

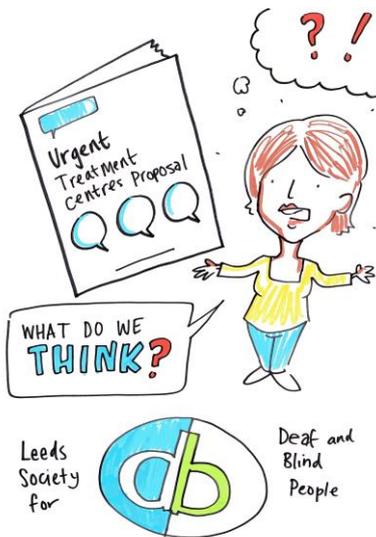
# Urgent Treatment Centres Engagement

## What happened?



Staff from NHS Leeds CCG (Clinical Commissioning Group) held 3 events at Leeds Society for Deaf and Blind People.

- 1 was a drop-in session on Tuesday 5<sup>th</sup> February
- 2 events were held on Friday 8<sup>th</sup> February (1 in the morning and 1 in the afternoon)



We wanted to:

- Tell people about the proposed changes to Urgent Treatment Centres in Leeds
- Listen to people's experiences of using Urgent Care Services in Leeds
- Understand what using Urgent Care Services is like when you have a hearing impairment or visual impairment
- Get feedback on how the proposed changes would affect people

We spoke to around 45 people in total. Everyone we spoke to had a hearing impairment. Some people also had other disabilities and long term conditions.

## What did people tell us?

This is a summary of what people told us over the 3 events.

You often have to use an intercom to gain entry to buildings and departments. Deaf people are unable to use these.



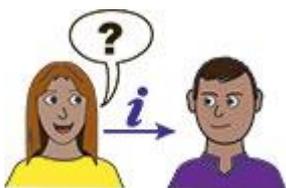


Deaf people can't use 111. Nobody we spoke with knew about the NHS 111 BSL (British Sign Language) Interpreter Service – it hasn't been advertised enough. The service is not available during the night.



People told us that if they had an urgent care need they would be most likely to use their GP or A&E. This is because:

- They are familiar with these services.
- Interpreters prioritise A&E over Urgent Treatment Centres, Walk-in Centres or Minor Injuries Units. Some people had tried to use the units at St George's and Wharfedale but were told they can't have an interpreter, so they would not go there again.
- People don't know what other services could offer.
- People don't know what Urgent Treatment Centres are for.
- People don't know what Pharmacists can do.
- Not possible to phone 111.



It is important for the deaf community to receive clear information on what each service is for, when they should use it, how they can access it and whether they can access an interpreter there or not.

In BSL the signs for Emergency Care and Urgent Care are the same.



People told us that they are not always made aware when there is a change to a service, for example someone had just found out he could get a flu jab at a Pharmacy and didn't have to go to his GP.



People told us that all communications need to be understandable and accessible, for example using videos with interpreters signing the information.



Text reminders for appointments are useful, but you can't always reply to the messages if you need to cancel or change the appointment. 2-way texting with all health services in Leeds would be very useful for deaf people.



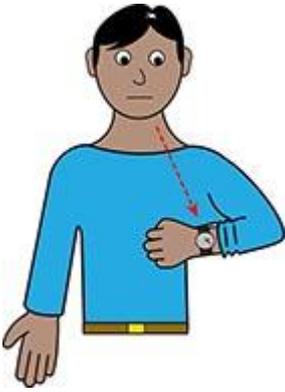
People told us that there is an Emergency Interpreter List, and there is a clear procedure for booking interpreters for appointments in the future (services should book through Leeds Society for Deaf and Blind People). However people have experienced:

- Some services say they don't know how to book interpreters or can't book interpreters.
- Some services don't follow the procedure and book their own interpreters. This costs more money and the interpreters are not from Leeds. This means they sign in different dialects and the patient can't understand them.
- Some services expect the patient to book the interpreter.
- Even when the patient prompts staff to use the emergency list, it is not used.
- Health professionals ask the patient who will pay for the interpreter.

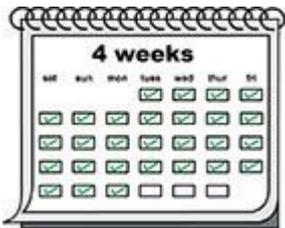


People felt that they had to worry about booking and paying for interpreters instead of being able to focus on their health needs.

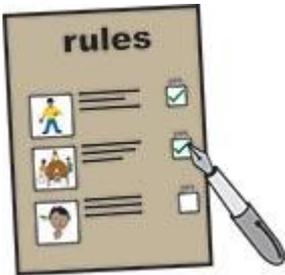
People suggested that if NHS Trusts and GP practices employed their own interpreters, it would make things cheaper and easier.



Interpreters are booked for a certain amount of time, for example 2 hours for a hospital appointment. If the appointment runs late people can be left with no interpreter.



Interpreters must be booked 2-4 weeks in advance. People can't predict that they are going to be ill 2-4 weeks in the future.



People who live on the edge of Leeds have to deal with different rules around accessing interpreters if they go to services outside of Leeds.

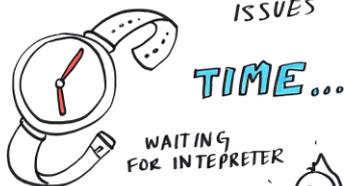
LET'S USE  
**VIDEO  
SERVICES**  
MORE!



People told us about video interpreting services such as Sign Live.

People felt that the system was unfair. It is easy to get an interpreter for other languages (using Language Line for example) but not for BSL.

# INTERPRETER ISSUES



## WHAT ABOUT DEAF PARENTS



When deaf people go to A&E the waiting time is often longer than it is for hearing people because they have to wait for interpreters. One person told us that they had to wait 5 hours for an interpreter to arrive from Nottingham before they could be treated.

Interpreters are only provided when the patient is deaf, not their parent or carer. People told us about when their children have been ill, an interpreter is not provided and so that parent can't communicate with the health professional. One person told us about his relative being seriously ill and coming to the end of their life, an interpreter was not provided so he couldn't talk to his relative or the doctors about what was happening.

There is sometimes pressure for hearing children to interpret for their parents and to contact services on their parent's behalf.

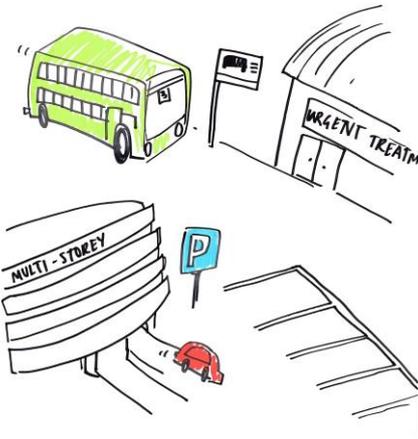
## IF THERE'S NO INTERPRETER



People told us about how distressing it can be when you can't communicate with a health professional. It has a negative impact on mental health and wellbeing.

One person told us that their outpatient appointment was cancelled 5 times because there was no interpreter. Situations like this could lead to delays in diagnosis and treatment. This has negative impacts on quality of life.

## THE TRANSPORT INFRASTRUCTURE



People told us that we need to consider transport links to new Urgent Treatment Centres, and how easy it would be for deaf people to get to.

People were concerned about limited car parking at Urgent Treatment Centres and A&E.

## 5 URGENT TREATMENT CENTRES



We spoke to people who lived in Northeast Leeds and people who lived in West Leeds. People recognised that the population of East Leeds is growing and so putting an Urgent Treatment Centre there makes sense. People thought this would take some pressure off A&E at St James'.

WE DON'T CARE WHERE IT IS...



... AS LONG AS THERE IS AN

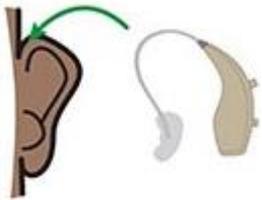
**INTERPRETER**

Although people would like a centre near their house, the most important thing is being able to access an interpreter. People told us that they are used to travelling long distances and waiting a long time, even when they're in pain or ill, so that they can access an interpreter. Being able to access interpreters at all the Urgent Treatment Centres in Leeds must be a priority.



People told us that when staff find out they are deaf, they sometimes:

- Are patronising.
- Are unhelpful.
- Make people feel less important.
- Don't treat people equally.
- Don't keep the person informed, leaving the person feeling abandoned and ignored.
- Assume the person doesn't know what they are talking about.



People had experiences of health professionals asking "where is your hearing aid?" This wrongly assumes that all deaf people use hearing aids and that all hearing impairments can be fixed by wearing a hearing aid.



It is important that communication needs are noted on people's medical records.

## PHARMACISTS



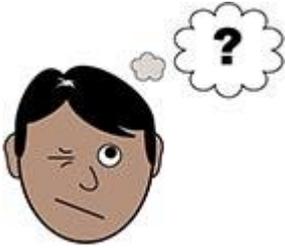
Written information is unhelpful for some deaf people. BSL (British Sign Language) is many people's first language. English is their second language. Some deaf people cannot read or write English, especially jargon or slang. Using note-takers as a cheaper alternative to BSL interpreters is not appropriate.

## RECEPTIONISTS



People told us that staff call names out in waiting rooms, so deaf people miss their turn to be seen. This has happened to people even when they have asked staff to record that they are deaf. Using video screens for announcements would help with this.

People felt that all NHS staff should have deaf awareness training.



Sometimes English is the second language for both the patient and the health professional. This makes communication more confusing.



Some people have found accessing healthcare so stressful that they now don't bother.

## What will happen now?



This feedback will be included in a report. The report will be available to the public and will be given to the team in charge of designing the Urgent Treatment Services. The report will make recommendations about what the team should consider, so that they can plan a service that meets the needs of the people of Leeds.



You can contact us with any more ideas, thoughts or questions:

Email: [adam.stewart1@nhs.net](mailto:adam.stewart1@nhs.net)

Online survey: <https://www.leedsccg.nhs.uk/get-involved/your-views/urgent-treatment-centres/>

Post: Communications and Engagement Team, NHS Leeds CCG, Suites 2-5 WIRA House, WIRA Business Park, West Park Ring Road, Leeds LS16 6EB

Telephone: 0113 8435457



**Thank you** to everyone who took part in these events. We appreciate you giving up your time and sharing your personal stories.

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