

County Durham LINK

Meeting/Event

Date: 9th February 2010
Event: Meeting with CoDeaf and Verna Fee, NHS County Durham & Darlington
Number/range of attendees: Verna Fee (NHS County Durham & Darlington), Alesha Aljeffri & Clare Sand ford (County Durham LINK), members of CoDeaf and the deaf/deafened community
Purpose of meeting/event: To discuss how NHS County Durham & Darlington can incorporate deaf/deafened requirements into their health care provision.
Record completed by: Clare Sandford
<p>Craig Jones from Tees Valley & Darlington Communication Service (TVDCS) began by explaining the service this organisation offers. TVDCS provide translators for ALL aspects of health care – GP's, hospital appointments, dentists, physiotherapists, dieticians etc. The money is allocated to them directly so will not affect a hospital department's budget. The service is vital for both the deaf/deafened person and the health care professional to provide effective two way communication. Despite marketing and numerous training events, many health care professionals still believe it is the patient's responsibility to book the service but this is not the case.</p> <p>Verna Fee gave an overview of her role. NHS County Durham & Darlington commissions services for the area from County Durham Foundation Trust and Tees Esk & Wear Valley Trust. It also buys in a wide range of community services through contracts. (e.g. district nurses). GP's are different in that they have a national contract set by the Department of Health but this does state that their services must be accessible to all patients. NHS County Durham & Darlington then monitor these services but can only challenge service providers if they have evidence. Verna explained that whilst the Department of Health currently focuses heavily on quantitative data to monitor services this is changing towards more qualitative measures based on clinical effectiveness, patient safety and patient experience.</p> <p>The point was raised that it is very difficult for deaf/deafened service users to complain if they can't access the service in the first place.</p> <p>Verna Fee asked about a letter that is being sent out everyone in England about Summary Care Records. This is a new national database that will make a summary of your health records available to all health care services throughout the country. The letter gives people the option to 'opt out', either fully or partially, of this system. Verna was concerned that as this information has been sent out in English, that deaf/deafened communities will not know what is happening to their health records.</p> <p>A discussion also took place about counselling services for deaf/deafened people. Many people would prefer NOT to have a translator when receiving</p>

counselling yet few counsellors can do BSL. Whilst waiting times for counselling vary throughout County Durham and Darlington (averaging at 8-12 weeks) a member of the group from Darlington recently had to wait 6 months for assessment and 18 months for the service.

Key points raised:

- There is poor communication awareness throughout health care – this includes specialist departments like Audiology, staff attitudes towards deaf/deafened patients and the assumption that all deaf/deafened people can lip read and/or read written English
- There were numerous examples given of issues that undermine the national quality marker of Patient Safety
- TVDCS is underused and health care professionals need to realise it is their responsibility to arrange for a translator – not the patients. Patients can now choose when they have an appointment so they should be able to arrange one for when a translator is available
- There are on-line translating facilities available as a backup, yet these are not being utilised by health care professionals
- An 'Issues Log' is a good way to build up an evidence based account of issues faced by deaf/deafened patients when accessing health care
- Family and friends should never be used as translators, yet this (bad) practise continues
- A&E/UCC access remains an issue – a 24hr call out system is needed to enable translators to support deaf/deafened patients when accessing these services

Actions:

- All complaints about health care services are to be directed to Verna Fee so she can produce an issue log.
- Verna Fee to devise a template and feed comments/issues into the monthly meeting with Community Services, Hospitals and GP's.
- Verna Fee to check what is included in training for health care staff. Communication Awareness rather than Disability Awareness is needed.
- Verna Fee to check with the Department of Health for an accessible format of the Summary Care Record letter and circulate to the deaf/deafened community via CoDeaf. If none available, perhaps CoDeaf could help produce something?