



## NHS IS FAILING DEAF PEOPLE

### Deaf awareness strategies in healthcare

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ALL\_EARS@UoS is a patient and public involvement and engagement group established to foster a working partnership between researchers and people with lived experience of hearing loss.<sup>1</sup> This letter draws on the insights of ALL\_EARS@UoS members to respond to the recognition that the NHS needs to improve accessibility and services for d/Deaf and hard of hearing people.<sup>2,3</sup>

People with hearing impairment face major barriers to effective communication in healthcare settings.<sup>4</sup> These are greater in underserved groups,<sup>5,6</sup> including the diaspora communities. This raises the risk of delayed detection of disease and the detrimental effects of long term conditions including cardiovascular disease, diabetes, and dementia.<sup>7</sup>

Around 18 million people in the UK have hearing loss or tinnitus. This means that many healthcare appointments are with people who might struggle to interact in the appointment. We have used our lived insights to offer practical solutions to this challenge.

NHS staff should be supported to engage with the Royal College of General Practitioners' Deafness and Hearing Loss Toolkit<sup>8</sup> and to consider these opportunities to make positive changes:

- Making an appointment
  - Increase awareness and use of flagging systems on medical records to indicate communication preferences and accessibility requirements
  - Increase awareness and implementation of the Accessible Information Standard<sup>9</sup>
  - Increase awareness and use of Relay UK
  - Provide an option to use electronic messages rather than phone calls
  - Increase awareness of linking devices to hearing aids and cochlear implants using Bluetooth.
- Reception at surgery or clinic
  - Use electronic boards to display patient names in clinics as well as calling names
  - Ensure a telecoil (loop) system is fitted, working, advertised through signage, and maintained.
- Appointment
  - Check preferred communication style.
  - Use speech-to-text and British Sign Language interpreting apps (<https://signvideo.co.uk/>)

- Provide personal listener or assistive listening devices
- Offer a printout of test results and check the patient has understood the appointment outcomes.

These interventions mostly require increased awareness by health professionals rather than new resources. We hope that through sharing our lived experiences we contribute to achieving and promoting better healthcare access.

Competing interests: DT is a member of the World Hearing Forum of the World Health Organization and a co-owner of a design patent for hearing aids (International Design Classification Version: 13-2021, Registered Design No: 6196408). BI has a small number of stocks and shares in GlaxoSmithKline.

Full response at: <https://www.bmj.com/content/384/bmj.p2615/rr>.

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