

Rotherham Deaf

Futures Community

Group: Their

experiences voiced



About us

Healthwatch Rotherham:

We are the independent champion for people who use health and social care services in Rotherham. We are here to make sure that those running services put people at the heart of care.

Our sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. We focus on ensuring that peoples' worries and concerns about current services are addressed and work to get services right for the future.

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What we did:

On Friday 7th July at Springwell Gardens Community Centre in Rotherham, Healthwatch Rotherham attended an engagement session with Rotherham deaf futures community group. The purpose of this session was to understand and learn about their experiences with health and social care in Rotherham, particularly as it is a community we have not interacted with as much over the past few months. Rebecca, a mental health nurse, was also in attendance along with an official BSL interpreter that attends the group on a regular basis.

Around 25 people were in attendance at this particular session, and we spoke with 15 of those to find out about their experiences with local services, both good and bad. The session highlighted some major translator issues with multiple health and social care services, leaving service users feeling frustrated, upset and scared. Attendees reported that they've mentioned and highlighted these issues multiple times over the past few years to service providers, but feel like nobody listens to them.

We introduced ourselves and explained who Healthwatch were and what we did, on a stage at the front, along with Rebecca the mental health nurse and the BSL interpreter. The group sat at tables in front of us and Rebecca broke the topics up by service; so asked for opinions on GP's, then hospitals, then opticians etc. This helped the session become more organised and structured. We answered questions when we could and then asked questions back, trying to unpick things a bit more and find out not just people's opinions, but how they'd like to see services change in the future.

What we heard:

As mentioned, we heard about a variety of services in Rotherham from the people we spoke to. We have categorised them into themes/by service to help display the information clearer.

The main theme that emerged was a lack of face to face interpreters across all services in Rotherham, making it incredibly difficult for people to access the help, support and treatment they need.

Rotherham Hospital - Video Interpreters:

It was noted that video interpreters are often assigned to people in the hospital. Attendees reported that the internet is not always reliable and therefore makes video interpretation difficult. Attendees to the group want face to face interpreters available when they need them.

Other Comments:

"No, we don't need video interpreters. The Internet is not always reliable. We have had challenges with this. We prefer face-face interpreters"

"We don't like video interpreters. It is rubbish. Face-face is better"

Staying informed:

In addition to this, patients are not informed that an interpreter is available for them; they have to ring and check themselves.

Almost everyone we spoke to stated that they do not receive any letters informing them that there will be an interpreter at their hospital appointment.

A volunteer at the event stated: “This is a simple thing the hospital can do to help the deaf community. I have checked with the hospital on this, and they said that the letter template is ‘fixed’ and they can’t make changes to it. I cannot understand this”.

Rotherham Hospital - Availability of interpreters:

“The hospital needs to have 24/7 interpreters available. It is very risky. We need somebody there who understands us, there can be emergencies, and we cannot wait for an interpreter to come in to help us communicate”

“I have had a severe headache for the last 16 months or more. I am unable to communicate the severity of my pain and my problems to others”

“If we go to A&E there are no interpreters in A&E either. What we need is **24/7 access to reliable Level 3 interpreters in hospitals**. The deaf people are suffering because they can’t access interpreters. There should be organisations to support interpreters. There must be funding. We have been talking about this for the past 20 years, and nothing has changed so far”.

“There needs to be a funding pot for Level 3 interpreters with someone always available, employed and managed by the hospital”

“I had an appointment with the hospital once, but had to wait for the interpreter for 2 hours. The interpreter was from North Yorkshire. Why can’t they hire a local interpreter? There should be a local pool of interpreters, at least South Yorkshire. This would save time”.

“We need local interpreters. Why can’t the hospital use local BSL interpreters? This would save a lot of time”.

In-patient care:

The main comment we heard around this issue is that there are not enough interpreters in the wards at Rotherham Hospital, if any at all.

“Pre-op services are really good. They book interpreters and they talk to us; they don’t rush, and they explain things really well. But on surgery day, there are no interpreters. I mean, it is inconsistent. And post-op, no interpreters either. We actually need interpreters after surgery as well”

Emergency care:

“I had kidney stones, and there was an emergency one day. I tried the texting service. There were a lot of questions. I couldn’t understand them all. It is a very complicated service. I had to get a friend to call 999 for help, and then the ambulance came straight away”

“Most of us are not used to these technologies and the messaging services. It is complex for us. NHS 111 is complicated. 999 are good but the 111 service is still developing. They can’t always be reliable”

“When we are in the hospital, they give us medication. But no one explains the side effects or what we should do when there are side effects. They don’t even say who to contact in this situation”

“Paramedics can’t communicate with us. There are no interpreters available for emergency services”

GP’s:

“My GP never books an interpreter”

“There is no consistency with this (booking interpreters); some GPs book one and some don’t, it is a very inconsistent approach”.

“I drive myself to my GP for 8am and for anything to happen, I have to get angry, and then sometimes I get an appointment in a timely manner”.

“The appointments are always delayed because there are no interpreters available. Sometimes it gets delayed by 2 weeks

Opticians:

As well as hospital and GP care, attendees also reported issues in accessing other areas of care including opticians.

“Most opticians refused to take our bookings. They don’t book interpreters”

“Deaf people rely a lot on their eyes, but in Rotherham, we have no interpreters available. Not everyone can go to Sheffield for eye testing”.

“I have cataracts and my GP has referred me to the hospital. I have been waiting since December for my cataract surgery. Last month (June), I got a hospital appointment, but this was also cancelled because there were no interpreters available for the surgical assessment. Now, I am told to wait three more months for the next appointment”.

“We have to go to Sheffield Vision Express. They are better than Rotherham opticians, who won’t accept our bookings”

Conclusions

The main issue that is highlighted throughout this short report is a lack of BSL face to face interpreters for the deaf community in Rotherham. This is not just limited to one service, but is highlighted throughout multiple services in Rotherham including GP’s, hospital and opticians. Having a lack of good quality, face to face interpreters leaves patients feeling scared and frustrated at not being able to communicate with staff regarding their problems and how they are feeling.

As a summary, the main issues we heard about were:

- Video interpreters are not an acceptable alternative to face to face BSL interpreters
- Patients are not informed whether an interpreter will be available for their appointment
- Patients not having 24/7 access to Level 3 BLS interpreters, particularly in A&E
- Interpreters travel from other areas of Yorkshire to Rotherham which can sometimes take hours. South Yorkshire BSL interpreters are not utilised locally

- GP appointments are often delayed due to a lack of interpreter, or GP's do not arrange for an interpreter for the patient.
- Attendees have to travel to Sheffield to attend optician appointments, due to Rotherham Opticians not providing suitable interpreters to allow the appointment to go ahead.

Recommendations:

- More face to face Level 3 BSL interpreters available in all areas of Rotherham Hospital, including A&E for emergencies and in-patient wards.
- Utilise local BSL interpreters in South Yorkshire rather than out-sourcing from areas further away to prevent delays
- Inform patients on their appointment letter whether an interpreter will be available and present for their appointment, rather than the patient being required to find this information out themselves
- More BSL interpreter availability across all primary and secondary care services in Rotherham to allow residents to successfully book and safely attend a variety of appointments including GP, opticians and dentists, without having to travel to Sheffield

Responses

Rotherham Hospital:

“The Rotherham NHS Foundation Trust has worked proactively with the local deaf community to support continued improvements in their experiences and these relationships will continue. However, we do realise that it can be difficult to try to find an interpreter in emergency situations. This will be something the Trust will continue to try and resolve for the benefit of our patients”.

South Yorkshire ICB:

“NHS South Yorkshire ICB regrets that deaf people in Rotherham have faced difficulty and delays in accessing care. Unfortunately, the shortage of BSL translation services is a nationwide problem and primary care contractors do struggle to access these services. Until recently the RNID was the most reliable provider, but their decision to cease the service has had an impact in South Yorkshire.

GP practices should always book translation services on behalf of the patient as this service is funded. If the ICB contracted provider is not able to supply a translator, then GP practices can use any other agency and seek reimbursement of the cost.

Opticians should not be refusing appointments to deaf people. The ICB also reimburses the cost of interpreting services to Opticians, which should enable access where needed. The ICB will work with the Local Optical Committee to ensure that contractors are aware of the support for interpreting costs, and their responsibility to provide equality of access to all patient groups”.