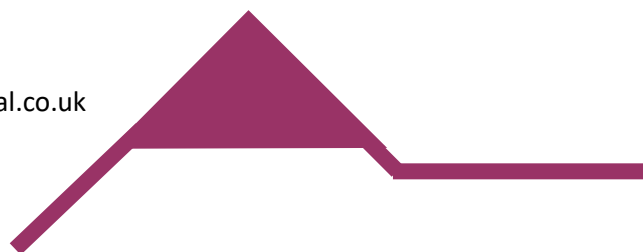


# LEIGH VIEW MEDICAL PRACTICE

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## Deaf Patients Access Policy

Version:	Review date:	Edited by:	Approved by:	Comments:
001	01/07/2025	Karen Jones		

### Table of contents

<b>1</b>	<b>Introduction</b>	<b>2</b>
1.1	Policy statement	2
1.2	Principles	2
1.3	KLOE (England only)	3
1.4	Status	4
1.5	Training and support	5
<b>2</b>	<b>Scope</b>	<b>5</b>
2.1	Who it applies to	5
2.2	Why and how it applies to them	5
<b>3</b>	<b>Definition of terms</b>	<b>5</b>
3.1	British Sign Language	5
3.2	BSL interpreter	6
3.3	deaf	6
3.4	Deaf	6
3.5	Lip-reading	6
<b>4</b>	<b>Policy</b>	<b>6</b>
4.1	Requirement	6
4.2	Why does it matter?	6
<b>5</b>	<b>Requirements</b>	<b>7</b>
5.1	Assessment	7

# LEIGH VIEW MEDICAL PRACTICE

www.leighviewmedical.co.uk



<b>5.2</b>	<b>Reasonable adjustments</b>	<b>8</b>
<b>5.3</b>	<b>Alerts</b>	<b>8</b>
<b>5.4</b>	<b>Waiting-room requirements</b>	<b>9</b>
<b>5.5</b>	<b>Communication</b>	<b>9</b>
<b>5.6</b>	<b>Consultation phase</b>	<b>9</b>
<b>5.7</b>	<b>Remote consultations</b>	<b>10</b>
<b>5.8</b>	<b>NHS 111 BSL service</b>	<b>10</b>
<b>5.9</b>	<b>Hearing loop</b>	<b>11</b>
<b>5.10</b>	<b>COVID-19 and facemasks</b>	<b>11</b>
<b>6</b>	<b>Record-keeping</b>	<b>11</b>
<b>6.1</b>	<b>Individual records</b>	<b>11</b>
<b>7</b>	<b>Summary</b>	<b>11</b>
<b>1</b>	<b>Introduction</b>	

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## **1.1 Policy statement**

It is estimated that there are 12 million people in the UK who have some form of hearing loss.<sup>1</sup> Leigh View Medical Practice must ensure that the service offered meets the needs of all patients at all times.

More specifically, it is essential that those patients with any form of hearing loss are able to access services and communicate with the team effectively to make certain they receive an optimal level of care<sup>2</sup>.

## **1.2 Principles**

Effective information and communication are vital components of a 'patient centered NHS'. Many people who have an interest in the work of NHS England may have difficulty understanding the information provided. This may be because they are d/Deaf.

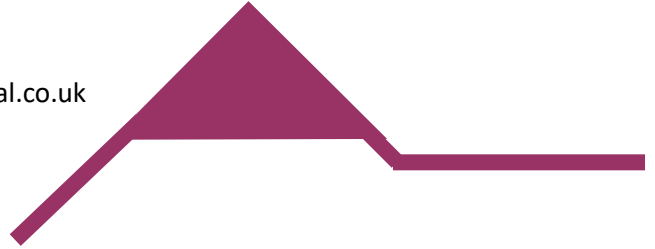
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<sup>1</sup> [RNID facts and figures on hearing loss and tinnitus](#)

<sup>2</sup> [Better access to health services for Deaf Community is needed](#)

# LEIGH VIEW MEDICAL PRACTICE

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It is important, therefore, that information is presented in an accessible way and in a format that is easily used and understood by the intended audience.

## 1.3 KLOE (England only)

In England, the Care Quality Commission would expect any primary care organisation to have a policy to support this process and this should be used as evidence of compliance against CQC Key Lines of Enquiry (KLOE).<sup>3</sup>

Specifically, Leigh View Medical Practice will need to answer the CQC key questions on Safe, Effective, Caring and Responsive.

The following is the CQC definition of Safe:

*By safe, we mean people are protected from abuse and avoidable harm*

<b>CQC KLOE S3</b>	Do staff have all the information they need to deliver safe care and treatment to people?
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The following is the CQC definition of Effective:

*By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.*

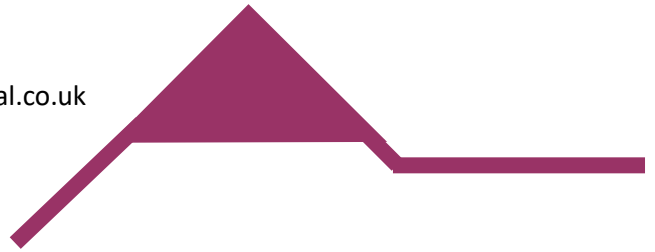
<b>CQC KLOE E1</b>	Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
<b>CQC KLOE E3</b>	How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?

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<sup>3</sup> [www.cqc.org.uk](http://www.cqc.org.uk)

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## CQC KLOE E4

How well do staff, teams and services work together within an across organisations to deliver effective care and treatment?

The following is the CQC definition of Caring:

*By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.*

## CQC KLOE C2

How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support as far as possible?

The following is the CQC definition of Responsive:

*By responsive, we mean that services meet people's needs.*

## CQC KLOE R1

How do people receive personalised care that is responsive to their needs?

## CQC KLOE R2

Do services take account of the particular needs and choices of different people?

## 1.4 Status

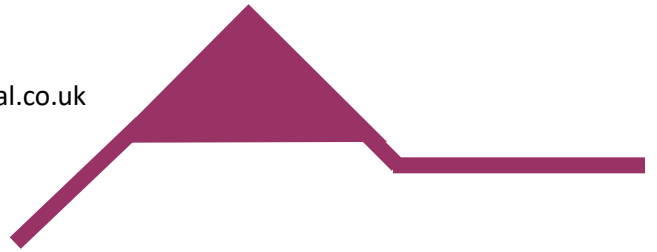
The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](#).

Consideration has been given to the impact this policy might have with regard to the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

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## 1.5 Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

## 2 Scope

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### 2.1 Who it applies to

This document applies to all employees of the organisation and other individuals performing functions in relation to the organisation, such as agency workers, locums and contractors.

Furthermore, it applies to clinicians who may or may not be employed by the organisation but who are working under the Additional Roles Reimbursement Scheme (ARRS).<sup>4</sup>

### 2.2 Why and how it applies to them

This document has been produced to provide all staff at Leigh View Medical Practice with the necessary information and guidance to ensure that those patients who have some form of hearing loss are not placed at risk due to poor communication and/or misunderstanding.

## 3 Definition of terms<sup>5</sup>

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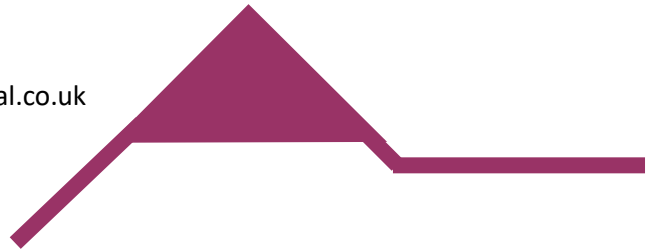
### 3.1 British Sign Language

British Sign Language (BSL) is a visual-gestural language that is the first or preferred language of many d/Deaf people and some deaf-blind people; it has its own grammar and principles which differ from English.

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<sup>4</sup> [Network DES Contract specification 2021/22](#)

<sup>5</sup> [NHS England Accessible Information Specification v.1.1](#)



## 3.2 BSL interpreter

A person skilled in translating between BSL and English. A type of communication support which may be needed by a person who is d/Deaf or deaf-blind.

## 3.3 deaf

A person who identifies as being deaf with a lowercase d is indicating that they have a significant hearing impairment.

## 3.4 Deaf

A person who identifies as being deaf with an uppercase D is indicating that they are culturally Deaf and belong to the Deaf community.

## 3.5 Lip-reading

A way of understanding or supporting speech by visually interpreting the lip and facial movements of the speaker.

## 4 Policy

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### 4.1 Requirement

In accordance with the Accessible Information Standard, Leigh View Medical Practice is required to adopt a consistent approach to identifying, recording, flagging, sharing and meeting individuals' information and communication support needs.<sup>1</sup>

### 4.2 Why does it matter?

Evidence<sup>6</sup> shows that patients with some form of hearing loss leave their GP practice with a level of uncertainty regarding their diagnosis, medication and health advice.

In order to reduce the challenges faced by people with all forms of hearing loss, Leigh View Medical Practice will ensure that steps are taken to make certain those patients who need it have the necessary level of support when attending the organisation.

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<sup>6</sup> [Action on Hearing Loss - Good Practice?](#)



## 5 Requirements

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### 5.1 Assessment

The [Accessible Information Standard](#) states that individuals should be asked to self-define their needs and a record should be made of any and all requirements for:<sup>7</sup>

- Alternative or specific contact method(s)
- Professional interpretation or communication support
- Information in an alternative language or format
- Adjustments or aids to support effective communication

There are five main parts to the Accessible Information Standard:

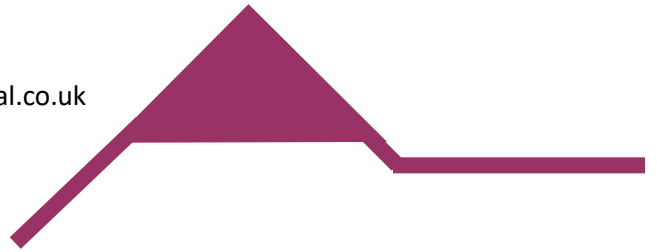
- **Ask** – staff must ask patients whether they have a communication need and how that need can be met. This should cover different situations where information is exchanged. In particular, services should ask how the patient wants to communicate during a consultation, how they want to make contact with the service and how they want the service to provide information to them
- **Record** – A patient's needs should be clearly recorded in the patient record using appropriate coding that is consistent and understood by all. Suitable codes are now available in most electronic systems
- **Alert/Flag** – An alert or flag should be used on a patient's file so that all staff accessing the file are aware of their communication needs. Ideally, the alert will also give practical details as to how staff can meet those needs
- **Share** – Information about communication needs should be shared with other health and social care services. For instance, referrals should include details of communication needs
- **Act/Meet** – Services need to ensure information is accessible and that people get the communication support they need. Services may need to be prepared to interact with patients via text and email as well as face to face and/or they may need to book a BSL interpreter for consultations

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<sup>7</sup> [NHS England Accessible Information and Communication Policy](#)

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At Leigh View Medical Practice, patients are asked to list any known medical conditions upon registration. Completed registration forms are then processed and any requirements annotated in the individual's healthcare record.

Further reading can be sought from:

- [Accessible information standard policy](#)
- [CQC GP Mythbuster 20: Making Information Accessible](#)
- BMA guidance document titled: [Following the Accessible information standard](#)

## 5.2 Reasonable adjustments

It is legal requirement to ensure that health services are accessible to all disabled people. Therefore, this organisation will, as far as reasonably practicable, ensure that we will make it as easy for disabled people who use our services as it is for people who are not disabled. This is called making reasonable adjustments.

We will consider:

- Making sure there is wheelchair access in, out and within the building
- Providing easy read information
- Providing alternative access and/or appointment slot should the patient find it difficult waiting for their appointment
- Provide a longer appointment slot if a patient requires longer time with a clinician to make sure they understand the information they are given

This policy details the adjustments that have been considered.

Further reading can be sought from the NHS webpage titled [Reasonable adjustments](#) and [CQC GP Mythbuster 67: Reasonable adjustments for disabled people](#).

## 5.3 Alerts

At Leigh View Medical Practice those patients who register as d/Deaf will have an alert placed on the clinical system advising staff of the severity of the individual's hearing loss (or complete deafness) and the support required during face-to-face interactions with the patient.



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Patients who have experienced hearing deterioration or complete loss during their time at the organisation will also have alerts placed on the clinical system; this is the responsibility of the administration team when tasked by a clinician.

## 5.4 Waiting-room requirements

Patients who are d/Deaf will need to be advised it is time for their appointment visually as they may not be able to hear their name being called in the reception/waiting areas. The use of a 'Jayex board' or a similar system to provide a visual mechanism to call them for their appointment is recommended.

At Leigh View Medical Practice], d/Deaf patients are called for their appointments by the TV screens in the waiting area.

## 5.5 Communication

In line with the Accessible Information Standard, Leigh View Medical Practice] will use the National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD) to source professional support when patients are attending appointments.

Using the [NRCPD website](#), staff will search the register to find a local communication professional. This action will be taken at least 72 hours prior to the appointment of the patient and, ideally, they should be booked when the patient books their appointment (or with as much notice as possible).

## 5.6 Consultation phase

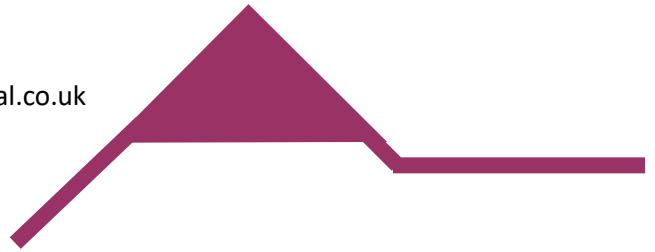
Staff must remember that it is the patient they are conversing with, not the communication professional! Be certain to speak to the patient and use the usual greeting, for example, "Good afternoon, Mr Keane. How are you?" and not "Can you say hello to Mr Keane from me please?"

Ensure you have the patient's attention before talking. Maintain eye contact whilst communicating and do not talk to the patient whilst looking at your computer screen, filling out paperwork or turning around. Also avoid covering your mouth with your hands or paper.

Speak at a normal volume, make sure the room is well lit so that the patient can see your face clearly and speak in plain English at normal speed. Sentences are to be

# LEIGH VIEW MEDICAL PRACTICE

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kept short and always use plain language and not complex clinical terminology other than when advising of diagnosis, test results or examination requirements, etc. If an examination is required, the communication professional is not to be used to assist the clinician; instead, a chaperone is to be called.

Use written notes or diagrams to assist if you have having difficulty explaining something but remember, deaf people have different communication needs so writing information down will not be helpful for everyone. If the patient does not understand you, try to think of a different way to explain yourself rather than repeating the same words again.

Use gestures and facial expressions to help to explain yourself, point to parts of your body if necessary, checking regularly to make sure that your patient understands you.

At the end of the consultation, ensure the patient understands everything that has been discussed, utilising the communication professional to offer the patient the opportunity to ask any questions they may have.

## 5.7 Remote consultations

An ordinary phone call is not an accessible medium for communicating with a d/Deaf patient. According to the Accessible Information Standards, alternative communication channels must be arranged that meet the communication preferences of the patient.

Alternative methods may include text message or email for notifications or booking a BSL interpreter for remote consultations using a Video Relay Service (VRS).

## 5.8 NHS 111 BSL service

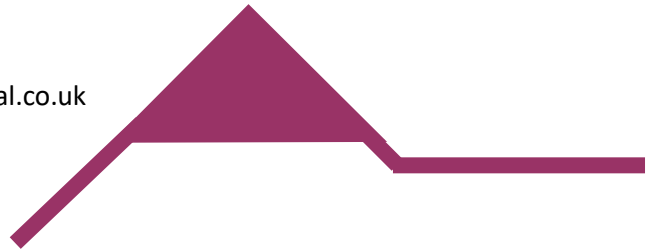
Patients with hearing difficulties should also be directed to the NHS 111 24-hour British sign language service, where they can make a video call to a BSL interpreter via the SignVideo app.

This service works by the interpreter telephoning an NHS 111 advisor and relaying the conversation. The NHS 111 advisor will then ask relevant questions about any symptoms and give healthcare advice or direct the patient to the local and most appropriate service.

Detailed information can be sought from the [NHS111 - British Sign Language](#) webpage, which also provides links to the SignVideo app.

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## 5.9 Hearing loop

To support d/Deaf patients in Leigh View Medical Practice, a hearing loop has been provided in reception and a portable hearing loop is available to be taken into consultation rooms; this enables those patients who are using hearing aids to enhance the sound quality experienced by the patient by reducing background noise.

Patients may need to be reminded to switch their hearing aid to the 'T' setting or loop programme in order for the system to be of maximum benefit.

## 5.10 COVID-19 and facemasks

When face coverings are being worn, it will be important for everyone to be flexible and creative in how they communicate with deaf patients. At Leigh View Medical Practice, we will consider the following:

- Face mask or covering with a clear panel where the mouth can be seen
- Communicating via a Perspex panel or screen
- Considering the need for a face-to-face meeting or whether a video call could work as an alternative
- Temporarily replacing the face mask/covering with a transparent face shield and communicating within the current safety guidance

Further reading can be sought from the DHSC webpage titled [Transparent face mask technical specification](#) and this [press release](#) from Gov.uk.

## 6 Record-keeping

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### 6.1 Individual records

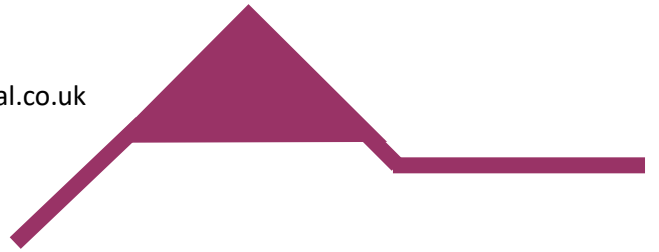
A clear record of the level of support required and the use of any communication professionals during consultations must be annotated in the patient's healthcare record.

## 7 Summary

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Providing the necessary level of support to patients who need it, and particularly those who are d/Deaf, is a fundamental requirement at Leigh View Medical Practice

Acknowledging that patients may need support in the form of hearing loops and/or communication professionals will provide patients with reassurance that their needs are being met and that the level of service offered is of the highest standard.