Accessible Healthcare for People with Sensory Loss in Wales

Final Report of the Accessible Healthcare for People with Sensory Loss Steering Group

I have pleasure in presenting the report from the Steering Group on Accessible Healthcare for people with sensory loss in Wales. This is the first time that this area has been examined in any depth and the Steering Group comprised experts from various parts of the Health and Social Services directorate, Welsh Government, the NHS in Wales, Healthcare Inspectorate Wales and Community Health Councils together with representatives of user groups and relevant voluntary sector organisations, in particular RNID Cymru, RNIB Cymru and Sense Cymru. I am grateful to all those who contributed their time, experiences and ideas.

As well as those serving on the Steering Group we set out to draw on the experiences of people with sensory loss in Wales. One in five people in Wales have some form of sensory loss and as people live longer these numbers can be expected to increase with the number of people with sight loss alone set to double in the next 25 years. It is important therefore that we ensure that as we reconfigure NHS services in Wales we can better meet the needs of this patient group.

Ensuring that standards of service to this growing group of people are both appropriate and deliverable poses a challenge to all providers of healthcare services. This report not only identifies the issues and scale of response that is needed, but also puts forward examples of good practice and case studies that exemplify how Healthcare providers within Wales are in some instances already delivering high quality services in a patient focussed manner.
The Steering Group was conscious of the pressures that public services are under. However as will be noted many of the recommendations we have put forward are unlikely to pose a significant cost, but will have substantial benefits in improving the quality of life for a growing number of people in Wales who would otherwise struggle to fully access healthcare services. Wherever possible we have identified how what we put forward can be sustained and built into the Standards set by the Welsh Government for healthcare organisations across Wales and inspection approached.

E H Rowlands

**Executive Summary**

This report is designed to assist the NHS in Wales in delivering high quality and accessible services to people with sensory loss in Wales. The recommendations contained within this report are the result of extensive liaison with service users, professional bodies representing people with sensory loss, patient groups and the NHS community within Wales.

Patients with sensory loss are significant users of health care services, spanning the spectrum of care, from primary to community to secondary care and onwards to specialist and tertiary services. Many, but not all, people with sensory loss are older and therefore have other health conditions, including chronic health conditions, which are not linked to their sensory loss. It is therefore important that their needs are recognised not only within ophthalmic and audiology settings but across the spectrum of service provision.

Ensuring that the needs of people with sensory loss are met is much more than an equality issue. Meeting these needs is fundamental to ensuring that safe services and high quality clinical outcomes are delivered and that people with sensory loss are able to access the care, support and advice they need to live independent and healthy lives.

The work undertaken to develop this report has demonstrated that one of the major problems is a lack of understanding and knowledge amongst health care providers, ranging from front line clinical staff to service planners and support staff of the needs of
people with sensory loss and the extent to which service users are likely, particularly amongst older service users, to have a sensory loss.

The figures:

- There are 480,000 deaf and hard of hearing people in Wales. 70% of people aged 70 have hearing loss.
- 35% of deaf and hard of hearing people have been left unclear about their condition because of difficulties communicating with their GP or nurse.
- 70% of BSL users admitted to A&E were not provided with a BSL/English interpreter to help them communicate.
- 100,000 blind and partially sighted people in Wales, high users of NHS services both ophthalmology and other services and high degree of multiple morbidity.
- 59% of medical staff have not received visual impairment awareness training.
- 86% of blind and partially sighted people cannot read their appointment letters, only 17% are given information about the treatment available, 1 in 3 always or sometimes feel forgotten.

Sources and further information: (A review of support in Eye Clinics (Barrick RNIB 2000), Blind and Partially Sighted Adults in UK( Bruce et al RNIB 1991), The Eye Clinic journey (McBride RNIB 2002 ) Towards an Inclusive Health Service: A Research Report into the availability of health information for blind and partially sighted people, (E. Sibley March 2009)

The work of the Steering Group focussed on five areas:

1. Communication
2. Workforce and training
3. Healthcare standards
4. Inspection and review
5. Complaints

However it is important that these are seen as being interrelated, with the outcome of the patient experience often dependant upon the way that care is managed and delivered at a number of stages.
No two patients will be alike in their needs and it is crucial that the work undertaken to improve the experiences of people with sensory loss recognises this.

Specific recommendations have been developed in relation to each of these areas, and these are detailed in the report. In developing these the steering group drew heavily upon the views of people with sensory loss, but also took into account the need to develop practical solutions, which could be developed and implemented in a sustainable way, recognising the cost pressures faced by the NHS.

**In summary, our recommendations are:**

1. Healthcare organisations should recognise that ineffective communication with patients with sensory loss is a patient safety issue that can have serious implications for both patient and health organisations.

2. The communication needs of people with sensory loss should be captured on the NHS patient record to help staff understand and meet individual needs when they attend a health setting.

3. All healthcare organisations should have an Accessible Information Policy outlining how the communication needs of all patients are to be met including the needs of people with sensory loss.

4. The partnership approach between Healthcare Inspectorate Wales and people with sensory loss in Wales should be continued through recruitment of people with sensory loss onto the lay reviewer panel. The specific information gathered on services for people with sensory loss should be published on an annual basis by the NHS Centre for Equality and Human Rights to ensure the improvements recommended are implemented and are benefitting patients.

5. As part of this work, Doing Well, Doing Better: Standards for Health Services in Wales reflect the needs of people with sensory loss through the inclusion of specific recommendations in the supporting guidance underpinning the standards. This guidance should be used by health bodies to ensure they are delivering services that meet the needs of people with sensory loss. This guidance should be updated annually by the Health and Social Services Directorate, RNID and RNIB to ensure it is fit for purpose.
6. Community Health Councils should ensure that their annual reviews of every major acute hospital in Wales specifically cover the needs of people with sensory loss. The review teams should include people with sensory loss.

7. Health boards should work with RNID and RNIB to develop accreditation for delivering accessible services to people with sensory loss.

8. The NHS should work with sensory loss organisations in Wales on a promotional campaign to engage with patients who have sensory loss and to explain how the complaints process can work for them.

9. The NHS should provide all new employees with training in communicating with people with sensory loss ensuring that front line staff in services which have high numbers of people with sensory loss using them are aware of and able to meet the communication needs of people with sensory loss.

'The first time that I went to the hospital, it was a horrendous day, one of the worst days of my life, after leaving the consulting room, I was in shock, and had to make my own way out of the hospital and I walked in a daze for two miles down to the train station. I was using public transport and had been told that I was having drops in my eyes so therefore could not drive my car. To date, nobody has sat down with me to explain what was happening. I feel strongly that after being told that a patient is losing their sight, after leaving the clinic, there should be someone there who will offer support and advice in the clinic.' (RNIB Cymru)

'A deafblind person was found in a hospital outside of Wales with a 'do not resuscitate' sign on their bed, made as a result of a medic's subjective assessment of that person's quality of life.' (Sense Cymru)

**User Views**

A Reference Group of people who are deaf, hard of hearing, blind and visually impaired was brought together to inform this report. The Group include members from all over Wales and they brought direct personal experience of having a sensory loss and receiving services from healthcare services in Wales as well as a passion to see services improve to meet their needs in a safe and more appropriate manner.
The Group identified three main areas where services needed to improve:

- **Communication** – ensuring information (both written and face-to-face) is accessible and delivered in a way that meets the needs of people with sensory loss. Of specific note was the need to improve communication around access to appointments.
- **Dignity & Respect** – Ensuring that there is appropriate customer care and assistance for people with sensory loss from staff who understand their needs and the impact that their sensory loss has. Service users felt it was essential that staff training was undertaken and that this included people with sensory loss themselves.
- **Environment** – ensuring that the environments in which care is delivered are accessible and safe and appropriate to the needs of people with sensory loss.

People with sensory loss are very clear on what their current experiences are like.

'Visits to GP surgeries can be very hard on hearing impaired people. I asked how deaf people were able to make an appointment. I was told to "get someone to ring in for you".' (RNID Cymru)

'My letters from the eye department are not in the size that I can read, I have to ask my husband to read them for me, and on the odd occasions that I have tried to be independent, I have got it wrong, and have missed a few appointments.' (RNIB Cymru)

Ultimately it will be people with sensory loss themselves who will judge how successful our work to better meet their needs has been. It is therefore essential that health bodies take steps to capture the views of people with sensory loss who use health care services and use the feedback from this to support ongoing service development and delivery.

Within the broad headings identified above the Reference Group identified key areas where improvements would make a significant impact on their lives. They asked the Steering Group to focus on these areas as priorities:

- The communication and support needs of individuals should be clearly set out in their patient records and a unique flag to
identify those in need of assistance and support so that plans can be set in train where appointments and readmissions are pre-planned.

- Individuals with a sensory impairment should be given the opportunity to discuss how they wish to be communicated with e.g. text messaging and e-mail for the making of appointments.
- Customer care training should be made mandatory for all NHS staff with updates every two years. The training should include a module on sensory impairment.
- All NHS buildings should be made user friendly to those with a sensory impairment (including appropriate use of colours and signage, accessible door security systems and working induction loop systems).
- All NHS organisations should appoint a "champion" at board level for those with sensory impairment to ensure strong clinical governance.
- All correspondence issued by NHS bodies in Wales should be in Arial font 14.

These views formed the foundation of our work and discussions with health bodies and related organisations in Wales.

**Communication – Priority Area 1**

Poor communication was one of the key concerns raised by people with sensory loss. Ineffective communication can have a very significant adverse impact upon care, leading to missed appointments, poor compliance with treatment, inappropriate use of medicines and poor satisfaction amongst service users. Addressing this must be a priority for the NHS in Wales. This situation plainly poses significant risks to individuals and to health bodies.

- 24% of deaf patients have missed a medical appointment due to communication problems. 19% of whom missed more than five appointments.
- The cost of missed appointments in Wales through poor communication with people with hearing loss is £1m a year.
- 86% of blind and partially sighted people cannot read their appointment letters.
Effective communication begins before the patient attends a health care setting, with the information in letters sent to patients from providers of care, and extends through to arrival at a health setting and covers both personal contact with patients with sensory loss, for example contact with reception staff and clinical staff, the provision of health care information, for example relating to managing health conditions. Effective communication also includes clear signage and use of visual or audio display systems and information relating to the taking of medicines.

Our reference group relayed numerous examples such as relatives having to interpret for deaf BSL users during an appointment to discuss a cancer diagnosis and also letters from ophthalmology departments being sent out in small print that patients could not read, with reference being made to them being available in Braille or other formats in small print at the bottom of the page.

This situation not only leads to a lack of dignity for people with sensory loss and worsens what is already a worrying experience for most people in attending a hospital but can also have a direct impact upon the outcome of the care provided, and as such effective communication must be seen as an integral part of NHS providers work around clinical governance.

This situation plainly poses significant risks to individuals and to health bodies.

'On the ward I was given a pre-med due to my high blood pressure. When the trolley bed arrived to take me to theatre I was told to leave my glasses and hearing aids on my locker. The ride in the lift and through the corridors was scary as everything was a blur and I had problems when people spoke to me. In the anaesthetic room I had to ask for them to speak up when I was asked my name and date of birth and when I was also told what was going to happen. In the recovery room, the nurse would have been saying “Wake up, your operation is over. Are you in any pain?” – What a shame I couldn’t hear her!' (RNID Cymru)

Was on a ward, there had been general conversation with other patients and staff, I did hear the words 'this won't hurt' but hadn't realised that the nurse was talking to me. Suddenly, I was given an injection, and because I wasn't expecting it I flung my arms out and hit the nurse, this shocked me, as I'm not a violent person. It was
The following example of good practice was identified at Breast Test Wales by Reference Group members and is evidence of the impact that a thoughtful approach to communication can have:

“I was diagnosed with breast cancer in 2003 following my third visit to the mobile unit in Brecon. I then had to travel to Cardiff for further diagnosis. When I got there I was handed information which because I have a visual impairment I asked my husband to read to me. The staff during that visit made me feel comfortable by asking for any assistance and explained every stage of the biopsy procedure as I could not see the actual mammograms due to my visual impairment.

On my second visit at Cardiff the staff handed me an audio cassette with all the information that was available on the leaflets, I was both surprised and pleased as I had not even asked for audio. They had recognised my need and met it. This meant that I could now learn about my condition in private and whenever I wanted. I have to say I listened to that cassette several times at different stages and it made me feel very reassured.

My contact with Breast Test Wales has continued to be positive and supportive and has sought to meet my individual needs.”

Healthcare organisations should recognise that ineffective communication with patients with sensory loss is a patient safety issue, and can have serious implications for both the patient and the organisations when issues or miscommunication occurs. Risk assessment and management processes should be updated to reflect this.

**Recommendations**

- All healthcare organisations should have a published accessible information policy which outlines how the communications needs of patients with sensory loss will be met. This policy should be included in induction training and staff customer service training, and used to ensure information covering appointments, treatment plans, diagnosis information, medication and recovery care is
accessible to patients, and adhered to by all parts of the organisation. We recommend that this includes a recommendation that all correspondence issued by the NHS should be in Arial 14 point. All health boards should produce their Accessible Information Policies by December 2012.

- The NHS needs to make use of a ‘flagging’ system on patients’ computer records which allow healthcare workers to understand any specific needs the patient may have. This is currently done with patients who use foreign languages but not for patients with sensory loss. Patients should be asked for these details when they first join a new GP or other primary care service this should include a question about the patient’s preferred method of communication and should be stored and used as required including visits or onward referrals to secondary care. The NHS and health bodies across Wales should identify delivery plans by December 2012.

- NHS providers should ensure that they have in place systems to capture feedback from people with sensory loss on the effectiveness of their communication systems and that the data collected is routinely used to further improve communication.

Workforce and Training – Priority Area 2

The NHS CEHR has found that there is ‘very little’ training specific to sensory loss and what is available is usually a reference within generic equality training or sporadic pockets of deaf awareness, visual awareness and some BSL training.

For patients, this then manifests itself in a workforce that is completely unprepared for their communication needs – and in turn, opens up the NHS to the risks associated and following from poor communication.

Our Reference Group identified the following as the key areas where training would make a significant difference:

- A & E reception
- GP receptionists
- Porters
- ENT staff
• Optometry, eye clinic and outpatient staff in ophthalmology and audiology clinics
• Health visitors
• Pharmacy
• Staff based on inpatient wards where there are significant numbers of older people.

The Reference Group and the stakeholders who looked at training needs associated with sensory loss specifically stated the need for any training to involve people with sensory loss themselves to ensure that any issues could be accurately conveyed and understood and for that training to be delivered in such as way as to ensure that its impact was measured and that it had ongoing benefit that was felt not only be patients but by staff delivering care.

Recommendations

• NHS CEHR to work with RNID and RNIB to deliver a training tool to be included in all induction training for NHS staff in Wales. NHS CEHR, RNID and RNIB to produce induction training tool by December 2012.
• NHS CEHR to recommend training packages provided by people with sensory loss to address the priority list identified. NHS CEHR to agree training package on sensory awareness by December 2012.
• NHS bodies to develop and publish training plans relating to sensory loss by June 2013

Health bodies should not wait until the development of this training to take action. The All Wales Ambulance Trust and NHS Direct have already taken action to improve the accessibility of their services and increase understanding around sight loss. This ranges from working towards achievement of RNID’s Louder than Words accreditation the integration of sight loss into training programmes and service developments, such as those designed to encourage people to go for eye health checks and those at risk of falls due to sight loss. Of particular note is the engagement of the Trust’s Board ensuring that the importance of meeting the needs of people with sensory loss is recognised at a senior level.

'I could hear them saying to my wife that I didn't eat much and that they were worried, one day, I asked my wife to bring a pasty in as I
was hungry, she asked me, why wasn't I eating my food that was on the tray at the bottom of the bed, I had no idea that it was there, as nobody had told me that my food had arrived.' (RNIB Cymru)

'A BSL user in South Wales attended a hospital appointment for an HIV test. The hospital had not booked a BSL interpreter. The patient was told by the doctor that his outcome was positive. The communication barrier meant this was misunderstood by the patient to be a good outcome.' (RNID Cymru)

**Doing Well, Doing Better: Standards For Health Services in Wales – Priority Area 3**

Within Wales, ‘Doing Well, Doing Better: Standards for Health Services in Wales' (the Standards) lay down key quality indicators relating to the delivery of services. As part of the work of the Steering Group key issues identified by the reference group have already been built into the guidance underpinning the revised Standards published in April 2010.

'On one occasion, I was sent a letter for an appointment to go for an ultrasound, the print was small, and although I'd managed to read the time and place, I hadn't seen that I was not to eat six hours before the appointment, it was only by chance that a friend mentioned it to me, that I didn't eat, so was therefore able to have my appointment.' (RNIB Cymru)

‘Every time I have to go to the hospital I have to tell the receptionist that I am hard of hearing and can they look at me when they speak to me, I then sit down to wait for my appointment and they shout my name out so I can hear them. Where’s the dignity in that?’ (RNID Cymru)

As a direct result of this project, the NHS in Wales now has specific supporting guidance on how to meet the Standards in delivering services to people with sensory loss. This guidance supports the health service to ensure it meets the requirements of the Standards and delivers the services that the people of Wales expect. NHS bodies are strongly recommended to use the supporting guidance as the benchmark for the development and delivery of services to people with sensory loss.
Recommendations from the Reference Community have also been built into the new revised Standards published in April last year. Of particular note is the inclusion for the first time of a specific standard relating to dignity and respect, which was strongly welcomed by the steering group and the reference community.

The specific guidance on issues involving sensory loss is substantial and for the first time sets out what people with sensory loss should be able to expect from the NHS and its services:

- **Citizen Engagement (Standard 5):** Health boards and NHS Trusts should include people with sensory loss in their PPI activities and that their views underpin service planning. Guidance on meeting this standard effectively includes setting up of sensory loss expert patient groups, annual patient satisfaction surveys in ophthalmology and audiology.

- **Dignity and respect (Standard 10):** Guidance on meeting this standard includes providing accredited sensory loss customer training every two years for front line staff, in particular reception and portering staff, audiology, ophthalmology and elder specialities. Guidance also includes that health boards ensure that people with sensory loss are able to receive information relating to their condition directly in their desired format and that family members are not used as translators or interpreters, unless with the agreement of the patient.

- **Environment (Standard 12):** Services should be designed, developed and adapted to meet their intended purpose. Where possible, design work should be undertaken in partnership with local disability groups to ensure accessibility issues are considered and acted upon. The guidance on meeting this standard includes building the needs of people with sensory loss into NHS capital planning guidance, ensuring that ophthalmology clinics comply with guidance in relation to colour tone and contrast and lighting and providing an alternative to intercoms and audio based access systems.

- **Medicine Management (Standard 15):** Guidance on meeting this standard includes ensuring effective communication with accessible labelling so that patients can relay medicine management requirements back to the healthcare professional and demonstrate their understanding of the medicine prescribed and its consumption. Guidance on meeting this standard also includes that all staff who
communicate medicine advice to the public should undertake specialist accredited understanding sensory loss training every two years.

- **Communicating Effectively (Standard 18):** The guidance explicitly states that healthcare staff need to ensure patients are able to understand the information that they receive, for example, patients with sensory loss. It adds that it is important to take into account the specific needs that people with sensory loss have in relation to information formats, covering large print, audio and Braille formats, BSL, visual displays and use of Plain English and Cymraeg Cllr. The guidance on meeting this standard sets out the need to provide communications materials in various formats including Braille, British Sign Language and Easy Read and in ethnic minority languages. It also sets out the need to provide printed information that is accessible to people with visual impairments by having regard to design elements and font size. The guidance sets out in full an example of how healthcare staff and their organisations should be communicating effectively.

This work has the potential to make a step change in how health boards and trusts provide services to people with sensory loss – but only if the guidance is taken seriously by healthcare organisations and robust monitoring and evaluation is in place.

**Recommendations**

- The supporting guidance to the Standards is updated every year to ensure it remains current for the NHS in driving improvements in their services. It is recommended that the partnership approach adopted during this work is continued and that RNIB Cymru and RNID Cymru representatives will be invited each year to contribute to the revising of the supporting guidance and ensure it remains ‘fit for purpose’. NHS Standards lead and RNID and RNIB to review annually.

- It is also recommended that further useful information and links in relation to sensory loss are made available to healthcare organisations in Wales through the NHS Wales Governance e-Manual in the Equality, Diversity and Human Rights resource section. RNID and RNIB to provide information by August 2011.

- Easy read versions of the Standards are made available for Welsh citizens, including in English and Welsh, Braille, Audio
and British Sign Language and on-line versions. These can be developed in partnership with RNIB Cymru and RNID Cymru and distributed to the appropriate audiences through their networks. These to be available by June 2012

- Healthcare organisations should produce an annual report of compliance against these standards, showing how compliance will be improved over the coming year.

'A sign language user had to be taken by ambulance to hospital for treatment. He was strapped in on the stretcher by the ambulance crew. His family tried to tell them that he would not be able to communicate if he was strapped in. It was the equivalent of gagging someone.' (RNID Cymru)

'I've been to the doctor on more than one occasion simply because I couldn't see what something was like and needed someone else to look at it.' (RNIB Cymru)

**Inspection and Review – Priority Area 4**

“It is rare to find any member of staff in any service that has even rudimentary training in communication methods – even down to supplying a white board and thick felt pen!” – Reference Group Member

Healthcare Inspectorate Wales have already built on the experience of the Reference Group and their involvement in this project by including a number of people with sensory loss in their Review Team. The inclusion of deaf and blind people on the Review Team now means HIW can deliver a more focussed report on how services are provided in Wales to people with sensory loss.

This information will be published on a quarterly basis, and will include a review of how health services are meeting Doing Well, Doing Better: Standards for Health Services on delivering services for people with sensory loss.

**Recommendation**

An annual report be prepared by the NHS Centre for Equality And Human Rights to pull together the information from Healthcare Inspectorate reports and the published reviews of health bodies, community health councils and feedback from sensory loss
organisations such as RNID Cymru and RNIB Cymru as a means of monitoring how the health service is meeting its requirements to deliver accessible healthcare services, recognising success and identifying areas to improve. NHS CEHR to publish a review on health board delivery for people with sensory loss on an annual basis to start in Autumn 2012.

Community Health Councils in Wales also have an important role in reviewing services for people with sensory loss. Each CHC has developed a comprehensive annual scrutiny and monitoring plan of NHS services in their area and also take part in all-Wales initiatives such as the annual Hospital Patient Environment external assessment programme. Criteria reviewed include accessibility, cleanliness and provision of support staff; a report is formally issued to the Minister for Health & Social Services each year. However services for people with sensory loss are not routinely dealt with in these reports.

**Recommendation**

The CHCs should work with RNIB Cymru and RNID Cymru to ensure that people with sensory loss are part of their review teams so that their annual and local reviews take into account services delivered for people with sensory loss. CHC to work with RNID and RNIB to ensure this is built into the 2012 external assessment programme starting in April 2013.

RNID Cymru and RNIB Cymru would like to see health services in Wales recognised when they deliver excellent services for people with sensory loss. Both RNID and RNIB support organisations to deliver improved services for people with sensory loss through their own accredited programmes – Louder Than Words (RNID) and Visibly Better (RNIB). These two programmes highlight actions that organisations should take to ensure their services are fully accessible for people with hearing loss or sight loss.

In recognition of health services in Wales taking strides to improve accessibility, RNID Cymru and RNIB Cymru in Wales would like to work with the NHS in Wales on a joint accreditation model, a first for the UK.
Recommendation
The NHS in Wales should work with RNID Cymru and RNIB Cymru to develop a joint accreditation programme to promote and celebrate excellence in service delivery for people with sensory loss. This should be agreed by June 2013 and it is noted that Cardiff and the Vale University LHB have expressed an interest in developing this.

Information provided in relation to medicines is often too small for me to see and very rarely am I asked if I would like someone to go through it with me.' (RNIB Cymru)

'If someone is called to an audiology appointment even if they are known to be deafblind there is rarely if ever anyone allocated to actually meet the deafblind person at the hospital entrance and guide them to the clinic.' (RNID Cymru)

Complaints – Priority Area 5
'Even when I have my appointment I have to repeat to the consultant that I have hearing loss. It doesn't make any difference and they look at their computer while they talk to me which makes it hard for me to follow what is being said. It is an awful experience' (RNID Cymru)

'Hospital stays can be very isolating. Staff don't seem to know how to communicate with us and nothing seems to have been put in place to support us.' (RNIB Cymru)

In terms of people with sensory loss, there is some evidence that they too are reluctant to raise concerns. The reasons vary but they include:

- being unable to obtain leaflets, forms and other documentation in a suitable format;
- communication difficulties which make raising issues or complaints on the telephone or in person difficult;
- lack of awareness of sources of help and assistance in taking forward their concerns;
- a reluctance to raise lack of respect or dignity issues.

As a result of the Putting Things Right policy, NHS guidance on handling concerns now includes the following to support people with sensory loss:
• Provision of a variety of contact methods such as e-mail, text messaging and text phones for people wishing to raise concerns;
• Better overall awareness of the needs of deaf people and those with a visual impairment; basic tips;
• Support needs to be established and documented at the outset of a concern being raised – people should not have to keep repeating their requirements;
• Awareness of how staff can book a BSL interpreter or other communication support (e.g. Sign Supported English, lip speaker, palantypist) and be aware that some BSL users will not be able to read written English/Welsh;
• Awareness that people providing communication support might know the patient socially and issues around confidentiality may arise.

Through this work, the NHS are also keen to develop a Charter for Eye Care and Sight Loss Services to be placed in every sight and hearing clinic setting out what people can expect from the service, patients could be invited to submit their views/concerns about the service.

It is understood that relevant costs will be met from within the Putting Things Right/NHS Redress implementation budget.

Recommendations

• NHS to make specific provision for information leaflets and other materials in various formats (Braille, electronic, large print, audio, BSL video clips, plain English) on how to take forward a concern.
• “Charter” posters to be displayed in eye and hearing clinics and given to patients upon attending for first outpatient appointment. NHS, RNIB and RNID to agree and implement by December 2012.

'An extra little bit of help and advice right at the beginning would go a long, long way.' (RNIB Cymru)
http://wales.gov.uk/consultations/healthsocialcare/puttingthingsright/?lang=en&status=closed

Annex 1 – Membership of Steering and Reference Groups
The following participated in the preparation of this report through membership of either Steering or Reference Groups.

Andrea Matthews, CHC
Angelina Harding, Carmarthenshire and Cardiff & Vale Disability Coalition
Barrie Ledbury, Cwm Taf LHB
Carol Lamyman-Jones, CHC
Catherine Holmes, Gwalia Care & Support
Ceri Harris, Velindre NHS Trust
Christine Cobbledick, RNIB Member
Chris Copeman, RNIB Member
Chris Tudor-Smith, Welsh Government
Claire Kingston, RNID
Clare Young, Welsh Government
Denise Puckett, Welsh Government
Denise Vaughan, Powys LHB
Desmond Kitto, Cwm Taf LHB
Doreen Gunning, RNID
Doug Adams, RNID
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Fiona Mclean, WAIST
Hilary Hopkins, Welsh Government
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Janice Powers, RNIB Member
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Leanne Hawker, Welsh Ambulance NHS Trust
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Marilyn Campbell, RNIB Member
Mark Boulter, RCGP
Maud Davies, Carmarthenshire CHC
Michael Power, SENSE
Michelle Fowler, British Deaf Association
Mike Spencer, Cardiff & Vale University LHB
Mike Townson, BSC
Morgan Evans, RNIB Member
Pat Vernon, Welsh Government
Paul Saunders, RNID Cymru
Paula Walters, NHS - CEHR
Peter Brown, RNIB Member
Peter Higson, HIW
Richard Jones, Deaf Access Cymru
Richard Williams, RNID
Sarah Rochira, RNIB
Sarah Lawrence, BSL user
Sian Jenkins, Welsh Government
Susan Bennett, Aneurin Bevan LHB
Terry Dewar, RNID
Tony Rusinski, RNIB Member
Wendy Chatham, Welsh Government
## Accessible Healthcare for People with Sensory Loss in Wales

Cardiff and Vale University Health Board

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<td>The NHS needs to make use of a ‘flagging’ system on patients’ computer records which allow healthcare workers to understand any specific needs the patient may have. This is currently done with patients who use foreign languages but not for patients with sensory loss. Patients should be asked for these details when they first join a new GP or other primary care service this should include a question about the patient’s preferred method of communication and should be stored and used as required including visits or onward referrals to secondary care. The NHS and health bodies across Wales should identify delivery</td>
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plans by December 2012.

NHS providers should ensure that they have in place systems to capture feedback from people with sensory loss on the effectiveness of their communication systems and that the data collected is routinely used to further improve communication.

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<tr>
<th>Workforce and Training – Priority Area 2</th>
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<tr>
<td>NHS CEHR to work with RNID and RNIB to deliver a training tool to be included in all induction training for NHS staff in Wales. NHS CEHR, RNID and RNIB to produce induction training tool by December 2012.</td>
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<tr>
<td>NHS CEHR to recommend training packages provided by people with sensory loss to address the priority list identified. NHS CEHR to agree training package on sensory awareness by December 2012.</td>
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<td>NHS bodies to develop and publish training plans relating to sensory loss by June 2013</td>
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<th>Doing Well, Doing Better: Standards For Health Services in Wales – Priority Area 3</th>
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<tr>
<td>The supporting guidance to the Standards is updated every year to ensure it remains current for the NHS in driving improvements in their services. It is recommended that the partnership approach adopted during this work is continued and that RNIB Cymru and RNID Cymru representatives will be invited each year to contribute to the revising of the supporting guidance and ensure it remains ‘fit for purpose’. NHS Standards lead and RNID and RNIB to review annually.</td>
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<td>It is also recommended that further</td>
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useful information and links in relation to sensory loss are made available to healthcare organisations in Wales through the NHS Wales Governance e-Manual in the Equality, Diversity and Human Rights resource section. RNID and RNIB to provide information by August 2011.

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<th>Complaints – Priority Area 5</th>
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<tr>
<td>NHS to make specific provision for information leaflets and other materials in various formats (Braille, electronic, large print, audio, BSL video clips, plain English) on how to take forward a concern.</td>
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<tr>
<td>“Charter” posters to be displayed in eye and hearing clinics and given to patients upon attending for first outpatient appointment. NHS, RNIB and RNID to agree and implement by December 2012.</td>
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</table>

Easy read versions of the Standards are made available for Welsh citizens, including in English and Welsh, Braille, Audio and British Sign Language and on-line versions. These can be developed in partnership with RNIB Cymru and RNID Cymru and distributed to the appropriate audiences through their networks. These to be available by June 2012.

Healthcare organisations should produce an annual report of compliance against these standards, showing how compliance will be improved over the coming year.