meeting in November 2009 and set off to find out what issues were affecting the Deaf community and people who have a visual impairment. The working group along with the host staff attended a variety of meetings and events to speak to people to find out what the issues were.

Within the Deaf community it became apparent very quickly that the main issue that affected them was interpreting services when visiting their GP. The working group decided this was an area they wished to follow up.

For people who are visually impaired there were a number of issues that needed to be addressed with not one standing out over the other.

National Picture

The latest figures from The Royal National Institute for Deaf People (RNID) estimate that there are 8,945,000 people living in the UK that are deaf or hard of hearing¹. Of those 6,471,000 are over the age of 60 and 23,000 are deafblind².

The latest figures from the Royal National Institute for Blind People (RNIB) estimate there are 2,000,000 people in the UK who are living with sight loss which is around one in thirty people³. RNIB also estimate that there are approximately one in five people over the age of 75 who are living with sight loss⁴.

It is important to note that the figures are only estimates and there could be a lot more people who are deaf, hard of hearing, deafblind or living with sight loss. The UK has an ageing population and with one of the key causes of hearing and sight loss being as a result of age the actual figures could be a lot higher than the estimates suggest.

¹ www.rnid.org.uk/information_resources/aboutdeafness/statistics

² www.rnid.org.uk/information_resources/aboutdeafness/statistics

³ www.rnib.org.uk/aboutus/Research/statistics/Pages/statistics.aspx

⁴ www.rnib.org.uk/aboutus/Research/statistics/Pages/statistics.aspx

Local Picture

Middlesbrough

At the moment there are 139,200 people living in Middlesbrough. Out of those there are currently registered with Social Services⁵:

- 858 people who are hard of hearing
- 268 people who are deaf
- 492 people who are partially sighted
- 271 people who are blind
- 15 people who are deaf/blind

Redcar and Cleveland

There are currently 134,600 people living in Redcar and Cleveland. Out of those there are currently registered with Social Services⁶:

- 856 people who are hard of hearing
- 193 people who are deaf
- 448 people who are partially sighted
- 244 people who are blind
- 13 people who are deaf/blind

Stockton-on-Tees

There are currently 191,000 people living in Stockton-on-Tees. Out of those there are currently registered with Social Services⁷:

- 2040 people who are hard of hearing
- 171 people who are deaf
- 566 people who are partially sighted
- 330 people who are blind

⁵ Middlesbrough Council Sensory Support Plan 2010 – 2020

⁶ Redcar and Cleveland Borough Council

⁷ Stockton Borough Council

Local Issues for Deaf or Hard of Hearing People

Interpreters

To be a qualified British Sign Language (BSL) interpreter people have to have a Level 4 National Vocational Qualification (NVQ) in BSL and have to be fully insured. Level 3 is a Communication Support Worker who does not require insurance. Interpreters will also have an identification badge which states they are a qualified interpreter, people have the right to ask to see this badge if they wish.

Interpreting Services NHS Tees

For Primary Care Services NHS Tees currently have contracts in place with three providers of interpreting services. A Primary Care Service is a GP practice, Dental practice, community pharmacy or high street optometrists and around 90% of people's contact with the NHS is through these services⁸. The three contracts they have in place are for 36 months starting from 1st June 2009 and these contracts are held with:

- Everyday Language Solutions
- ITL (Interpreting Line)
- Interpreting Plus

Almost as soon as the contracts were awarded concerns were expressed by deaf people using interpreters. These concerns were related to each LINK in Redcar and Cleveland, Middlesbrough and Stockton-on-Tees. In January 2010 representatives from NHS Tees were invited to the LINK Sensory Impairment working group meeting to discuss what their plans were to improve access to services. NHS Tees responded to the questions posed at the meeting with a letter. The letter recognised that the LINKs were looking into issues regarding people who have a hearing and visual impairment but NHS Tees are currently only addressing issues raised by the Deaf and hard of hearing communities.⁹

⁸ www.dh.gov.uk/en/Healthcare/Primarycare/index.htm

⁹ Requested amendment from NHS Tees: 'The letter recognised that the LINKs were looking into issues regarding people who have a hearing and visual impairment and explained that NHS Middlesbrough and NHS Redcar and Cleveland had identified addressing the issues raised by the Deaf and Hard of Hearing Community as the initial priority for 2010, largely due to the evidence of accessing difficulties which had been received. However the improvements being undertaken were hoped to cut across many sensory areas and work to improve access for the Blind community had already been commenced.'

They have funded 500 free memberships for a year, until the end of March 2011, to the Royal National Institute for Deaf People (RNID) for use across South Tees.

In April 2010 The Access Gateway organised an event at Middlesbrough Deaf centre for the Deaf community to get together to discuss issues regarding interpreting services. LINKs were invited along to see what issues there were to help in the investigation. Representatives from NHS Tees and PALS (Patient Advice Liaison Service) were also at the event.

There were around 50 people at the event from all different areas within the Tees. These are the issues that the Deaf community reported with interpreting services:

- Often interpreters don't introduce themselves at appointments in GP surgeries, a person could be sat waiting not knowing if the interpreter has even turned up
- It's quite a nervous experience wondering who is going to turn up to be your interpreter
- GP appointments can often be to discuss personal things, embarrassing if you don't know the interpreter
- Males having female interpreters and females having male interpreters
- Have to wait two weeks for a GP appointment if you need an interpreter
- Can't wait two weeks if you have an ill child. The child then has to be the interpreter which can lead to upset and confusion for the ill child, they don't understand what is wrong with them
- Doctors are not deaf aware and can be heavy with medical jargon
- Deaf people have more mental health issues than hearing people so what is in place for crisis teams?
- It can often be a struggle to get an interpreter for emergency appointments – it just isn't possible to get an interpreter the same day.
- Interpreters need to know their own limits before taking projects, they can end up giving themselves a bad reputation then people won't use them

- Interpreters often find it difficult to interpret a foreign doctor or one who does not use plain English.
- On some occasions two interpreters from different organisations arriving at appointments which is waste of time and money
- Family members are used as interpreters.
- Need to have interpreters who are experienced as well as qualified.
- A deaf relay service is needed in this area
- The interpreting service would not say who the interpreter would be
- People who have the same interpreter all the way through treatment – or at least not a series of different ones.
- There should be one point of contact
- I didn't like the interpreter they sent me but who should we complain to? PALS? The Interpreter said we should complain to the NHS but who did this mean?
- Deaf people have a right to choice
- Some interpreters don't have the English skills to understand what is being said to them. You need to be fluent both in signing and in English.
- People with mental health problems may need interpreters in an emergency and there needs to be quick access to competent interpreting services.
- Deaf people have a right to an independent advocate if they want to complain
- Top up knowledge for interpreters is essential
- Interpreters should not have to interpret for their own families
- A deaf relative was sent for a memory test. The interpreting service sent an unqualified interpreter. They scored 39/40. We all knew that wasn't right and the interpreter must have been giving the answers. We are now asking for the test to be done again –at more cost to the NHS.

All of these interpreting issues can often result in confusion for the person as they have not properly understood what is wrong with them.

This also results in a bigger cost for statutory services as people have to have repeat appointments. Another main issue that came from the event was that people did not know where to complain to. More awareness needs to be raised about complaints procedures and the needs of the Deaf community when making a complaint.

To respond to this event NHS Tees hosted a further event in September 2010 and invited the Deaf community along with LINKs and interpreting services to discuss the issues and answer any questions people may have. NHS Tees produced a formal response to the questions people asked by producing a Frequently Asked Questions document (Appendix B)

Local issues for people who are visually impaired

RNIB

In April 2010 The Royal National Institute for Blind People launched the Losing Patients campaign. The idea of the campaign was to encourage blind and partially sighted people to ask the NHS for any information given to be in the format they require. Whether this is in Braille, large print or audio, it would mean the person could read the information themselves rather than relying on family members or friends to read it.

The RNIB held an event at the Teesside and District Society for the Blind to launch the campaign, which was supported by the society and Action for Blind People. This was a successful event in which many blind and partially sighted people were in attendance.

A follow up session was held in October 2010 which saw the RNIB and members of the blind community come together to see if any improvements had been made. The people in attendance had reported that there had been improvements and they were receiving the information in the format they requested.

Unfortunately cases have since been reported that people are still not receiving information from the NHS in an appropriate format. The RNIB continue to run the campaign and help the blind and visually impaired community.

Teesside and District Society for the Blind

Following the RNIB event in April the LINK Host staff visited Teesside and District Society for the Blind to ask if they had any issues regarding health and social care services. The Host staff spoke to around 30 people.

These are the issues that they reported:

- Patient information given with prescriptions almost impossible to read – information is in blue which isn't a good colour for the visually impaired to see
- Problems with lifts in the One Life surgery on Linthorpe Road. Everything is in stainless steel so people with a visual impairment can't see the buttons to press and even if they do find them they are not sure which floor they're going to
- No council run transport to hospitals from Redcar and Cleveland - have to pay for expensive taxis everywhere
- When going to James Cook University Hospital there is nobody around to help apart from receptionists who are often busy
- The signs in the pain clinic at James Cook University Hospital are difficult to see
- Hospital staff often have no awareness of visual impairment – E.g. A blind lady had her blood pressure taken while at JCUH and as it was high the nurse asked the lady if she had driven to the hospital as that could have been stressful making the blood pressure high
- More surgeries and hospitals should have yellow stripes going across the steps
- NHS letters not being in large print
- Not enough help offered in GP practices to signpost patients to support/voluntary groups
- Finding telephone numbers is difficult e.g. phoning to get advice or to complain- something that other people take for granted
- Sometimes people have problems trying to get a GP to do a home visit

- Transport – Have to rely on family/ friends, most people use taxis rather than buses which is more expensive. One lady described how she used to panic when the bus came as she didn't know whether she had the right change or not, one bus driver actually said 'are you blind or something?' when she didn't give him the correct money
- A lot of people with a visual impairment don't have the confidence to say that they can't see. One person was in hospital when a nurse asked why they hadn't eaten their breakfast then it came to light that they didn't know the breakfast was there as nobody had told them
- Parking at James Cook University Hospital can often be a problem – This has been addressed by Middlesbrough LINKs Blue Badge Working Group
- Unable to read the patient information given with prescriptions, have to rely on other people when trying to discover the dosage
- One person was told at a GP appointment that they had to make an appointment in 3 months time. When the person tried to make the appointment they were told to book it closer to the time. When the person tried closer to the time they were again told to ring back on a Monday morning. The person persistently called for an hour to be told that there were no available appointments on that day
- Need to have appointments in advance so people can arrange transport and possibly someone to come along and help
- Places having glass doors, people with a visual impairment can't see them. Suggested putting big stickers on them so people know it's a door
- Blind person went to reception in James Cook University Hospital who hadn't been before and was just given a white stick

The majority of people spoken to had family or friends who assisted them when they needed to access services and their main concern was what would happen if they didn't have any help.

The people at the society also told the staff about areas of good practice. They pointed out that the lifts used in the Cleveland Centre had red circles around the buttons so you can see what floor you're going to. They also said that they had contacted Social Services in Middlesbrough and within 5 days they had a hand railing fitted.

A lot of people were in contact with Independent Living for Older People (ILOP) who work with people with a visual impairment and were praised for the support they provided. People were also keen to point out that the Teesside and District Society for the Blind is considered to be a home for some of the people who go there and they're very happy with the support they receive.

It was also recognised that the services they receive from the NHS were good but the main problems were around access.

Consultation Middlesbrough Council

Last year Middlesbrough Council launched their Inclusion Health and Independence Physical Disability Strategic Plan. This is a plan to make sure Middlesbrough Council meet the needs of disabled people in Middlesbrough. As a result of this plan the council recognised that they needed a separate plan for those who had a sensory impairment. Members of the LINK Sensory Impairment working group were involved in gathering people's views for the Sensory Impairment plan.

The plan says what Middlesbrough Council is already doing for people with a sensory impairment and what they plan to do in the future. Some of the things the Council intend to do include working alongside communities to make sure any information is accessible and in an appropriate format as well as developing a Citizens Portal to provide information to people through the Council website.

The Sensory Impairment group and LINK would like to work with other Local Authorities in the same way.

Conclusion

Issues for people who are deaf are significant and could put people at serious risk. The inability to get an interpreter for an urgent GP appointment for example is not only a disincentive to seek medical advice or to inappropriately use family or unqualified interpreters, it also risks misdiagnosis or misinformation about treatment.

Interpreters are vital for the full understanding of medical conditions. Urgent appointments such as a mental health assessment should be interpreted by someone who has particular skills in this area. These are issues that need urgent attention from the commissioning agents.

The LINKs concur with NHS Tees that the issues for people who are deaf need urgent attention but also feel that the issues for people who have a visual impairment should not be forgotten.

Most of the problems faced by people with visual impairment could be addressed by staff training but the inability to read information on medication is a significant risk for people and needs to be addressed urgently.

Recommendations

Deaf Interpreting Services

1. Should be able to get an emergency GP appointment with a qualified interpreter
2. Interpreting service contracts should include:
 - Interpreters having to introduce themselves
 - Choice to have a gender appropriate interpreter
 - Have the right to refuse an interpreter
 - Client to be informed about who is going to interpret
3. When new interpreter contracts go out to tender the Deaf community must be meaningfully involved
4. Have two different contracts for languages and deaf
5. Interpreter link via video service to be considered for emergency appointments

Visual Impairment

1. Pharmacists make sure they don't stick labels on the Braille information
2. Patient information on prescriptions should be available in large print
3. NHS Tees and NHS Foundation Trusts to continue to support the RNIB Losing Patients campaign
4. North Tees and South Tees NHS Foundation Trusts to make sure signage is visible and in an appropriate format
5. Ensure all GP surgeries and hospitals have yellow stripes going across any steps
6. Ensure any glass doors in GP surgeries or hospitals have stickers on so people know it is a door

Complaints

1. Statutory services should ensure that people with a sensory impairment are able to make comments and complaints
2. More awareness raising of who to complain to and need to be able to communicate with them
3. Commissioners of statutory services to consider the needs of people with a sensory impairment when commissioning advocacy services
4. Have information in GP surgeries and hospitals to signpost people to support / voluntary groups
5. Ensure NHS staff have an awareness of sensory impairments

Appendix A

Working Group Membership

Gill Marshall – Middlesbrough Council
Tripta Puri – Redcar and Cleveland Council
Lee O’Brian – Action for Blind People
Verity Taylor Joyce – The Access Gateway
Roy Mitchell – The Access Gateway
Naomi Broughton – The Access Gateway
John Simpson – Redcar and Cleveland LINK
Jenny Shepherd – Middlesbrough LINK
Debra Deans – Redcar and Cleveland LINK Host Staff
Danielle Pope – Middlesbrough LINK Host Staff
Claire Balmforth – Redcar and Cleveland Council
Christine Walker – Middlesbrough Council
Sue McGregor – Redcar and Cleveland Council
Sue Stevens – Action for Blind People
Stephen Grimston – Stockton-on-Tees LINK
John Collins – Stockton-on-Tees LINK
Joanna Bailey – Middlesbrough LINK Host Staff
Mark Welford – Redcar and Cleveland LINK Host Staff

Appendix B



Introduction

Throughout 2010 NHS Tees (the collective term for the Primary Care Trusts (PCTs) of NHS Hartlepool, NHS Middlesbrough, NHS Redcar and Cleveland and NHS Stockton-on-Tees) has been working to address areas of concern identified by the Deaf and Hard of Hearing Community and Voluntary and Community groups who work alongside this community.

The main areas of concern include:

- Access to NHS Primary Care Services;
- Access to a qualified interpreter to attend NHS appointments;
- Awareness of interpreting contracts in place for primary care services;
- Confidentiality of interpreters provided;
- Level of qualifications attained by supplied interpreters;
- The need for Deaf Awareness Training for NHS staff including GP's;
- How to access Out of Hours Care;
- Awareness that BSL is not part of the English language;
- Patients booking their own interpreters;
- Why are the PCT not using TVDCS?
- Why have the contracts been awarded for such a length of time?
- What consultation was done when procuring the interpreting service?

The following document details the Frequently Asked Questions and responses from NHS Tees.

Responses to General Questions

Q. D/deaf people should be informed of their rights to accessing interpreters, information, informed consent and other NHS relevant rights. This needs to be done in the appropriate communicative manner, utilising the strengths of the community/ face to

face/web/DVD translations that are accessible to a range of d/Deaf people. How do NHS Tees plan to do this?

A. It is acknowledged that work is needed to improve knowledge of the contracts currently in place. It was the responsibility of the three preferred providers to raise awareness of the contract when the contracts were put into place. The contract states *'At each location at which interpretation support is to be provided the PCT will require Contractors to display signs in the main languages supported by the service, explaining to patients and carers how to comment on the quality and effectiveness of the interpretation services provided. The PCT will also include the interpretation service providers in all stages of public consultation on the range and quality of language support services they offer'*

Following a number of concerns raised around awareness of the interpreting contracts, NHS Tees has developed two posters to improve awareness. One for NHS primary care employees which identifies the three providers and how to book an interpreter for a patient; and one for the community which publicises the three contracts; please see Appendix Two.

Q. How do Deaf people make emergency appointments? The Police have a text number in place.

A. NHS Tees are aware that there is currently no provision for Deaf or Hard of Hearing people to contact health services in an emergency. NHS Tees will raise this with the relevant organisations, including the North East Ambulance Service (NEAS). NHS Tees do have a text number for any concerns, compliments or complaints regarding primary care services across Teesside. Details are attached in Appendix One.

Regarding interpreting for accessing Emergency or Out of Hours services, the contract states that *'Emergency translation services will be available through the NHS National Contract (Language Line) for telephone interpretation services only, where it is not possible to arrange an interpreter because of shortness of notice or scarcity'*

Q. Why can't PCT's force GP's to put technology already in place (such as text messaging) to assist in making appointments and to become Deaf Aware?

A. NHS Tees can encourage independent contractors, such as GP's and Dentists, to use up to date communication methods to ensure that patient's needs are met. We can and do encourage independent contractors to undertake training, although at the moment this is not mandatory

Q. How do Deaf people use walk in centres - there is no provision for interpreters?

A. The GP led Health Centres with walk in facilities that have opened across Teesside have improved access to primary care services for a number of communities. NHS Tees is aware that there is an issue in attending the walk in centres without an appointment for the deaf community however appointments can be made in advance at the Walk in Centres when an interpreter can be booked at the same time.

Q. How do Deaf people access Choose and Book?

A. There is currently no specific provision for the Deaf Community to access Choose and Book. The service is accessed by telephone or online.

Q. How do Deaf people make a complaint about their GP or Dentist?

A. NHS Tees' Client Relations Team are able to take concerns, compliments and complaints from the community. Should an interpreter be required this can be arranged by contacting the Client Relations Team who will book the interpreter and an appointment to discuss the patient's concern at an appropriate time. The team's contact details, which include a text number, can be found in Appendix One.

Responses to Questions Regarding the Interpreting Contract

Interpreting services have been procured by NHS Tees on behalf of Primary Care Providers including GP's, Dentists and Optometrists. The contract was procured to increase the availability of interpreting services

by increasing the number of providers offering services. The procurement process was informed by a review of the level of service provision at the time and also examination of issues raised around these services.

The interpreting services provided in Primary Care and Secondary Care settings are independent of each other. Secondary Care services such as the Hospital Foundation Trusts procured their Interpreting contracts independently and appointed and use preferred providers separately from any other arrangements by NHS Tees. Therefore the comments above and below refer solely to Primary Care.

All providers have been asked to provide interpreters to a minimum level of qualification and to supply services for foreign languages and BSL. As the majority of interpreters work on a self employed basis they are able to work for any of the three preferred providers. Interpreters with a variety of experience and qualifications are available. The PCT and its providers are willing to work with service users to meet their needs in the most appropriate manner.

The Contract states that the following is provided:

The Service provider will deliver the following services from local interpreters.

- *“Face to face” interpretation services.*
- *Translation services.*
- *Signing (using British sign Language).*

The PCT may also request additional language services, for which a separate tariff will be agreed.

- *Telephone “on line” interpretation services.*
- *Braille transcription.*
- *Web-based signing service.*

Q. Why was the contract granted for so long (36 months)? What was the justification behind the length and how is the contract being monitored?

A. The length of the contract was set in order to provide stable arrangements for primary care contractors and patients to access services. Monthly performance reports are required from the contractors.

The Contract Manager meets every three months with the contractors to discuss performance and any issues.

Q. What level are the Interpreters qualified to?

A. The contract currently states *'The Service provider undertakes as best practice to provide interpreters holding one of the following recognised qualifications:*

- *Diploma in Public Service Interpretation*
- *Bilingual Skills Certificate*
- *Introduction to Community Interpreting*
- *IELTS (level to be specified)*
- *BSL (minimum level 3)*

NHS Tees are aware that concerns have been raised by the community and will be addressing these issues with the three service providers in the short, medium and longer term. The level of BSL interpreting that should be offered is stated in the contract as minimum level 3, however the providers have explained that the interpreters they use are at level 4.

Q. Whose responsibility is it to book/cancel the interpreter?

A. It is the responsibility of the NHS staff making the appointment for the patient to book an interpreter. NHS Tees are aware that there have been occasions when NHS staff were unaware that such contracts were in place. We have now created posters that have been distributed to all independent contractors across Teesside to promote the contracts in place. Please see Appendix One.

Q. When the contracts are next up for renewal will the deaf community be consulted?

A. Yes, NHS Tees is aware that there were missed opportunities when the contract was procured. NHS Tees endeavours to consult appropriately on all service developments.

Q. Can a patient request a preferred interpreter (e.g. Preferred, Male/Female, and Locality)?

Yes, so long as the interpreter is available for the booking. All providers who provide interpreting services on behalf of the PCT / Primary Care Services are happy to work with individuals to inform them of their assigned interpreter and if possible provide a regular interpreter on request where multiple or frequent appointments / visits are necessary.

Q. Will the deaf community be listened to if they complain?

Yes, every complaint will be dealt with in an appropriate manner.

Q. What are the backgrounds of the three companies, have they worked for the NHS in the past?

A. Interpreting Plus is a relatively new company but a number of their staff has previously worked with an established NHS provider in the area.

Everyday Language Solutions is a well established company with many years NHS experience.

ITL is a company which has been in existence for around 20 years. It has developed its services to cover a variety of areas including the NHS.

Both ELS and ITL operate nationally as well as locally.

Q. Were the deaf community involved in the commissioning of the three companies?

A. Due to staffing changes, it is unclear how involved the community were in the commissioning of the services. NHS Tees will ensure in future any procurement that occurs will involve consultation with the local communities it serves.

Q. What are the three companies' complaints procedures?

A. Each company has its own internal procedure for handling complaints.

Q. How are complaints monitored?

A. On a monthly basis each provider is required to report to the PCT the number of complaints with explanations of the outcomes. These are discussed at quarterly meetings and on an ad hoc basis.

Q. How are complaints dealt with?

A. Complaints received by the companies are resolved locally and the PCT contract manager informed.

Complaints received by the PCT are handled through its formal process, for more information please contact the Client Relations Team, contact details in Appendix One.

Q. How often are the three companies contacted for updates?

A. We receive a monthly performance report. We hold quarterly performance meetings with the companies. They also communicate on an ad hoc basis via letter or email with any issues.

Q. Do the three companies have to provide any evidence that they are being used by the community?

A. Each month the providers are required to report on 12 different performance areas which include:

- Numbers of interpreters provided
- Number of referrals
- Number of appointments when interpreter not available
- Number of complaints with outcomes
- Number of patients provided with interpreters

Q. Can the community see the report that the three companies produce?

A. A summary document could be produced upon request.

Q. If the three companies were not working well how would they be disciplined? What is in the contract regarding disciplinary actions?

A. The contractual framework allows for the PCT to enforce the obligation of the contract. If this is not achieved the PCT have the ability to terminate the contract in whole or part with the provider.

Q. Why won't the three companies release a list of their interpreters?

A. NHS Tees will work with the providers to see if this is possible.

Q. Can the deaf community choose their preferred interpreter?

A. If there is a preferred interpreter for any user they may be requested. Availability cannot be guaranteed and we would not wish this issue to impact on the delivery of care. Often patients who have regular appointments do have the same interpreter.

Q. What happens if a carer is deaf but is the sole carer for the person receiving primary care services, can an interpreter still be called?

A. If this is appropriate and for the benefit of the patient, yes, this would be possible. We attempt to provide holistic care to patients.

Q. Do the new service providers offer the option for deaf people to choose which interpreter they use?

A. Primary care contractors may request a particular interpreter on the patient's behalf and if available they could be booked.

Q. Did TVDCS put in a tender? Is it all about the cheapest provider?

A. No, TVDCS did not put in a tender. As part of the procurement for Primary Care Interpreting Services the Tees Valley and Durham

Communication Service were invited to submit a bid to tender for this contract. At this time they did not submit a tender and therefore the contract was awarded to the three current providers.

The award of the contract was based on evaluation of various elements including:

- Flexibility
- Cost
- Ability
- Experience

Q. Are the interpreters available 24/7?

A. The hours during which face-to-face interpreting services will be required are deemed 8am to 8pm seven days a week. Additional telephone support is offered outside of these hours.

Q. How would an interpreter be used at a Pharmacy, they just call your name out what if you are deaf?

A. Pharmacies would engage the services of an interpreter when a planned intervention such as medicine use review is taking place.

Q. How do you ask the reception staff for an interpreter if you speak no English?

A. NHS Help Cards are being piloted across the North East. The cards are designed to improve communication when accessing NHS services. Details of the Help Cards can be requested from the Client Relations Team, contact details in Appendix One. Additionally, interpreting providers can provide cards which state the language needed and the name of an interpreter that has previously been used. The patient can then retain the card and present to health professionals and administration staff as required.

Q. Do self employed interpreters have indemnity insurance?

A. All of the current providers have, as a contractual requirement, insurances in place to meet legal indemnity requirements.

Further Comments

1. *Using Text talk is ok if you know some English but a lot of Deaf people only use BSL*

NHS Tees recognises that not all people will be able to utilise the Text Talk service that is in place in some independent contractors' premises, however, we believe that it is better to have such a service in place than none at all. NHS Tees has been undertaking awareness raising with NHS front line staff on Deaf Awareness through RNID. This is something that NHS Tees can revisit in the future to promote the needs of the Deaf and Hard of Hearing community.

2. *Issues with confidentiality of interpreters- but deaf people don't feel that they can complain without fear of retribution*

A stipulation within the contracts states '*The Service Provider shall at all times ensure that its workers are given sufficient training to ensure their knowledge of and competence in the latest legal and technical developments needed in the performance of their duties under this Contract, including understanding of Data Protection and Caldicott Guidelines*' further stating that '*The Service Provider must have a policy of confidentiality that complies with Caldicott and current NHS Information Governance Standards in respect of personal information and ensure that it is put into practice*'. Should a patient who has used the interpreting or translation service feel the need to complain they can contact the service providers or alternatively contact NHS Tees' Client Relations Team who will be able to assist.

3. *Issues with families using relatives as interpreters after having bad experiences of providers*

NHS Tees have been making positive advances to ensure that the interpreting and translation services offered for Primary Care services are promoted and used by the community. Posters have been produced for both the communities on Teesside who may use Interpreting/

translation services across Teesside and for NHS staff to ensure the correct procedures are in place. Please see Appendix Two.

4. *Issues with deaf people not accessing health care services until emergency care is needed following bad experiences*

NHS Tees have listened to concerns raised by the community regarding unsatisfactory experiences and will be addressing these with the three interpreting providers to ensure consistent approaches to how services are provided. As previously stated, NHS Tees are promoting the interpreting services to ensure patients can attend primary care services and reduce the reliance on secondary and emergency care services.

5. *There should be a Deaf advocate employed by the PCT*

NHS Tees Client Relations Team are available for concerns, complaints and queries. Support is available from an interpreter and information can be provided in alternative languages or formats, and face-to-face meetings can be arranged, where appropriate. Should a patient want independent advice and support they may contact ICAS. ICAS stands for the Independent Complaints Advocacy Service. It is a free and confidential service that is independent of the NHS and tailored to individual client need. Patients who want and are able to raise their concerns are empowered to do so. Patients with more complex needs have access to specialist advocates who can support them through the official complaints process. Please see Appendix Three for their North East contact details.

6. *A need for Deaf Literature*

NHS Tees are aware of the need to ensure all members of the community it serves are receiving information in an appropriate format. A recent suggestion was to produce leaflets on key procedures and diagnoses and NHS Tees will be looking into this in the future.

7. *Encouraging each GP Practice or Primary Care Facility to identify a Deaf Champion*

NHS Tees fully supports the suggested idea of having a Deaf Champion in each GP practice and can encourage the take up of such a scheme in future through internal communications.

Appendix C

Glossary

BSL	British Sign Language
GP	General Practitioner (Doctor)
ICAS	Independent Complaints Advocacy Service
ILOP	Independent Living for Older People
JCUH	James Cook University Hospital
LINK	Local Involvement Network
NHS	National Health Service
NVQ	National Vocational Qualification
PALS	Patient Advice Liaison Service
RNIB	Royal National Institute for Blind People
RNID	Royal National Institute for Deaf People

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