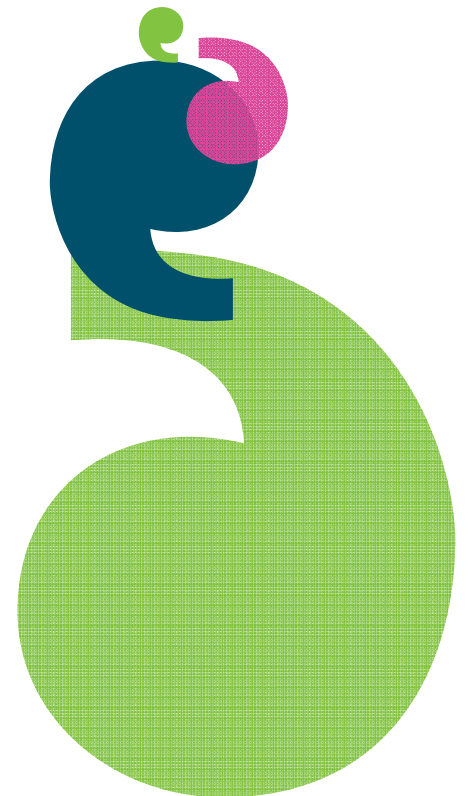


**Experiences of individuals with hearing impairments
accessing Health and Social Care Services.**



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This report outlines the view of respondents who took part in the *Hearing impairments* project which Healthwatch Barking and Dagenham carried out.

Healthwatch Barking and Dagenham are the voice of local people, groups and networks. We are independent and therefore do not have a pre-set agenda or a pre-determined interest in influencing the outcome of the results of a consultation.

This document represents a collective public response to the consultation and is a random sample. This has been conducted impartially - Healthwatch Barking and Dagenham have no organisational view.

Copies of this report are available by contacting Barking and Dagenham Healthwatch on 020 8596 8200 or by emailing

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According to Action for Hearing Loss, over 10 million people in the UK - one in six of the Population have a hearing impairment, furthermore they estimate that by 2031 there will be more than 14.5 million people with hearing loss in the UK. Action for hearing undertook a national survey about accessing healthcare they found:

- that over a third (35%) of people with hearing loss have experienced difficulty communicating with a GP or nurse. The same amount have been left unclear about their condition because of communication problems with their GP or nurse.
- Over a quarter (28%) finds it difficult to contact their GP surgery to get an appointment because of their hearing loss.

<http://www.actiononhearingloss.org.uk/supporting-you/policy-research-and-influencing/research/hearing-matters.aspx>

A report into the experiences of people with hearing loss when accessing healthcare also highlights that patients who felt unclear after a consultation attributed the misunderstandings to their GP not facing them (64%) and not always speaking clearly (57%).

In a local context, according to the JSNA (2013) in terms of hearing impairment, there are likely to be approximately 24,000 people in the borough with hearing loss. 847 people who use adult social services provided by the Council are known to have some level of hearing loss of whom 516 are registered with the Council as being Deaf or hard of hearing and 133 are known to use BSL (British Sign Language).

Healthwatch B&D spoke to individuals with hearing impairments to better understand their views of local services. Participants choose to tell us about Audiology Service, their GP Practices, Council Services and other Health Services.

Many of the professionals we spoke to felt it would be hard for us to engage with the rather disillusioned, deaf community. We were told that this group had been consulted in the past only to find that their concerns are not addressed and that nothing has changed for them.

In gathering the views of service users Healthwatch asked the participants about their experiences in these four specific areas:

- Experiences of the Audiology department(s) at Queens and King Georges Hospital and Broad Street.
- Access to the individuals GP surgeries
- Participants experience of council lead Services.
- Access to Urgent Care



Below is a summary of the findings for each service:

GP services

The finding highlight that there are issues with not only accessing GP appointments but also confusion over treatment and diagnosis.

Majority of respondents (52%) go to their surgery to make an appointment and 33% call the surgery. Respondents are left to physically go to their practice no matter how unwell they are or what the weather is like. Nearly half of the respondents (45%) said that they would prefer an alternative method to make appointment which it not available.

Feedback shows that patients prefer a visual method of communication to alert them it's their turn to be seen by the GP/Nurse.

Respondents were asked if they understood their diagnosis, 43% felt they understood their diagnosis; however 17% said they felt confused. Respondents told us that they were left feeling confused as their GP did not look and them directly and spoke too fast.

In terms of interpreting services, only 21% of the respondents indicated that they needed an interpreter to access the GP service. Furthermore all of those respondents said they are not offered an interpreter and the 2 respondents who had requested an interpreter did not have a positive experience.

Overall the findings from the report highlight that significant changes need to take place in order for patients with hearing impairments to access GP services and understood their treatment.

Audiology services

Respondents shared their views on accessing audiology services mainly in terms of their hearing aids.

Respondents (62%) told HW that they received enough information at their first audiology appointment.

All respondents said that professionals within audiology departments call their name when it their turn to be seen, many mentioned that this method was not suitable.

Other issues highlighted were about the access to repairs and batteries for hearing aids. 53% said they did not find it easy to make an appointment when they had issues with their aid. The main reason highlighted was the waiting time for the appointment.

Urgent Care Services

In terms of urgent care, there were no major themes however suggestions were given by respondents in order to access services, such as having a hearing loop sign in front of any reception that provides urgent care.

There were also questions that were raised, for example How can the deaf community access the 111 service which is the portal for urgent care? Concerns were raised in accessing the HUB service.

Local Authority Services

Feedback from respondents highlights that for some people the experience was positive and for others the services needed to make some improvements. Positive comments were made in terms of some people's experiences accessing equipment and signposting to other services. Questions were raised about the London Borough of Barking and Dagenham and the website: "When you access the contact us page on the LBBB website there is an email and a telephone number but no text phone/Minicom number"?



Healthwatch Barking and Dagenham believe that the people who use the services are best placed to tell us their views. This enables us to have a true reflection of how a service is working, make recommendations on where improvements are needed and highlight what is working well.

To enable respondents to take part, without the fear of their personal details being shared or have an impact on the services they receive Healthwatch explained the below as part of the questionnaires:

1. That Healthwatch Barking and Dagenham is all about local voices being able to influence the delivery, design, quality and standard of local health and social care services and that their view is important and will help to ensure that views of service users are forwarded to relevant organisations involved in delivering those.
2. That participation is voluntary, and individuals are not required to answer any questions that they do not want to, it was also made clear that participation or non-participation will not affect access to the service they are currently receiving.
3. It was also explained that all the information collected will be kept strictly confidential, however if they would like a copy of the final report then they are welcome to give their details.



1. Are you

	Hard of hearing	Deafened (Became deaf after birth)	Deaf Blind	Deaf since birth	Total
Number	30	5	0	7	42
%	71%	12%	0	17%	100%

2. Do you use any of the below: British Sign Language

	Yes	No	Total
Number	14	27	42
%	36%	64%	100%

3. Do you lip-read?

	Yes	No	Total
Number	22	17	42
%	60%	40%	100%

GP Services

How do you make a GP appointment?

	Number	%
I go to the surgery	22	52%
By phoning	14	33%
Online appointment system	3	7%
Family member has to call for me	2	5%
Use type talk	1	3%
Total	42	100%

GP practices offer different ways of making a GP appointment, what method is being offered is dependent on which practice you are registered with.

The majority of the respondents went to their GP practice to make an appointment, 33% called the surgery to make an appointment and 7% used an online system. In addition 5% told Healthwatch that a family member calls for them and 1 respondent said she uses type talk to make an appointment at the GP practice.

Respondents who used the telephone to make an appointment at the GP commented on the fact that they are unable to hear clearly on the phone due to the background noise on the other end but if they do not use this method then they are left to walk no matter what the weather is like and how ill they are.

Is there a particular method you prefer which is not available?

	Number	%
Yes	19	45%
No	22	52%
Did not comment	1	3%
Total	42	100%

Out of the 42 respondents, 45% commented said they would prefer an alternative method to make a GP appointment.

Please tell us what method you prefer?

Call	Online	Email	Text	Total
10	3	1	5	19
53%	16%	5%	26%	100%

Of those that preferred an alternative method, 53% said they would rather call their GP practice, 3% wanted to be able to make an appointment online and 26% preferred to be able to text.

53 % would prefer to telephone the surgery to make an appointment however are aware that the other end will be too noisy.

45% of respondents wanted to be able to make a GP appointment by an alternative method.

Comments from respondents

“Yes a system online to make an appointment would be easier for me” I can’t hear well at all over the phone and so I have no choice to walk to my GP practice”

Online and by text, the surgery is always busy and therefore it’s hard to hear over the phone”

“ Yes I would like to text, but they do not offer this, I have to wait for my sister to come to make the appointment for me, I do not have a computer and they do not offer online appointments”

How do you know when it’s your turn to be seen?

	Number	%
Staff member calls my name	23	55%
Electronic number system	1	3%
Electronic name system	18	43%
Total	42	101%

(Please note that the % is rounded to the nearest 10th .

Most respondents told us they are called by their name when it’s their turn to be seen by the GP. For 43% of respondents their GP practice uses an electronic name system and for 3% there is an electronic number system used.

Does this method meet your need?

	Yes	%	No	%
Staff member calls my name	2	5%	21	50%
Electronic number system	1	2%	0	0%
Electronic name system	18	43%	0	0%

Respondents (43%), whose practices use visual screens to make them aware that it’s their turn to be seen, were satisfied with this method and commented positively about it. There was only 2% of respondents whose practice used an electronic name system, there were no issues highlighted with this method.

Some respondents (55%) said at their GP practices the professional calls the patient’s name. From those 55%, 5% said this method meets their needs; however 50% said that this method did not meet their need. A few respondents mentioned that this was not suitable for them commenting on the fact that they have missed appointments due to this.

If no, please tell us why and which method you would prefer?

	Number	%
Electronic name system	21	100%

There were 21 respondents who preferred to be called by an alternative method when it's their turn to be seen at their GP practice. All 21 of those respondents said they would like to see an electronic name system which will work much better for them.

Feedback clearly shows that a visual screen is a preferred method for people with hearing impairments.

43% of respondents who said that the electronic name system works as they can see it.

Comments from respondents

“We have an electronic system at the GP practice but it's really good because I can see it, but it's too quick to flash and disappear.”

“A name system that I can see will be much better for everyone, but not for the blind, so they need to remember when a blind person is there that they need to be called”

“I cannot always hear my name with the noise, the GP comes out and calls my name and have missed the GP and then been told by the receptionist that the GP had called you”

“Sometimes I have missed my doctor call my name and the staff make me feel like I should have listened out when they know my hearing is not good!”

Powerful messages have been obtained through this project in terms of the needs of the hearing impaired community, real changes need to take place in order to ensure that patients with hearing impairments receive the same care as everyone else and are able to access GP services without missing their appointment.

Professionals, services providers and commissioners need to take a good look at how services are being delivered to those who have a hearing impairment. According to the NHS Constitution reasonable adjustments should be made to meet the needs of patients.

Do you leave feeling informed or confused about your diagnosis?

No comment	Informed	Confused	Varies	Only as a friend is there	Total
3	18	7	11	3	42
7%	43%	17%	26%	7%	100%

Respondents were asked if they understood their diagnosis. There was a mix of responses, 43% told Healthwatch they understood their diagnosis and felt informed, 17% said they did not understand their diagnosis and felt confused and 26% said it varied. Furthermore there was 7% who expressed that they only felt informed and understood their diagnosis as they had a friend with them.

Reasons behind feeling confused/reasons varied

Reason	Number	%
No loop system	3	17%
GP types while talking	5	28%
GP does not look directly at me when talking	10	56%
Talking too fast	8	44%
More time is needed to understand	5	28%
Depends if it's my regular GP or another one	5	28%
Only as friend comes	3	17%

We asked the 18 respondents who said that they were confused or that their view was varied to tell us the reasons as to why they felt this way.

There were various reasons given, a large proportion (56%) highlighted that their GP does not look directly at them when talking, 28% mentioned that their GP types while talking and therefore not looking at them.

Other reasons included GP talking too fast (44%) and no loop system being available (17%).

Out of the 18 respondents, 28% felt that due to their hearing they needed more time to understand what the GP is saying and the practice should book longer appointments for them.

There were 17% who depended on a friend to go along with them to their appointment and only then did they understand their diagnosis, if they did not take anyone with them then they left feeling confused.

Comments from respondents

“We have an electronic system at the GP practice but it’s really good because I can see it, but it’s too quick to flash and disappear.”

“A name system that I can see will be much better for everyone, but not for the blind, so they need to remember when a blind person is there that they need to be called”

“I cannot always hear my name with the noise, the GP comes out and calls my name and have missed the GP and then been told by the receptionist that the GP had called you”

“Sometimes I have missed my doctor call my name and the staff make me feel like I should have listened out when they know my hearing is not good!”

“If it’s my regular doctor he will come to me and tell me it’s my turn, if it’s not then I have missed my appointment and I cannot always get an appointment with my regular doctor.”

To access this service do you need an interpreter?

	Yes	No
Number	9	33
%	21%	79%

Are you offered an interpreter?

	Yes	No
Number	0	9
%	0%	100%

Feedback highlights that there are issues with BSL interpreters being booked for deaf patients who need this form of communication when they are accessing services at their GP practices.

For some of the respondents who needed a BSL interpreter, they were not offered an interpreter, for 2 respondents although they had requested one, their experience was not positive. Comments from their experience are stated below.

“ When it comes to booking a BSL interpreter there are always issues, the problem is always there as when I book a non urgent appointment there is no support in booking an interpreter and I always take a friend with me. The worst is for urgent appointments and I am sometimes left on my own as my friend cannot come at such late notice.”

“ I have had to ask for an interpreter every time I have booked an appointment and when I go to the appointment there is always confusion, I believe now that they cannot be bothered with even trying to book one so make an excuse on the day, so I have to either cancel or rebook.”

Hearing aid and audiology services

Do you use a hearing aid?

	Yes	No	Total
Number	39	3	42
%	93%	7%	100%

Which type of a hearing aid do you use?

	Digital hearing aid	Non-digital hearing aid	Cochlear implant	Bone anchored hearing aid (BAHA)	Don't know	Total
Number	35	2	1	0	1	39
%	90%	5%	2.5%	0%	2.5%	100%

The majority (93%) of respondents wear hearing aids. There are different types of hearing aids which are provided on an individual basis after an assessment. Most of the respondents we spoke to indicated that they wore a digital hearing aid (90%), 5% said they wore non digital hearing aid and 2.5% wore a cochlear implant. There was one individual who did not know which type they wore.

90% of respondents use a digital hearing aid

There are number of suppliers for hearing aids, the individuals we spoke to mentioned the four below :

- Broad Street: InHealth
- Queens Hospital: BHRUT
- Royal National Throat ,Nose and Ear Hospital
- King George Hospital - Audiology provided by Whipps Cross

Did you receive enough information about treatment and aid?

	Yes	No	Did not comment
Number	24	12	3
%	62%	30%	8%

Overall 62% of the respondents received enough information about the treatment and aid, however 30% did not.

If no please tell us what would have helped?

There was a theme that stood out, 41% of respondents said they were not clearly told about the access of batteries being made available. All of these respondents were from Broad Street Clinic. This would have helped them

make decisions in terms of where they would have received their hearing aid from. The suggestions respondents made included telling service users at the beginning of the appointment what service would be offered to them, rather than once the hearing aid is given or ordered.

8% felt more information should be given about where to access equipment that is needed and a further 8% told Healthwatch that professionals need to be given clear information on what to check for when hearing seems to get worse, for example checking for wax first.

In addition 8% felt that more follow up appointments should be given and 8% were only given a leaflet and which they did not find helpful.

Comments from respondents

“There is only one following up appointment to see how you are getting on. There is no signposting to equipment. Battery provision is only at broad store post. How easy it is to get repairs is unknown.”

I can only get there for batteries, but if I went to Queens Hospital I could go anywhere for batteries/more places.

No, I was not told by my GP when they sent me there that I would only be able to go there for the batteries etc, when my friends who have the aid went to Queens and they can go to different places in the borough to get theirs. I told the GP I wanted to go to the quickest place to be seen for my appointment but I didn't know that would limit me on the service I received and get. I should have been told before.

Basic information about wax removal

Respondents who found that enough information was provided to them, told Healthwatch what they found useful. Direct quotes about this are below:

“To go back in a year to get tube changed”

“Very helpful”

“Yes the information helped me to work out what to do if there are any problems with my aid, but I did not get anything else about equipment for my home”.

“They showed me where the batteries go and how to change them. They showed me what to do if aids did not work”.

Feedback indicates that more needs to be done by all audiology providers, enough information needs to be given to patient for them to feel confident about their hearing aid and know what steps need be taken if there are issues with the hearing aid or hearing in general.

How do you know when it’s your turn to be seen?

All respondents said that professionals within audiology departments call their name when it’s their turn to be seen ,many mentioned that this method was not suitable, one respondent commented *“ If departments where majority of people can hear, are using better methods to call the patient then the department which is specifically for people who cannot hear, should have a better method.”* One person said that they take their family member with them to the Royal Hospital as otherwise they would not know when they are being called to be seen.

Did you understand what was happening at your first appointment?

	Number	%
Yes	34	87%
No	1	2.5%
Don’t remember	3	8%
Did not answer	1	2.5%

Over half of the respondents said they understood what was happening at their first appointment.

Comments from respondents

Yes I knew why I was there and they were good

I don’t remember but I do remember they act like they are not very interested in your problem and when you lose your hearing its daunting.

GP referred for hearing assessment, Queens tested me and prescribed aid, they explained everything very well.

Yes they were very good to me and explained about the test.

I had asked my GP for a referral. At the appointment I had a short assessment and was prescribed new hearing aid. The audiologist used measurements from my private test as the NHS equipment could not measure very low levels.

“No BSL interpreter was booked, despite my daughter calling the service and saying I will need one.”

Were you offered a follow up appointment?

	Yes	No	Don't remember
Number	23	12	4
%	59%	31%	10%

Respondents who were offered a follow up appointment felt it was helpful as they had time to get used to the hearing aid and address any problems at the follow up.

There were 3 respondents who had been offered a follow up appointment and were told a letter would be sent but then they heard nothing.

What was helpful about the follow up?

Respondents told us what was helpful about the follow up.

“They said they would send an appointment but I haven't heard from them, so although they say you will get a follow up appointment I didn't actually get one, although it was offered.”

“I could not get my aid to work properly and they helped fix it.”

“A chance to ask questions once I have worn the aid for some time”,

If not do you feel that a follow up appointment would have been useful?

	Yes	No	Total
Number	11	1	12
%	92%	8%	100%

More than half of the respondents who were not offered a follow up appointment felt that one would have been useful for them. Not all specified why, however some comments are below.

“Yes would have been useful to ask questions that you dont think think of there and then, first use of hearing aid and was not aware of any other treatments or help”.

“Well no one told me about the wax and then i thought the aid was not working , i made an appointment to go to Queens and they told me it was the wax in the ear, waste of appointment i would have checked this if someone had told me all this before.”

“I didnt get a chance to see how the aid works and any issues could have been delayed with in a follow up, its something new so a follow up booked would help.”

Do you find it easy to make an appointment when you have problems with your hearing aid?

	Yes	No	Varies
Number	13	21	5
%	33%	53%	13%

Where respondents had said it was not easy to make an appointment and had issues with their aid , the reasons below were given:

- 50% told us that waiting times for appointments varied from anything from 2 weeks to 8 weeks. They found this to be a long wait especially where they only have one hearing aid they could use.
- 23% said there were issues getting through to make an appointment across all the sites by telephone.
- 8% of respondents were not satisfied with the service as they felt like there were chasing the service for an appointment. For example people had called to make an appointment and were told somebody would call them back and nobody did, leaving them to call a number of times in order to make an appointment to have a repair undertaken.

- 15% said the drop-in at King George is a good idea but recently the wait at the drop-in has increased leaving service users waiting too long.

There seems to be an issue overall in terms of booking appointments across all sites and the time that people are waiting for those appointments, providers need to take a serious look at the waiting times. For most individuals the only way of hearing is through their aid.

At both King George and Queens there is an issue when people call up to make an appointment and the phone is not answered. Respondents highlighted that at King George they are told someone will call you back or a letter will be sent and nothing happens.

One patient described trying to make an appointment “ *I called and called and eventually someone picked up, the lady said she will call back with an appointment, this happened twice, I then called the third time and was told I would get an appointment letter, 4 weeks later I still have nothing, I call the number again and this time to be given an appointment but 8 weeks later, it’s like a goose chase to get an appointment and when you can only afford to the one hearing aid and it is not working then it’s not good enough”*

Comments from respondents

It can take up to 2 weeks to get an appointment with one hearing aid only its hard when its teh only thing you have.

It varies sometimes it can be a week sometimes a month

The phone line, its really hard to get through to make an appointment, some days its ringing and ringing.

2 month wait.

Yes, fairly quite to be honest

Is it easy to get replacement batteries?

	Yes	No	No comment
Number	30	7	2
%	78%	18%	

There were 7 respondents who said it was not easy to get batteries and tubes, of those 7, 43% told said they were never told by anyone that the only place they could get their batteries from would be Broad Street Clinic, they are unhappy that they do not live close to the clinic and have to travel far to get the batteries when they need them.

Furthermore there were 29% who said if their tube has been broken then they have found it hard to make an appointment.

28% people also commented on that fact that they work and are unable to attend the drop-in at King George Hospital and when they call they are told to attend the drop in rather than given an appointment.

Trying to get batteries does not seem to be a huge problem for most people, however if there is an issue with replacement parts that can only be fixed or need to be looked at by booking an appointment then the issues that have already been mentioned above come into play such as getting through on the phone and being able to get an appointment.

However it has been highlighted by respondents who went to InHealth that their GP did not make it clear to them before hand as to what is being offered by different providers.

Patients need to be given a choice as to which Audiology service provider they would like to go to and the service they provide, for many older patients being able to get their batteries locally from the community is important.

Feedback indicates that patients are not being given the information to enable them to make the right choice for themselves. GPs need to ensure that when they are referring a patient to an audiology department, the choices are clearly explained. Furthermore it's also the responsibility of the provider to explain what their service can offer the patients.

Comments from respondents

I do voluntary work at Broad street so I can get my batteries from there, but otherwise I do not know how I would manage, I get the impression that the only other way is by post.

*Batteries, well I was not told before that my only option would be to to
Broad Street as it is far from where I live.*

*Can only go the clinic there for the batteries and this is not right, my sister
goes to Queens and can go to the clinics all over the borough.*

Its okay there are a few clinics around



Out of the 42 respondents, 13 people told us about their experiences of accessing urgent care. There were no trends from the feedback but some good suggestions as to how services can improve access for people with hearing impairments.

- How can the deaf community access the 111 service which is the portal for urgent care?
- There needs to be a loop sign on every front reception of urgent care and a portable loop available at every site.
- There should be a sign at Barking Walk-In Centre that says if you need an interpreter then please let us know.
- A&E needs to figure out a good way to access interpreting services.

Comments from respondents:

When I was in hospital the food lady asked from far if I want a drink and I have to say i have missed this before and the A&E sometimes you dont hear your name being called.

Telephone calls can be difficult especially with accents and hospital appointments are hard as you are unable to hear your name. Also many services do not have textphone. It implies that deaf people do not get ill. As we are often forgotten bout.

Well A&E they shout your name I dont hear sometimes, electric name system should be used or a number system and they come and get you.

There is no way of having good urgent care, if you are unable to hear then textphone is not available.

Most A&E visits - they dont take into account that it can be quite noisy and when they call me they have missed me and then i have been waiting longer than I needed.

There is no information boards which say that if you have a need then they will provide the help you need, for example maybe they should have a poster at the Barking Walk In saying that BSL services available.

Everywhere should have a portable loop system and the symbol at the reception which shows that its available.

No loop signs anywhere

Walk in center is pretty good

111 can not be used, A&E Walk in /same thing where is the interpreting services during an emergency? Also no urgent care signs.

An issue accessing interpreting services in an urgenct situation.

You never know if there is a loop system, i dont know if they think the deaf don not need any care!

Urgent services are just bad as everyone services there are never interpreters hat are offered its a real challenge.

In a place like a walk in service, they should give you a number which comes up on the screen or a buzzer which vibrates and so you know it's your turn to be seen, the same should happen at the hospital.



There were mixed views in terms of services being provided by the local authority. Some significant points were made by respondents about accessing services and their experiences. The points highlighted were:

- When you access the 'contact us' page on the LBBB website there is an email and a telephone number but no text phone/Minicom number.
- When you access the care and support hub (LBBB) website there is an email and a telephone number but no text phone/Minicom number.
- When an initial appointment is made to see a service user, an interpreter should be booked if needed for the initial meeting as otherwise this delays the process of accessing services and products they may need.
- Positive comments were made in terms of some people's experiences accessing equipment and signposting to other services.

Comments from the respondents

With the introduction of the community checkpoint it is now impossible to have a face-to-face interview in Barking. Furthermore, I am led to believe that in the fullness of time the one stop shop at Dagenham will go. I am hearing-impaired and I could not use a phone at a community checkpoint as the background would be too noisy and the phone would be an ordinary phone. Fortunately, I have online access.

My question is that, at some point in the future, it is likely that I would need to use a text phone. Searching around the website I cannot find a text phone/minicom number. Does B&D direct, and indeed, other council services such as the Intake Team, have a text phone for communicating with deaf people?

When i had an assesemnt there was no interpreter. The social worker then booked me another appointment, which was a 6 week wait. But once this was sorted the interpreter did come.

Social services have been really really good, they gave me all the information that I needed they came home and helped with equipment.

Excellent signposted me to other local organisations which proved invaluable as it empowered me to take control of my deafness

Not alot of help from the council about where i should go to get help, in terms of work, I want to get a job.

The social worker did not bring only information or send information about the help i can get, as i wanted information on where i can meet people who have the same problems as me.

I had a phone and the experince was good , but didnt know i could get help found out accidently.

I had support to get a loop system which is a great help with watching the television.

The social services were fantastic, the sensory team were really really good, the team came to me with an interpreter and asked questions and then told me how they can help. I had alot of help on the benefits I can get and equipment was fixed, this helped opening the door to many things and I even got help with funds to get a computer.



Recommendations for consideration

In conclusion, the feedback from service users highlight the need for changes to take place in order for them to receive a service to meet their needs from across all the services Healthwatch looked into.

Audiology departments need to look at access issues in terms of repairs and replacement batteries. They also need to take into consideration new ways of informing service users when it's their turn to be seen.

The council needs to advertise a text phone number so individuals with hearing impairments can make contact to access services when they need to. GPs not only need to understand the needs of the service users but also need to be aware of the different services that are offered by each audiology department.

Healthwatch atch would like services to consider the recommendations below:

Recommendations	Who
The trusts to look at why patients are unable to get through on the phone and why the phone is not being answered.	BHRUT Whipps audiology provided at King George.
All Audiology providers need to relook at how they make patients aware that it's their turn to be seen, visual screens seem to be the preferable method. At hospital appointments a vibrating buzzer should be trailed to see how this works for patients with Hearing Impairments.	GPs BHRUT: all departments Whipps Hospital
All NHS providers and the local authority need to ensure they have a hearing loop on site. There should be a visual sign up so that people with hearing impairments are aware that there is one available.	LBBB BHRUT GPs B&D CCG: re the HUB.
Text phone number to be on the "contact us" section of the council's website and advertised on materials which are council based.	LBBB
Consideration needs to be given to how patients can have their batteries collected from venues closer to home.	InHealth: Broad Street
The CCG and NHS England need to look at why there is an issue with interpreting services not being provided by the GPs.	NHS England B&D CCG
GPs need to be given the correct information about what each provider can offer so they can explain to their patients before referring them.	NHS England B&D CCG
GPs need to allocate more time for individuals with hearing impairments to ensure they can fully understand their diagnosis. Where they need an interpreter this should be provided.	GPs



Response from the CCG

Thank you for sharing this very useful report informing us of the experiences of people with hearing impairments locally.

We note the feedback on GP services and difficulties that some people have in accessing their practice in a way that meets their needs. Improving access to general practice is a key priority for the CCG and is something that we are taking forward through our emerging primary care strategy. We will ensure that access for people with hearing difficulties is considered as an area for improvement.

We also note the feedback regarding the audiology services and access to repairs and batteries. We will feed this back to the provider and seek to address these concerns through our contract for audiology services.



Response from the BHRUT

Barking, Havering and Redbridge 
University Hospitals
NHS Trust

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28 August 2015

Dear Manisha,

Healthwatch Barking & Dagenham – Audiology Services

Thank you for your letter dated 29 June 2015 addressed to Joyce Hartzenberg which has been passed on to me to respond. Please accept my apologies for the delay in responding.

Please find below the Trust's comments in response to the recommendations contained within the report:

Reception

Currently we have 2 reception staff each day of the week (sick leave and annual leave permitting), they have to deal with patient queries – both in person and over the phone, make appointments and carry out minor repairs where appropriate. Sometimes a phone call may need to be put on hold if the receptionist is dealing with a patient in person. They also book patients in on arrival to the department. There used to be an answering phone service however some patients found it difficult to hear the message clearly. We have recently increased the number of receptionist on duty so this may help. We will be looking into arranging a loop system for the reception area. We are considering initiating a voice message service which outlines the opening/closing times of the department as well as lunch times. These times are also available on the Trust's website.

Information for patients

We have a selection of leaflets available for our patients – how to use your hearing aid and how to look after your ear mould. We also provide a list of battery issue centres and have leaflets detailing coping strategies for hearing impairments for both the patients and their family members – available in hardcopy as well as on our BHR website under the Audiology section. We are also in the process of getting a booklets printed which will include all the above information in one document. This will be given to the patients when they attend for the fitting of their hearing aid – it will also include a list of organisations available to assist them. For diagnostic tests like Calorics, Speech audiometry etc, we send out information leaflets with the appointment letter about what the tests entails and what to expect during the assessment. These are also available on the Trust's website.



Chair: Dr Maureen Dalziel MD MBChB FFPH Chief Executive: Matthew Hopkins

Hospital Appointment

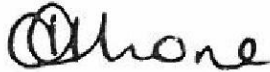
The ENT Department have recently been trialing the vibrating buzzer as a way of alerting patients with hearing impairments when it is their turn to be seen, and we hope to be able to make use of this in the hearing aid department. We will also be looking into visual screens.

GP's:

The Trust's website contains all necessary information for GP's regarding referrals to our department etc.

If you require any further information, please do not hesitate to contact me.

Yours sincerely,

A handwritten signature in black ink that reads "Thorne". The signature is written in a cursive style with a large, stylized initial "T".

Tracey Thorne
Divisional Nurse, Surgery