

Focus Group Findings & Case Studies

Manchester Deaf Centre

October 2018

A group of 22 deaf and hearing impaired people provided Healthwatch Manchester with the following feedback regarding Manchester's BSL Interpreter Service. Two interpreters were also present.

Issue	Contributing factors	Effect	Suggestion for improvement
Booking an interpreter	The booking system is not accessible enough. Some of the guidance still says to phone for an interpreter.	Confusion and error in bookings	Clarity across the system. A texting or email service as the universal point of access. The onus should not be on the patient.
	It isn't made clear enough that the onus is on the patient to request an interpreter.		
	Hospital bookings need to be made through a GP. The patient access service requires that the practice manager is contacted for an interpreter.		
	Misinformation - told only family can book and interpreter (MREH)		
	Can only book the day before and then told there are no interpreters		
The interpreter service	It is not possible to choose the interpreter.	More time-consuming with a new interpreter.	Option to choose interpreter if possible.
	It is not possible to choose the gender of the interpreter. The service report there is no coding for gender when a request is received.	Loss of dignity due to gender sensitivity e.g. where there have been personal clinical procedures involved.	Coding for gender sent to interpreter service.
	Non-registered interpreters are excluded from the service.	Delays in getting an interpreter	Deaf BSL & Relay Interpreters required to increase assurance.
The interpreter	The interpreter badge which shows the grade/ level of qualification of the interpreter is often not visible	Loss of confidence.	Ensure all interpreters are compliant with displaying their ID badges.

	The interpreter is a trainee and not fully qualified	Loss of choice in whether to accept the interpreter as qualified to an acceptable standard.	Acknowledge and accept the challenge that there are occasions when a trainee interpreter is not acceptable to a patient or a patient's carer.
	Previous experience of the interpreter creates tension where there have been unresolved issues.	Low level of self-esteem. Loss of openness	Ability to challenge the deployed interpreter. Resolution of issues handled by third party.
The health or social care service itself	In waiting areas patients are not told about delays in the correct way	Feeling self-conscious & a nuisance Become averse to attending appointments	Visual prompts and assistance
	Reception staff still call out patients names even when they have been told they are deaf or hard of hearing		Staff awareness training
	Reception staff expect lip-reading but then put head down		
	Loudly asked details such as DOB breaking GDPR regulations		
	Appointment notifications by written letter when BSL is the first language not English	Lowers access for a large number of deaf people	Video notification/confirmation with subtitles.
Associated services	PALS are unresponsive	Loss of confidence in the complaints system. Less likely to give feedback.	Review of PALS & wider complaints system
	GMP misinterpret sign language as aggression	Can lead to confusion and loss of confidence in the police.	Training for GMP and use of the BSL Relay Service
	A&E repeatedly have no BSL interpreter or waiting for two hours before an interpreter can be sourced	Poor patient experience and prolonged pain or discomfort	Training for staff and use of the BSL Relay Service

Case Studies

Case Study #1

I was admitted to the Assessment Ward at Wythenshawe hospital after a fall at my home in the early hours of Tuesday [REDACTED]. I was a patient for 3 weeks there before transferring to Buccleuch Lodge for a week of rehabilitation.

Despite the efforts of an interpreter agency informing the ward I was in that I required sign language interpreter, the ward declined this advice by saying they managed to communicate with me by lipreading and by writing down on paper.

This is so very wrong because to lipread is like a guesswork and only managed to understand only by 50% plus I was on a lot of morphine which meant I was very drowsy for weeks. Imagine on how much I struggled as a Deaf person trying to communicate by lipreading and writing down on paper, with all this merely on guesswork and being drowsy. This is a dangerous factor.

One rather grumpy doctor on his ward round asked me why I am on certain medication. He gave me indication that he cannot be bothered to arrange an interpreter and that he insisted he will understand me. So I explained why I am on that particular medication.

He never told me what the outcome was. I thought that was rather odd and rude seeing someone apparently 'understood' me, especially my voice being 'croaky' at the time. I have a Deaf voice plus from what my hearing father has told me I had developed a croaky voice which I considered to be very strange indeed for someone to understand me allegedly.

After I was discharged, I noticed an increased swelling on my left leg. My husband noticed a particular medication for which this doctor has asked me about has been removed without my knowledge.

I went into a state of great panic because this medication was for my long standing heart condition. This was prescribed after I was hospitalised being at risk of heart failure some years back.

Because of this fear, whilst still in a fragile state, and was in use of a Zimmer frame, I was in turmoil. I arranged an urgent appointment to see my GP. This was made difficult as I forced myself to attend the appointment with help of my supportive husband.

After I struggled to explain to my GP, again by pen and paper, she managed to obtain this particular medication records from a cardiologist and was able to put me back on this medication.

It took me months of getting myself well both mentally and physically. I was not able to put in my complaint earlier on the inconsiderate behaviour of one ward doctor simply because I was totally strained, ill and so burned out from struggling to get myself better.

I am now better thankfully, with my leg back to its normal size and no longer in need of a Zimmer frame but yet with the thought of this terrible experience keep coming back to haunt me just because this doctor totally ignored several requests of an interpreter and am very cross he failed to tell me that he decided to remove this medication - that is very serious which I cannot accept to allow to happen in the first place.

I made a formal complaint in writing in May 2016. The outcome of my complaint was disappointing despite their apology of the distress I experienced because I believe this will happen again by not recognising my needs of a interpreter. They will push me to write down & to lip reading - something I do not want at all.

It is like going round in vicious circles over and over again.

Case study #2

I took my first baby, newborn son to his first medical appointment on Wednesday [REDACTED] and the interpreter they provided was a trainee. I could see that by looking at her badge. I objected as it's my first baby and so young but the nurse said she would do and it was fine. I said no this is my first baby and I wanted a fully qualified interpreter. This went on for a while but I refused to accept an unqualified interpreter.

The nurse and the interpreter stopped signing and started speaking to each other so I couldn't understand them! This made me very angry so I said I wanted another appointment. They said I mustn't lose my temper and were very rude.

I left very upset and angry and also scared my baby hadn't been seen.

Case study #3

I was booked in for a repeat procedure at the hospital every 6 months which involved me being naked on my lower half. I didn't do the booking my GP did the booking and I thought they would just provide a woman interpreter. When I got there the interpreter was a man and I was so embarrassed and so was he as well. I was upset but I didn't say anything at the time to my GP as I was so embarrassed.

I asked two weeks afterwards if I could have a female interpreter next time and was told yes but the next time it was still a man and now I don't want to go back.