



Scottish Council on Deafness

Deaf Connections

LINK Scotland

Consultation Response to the Draft National Standards for Adult Hearing Rehabilitation Services

March 2008

**RESPONDENT INFORMATION FORM:
CONSULTATION DOCUMENT ON THE SCOTTISH GOVERNMENTS DRAFT NATIONAL
STANDARDS FOR ADULT HEARING REHABILITATION SERVICES**

Please complete the details below and return it with your response. This will help ensure we handle your response appropriately. Thank you for your help.

Name: Mandy Reid

Postal Address: Scottish Council on Deafness, Central Chambers Suite 62, 93 Hope Street, Glasgow G2 6LD

Name: Carol Grice

Postal Address: Hard of Hearing Services, Deaf Connections, 100 Norfolk Street, Glasgow G5 9EJ

Name: Linda Sharkey

Postal Address: LINK Scotland, Eric Liddell Centre, 15 Morningside Road, Edinburgh EH10 4DP

1. Are you responding: (please tick one box)

(a) as an individual _ go to Q2a/b and then Q4

(b) **on behalf of** a group/organisation go to Q3 and then Q4

ON BEHALF OF GROUPS OR ORGANISATIONS:

3 The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government website). Are you also content for your response to be made available.

Yes

No _ We will treat your response as confidential

SHARING RESPONSES/FUTURE ENGAGEMENT

4 We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for the Scottish Government to contact you again in the future in relation to this consultation response?

Yes

No _

Scottish Council on Deafness

Name: Mandy Reid
Position: Policy & Research Officer
Postal Address: Scottish Council on Deafness,
Central Chambers Suite 62,
93 Hope Street,
Glasgow
G2 6LD
Telephone/Text: 0141 248 1854
Email: mandy@scod.org.uk

Deaf Connections

Name: Carol Grice
Position: Manager
Postal Address: Hard of Hearing Services
Deaf Connections
100 Norfolk Street
Glasgow
G5 9EJ
Text Telephone: 0141 420 2828
Email: carol@deafconnections.co.uk

Link Scotland

Name: Linda Sharkey
Position: Scotland Manager
Postal Address: LINK Scotland
Eric Liddell Centre
15 Morningside Road
Edinburgh
EH10 4DP
Telephone/Text: 0131 447 9420 (voice/text)
Email: linda.sharkey@linkdp.org

Consultation Title: Draft National Standards for Adult Hearing Rehabilitation Services

We are responding on behalf of the Scottish Council on Deafness, Deaf Connections and LINK Scotland and we are happy for our response to be made available.

We are happy for the Scottish Government to contact us again in the future in relation to this consultation response.

Scottish Council on Deafness (SCoD)

The Scottish Council on Deafness represents ninety organisations working with and on behalf of Deaf Sign Language users, Deafened, Deafblind and Hard of Hearing people in Scotland.

Deaf Connections

Deaf Connections, established in 1822, is a registered charity providing services and facilities for Deaf, Hard of Hearing and Deafened people and their families in Glasgow and the West of Scotland area. HearON is a small team project in Deaf Connections that provides a range of services for hard of hearing and deafened people living in Glasgow and the West of Scotland.

Link Scotland

LINK Scotland is the leading charity providing specialist services for Deafened Adults living with Acquired Profound Hearing Loss (APHL) in Scotland.

Our Response

Page 12: Standard 1. Accessing the Service

Standard statement:

1a: What is the definition of “significant other(s)”?

1a: “All patients with hearing problems and their significant other(s), that require referral (for first or subsequent appointments) to audiology services from GP’s are able to:

(i) access the correct audiology service to meet their needs.”

There should be a statement before this about access to GP appointments. If a Deafened person cannot telephone their GP for an appointment, then the patient will not be able to access audiology services.

“(ii) conveniently access the services they require.”

A Deafened person cannot access services with out the appropriate communication support being offered.

Other comments:

A definition of Deaf, Deafblind and Deafened people should be included. There should be a statement about the needs of adults with both a hearing and a visual impairment, especially older people. There should also be a statement on accessibility issues for Deaf, Deafblind and Deafened people at the beginning of this Standard.

Page 14: Standard 1. Accessing the Service

1c: Criteria

Add an additional criterion for a follow-up treatment/service for patients who have been fitted with hearing aids. This should take place 6 weeks after the fitting appointment and should be with the audiologist or hearing therapist.

Are the timescales realistic? Especially 1c:iv that states “Patients who have hearing aids should have access to new batteries from their main centre, local primary care services or by post within 3 working days.”

1c.iii: What are the definitions of “locally” and “community” in this context?

1c.v: “Service users are actively given information about repair/replacement or battery services at each appointment.” Is this a good use of resources? Some people will not need to receive this information more than once, others will need to be reminded.

Could the criterion read -

“Information will be available in different formats and service users will be given the appropriate information at their first appointment. At subsequent appointments, information can be given if required.”

Other comments:

It should be emphasised that waiting times for new and existing patients should be the same, and there should be equity throughout Scotland.

Page 15: Standard 2. Information Provision and Communication with Individual Patients

2a.ii - Criteria: “Information regarding assessment results are explained verbally, recorded for patients...” Verbal information should be supported by information in an appropriate format for the patient and /or their carer/supporter. When information is being passed on verbally or discussion is taking place, appropriate communication support must be provided if required. When communication support is used, appointment times should be extended to reflect the time-consuming nature of relaying information.

2a iii - Criteria: In order that all patients receive the same standard information about audiology services, a national information pack should be produced. At a local level, information about voluntary sector organisations and other agencies that provide rehabilitation services and support can then be added. Information provided at a local level must be reviewed and updated regularly. Producing a national information pack would cut down on costs and prevent duplication taking place.

There should also be an information pack produced in BSL for Deaf sign language users, especially for Deaf parents of Deaf children.

2a.iv - Criteria: “All written information provided to patients...” All information will be provided in a format appropriate to the patient involved.

2a.v - Criteria: “A written individual management plan is provided...” Comment as above – 2a.iv.

2a.vii – Criteria: **All** staff in audiology, including receptionists, should have priority to Deaf and Deafblind awareness training and communication skills training due to the incidence of dealing with Deaf patients being significantly higher than for all other services. This training should be part of the CPD of existing staff.

“This training is approved by a relevant third party...” The training must only be delivered by accredited trainers, who are from Deaf/Deafblind/Deafened organisations.

Page 16: Standard 2. Information Provision and Communication with Individual Patients

2a.v – Rationale: This sentence is based on the medical model rather than the social model of disability, and as such suggests that the patient group has communication difficulties. Change the wording to – “Technology should be used to enable audiology staff to communicate effectively with the patient group and to ensure that information is given in a manner that the patient understands.”

Suggested additional criteria: –

- The use of Electronic Notetakers and Speech-to-Text Reporters should be through registered and professionally recognised service providers.
- Loop systems must be regularly checked and charged. All staff must be fully trained in the system’s purpose and use.
- All audiology clinics and departments must have textphones for all numbers that are used by the public or in relation to the services provided, and staff must be trained in their use.
- Audiology clinics and departments must have SMS messaging facilities to enable Deaf patients to contact the department/clinic in an emergency or in unplanned

Response to Consultation

circumstances, for example, if they have been delayed in attending an appointment.

- NHS websites must provide a full and comprehensive guide to services provided by audiology, opening times and how to access services. This information must be available in BSL.
- All NHS switchboards must be accessible by textphone contact and SMS messaging.

2a.x – Criteria: Change the wording to – “Where informed consent has been provided, significant others are encouraged, through formal invitation, to participate in...”

Page 17: Standard 3. Assessment

3a.i – Rationale: Do nationally recommended protocols include methods of communication other than verbal instructions?

3a.iv – Criteria: “Hearing tests are always carried out in acoustical conditions...” Testing accommodation should be accessible and comfortable. Sound-proofing of testing rooms does not appear to be standard throughout Scotland – this needs to be examined and dealt with. Once hearing aids have been fitted, there must be time allocated during the fitting appointment to ensure that the person is given the appropriate information in the use and maintenance of their aids on a day-to-day basis before they encounter a real-life experience out with the testing environment. There must also be a review and appropriate adjustment made based on the experience of the person who is using the hearing aid. This should include a standard questionnaire identifying how, and in what areas of the person’s life, they have experienced problems with the aid. Adequate time must be built in to review appointments in order that this detailed examination can be carried out and necessary aid adjustments made.

Page 18: Standard 3. Assessment

3a.v – Criteria: “A self report questionnaire is a routine part of the assessment protocols...” Is there a National Standard format to enable the person’s records to be transferable from NHS area to NHS area? Is the questionnaire available in BSL and other accessible formats?

3a.vi – Criteria: “Information is recorded in the patient’s clinical record...” Other information that should be recorded is the person’s communication needs, language needs and cultural background. It may be that the person must be referred on to another department in order that their needs are met. This should also be recorded.

Page 19: Standard 3. Assessment

4a – Standard Statement: “An IMP is developed for each patient and updated on an ongoing basis...” The person’s IMP should include the person’s communication needs; who the carer (if there is one) is – including whether or not the carer is a child; and whether or not the person has consented to the sharing of information with others. When working with a person who is a BSL user, only registered interpreters should be used in order to ensure that there is no “undue influence” put on the person to share information with a “significant other”. The quality of relay of information should be checked on a regular basis. Is there a National Standard format to enable the person’s records to be transferable from NHS area to NHS area?

Page 20: Standard 5. Implementing an Individual Management Plan

5a.i – Rationale: “In order for the agreed interventions to be effective...” This point needs to be closer to the beginning of the Standards as a whole, as interventions may be needed at the start of the process in order to maximise the effectiveness of the IMP.

5a.ii – Criteria: “This will include referrals to other agencies...” Liaison psychiatry should be included here, i.e. access to mental health services.

Page 21: Standard 5. Implementing an Individual Management Plan

5c.i – Criteria: “A review appointment is offered to all hearing aid patients...” Is this a re-assessment appointment? What is meant by “review”?

Page 23: Standard 6. Outcome

6a.iv – Criteria: “Patients and significant others are encouraged to complete surveys...” Surveys must be accessible and available in appropriate formats – BSL and Plain English. Surveys should include questions about follow-up services and referrals to external agencies – for example, voluntary sector organisations – did they take up the referral in a timely manner and respond fully to the person’s expectations.

Page 24: Standard 7. Professional Competence

7a – Standard Statement: “Where tasks are undertaken...” Will new and existing volunteers receive Deaf/Deafblind/Deafened awareness training?

“Links with external agencies are in place...” What is meant by “links”?

7a.iv- Criteria: “Volunteer staff supporting the audiology service...” Are the volunteer staff contracted to the NHS? Or are the volunteer staff provided by a voluntary sector

organisation and governed by a Service Level Agreement and the policies of the organisation that manages them?

Page 25: Standard 8. Communication, Support and Collaborative Working

8a.i – Criteria: “Local user groups are promoted...” Will there be equity throughout Scotland, in terms of access to user groups? Will all audiology departments have a local user group? Who will organise and facilitate these groups? How will audiology departments ensure that the groups are accessible for all those who want to participate?

8a.ii – Criteria: “The service assists in the establishment and promotion of new schemes...Local audiology services are encouraged to come up with new innovative ways...” The use of internet services should only be one way of communicating with patients as not everyone will have access to the internet or be comfortable with using this form of communication/feedback. Other methods of communication must be considered, especially for older patients.

8a.iii – Criteria: “Supported volunteer schemes...” Are these NHS schemes or provided by voluntary sector organisations? If the volunteers are provided by a non-NHS scheme, then a joint working protocol should be negotiated between the NHS Board/Audiology Department and the organisation that provides the volunteers.

Page 26: Standard 8. Communication, Support and Collaborative Working

8a.vi – Criteria: “Formal standing arrangements...” How will audiology departments ensure that user group representatives are indeed representative of the group? See comments for 8a.ii – Criteria above.

A Quality Rating Tool for Audiology Services

Page 30: Accessing the Service - Quality Statement Rationale:

There should be something about people who have both a hearing and a visual impairment to ensure that services are accessible for all. There should be a statement on accessibility for Deaf sign language users and Deafblind people.

Page 36: Monitoring and Reviewing Waiting Times – Quality Statement Rationale:

Waiting times must be the same for new and existing patients and standard throughout Scotland.

Page 39: Lifelong hearing aid use – Access to Hearing Aid Repairs and Battery Replacement

Are the time frames given realistic throughout Scotland, especially in rural areas and for the island communities?

Page 40: Information Provision and Communication with Individual Patients

“Written information” is suitable for those patients who can read and understand English. Information must be provided in alternative formats for BSL users, Deafblind patients, Deaf people with a Learning Disability, and for Deaf patients from BME groups.

Page 42: Meeting specific communication/information needs

All staff should have Deaf/Deafblind and Deafened awareness training. This includes staff who are already in post as well as new starts. Staff should also be able to access work-based BSL training from registered trainers and to Level 3 as part of their ongoing CPD.

Page 45: Involving Significant Others

Evidence

There must be evidence that the patient has given “informed consent” for the involvement of other people. Consultation rooms must be accessible to the patient, well lit to provide optimum conditions for Lipreaders and Deafblind patients, with appropriate communication support available, including a regularly checked and serviced loop system. There must be visual H&S devices in place.

Page 50: Updating the IMP

Recording information – must include the patient’s communication needs, including language, and their cultural background. Questionnaires must be produced in appropriate and accessible formats.

Page 54: Recording interventions and their effectiveness

There are discrepancies throughout Scotland regarding who pays for Lipreading classes. This could be rectified if the Scottish Government offers this rehabilitation service centrally; funding Lipreading tutors and training rooms and made the service accessible through Audiology Services by referral.

Page 55: Achieving ongoing use and benefit from hearing aids

“A review appointment...” Young people who are in transition between school and college/work should have re-assessment/review appointments in a shorter timescale that “within 3 years”. There should be a nationally recognised framework for transition of deaf children from paediatric to adult hearing aid services.

Page 64: Satisfaction surveys and service improvement

See comments for 6a.iv – Criteria. Surveys should be culture specific and accessible.

Page 67: Access to CPD

All staff throughout Scotland must have access to CPD as part of their core working hours.

Page 69: Volunteer staff

It must be made clear who employs and deploys volunteer staff. Where NHS Boards have this function, then the evidence will be a record of competency reviews. Where a voluntary sector organisation provides volunteers to support audiology departments, this evidence will not be available. Evidence will be gathered through joint working protocols and Service Level Agreements, not from direct “supervision” of the volunteers themselves.

Appendix A

Providing Access to Communication in English for Deaf People

Your rights to communication support under the DDA

The majority of deaf, deafened and hard of hearing people in the United Kingdom have English as their first or preferred language. In order to be able to participate in situations such as doctors' appointments, education, courts and tribunals, you may need one or more forms of appropriate communication support.

However, are you aware that you are entitled to have communication support provided? Even when communication support is requested, service providers often either refuse to provide it or offer the wrong type of support.

Know your rights

Under the **Disability Discrimination Act**, service providers must make "reasonable adjustments" to the way in which they provide their services to make them accessible to disabled people. The key word here is "reasonable", as what is reasonable in a given situation depends on the size and nature of the service provider and the resources available to them. So the provision of a speech-to-text reporter or lipspeaker would be a reasonable adjustment for an appointment with a hospital consultant. A corner shop would not have to provide speech-to-text or a lipspeaker, but it would be reasonable for them to provide a pen and paper so that they can exchange notes with deaf customers. Failure to make arrangements for appropriate communication support, if it is a reasonable adjustment and has been requested, would be likely to constitute discrimination under the DDA.

Your preferred communication support

It is not acceptable for a service provider to provide, for example, a sign language interpreter when a speech to text reporter has been requested (or vice versa). This would not be a reasonable adjustment, as the case study below shows.

Case study

Mr Appleby brought a claim for disability discrimination under the DDA against the Department for Work and Pensions. Despite a clear written request for speech-to-text communication support, the court provided sign language interpreters for the trial. The RNID Casework Service represented Mr Appleby and issued court proceedings on his behalf. The Lord Chancellor's Department (LCD), now the Department of Constitutional Affairs (DCA), subsequently admitted liability. As part of the settlement, the DCA agreed to take advice from the Disability Rights Commission when reviewing its

procedures to ensure it is accessible to disabled people. The LCD also paid Mr Appleby £1,100 plus costs.

Types of communication support

Verbatim speech-to-text reporters use a phonetic keyboard to provide a real-time transcript of the meeting on a computer monitor or projected onto a screen.

Electronic note takers type using a conventional keyboard. They produce a summary of what is being said, which the deaf person can read on the screen.

Manual note takers take notes in settings such as education and meetings for the deaf person to read at the time or later.

Lipspeakers silently reproduce the shape of words, rhythm and stress to make lipreading easier.

Deafblind manual interpreters spell words into a deafblind person's hand using the deafblind manual alphabet or the block alphabet.

Cued Speech transliterators use lip patterns together with eight handshapes in four positions near the mouth, to give a visual representation of spoken language, sound-for-sound.

What to do if you are refused communication support

You may have found that service providers have refused to provide support or offer the wrong type of communication support – this leaflet tells you what your rights are. For further details about how to book Language Service Professionals or if you need any help in ensuring that you are provided with appropriate communication support please contact one of the organisations participating in the ACE campaign. A helpful booklet called: **Providing access to communication in English for deaf people - Your duties under the DDA - A guide for service providers, employers and trade organisations** is available from the ACE coalition.

The **Access to Communication in English** (ACE) campaign aims to ensure that all those who need spoken or written language based communication can easily find it. The ACE coalition is coordinated by **UK Council on Deafness** (UKCoD) and is made up of leading organisations that work with deaf people.

Full details of all organisations that support this campaign can be found at:
www.deafcouncil.org.uk/memdir.htm.