Understanding your patients’ needs

Supporting people with Sensory Loss

Best-practice guide for GP surgeries
Definitions

The term ‘people with sensory loss’ refers to:

- people who are Deaf, deafened or have hearing loss
- people who are blind or partially sighted
- people who are deafblind: those whose combined sight loss and hearing loss causes difficulties with communication, access to information and mobility.
Foreword

Sensory loss affects one in five of us

In Wales, 575,500 people are deaf or have hearing loss, 106,980 are blind or live with sight loss, and 20,786 are deafblind. These numbers will continue to grow as the population ages.

People with sensory loss are more likely to feel cut off from their local community, which can lead to loneliness, mental health issues and associated health problems.

As healthcare professionals, there is plenty you and your staff can do to help. Much of what we recommend here is not costly. Often, simply changing attitudes and behaviour towards patients who have sensory loss can help. A simple question such as “How would you like to communicate with us?” can make all the difference.

This guide provides practical advice on how to support patients living with a sensory loss. Although aimed at people working in GP surgeries, much of the guidance is relevant to other health settings.

The document has been developed by Action on Hearing Loss Cymru and RNIB Cymru, following consultations with groups of people with sensory loss in Wales. Their personal experiences are reflected in quotes featured throughout this document, many of them revealing negative experiences.

Although we accept that the people who took part in our project are more likely to want to raise an issue than give positive feedback, this shows that there is still work to be done to ensure health providers are supporting patients with a sensory loss.

For further guidance on how best to communicate with patients with sensory loss, you can contact us, RNIB Cymru or any other organisation supporting people with sensory loss. Their contact details are at the end of this document (see pages 17-18).

Richard Williams
Director, Action on Hearing Loss Cymru
Summary of legal responsibilities and standards

All Wales Standards for Communication and Information for People with Sensory Loss

The All Wales Standards (the Standards), published in 2013, set out the level of service that adults, young people and children with sensory loss should expect when accessing healthcare services in Wales.

The Standards reference the Equality Act 2010. Under the Act, service providers, organisations and employers have a duty to make reasonable adjustments to avoid putting people with disabilities at a substantial disadvantage compared to people who are not disabled.

This includes making changes to provisions, criteria or practices, altering physical premises and providing equipment to meet communication needs.

The Standards also refer to the UN Convention on the Rights of Disabled People (UNCRPD), which provides an international standard for disabled people’s human rights. Effective and appropriate communication is fundamental to ensuring that all services are delivered in ways that promote dignity and respect.

The Standards state:

All frequently used information leaflets and documents intended for patients and the public should be available in accessible formats for people with sensory loss (for example large print, audio file and braille).

All public and patient areas of the practice should be accessible to people with sensory loss. In addition, people with sensory loss should be asked to offer their feedback on access to the premises and any feedback should be used to improve the levels of access.

People with sensory loss should be asked to describe their communication needs when registering with a new GP practice; this information should contain details of the patient’s sensory loss and any communication support they might require, such as British Sign Language (BSL) interpreters. Surgeries should ensure they have up-to-date information for existing patients.

By utilising a ‘flagging’ system on patient files, practice staff will be able to input practical information on a patient’s communication and information needs, which both current and future practice staff can refer to in the future.

When patients are referred to secondary healthcare, their communication and information needs should be included in
the referral details to ensure the patients continue to receive an accessible service.

Clear signage should be used throughout the practice to ensure patients with sensory loss can easily navigate the premises.

For patients with sensory loss, it is important to note the impact that background noise, lighting and colour contrasting can have on their ability to communicate effectively.

For further information, and to read the Standards in full, please go to: gov.wales/topics/health/publications/health/guidance/standards/?lang=en

“Why can’t they simply place ‘flags’ on their system to alert them to my sensory loss and my requirements?”

“I am never sure if I am entering the right room, as the door sign isn’t very clear.”

Article nine, UNCRPD

In addition to the All Wales Standards, Article nine in the UNCRPD states:

Parties shall also take appropriate measures to provide forms of live assistance and intermediaries including guides, readers and sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public.

We also recommend reading the Older People’s Commissioner for Wales’ publication, GP Services in Wales: The Perspective of Older People olderpeoplewales.com/en/Publications/pub-story/17-02-28/GP_Services_in_Wales_The_Perspective_of_Older_People.aspx#.WMfLB9Lyjcs

GP surgeries should also take account of the joint publication of the Royal College of General Practitioners, UK Vision Strategy and Thomas Pocklington Trust, Sight loss in older people: The essential guide for general practice.
Best-practice recommendations

Our overarching recommendation, for all healthcare providers, is to actively encourage patients with sensory loss to **Tell, Ask** and **Share**.

Patients should;

- **Tell** GP practices about their sensory loss.
- **Ask** GP practices for accessible information and communication, specifying their individual needs. These needs should be recorded by the practice.
- **Share** feedback on their experiences - both good and not so good.

It is good practice to invite people with sensory loss to, or involve them in, patient participation programmes.

Our evidence suggests that many primary care health providers are not fully meeting their obligations under the All Wales Standards and other related legislation.

We urge GP surgeries to review their obligations and make an honest assessment of how they are doing before devising action plans to ensure they meet all obligations as soon as possible.

“**The staff at my surgery asked me what they could do to help and they make every effort to make my visit as pleasant as possible.”**

Access to GP premises

Make sure the physical premises are fully accessible for patients with sensory loss. Ensure you consider all aspects of internal and external areas of the premises.

**Intercoms**

If you use an intercom entry system, ensure it has a video display for patients who are deaf or have hearing loss. Ensure buttons are large and high-contrast where possible.
Supporting people with sensory loss

**Signage**

Check that all internal and external signage is clear and consider the needs of patients with sight loss. Add Braille to internal doors and wall signage. Also use high-contrast, tactile symbols and letters where possible (for example, symbols on toilet doors).

**Smoke alarms**

Install audible and visible smoke alarm systems throughout the premises to ensure the safety of all staff and patients. Introduce vibrating alert devices to ensure deafblind patients are safe too.

Safety equipment for people who are deaf or have hearing loss can be purchased via actiononhearingloss.org.uk/shop

**Environmental noise**

Minimise environmental noise in the surgery. For example, turn off radios and televisions. Carpets and secure soft furnishings help create a good audio environment.

“The radio was so loud. I asked the receptionist could they turn it down so I could listen out for my name. They refused and said people enjoy music.”

**Internal and external steps**

Ensure that any steps inside or outside the premises have their edges clearly marked with a high-contrast colour. Fit handrails on both sides of steps. If possible, replace steps with low gradient ramps.

**Layout and décor**

Consider the layout and décor of all rooms, including reception and the waiting, consulting and treatment rooms. Maintain a clear, clutter-free environment, and avoid trip hazards. Bolder and brighter colours can help create good colour contrasts, but avoid reflective surfaces and highly-patterned wallpapers, carpets and furnishings.

Glass doors and large glass partitions and windows should have high-contrast markings.

Ensure that there is sufficient space for people with guides and/or assistance dogs or mobility aids to move around especially in seating areas and corridors.

**Induction loops**

Install induction loop systems in all areas used by patients, along with clear signage highlighting its availability.

Make sure induction loops are well-maintained and that staff know how to operate them.

Portable loop systems may be more cost effective and can be used in reception and taken into consulting or treatment rooms. They can be purchased at: actiononhearingloss.org.uk/shop
RNIB Cymru can provide guidance on accessible environments and signage. Contact: cymru@rnib.org.uk

“I feel embarrassed when another patient comes up to me and shouts that the doctor has been calling me for ages.”

Guide dogs and hearing dogs
Make sure practice staff are trained to recognise guide dogs and hearing dogs and accept them on the premises. It is good practice to place a water bowl in a safe place for the dog. For more information, please see Myths and Facts about Guide Dogs guidedogs.org.uk/microsites/sponsor-a-puppy/blogs/2015/may/the-myths-and-facts-around-guide-dogs#.WNj_p2egtMw

Patient input and feedback
Involve patients with sensory loss in access audits and invite feedback on any issues they identify. Similarly, invite patient input into planning and design of any refurbishments

Accessible communications
Make sure all communications are fully accessible for patients with sensory loss. Make it easy for patients to contact you through their preferred communication method, which could include:

- a standard voice call
- SMS text messaging
- live messaging (chat)
- Text Relay phone call
- email
- large print
- audio
- Braille
- face-to-face chat in the surgery or via video call.

Your service should ideally have dedicated members of staff responsible for monitoring these communication points. For more information, see our factsheet Using Communication Support: rnib.org.uk/professionals-social-care-professionals/communication-and-environment
RNIB’s website provides resources that will help you produce accessible materials for blind and partially sighted people; rnib.org.uk/professionals-social-care-professionals/communication-and-environment

RNIB WebDocs service has been designed to help you turn short Microsoft Word documents like letters, leaflets and lists of services into accessible formats such as Braille, large print or audio CD. For more information on these services, visit rnib.org.uk/professionals-social-care-professionals/communication-and-environment

“My surgery refused to allow me to book an appointment using SMS text messaging or email.”

“I would love to try My Health Online, as it would be easier to arrange appointments.”

Training and record keeping

Make sure staff are aware of all available forms of communication support and aids and trained in how to use them. Regularly refresh this training.

Keep a record of the accessible communication requirements of patients with sensory loss. Check and update at regular intervals. These notes could be placed alongside information preferences (see page 8).

My Health Online registration

You should also offer My Health Online registration to enable patients to book and manage appointments online, as well as ordering repeat prescriptions.
“I hate it when family tell me that my surgery has phoned and told them my blood results are back and I need to ring the surgery urgently. My family are now worried about something I wanted to remain private. I had asked the surgery to send me a text message to my personal mobile instead of telephoning the main house number.”

“Communication support procedures

Produce clear procedures on how to book communication support for patients who are deaf or have hearing loss, such as British Sign Language (BSL) interpreters or speech-to-text providers.

Train staff how to work with interpreters and other communication support professionals. Where possible, try to accommodate requests to book preferred communication support professionals.

Interpreters can be booked through the Access Solutions team at Action on Hearing Loss (see page 17 for contact details).

For more information, see our factsheet Working with a sign language interpreter: actiononhearingloss.org.uk/supporting-you/factsheets-and-leaflets/communication.aspx

“I turned up for an appointment and the BSL interpreter was male, when I’d asked for a female. I had to reschedule the appointment.”

“Emergency appointments

Work with BSL interpretation agencies and patients to devise ways of offering emergency appointments with appropriate communication support (for example, working with remote online interpreters or speech-to-text providers).

You can find out more about using speech-to-text interpreters on our website: actiononhearingloss.org.uk/supporting-you/factsheets-and-leaflets/communication
“To get a quick appointment, I have to take my husband with me to interpret. I feel uncomfortable discussing some problems in front of him.”

Individually appropriate care

Make sure medical consultations are conducted in a way that’s appropriate to the individual. For example, make sure to provide appropriate qualified communication support on request and allow longer appointment times to allow interpretation time.

Patients with sight loss

For patients with sight loss, give clear verbal instructions and information. Give a running commentary of any tests and procedures that you are carrying out. Give people specific instructions (for example, “There is a chair immediately behind you.”).

If you call patients in from a waiting room to a consultation, please wait for them and ask if they need assistance. Tell a person with sight loss when you are moving away from them, or leaving the room.

The advice given here will help you feel confident about talking to a person who has sight loss and also dementia: rnib.org.uk/nb-online/top-tips-dementia

Familiarity with communication styles

Make sure all staff are aware of the various communication styles used by patients who are deaf or have hearing loss, blind, partially sighted or deafblind. A toolkit for front-line staff can be downloaded from: actiononhearingloss.org.uk/wales

“The staff at the practice do not use even basic BSL or the fingerspelling alphabet – even speech supported with gestures would help.”

Communication cards

Produce communication cards with images and clear, easy-to-read text. For example, receptionists often ask routine questions. These can be pre-printed and shown to patients with hearing loss. These may need to be more tactile for deafblind patients.
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Telephone guidance

Produce telephone-handling guidance that includes specific advice for handing calls from people with sensory loss. For example:

- using the telephone alphabet (phonetic alphabet) when spelling out hard-to-hear words and phrases
- accepting and making calls via the Text Relay system (formerly known as Typetalk).

The Text Relay service helps people with hearing loss and/or speech difficulties to access the telephone system. A relay assistant acts as an intermediary to convert speech to text, and vice versa, for the two people in conversation.

Find out more on our website: actiononhearingloss.org.uk/your-hearing/ways-of-communicating/other-forms-of-communication/text-relay.aspx

"I use the Text Relay service to phone the surgery but they often put the phone down on me or ask me to get someone else to phone them."

Guidelines for deafblind patients

Produce guidelines for dealing with deafblind patients, including:

- advice on deafblind guiding
- using the Deafblind Manual Alphabet and/or Block Alphabet.

For more information, see our factsheet Communication support for people who are deafblind: actiononhearingloss.org.uk/supporting-you/factsheets-and-leaflets/communication.aspx

Communication tactics

Adopt communication tactics for people who are deaf or have hearing loss as the main method of communicating with all patients. This will ensure warm, accessible communication for everyone (see page 21).

Accessible information and correspondence

Make sure that printed information is available in alternative formats, including BSL, Braille, large print and audio. Use electronic formats where possible, including BSL video clips. All staff should know how to access these.

RNIB guidelines

Use RNIB clear print guidelines as a minimum standard for written information/correspondence (see page 19).
Dispensing medication

If you’re dispensing medication, make sure the person you dispense it to understands what each item is, and where to get further accessible information.

“The information inside medication packs is way too small to read – surely the doctor should ensure I have accessible information on the tablets I am taking?”

Accessible information requirements

Keep a record of a patient’s accessible information requirements. Review and update at regular intervals. These notes could be placed alongside communication preferences (see page 8).

Training

All public-facing staff should be trained in deaf awareness, visual impairment awareness, deafblind awareness and in how to access specialist services.

X-PIL

Make sure you know about X-PIL, which ensures that patient information leaflets (PILs), supplied with medicines, are accessible to everyone, including those with sight problems.

Patients can access this information at medicines.org.uk/emc/xpil or by calling the RNIB Medicine Leaflet Line on 0800 198 5000.
“Some staff are dismissive when I say I can’t hear them. They say things like ‘it doesn’t matter’. What if they are trying to tell me something important?”

Make sure that awareness training is delivered or co-delivered by qualified trainers with sensory loss.

Provide sensory awareness training as part of staff induction and ensure the training is regularly refreshed.

“Luckily the practice nurse knows of my hearing and sight loss and she is so helpful.”

Equipment and technology

**PCs, tablets and smartphones**

Make plans to move towards using PCs, tablets or smartphones to help with providing accessible information and communications. For example, use remote BSL interpreters or speech-to-text providers.

There is also a range of mobile apps that can help, including voice-recognition and speech-to-text apps such as Live Caption (for Android). Most smartphones have a dictation key that can be used to convert speech to text as an easy-use measure.

**My Health Online**

Offer My Health Online to allow patients with sensory loss to manage appointments and order repeat prescriptions. Make sure you have a way of recognising those patients who have specified communication support and information access requirements.

**Display screens and announcements**

In waiting rooms, use screens to display the name of the next patient and which room they should go to, and also make an audible announcement. Visual (flash) and audible (beep) prompts for each announcement will help, too.

Visual displays and touch-screen monitors are not accessible to many people with sight loss, so make sure tactile and/or audio-enabled screens and announcements accompany the displays – or that someone is always available to offer assistance.
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“I love the new screen they have brought in – the text is big and clear – it’s so much better than the system of calling out names.”

“When I asked to use the loop, they looked sheepish and said it’s in the box and its battery isn’t charged.”

Policies and procedures

Create clear, accessible procedures for staff to book BSL interpreters or other communication support providers such as speech-to-text, sign-supported English or lipspeakers.

Suitability of communication professionals

It is vital that patients who are deaf are consulted on the suitability of communication professionals. For example, female patients will normally request a female interpreter.

Make a note of preferred communication support providers and try to use them if possible. It is good practice to let patients know the name of the person(s) providing support.

Patient feedback

Put procedures in place to monitor patient feedback and concerns/complaints, and make sure that they are responded to within set timescales.

Patient-access group

Consider creating a sensory-loss, patient-access group. This group should be made up of health professionals and service users who are deaf or have hearing loss, blind, partially sighted and deafblind.

Equipment maintenance checks

Perform annual checks on safety equipment such as smoke alarms and carbon-monoxide detectors, making sure any access features are working, such as flashing lights or vibrating devices.

Regularly maintain and test induction loop systems.
“How can I take part in raising concerns, providing feedback or helping in patient participation groups without communication support and accessible information?”

**Guiding patients**

If a person needs guiding, always ask how they would like to be guided. Don’t hold the person’s arm: let them hold your arm at the elbow, with your arm by your side.

While you’re walking, you might tell them where you’re going and what to be aware of (for example, when you’re going up and down steps).

If the person wants to sit down, you can put their hand on the back of a chair so that they can feel the back and arms.

When guiding a deafblind patient, offer your arm for the person to hold so they can follow you. Walk in front to guide them, taking care not to bump them into anything. Let them hold handrails when using the stairs.

For more information please see RNIB’s factsheet: [rnib.org.uk/nb-online/top-tips-guiding](rnib.org.uk/nb-online/top-tips-guiding)
Further sources of information and advice

To book interpreters and other communication support, contact Action on Hearing Loss’s Access Solutions team:

**Telephone** 0845 685 8000  
**Text phone** 0845 685 8001  
**SMS** 07624 818778

communication.services@hearingloss.org.uk  
actiononhearingloss.org.uk/communication

Action on Hearing Loss accreditation scheme, Louder Than Words:  
actiononhearingloss.org.uk/louderthanwords

Deafness and hearing loss

**Action on Hearing Loss Cymru**

Anchor Court, Keen Road, Cardiff  
CF24 5JW

**Telephone** 02920 33 30 35  
**Textphone** 02920 33 30 34  
**Email** wales@hearingloss.org.uk  
**Website** actiononhearingloss.org.uk/wales

**British Deaf Association Wales**

GAVO Offices, Ty Derwen, Church Road, Newport NP19 7EJ

**Telephone** 02076 97 4144  
**Email** bdm.waleseng@bda.org.uk  
**Website** bda.org.uk

**Wales Council for Deaf People**

Glenview House, Courthouse Street,  
Pontypridd CF37 1JY

**Telephone** 01443 485687  
**Text phone** 01443 485686  
**Email** mail@wcdeaf.org.uk  
**Website** wcdeaf.org.uk

**North Wales Deaf Association**

77 Conway Road, Colwyn Bay,  
Conwy LL29 7LN

**Telephone** 01492 530013  
**Text phone** 01492 524983  
**SMS** 07719 410355  
**Email** info@deafassociation.co.uk  
**Website** deafassociation.org.uk

**Deafblind**

**Deafblind UK**

John & Lucille van Geest Place, Cygnet Road, Hampton, Peterborough PE7 8FD

**Telephone** 01733 358 100  
**Textphone** 01733 358 100  
**SMS** 07719 410355  
**Email** info@deafassociation.co.uk  
**Website** deafblind.org.uk

**Sense Cymru**

Caerphilly Business Park, Van Road,  
Caerphilly CF83 3ED

**Telephone** 0300 330 9280  
**Text phone** 0300 330 9282  
**Email** cymruenquiries@sense.org.uk  
**Website** sense.org.uk
Supporting people with sensory loss

Sight loss

RNIB Cymru

Jones Court, Womanby Street, Cardiff, CF10 1BR
Telephone 029 2082 8500
Email cymru@rnib.org.uk
Website rnib.org.uk

RNIB provides a number of information resources for health professionals:
rnib.org.uk/services-we-offer-advice-professionals/health-professionals

The RNIB Business website offers full information on training, consultancy and products to support your business:
rnib.org.uk/services-we-offer/business-services

For further information on Visibly Better accessible design standards, contact RNIB Cymru at cymru@rnib.org.uk

Wales Council of the Blind

2nd Floor, Hallinans House, 22 Newport Road, Cardiff CF24 0TD
Telephone 02920 473954
Email staff@wcb-ccd.org.uk
Website wcb-ccd.org.uk

North Wales Society for the Blind

325 High Street Bangor, Gwynedd LL57 1YB
Telephone 01248 353604
Email admin.nwsb@btconnect.com
Website nwsb.org.uk

Sight Cymru

Bradbury House, Park Buildings, Pontypool NP24 1SB
Telephone 01495 763650
Email postman@sightcymru.org.uk
Website sightcymru.org.uk

Vision Support

Units 1 & 2, The Ropeworks, Whipcord Lane, Chester, Cheshire CH1 4DZ
Telephone 01244 381515
Email information@visionsupport.org.uk
Fax 01244 382337

Guide Dogs

Building 3, Eastern Business Park, St Mellons, Cardiff CF3 5EA
Email Cardiff.MobilityTeam@guidedogs.org.uk
Website guidedogs.org.uk/guide-dogs-cymru

Cardiff Institute for the Blind

Jones Court, Womanby St, Cardiff CF10 1BR
Telephone 029 2039 8900
Email CIBpostmaster@cibi.co.uk
Website cibi.co.uk/

The Equality Act

To find out how the Equality Act affects professionals, businesses, organisations and service providers for people who are blind and partially sighted, visit:
rnib.org.uk/services-we-offer-advice-professionals/equality-act-compliance
Appendices

Minimum standards for clear print and large print

- document has not been created by enlarging with a photocopier (other than in exceptional cases)
- A4 paper used unless content or purpose dictates otherwise
- minimum text size of 12 point for clear print but, ideally, 14 point
- minimum text size of 16 point for large print but, ideally, minimum of 18 point
- text such as page numbers, labels, superscripts is ideally the same size as the body text
- legible typeface such as Arial
- no italics, underlining or large blocks of capital letters
- adequate line spacing
- adequate space between paragraphs
- text is left aligned except in exceptional circumstances
- text is horizontal
- words and single pieces of information are not split onto two lines unless unavoidable
- columns avoided or reduced in number if appropriate
- if columns are used, there is adequate space between them and possibly a vertical dividing line
- good contrast between text and background
- no information conveyed solely through colour, images or diagrams
- no text overlapping images (other than exceptional cases)
- paper is non-glossy
- paper is of sufficient weight to avoid show-through.

Extracts taken from the UK Association for Accessible Formats (UKAAF) ‘Creating clear print and large print documents’ 2012, available from: ukaaf.org
Fingerspelling alphabet

A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z
Tips to help you communicate with a person with sensory loss

If a patient is blind or has sight loss:

- Gain the person’s attention by speaking first and/or by a gentle touch on the arm. Introduce yourself and what you do.
- Always talk to the person directly, rather than their sighted companion.
- In a group conversation, always make it clear who you are and who you are speaking to.
- Use verbal responses and avoid nods and head shakes.
- Verbalise your actions.
- Inform people when you are moving away from them or leaving the room.
- Remember, if someone is blind, it doesn’t always mean they have no sight at all.
- Ask if guidance or support is required.
- Provide information in an alternative/accessible way – audio, large print or Braille.

If a patient is deaf or has hearing loss:

- Even if someone is wearing hearing aids, it doesn’t mean they can hear you perfectly. Ask if they need to lipread.
- Make sure you have face-to-face contact with the person you are talking to.
- Get the listener’s attention before you start speaking, maybe by waving or tapping them on the arm.
- Speak clearly but not too slowly, and don’t exaggerate your lip movements – this can make it harder to lipread.
- Use natural facial expressions and gestures.
- Don’t shout. It can be uncomfortable for hearing aid users and it looks aggressive.
- If someone doesn’t understand what you’ve said, don’t keep repeating it. Try saying it in a different way instead. But don’t say: ‘It doesn’t matter.’
- Find a suitable place to talk, with good lighting and away from noise and distractions.
- Check that the person you’re talking to is following you during the conversation. Use plain language and don’t waffle. Avoid jargon and unfamiliar abbreviations.
- To make it easy to lipread, don’t cover your mouth with your hands or clothing.

This best-practice guide was produced in March 2017 by Action on Hearing Loss Cymru and RNIB Cymru, with funding from the Welsh Government’s Equality and Inclusion Grant.
Action on Hearing Loss (formerly RNID) is the largest UK charity helping people confronting deafness, tinnitus and hearing loss.

We give support and care, develop technology and treatments, and campaign for equality. We rely on donations to continue our vital work.

To find out more, visit actiononhearingloss.org.uk

**Contact our free, confidential Information Line:**

Telephone 0808 808 0123
Textphone 0808 808 9000
SMS 0780 000 0360

(standard text message rates apply)

Email information@hearingloss.org.uk

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