

A glass pitcher is pouring a thick, red liquid into a silver spoon. The liquid is captured mid-pour, creating a thin stream that falls into the spoon. The background is plain white.

GP Guidance:

Deaf and hard of hearing patients

You're a deaf patient in a waiting room. You have told the receptionist that you are deaf and have been waiting for longer than people who are being seen before you. You don't know what is going on. You later find out that the receptionist called your name out loudly and because you didn't reply, assumed that you had left the surgery.

You're a GP in a busy practice. Your next patient comes in and when you start to speak to her, she asks you to face her, so that she can lipread you.

You're a doctor on call. You've been called to a house and told that the occupant has collapsed and may have taken an overdose. When you speak to him, you can't understand what he is saying and he can't understand you. You believe that the situation is even more serious. Later you find out your patient was deaf and uses British Sign Language (BSL).

Facts: The Disability Discrimination Act and Disab

The **Disability Discrimination Act 1995 (DDA)** applies to organisations and companies that provide goods, services or facilities within the UK to the public. It does not matter whether these are free or paid for. Healthcare providers covered by the DDA include: GPs, hospitals, pharmacies, health centres, paramedics, dentists and opticians.

The DDA requires service providers to make changes to their services to ensure that disabled people can make use of them. This is known as the 'duty to make reasonable adjustments'.

The practices, policies and procedures of an organisation are covered by 'reasonable adjustments'. This means that if the way you operate makes it impossible or unreasonably difficult for

disabled patients to use your service, you need to change the way you operate.

'Reasonable adjustments' also include providing additional aids or services to enable disabled people to access a service or make it easier for them to do so. These can include communication support, such as a British Sign Language/ English interpreter.

If a service provider does not make a reasonable adjustment, and it is 'impossible or unreasonably difficult' for a disabled person to use the service, the DDA says that this is discrimination.

Making reasonable adjustments now can help your patients, and save everyone time and money that could be used for patient care.



There are about nine million deaf and hard of hearing people in the UK, and the number is rising. This means that about one in seven of the UK population is deaf or hard of hearing. On an average day – between 8am and 6pm – you could see several patients who have difficulty hearing what you say.

- Even if someone is wearing a hearing aid, it doesn't mean that they can follow what you are saying. Ask if they need to lipread you.
- Find a suitable place to talk, with good lighting, away from noise and distractions.
- Make sure you have the listener's attention before you start speaking.
- Don't turn your face away from a deaf person. Always turn back to your listener so they can see your face.
- Speak clearly but not too slowly. Don't exaggerate your lip movements. Use natural facial expressions and gestures.
- If someone doesn't understand what you've said, don't just keep repeating it. Try saying it in a different way.
- Check that the person you're talking to can follow you. Be patient and take the time to communicate properly.
- Use plain language and don't waffle. Avoid jargon and unfamiliar abbreviations.
- Keep a pen and paper handy in case you need to write anything down – remember to write clearly and legibly! Use plain English.
- Ask patients how they prefer to communicate, and mark their notes so that other staff know too. You could do this as part of a patient questionnaire.

Communication. Aw

Disability Equality Duty

Just being aware of the possibility that the patient you are speaking to may be deaf or hard of hearing will help to change the way you communicate with them.

From 4 December 2006, all public authorities have had to comply with the new **Disability Equality Duty (DED)**.

The DED aims to promote equality for disabled people and to end institutional

discrimination. The DED helps public authorities to offer a better standard of service to disabled people in society. The DED doesn't just apply to large hospitals and the Department of Health – it also affects you.

There are two parts to the DED. The general duty, which applies to all public authorities, and the specific duty, which only applies to some – this includes PCTs.

Among other issues, the general duty says that public authorities have to eliminate discrimination, and take steps to take account of disabled people's disabilities – even if this means treating them more favourably.

Public sector healthcare providers also have to create and publish Disability Equality Schemes. This means you need to work with your PCT to make sure

that it – and you – comply with the DED. Bodies like PCTs and LHBs need to involve disabled people as part of this process.

Although individual GP practices don't have to comply with the specific duty, you could still ask your patients for their views and for them to become involved in this process. If we work together we can achieve disability equality.

- Keep details of British Sign Language/English interpreters handy – ask your local health authority for details or contact RNID.
- A BSL user will normally require a fully qualified BSL/English interpreter. Only use family or friends to interpret if a patient has asked for this to happen.
- Think about how patients in the waiting room know when it is their turn. A visual alerting system would help.
- Make sure staff are familiar with and have been trained to use RNID Typetalk – the free national telephone relay service. This enables hearing telephone users to communicate with people who use textphones.
- Ensure that staff who deal with patients have deaf awareness training.
- Carry out a disability access audit, and consider the needs of deaf and hard of hearing patients. This should include the ability to make contact using email or fax for example.
- An induction loop at your reception counter and listening devices for the consulting room could also help.

At least one front-line member of your staff needs to have basic deaf awareness training.

This could include the receptionist as much as the GP or practice nurse in your surgery. They should be a member of staff in daily contact with your patients. Deaf awareness training takes just one day – and would save your surgery and your patients both time and frustration. This training would not only lead to compliance with the DDA, it is best practice in primary care.

RNID can provide deaf awareness training, tailored for practice receptionists, practice nurses and GPs.

For more information about the Disability Discrimination Act or the Disability Equality Duty, or to find out more about our deaf awareness training and communication services, contact the RNID Information Line or visit our website (see back page).

Deaf awareness. Training.

We're RNID, the charity working to change the world for the UK's 9 million deaf and hard of hearing people.

There are a number of ways
to support us. To find out more:

Go to

www.rnid.org.uk

Contact our Information Line

Telephone 0808 808 0123

Textphone 0808 808 9000

Or write to us

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Changing the world for deaf
and hard of hearing people