NHS

Greater Glasgow and Clyde

Best Practice Guidelines Sensory Impairment

Deaf, Hearing Impaired & Deafblind

CONTENTS

Appendices

- Appendix A Booking System for British Sign Language Interpreter (BSL)
- Appendix B Useful Communication Tips (Deaf and Hearing impaired)
- Appendix C Useful Communication Tips (Deafblind)
- Appendix D Working with a BSL Interpreter
- Appendix E How to use Text Relay, a Portable Loop System, Textphone and Sign on Screen

References

Useful Telephone Numbers and Addresses

Useful Websites

Acknowledgements

Executive Summary

Background

One in six people, 850,000 are Deaf and hearing impaired in Scotland. [21] There are approximately 163,100 Deaf and hearing impaired people in the NHS Greater Glasgow and Clyde (NHSGGC) area. Of these 1250 use British Sign Language (BSL) and 440 are deafblind .[13]

The most common reason for hearing loss is age related, with more than half of people over the age of 60 having some hearing loss[23]. It is expected that over the next 20 years it will increase by about 20%[3]. These figures have implications for frontline staff, service delivery and the organisation as a whole.

The Disability Discrimination Act 1995 (DDA) introduced measures aimed at eliminating the discrimination often faced by disabled people. In 2006 the Disability Equality Duty became law. The Disability Discrimination Act (DDA) 1996 made it unlawful for disabled people to be treated less favourably than other people, without justification, in areas such as service provision.

NHSGGC have developed a set of Best Practice Guidelines for all staff. They have been developed to help improve communication for patients, visitors, carers and other key stakeholders with sensory impairment. They outline what the organisation needs to address to meet the needs of Deaf, hearing impaired and deafblind people to promote safe effective practice.

Process

NHSGGC has a duty of care for everyone who requests or requires its services and is committed to improving communication and services for people who are Deaf, hearing impaired and deafblind through evidence based practice and partnership working. Developing quality standards for care is paramount. As a result, these guidelines have been developed in partnership with the Royal National Institute for the Deaf (RNID), now known as Action on Hearing Loss (AOHL), Scotland Deaf Connections and Deafblind Scotland to highlight best practice.

As part of this process three consultation events were held and the following areas were explored.
- Issues relating to accessing NHSGGC services

- Issues relating to communication when using NHSGGC services
- Service users preferred choice of sensory impairment equipment

Main findings

Feedback from consultation has highlighted five main areas which cause barriers to access:

- Staff attitudes towards people who are Deaf, hearing impaired and deafblind
- Staff awareness in relation to the needs of people who are sensory impaired
- Communication issues including ; assessing communication needs, providing appropriate communication support e.g. British Sign Language Interpreters, Deafblind Communicators and equipment to aid communication such as loop systems
- Lack of information sharing with other practitioners including NHS 24 and the Ambulance Service covering all aspects of the patient's journey
- Lack of information in different formats

Recommendations: Priorities

In response to these findings an Action Plan has been developed to take forward the following priorities:

- Implement the Best Practice Guidelines

- Recognising patients' communication needs including assessment of what individuals may require and ensuring this information is shared with other practitioners including NHS 24 and the Ambulance Service covering all aspects of the patient's journey.

- Involving patients and carers in decisions about their care through engaging with relevant communication support such as BSL Interpreters and Communicators including the use of equipment such as loop systems. This will include offering patients information in different formats. To facilitate this, patients who have communication needs will be offered extended appointments. The opportunity to use alternatives to appointment letters and telephone booking should be considered including SMS, email or Text Relay.

- There will be more awareness raised with staff in relation to booking Interpreters and Communicators and about the availability of

The document has highlighted legislation, best practice and has included consultation with service users addressing issues such as access, communication and equipment used to aid safe effective practice.

Mechanisms have been put in place such as developing an Accessible Information Policy and the Assistance Dog Policy to help ensure disabled people can access services.

Equality and Diversity is everyone's business. However, it will take hard work and commitment from all to make the leap to providing an Inequalities Sensitive Service.

1. Introduction

The purpose of this document is to develop a set of "Best Practice Guidelines" for all NHS Greater Glasgow and Clyde (NHSGGC) staff. They have been developed to help improve communication for patients, visitors, carers and other key stakeholders with sensory impairment. They outline what the organisation needs to address to meet the needs of Deaf, hearing impaired and deafblind people to promote safe effective practice. Visual impairment Best Practice Guidelines will be developed as a separate document.

NHSGGC has a duty of care for everyone who requests or requires its services. The organisation is committed to improving communication and services for people who are Deaf, hearing impaired and deafblind through evidence based practice and partnership working. Developing quality standards for care is paramount. As a result, these guidelines have been developed in partnership with the Royal National Institute for the Deaf (RNID), now known as Action on Hearing Loss (AOHL) Scotland, Deaf Connections and Deafblind Scotland to highlight best practice.

One in six people, 850,000 are Deaf and hearing impaired in Scotland.[21] There are approximately 163,100 Deaf and hearing impaired people in the NHS Greater Glasgow and Clyde (NHSGGC) area. Of these 1250 use British Sign Language (BSL) and 440 are deafblind .[13]

The most common reason for hearing loss is age related, with more than half of people over the age of 60 having some hearing loss[23]. It is expected that over the next 20 years it will increase by about 20%[3]. These figures have implications for frontline staff, service delivery and the organisation as a whole.

This document examines disability legislation with regard to access to services by disabled people and wards recommendations for reasonable adjustments for disabled people to enable them equal access to all services[4].

The organisation is committed to ensuring equality issues are addressed under the integrated NHSGGC Equality Scheme 2010 - 2013. NHSGGC promotes equality sensitive practice in all of its services, regardless of race, disability, gender, sexual orientation, religion, age socioeconomic status and social class[1].

The guidelines support the implementation of the NHSGGC Equality Scheme 2010-2013 and covers goals number 4 and 5:

- Removes obstacles to services and health information caused by inequality.
- Uses an understanding of inequality and discrimination when devising and delivering treatment and care.

2. Legal Responsibilities

The Disability Discrimination Act 1995 (DDA) introduced measures aimed at eliminating the discrimination often faced by disabled people. In 2006 the Disability Equality Duty became law.

The Disability Discrimination Act (DDA) 1996 made it unlawful for disabled people to be treated less favourably than other people, without justification, in areas such as service provision. The DDA recognises very limited circumstances in which there may be 'justification' for treating a disabled person less favourably than other people[4].

One in five of the population of Scotland, nearly one million people, has rights under the Disability Discrimination Act (DDA) [5]. The Equality Act 2010 brings together and replaces previous discrimination laws, including disability discrimination legislation, into one Act. The Equality Act aims to ensure that everyone has the right to be treated fairly at work or when using services. In terms of disability, the Act functions in a very similar way to the DDA, protecting people from discrimination – including discrimination on the grounds of a disability such as hearing loss[22].

2.1 <u>Making Adjustments and Taking Reasonable Steps for an Organisation</u>

The Disability Discrimination Act states that service providers may not discriminate against a Deaf or hearing impaired person by refusing to provide a service or offering a service of a lower standard or on less favourable terms, on the grounds of hearing loss. Service providers must also make adjustments to the way in which they provide goods or services to enable Deaf, hearing impaired and deafblind people access to them.

Reasonable adjustments include providing additional equipment, for example loop or infrared broadcast systems. Service providers have to make adjustments required even if it means making a change to their premises or fixtures and fittings[6]. The organisation should be aware of

additional patient needs and therefore provide access to, for example, British Sign language interpreters (BSL), Text Direct, SMS text, note takers, textphones and portable loop systems. Assistance dogs should also be welcome.

3. General Information

3.1 Deafness and Hearing Loss

It is estimated that 1 in 6 of the general population has some degree of hearing loss. There are many reasons why some people are Deaf or hearing impaired or lose their hearing. The most common is age-related deafness with more than 50% of people over the age of 60 with some hearing loss. Other people may lose their hearing because of exposure to noise at work or because of prolonged and repeated exposure to loud music. Deafness can be congenital and Universal Newborn Hearing Screening, introduced in Scotland in 2005, is identifying increasing numbers of babies who are Deaf. There are also some conditions such as damage to the eardrum or inflammation in the middle ear that cause deafness. There is a broad spectrum of levels of a hearing loss ranging from people with mild deafness to people who are profoundly Deaf [11]. Profoundly Deaf people will not be helped by the use of a hearing aid. However, the hearing impaired may find a hearing aid is of some help.

3.2 Deafblind

The Department of Health defines people as deafblind if their combined sight and hearing impairment cause difficulties with communication, access to information and mobility.

There are about 23,000 deafblind people in the UK. Current figures stand at an estimated 5,000 people with dual sensory impairment in Scotland[21].Some will be totally Deaf and totally blind, while many others will have some hearing and/or vision.

Someone who was born deafblind has special needs that cannot be met by services for people who are only deaf or only blind. They may also have other physical or learning disabilities. People with multiple disabilities need specialist services to meet their needs. A deafblind person can find it difficult to communicate, as people born deafblind have trouble understanding the concept of language because they have not been exposed to it naturally.

Deafblind people may use symbols, objects of reference, sign language, Braille and other communication systems [11].

There are different categories of deafblindness: congenitally Deafblind - those born with both hearing and visual impairments and acquired Deafblind. Those with acquired deafblindness fall into 3 main groups:

- People who are born deaf and later lose their sight. This may be as a result of Usher Syndrome
- People born blind and later lose their hearing
- People who lose both sight and hearing in later in life[20].

Further information can be found at:
www.datadictonaryadmin.scot.nhs.uk/isddd/11943.html

3.3 <u>Barriers to Accessing Health Care for People who are Deaf, Hearing Impaired or Deafblind</u>

Deaf and hearing impaired people experience barriers when accessing NHS services in GP surgeries, dental practices and hospitals.

According to the British Medical Journal, thousands of profoundly Deaf people still struggle to communicate with healthcare professionals on a daily basis [7]. Research by AOHL found that the level of services Deaf and hearing impaired people receive in both GP surgeries and hospitals often falls short of what they could reasonably expect[8]. For example, 35% of people who are Deaf and hearing impaired had experienced difficulty communicating with their GP or nurse and 32% found it difficult to explain their health problems to their GP.

Forty Two percent of people who are Deaf and hearing impaired who had visited hospital (non-emergency) had also found it difficult to communicate with NHS staff and this increased to 66% amongst British Sign Language (BSL) users. 24% of patients had missed an appointment with their GP because of poor communication, such as, not being able to hear staff calling out their name and 19% of these missed more than five appointments[11].

AOHL ran consultation events on accessing health services[9] for their members and supporters who reported difficulties in accessing health care. These comments from this event highlight problems faced:

"My GP clinic uses a loudspeaker to call the next patient in. How can I lip read a loudspeaker?"

"When I want to make an appointment with audiology, I have to rely on a friend phoning for me."

"I had the experience of sitting in a waiting room in an audiology department and the nurse came and called out the names of the patients. Obviously, nobody was coming. I said to her: 'Why do you not write the next name on a board?' but she answered: 'It would be so insulting!' "

Deafblind people also report difficulty accessing services. When a person has dual sensory impairments, it is important that not only hearing issues are taken into account but also problems with vision. Access to buildings can be difficult, therefore important points such as good signage, lighting and colour contrasts are helpful. Automatic doors and anti-glare glass are equally important. Patient safety is paramount and the use of contrasting colours on floors and walls including stairs with handrails is helpful. Tactile information in lifts and a clear voice indicating the level and exit are also beneficial.

Appointment letters and other information should be available in the right format, for example in large print, extra large print, plain English, Braille, audio and CD. It is also important to have the option of textphones and TextRelay.

Public Services require to provide additional communication support in the form of interpreters or communicators [19].

It is evident from the above that there are implications for NHSGGC in delivering safe and effective care for patients with hearing impairment.

NHSGGC staff, therefore, require to be aware that people with sensory impairment may have additional needs. Staff will also need the skills and knowledge to meet these needs. This includes awareness of sensory impairment, different communication support as well as patience and understanding to offer people tailored explanation and reassurance in relation to their care.

Information relating to accessing services by people who are Deaf or hearing impaired can be found in the RNID Scotland Report (2010) *Are you listening?* www.actiononhearingloss.org.uk/about-us/scotland/policy-and-research.aspx

4. Consultation Events

A major issue for NHSGGC is to ensure the organisation has relevant and up-to-date information through ongoing dialogue with patients. This includes people's preferred choice of equipment and communication at both population and patient level.

The information will help NHSGGC to plan, design and deliver appropriate and robust services for people with sensory impairment.

To date there has been engagement with the public in relation to establishing the NHS Communication Support and Language Plan, The Equality Scheme 2010-2013 and the Accessible information Policy.

In order to access information to inform best practice for people with hearing impairment, a consultation process was developed to engage with Deaf, hearing impaired and deafblind communities using NHSGGC services.

Three events were held between July and September 2010 in partnership with Deaf Connections, Deafblind Scotland and the AOHL.

4.1 Methodology

The 3 consultation events were held with a total of 22 people attending. The groups had people of different genders and a range of ages from 30-97 years of age. The groups were held in venues at Deaf Connections, Deafblind Scotland and the RNID. All events were held on afternoons for approximately 2 hours.

The following areas were explored:

- Issues relating to accessing NHSGGC services
- Issues relating to communication when using NHSGGC services
- Service users preferred choice of sensory impairment equipment

4.2 Feedback from Consultation Events

Access to Services: Issues

All the events highlighted a number of barriers that exist when it comes to accessing NHSGGC services. These range from accessing information about the different services, making appointments and

receiving information prior to their appointment, during their consultation and post discharge.

Participants reported that staff were not aware of the availability of information in different formats or where to access this for their patients.

Comments

"When patients phone to get information through a communicator they are told they cannot give out information due to confidentiality and data protection. This makes it impossible for deafblind people to get important information they require about their health."

"Even when information about my disability was put on my referral form by my GP, when I got to the ward, the information hadn't been passed on."

"I asked my GP to refer me to an exercise programme. However, they were reluctant to do so as I had a visual and hearing impairment. People who are disabled need to be able to access health promotion too."

Access to Services: Good Practice

A number of examples of good practice were identified by participants:

- GP practices displaying information on posters in the surgery
- GPs and hospitals should book interpreters in advance
- Deaf patients should be able to book appointments and receive information using texts and email
- Deaf people would like their disability clearly indicated on case notes and referral forms
- Information should link across the systems from NHS 24, ambulance services, GP practices and hospitals
- Ambulance services/paramedics should phone ahead and make sure a BSL interpreter is requested in casualty
- Information should be available in BSL on the NHSGGC website
- Appointment letters should state that an interpreter has been arranged
- Information should be available in different formats
- Staff should know what the individual patient's needs are and give information in appropriate formats
- Letters sent should be in large print

- Return appointments should be booked at the time of consultation not sent out in the post
- Appointment letters could benefit from having a tick section for patients to highlight their requirements, for example, BSL interpreter, loop system

Communication: Issues

Participants generally expressed concern regarding the general attitudes of staff towards people with disabilities as being on the whole, unsatisfactory. Participants felt staff do not know how to speak to people who are disabled and are unaware of good communication skills, especially when communicating with people who are Deaf, hearing impaired or deafblind.

The most important priority raised was the issue relating to staff training. People felt staff would be better equipped to communicate effectively with Deaf, hearing impaired and deafblind people if they have Deaf and deafblind awareness training.

Comments

"Deaf and hearing impaired people have to take a responsibility for their disability and let staff know what their particular needs are."

"There is definitely a culture change in the NHSGGC. Things are moving in the right direction but slowly."

"It isn't just doctors, it's nurses as well. They should learn how to chat with the patients. When I had a baby I felt emotional and the midwife came and spoke to me. I said I am Deaf and she ran away. It made me feel worse. Later on, an auxiliary nurse came and she could sign and it was brilliant. The other midwives never thought this auxiliary had Deaf awareness. It was great."

"I spent 12 weeks in hospital recently and the nurses' attitude towards me was terrible."

"The nurses don't seem to understand our needs as well as the nurses did in the past. They should go back to the way they were trained in the past where they trained in the wards. These days they train at University and don't give as good care."

Communication: Good Practice

- Deaf awareness training should be available for all staff and should include addressing staff attitudes
- The training should form part of routine registration training and also after they are qualified. It should include awareness of how to treat a Deaf person
- Staff should know how to communicate with Deaf people and should be able to use basic sign language
- Staff should know how to work with interpreters, for example doctors should avoid the use of medical jargon
- Employing permanent BSL interpreters and deafblind communicators to be based in a hospital setting would be beneficial
- Extended visiting hours for Deaf and the deafblind would help to prevent them from feeling isolated
- Subtitles for TVs would be advantageous
- There needs to be a range of different ways for people to communicate with and receive communication from NHSGGC
- Communication needs should be assessed regularly
- Important information relating to a patient's disability and particular needs should be shared amongst staff
- Longer appointment times are needed to ensure people have sufficient time to give and also to receive information
- Posters should be in place to remind staff people may have a disability
- The Eye Department should communicate with ENT regarding patients' needs

Sensory Impairment Equipment: Issues

Depending on the particular disability, different equipment will be required to help with communication. This can range from communicating through a BSL interpreter or deafblind communicator to using specific equipment such as loop systems, texting with mobile phones, Text Relay and textphones and email. People in the groups had experienced problems including interpreters not being booked for the patient's appointment, and loop systems and other equipment not being available to help with communication. Staff also appeared not to know if equipment was available in their department or how to operate it. They also felt training needed to ensure staff know how to operate communication equipment such as loop systems.

Comments

"It was a last minute admission. They texted me to say there was an available slot. They treated me well. I did explain I was Deaf; they took their time and conversed with me on a one to one and wrote things down. That was positive. I wish it had been like that 3 years ago. It has improved."

Equipment: Good Practice

- Use of Pagers would be helpful to alert you when called for an appointment
- Staff should let patients know when there is equipment, for example, loop systems available. However, be aware loop systems do not suit everyone
- Deafblind patients should be involved when planning services
- Ticket systems such as ones used in supermarkets which dispense tickets on arrival with numbers which could be displayed on an electronic system when called
- A flashing light should be used in conjunction with buzzer operated entry systems
- There should be a textphone in each department

Pictures taken at two consultation events

5. Current Practice: Acute Division

5.1 Assessment of Communication Needs

People have different reasons for requiring communication support. English may not be their first language, literacy issues or may have suffered a stroke or acquired brain injury. It is estimated that there are 65,000 people in Glasgow who need literacy support.

Communication is a dynamic two-way process and is necessary to develop a relationship between patients and practitioners. All patients should have their communication needs assessed. To date this can be done formally or informally. Formal assessment may be undertaken with the help of visual aids. The type of aids used depends on an individual patient's particular needs and maybe determined by the patients condition. Assessment may also be done informally with practitioners establishing a rapport with the individual patient. Particular attention is required to promote good two-way communication to ensure safe, effective practice.

The communication support that is required by an individual should be identified and embedded in the continuing care plans and reassessed on a regular basis throughout the "Patient's Journey". The information should be recorded in the case notes and incorporated when accessing additional referral pathways to other parts of the system.

Poor communication can affect the ability to give consent. The Adult with Incapacity Act (2000) states that communication support needs must be considered prior to any decision regarding capacity is met. This is a clinical and a legislative risk for the organisation[13].

NHSGGC is currently developing best practice guidelines for assessing communication needs. This includes asking patients a set of questions prior to assessing individual communication needs which will highlight if there are particular difficulties which require to be addressed. Further information on this project is available in the NHSGGC Communication Support Language Strategy and Action Plan.

5.2 <u>Interpreting</u>

People who are Deaf and hearing impaired use a range of methods to communicate with others. The method used depends on their level of deafness and on when they became deaf or hearing impaired. Between 5,000 and 6,000 people who are Deaf in Scotland use BSL as their preferred or first language. Many rely on lip reading; others use note takers or rely on equipment such as hearing aids and some use a combination of these. For those who use BSL as a first language, often English is a second language and access to written English can be challenging[6,11]. For example, the sentence structure in BSL is different to English.

Deafblind people may require additional assistance over and above the assistance provided to people with hearing or visual impairments. Engaging a deafblind communicator for important meetings, using specially trained staff or using, for example, leaflets in Braille or Moon in conjunction with induction loops would be useful[3]. However, people should be assessed on an individual needs basis.

NHSGGC has an Interpreting Policy and protocol outlining the booking system for interpreters / communicators. Posters outlining the protocols should be available in all areas. See appendix 1 pg 32.

This booking system is regularly used to ensure interpreters/communicators are booked in advance of patients' appointments and return appointments. However, this requires to be regularly reviewed to maintain awareness and compliance.

The patient's requirement for an interpreter/communication support remains a challenge for staff who are not always aware of the need.

Patients are also able to request communication support of their choice. The organisations are listed on the poster.

British Sign Language is one form of communication support and the most likely one used most frequently[14]

Other forms of Communication Support are:

- Deafblind guide communicator – Communication support for those both deaf and blind.
- Notetaker – Support in the form of notes being typed into a computer and displayed on screen to be read.
- Lipspeaker – Someone who sits close to the Deaf person so that he or she can see the lip shape being used.
- Sign Supported English –uses the same signs as BSL but is in an English grammatical structure.

Further information is available in the NHSGGC British Sign Language Communication Support Policy and Procedure at www.equalitiesinhealth.org

An Interpreter using British Sign Language

Two people using British Sign Language

5.3 Equipment

To improve communication for People who are Deaf and hearing impaired and help them to access services it would be considered a reasonable adjustment to provide one or more of the following:

- Written information in an accessible format (such as a leaflet or guide).
- A verbatim speech-to-text transcription service
- Induction loop systems NB. Be aware of confidentiality issues
- Portable loop system
- Information displayed on a computer screen / Sign On Screen (SOS) an online platform with a real time link accessed from the internet and connects to a registered sign language interpreter (BSL) which opens channels of communication between a Deaf person and a health professional.
- Accessible websites
- Telephones, telephone amplifiers and inductive couplers
- Teletext displays
- Audio-visual telephones
- Audio-visual fire alarms
- Pagers
- SMS and Text Relay
- CDs/Videos or DVDs with BSL interpretation or subtitles
- BSL interpreters or lipspeakers

People who are Deafblind may require additional equipment and support:

- Plain English
- Large print
- Moon (this a very simple tactile communication method used by some deafblind people)
- Braille
- Magnifiers
- CDs
- Combinations of equipment due to dual impairment
- Deafblind communicators

As can be seen from the extensive lists above, there is a wide range of technical solutions. The best solution will be identified by direct discussion with the patient.

Within NHSGGC some services such as Maternity Services offer the use of e-mail, SMS and Text Relay to either make or confirm an appointment. These different methods of communication are currently being considered with a view to increasing availability for patients.

Protocols are in place to secure the services of personal communication support such as BSL interpreters/communicators, or notetakers. However, BSL interpreters can also be accessed via webcam or web-based communication systems. This is not currently available throughout NHSGGC at present and could be considered as a potential pilot.

Textphones are currently available, however, a detailed audit is required to understand the level of provision. Priority areas such as Ear Nose and Throat (ENT) Departments, Audiology, Accident and Emergency Departments and patient appointment booking centres will be addressed first.

Text Relay connects people using a textphone to another textphone. It lets people who are Deaf or hearing impaired call businesses or organisations using the telephone. This is currently available across NHSGGC however, is not as yet widely used. Further information is available at www.textrelay.org - see pg 36.

Induction loop systems and pager systems are detailed on pg 24.

5.4 <u>Assistance Dogs</u>

Assistance Dogs are permitted access into NHSGGC premises. Under certain circumstances access may be denied, for example, access into high risk areas like High Dependency and Oncology wards. However, this will be rare and there must be justifiable grounds for denying an assistance dog access. Ultimately, the decision will be the responsibility of the person in charge of the particular area.

Hearing dogs can be identified by their burgundy working coat with "Hearing Dogs" written on the coat. They alert their owners who are Deaf or hearing impaired to sounds, such as fire alarms, door bells or, within a medical context, to being called for consultation when sitting in a waiting room.

Dogs wearing a red and white striped harness indicate their owner is Deafblind. Staff should be aware when they see such a dog that the owner is Deaf, hearing impaired or has dual impairment and communicate with the patient appropriately[11].

NHSGGC has an Assistance Dog Policy providing guidance to staff on Assistance Dogs.

Policy is available at www.equalitiesinhealth.org

Service user and her Hearing Dog visiting Stobhill Hospital
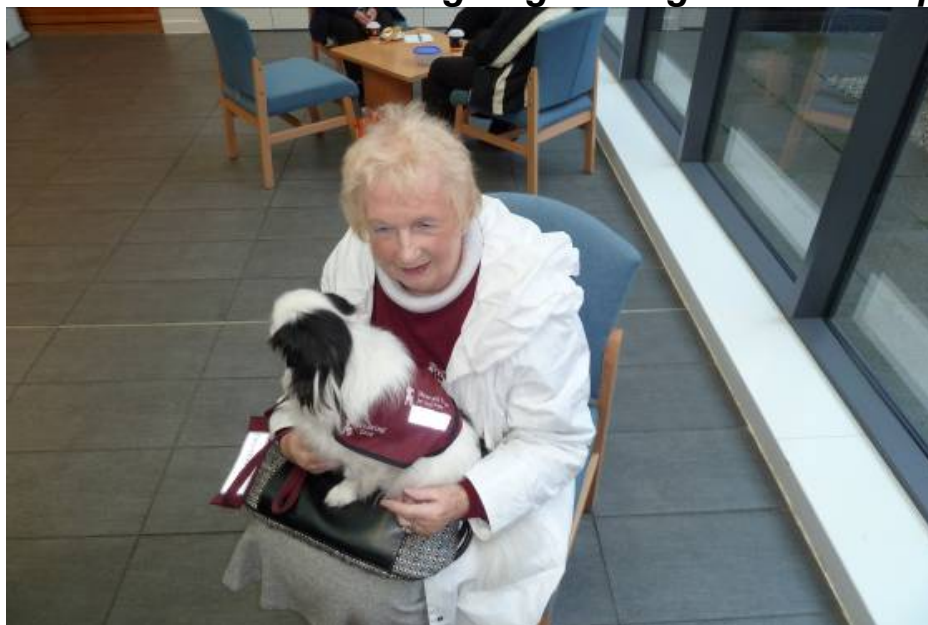
5.5 <u>Patient Focussed Booking Systems (PFB)</u>

A pilot is currently being run which involves patients in their appointment booking process. They are able to choose the date and time of their appointment.

Patients are sent information about the new system in the post and then contact a booking centre by telephone to discuss an appropriate appointment[15].

This system raises issues for people with communication difficulties, for example people with sensory impairment, literacy issues and a learning disability. However, these issues are currently being monitored to ensure that the booking system does not disadvantage the needs of patients with sensory impairments.

The NHSGGC Communication Support and Language Strategy and Action Plan recommends that the appointment time for patients who are Deaf or hearing impaired or Deafblind should be extended so that medical staff have enough time to communicate with the patient effectively[7, 11].

Opportunities to offer longer appointment times should be considered as part of the pilot.

Following the pilot this system may be rolled out to other services across NHSGGC.

Organisations who can offer assistance with good practice are listed on pg 46.

5.6 <u>Loop System Audit</u>

One of the key actions identified in the NHSGGC Single Equality Scheme was to increase the number of portable induction loops available for patients by 25%.

An audit was carried out to identify a baseline review current practice and made recommendations on where to increase the number of portable inductions loops within the acute setting. In addition to the audit, Equality Impact Assessments (EQIA) carried out in a range of services also highlighted the need for Induction Loops in specific service areas.

The report recommendations include:

- A procurement framework is developed for portable induction loops
- Acute Division incrementally purchases loop systems to ensure every clinical and / or reception area has access to an appropriate loop
- The availability of portable induction loops is promoted internally and externally e.g. posters and patient information.
- Staff in key areas are trained in the use of induction loops
- A register of the portable induction loop systems is maintained
- The portable induction loops are subject to regular maintenance
- All new builds or major refurbishments fit loop systems as standard

All the above recommendations are now being implemented with portable induction loops being procured and distributed to those areas that have been identified to date. Training is now being developed for all relevant staff to be trained in the use of portable induction loops. A user guide for staff has been developed including a poster to be displayed in all patient areas where the portable induction loops are placed.

To date a 75 % increase in loop systems has been achieved.

5.7 Patient Pager Pilot

Evidence suggests that those patients that have communication issues are associated with higher rates of missed or delayed appointments and Did Not Attends. Patient pager devices have been piloted in reception areas instead of relying on patients to hear their name being called.

A pilot programme was run in the Gartnavel General Hospital Glasgow to test the use of patient pagers in an ENT outpatient setting with a view to improve the patient experience for those that are most vulnerable and reduce the number of potential missed or delayed appointments.

The patient pager is a translucent blue plastic pager that lights up or vibrates to alert patients in busy waiting areas that they have been called for their appointment. Every patient attending the clinic was offered a pager.

Overall, the response from patients was positive and despite the small numbers of patients involved, the benefits of using the pagers became

apparent, in particular for people with hearing difficulties. There were no practical barriers for staff in using the patient pagers.

Recommendations include the use of pagers where there is potential to improve the patient experience, particularly for the most vulnerable groups, to ensure that they can overcome barriers and be treated in a dignified manner.

Clinical areas such as services with high use by patients with hearing impairment, areas with high volumes of patients, areas with disperse layouts or large waiting areas and/or long waiting periods would benefit most from the use of patient pagers.

The pilot also identified a need for staff training regarding Equality and Diversity to ensure that the patient journey was enhanced through Inequalities Sensitive Practice.

5.8 Staff Training

All staff should be able to communicate appropriately with a Deaf, deafblind or hearing impaired patients. To equip staff with the skills and knowledge to do so, Deaf and Deafblind Awareness Training is available as part of the Equality and Diversity Training schedule delivered by the Learning and Education Department NHSGGC.

Staff in areas with high numbers of patients with hearing impairment such as ENT Departments should have priority to this training.

A number of staff have had basic BSL training as part of personal development plans. This supports basic conversation and communication with patients, however, cannot ensure patient safety. Interpreters or Communicators require to be used for consultations. Copies of BSL books containing medical language for frontline staff have been distributed to high priority areas such as ENT departments.

Feedback through the Equality Impact assessment (EQIA) process has highlighted many NHSGGC staff are unaware of different sensory impairment equipment and how to operate it this should be incorporated into Deaf Awareness Training.

In addition a number of courses are available that promote 'good customer care' and these should be accessed in conjunction with specific disability awareness raising training.

Staff can access Deaf and Deafblind Awareness Training and Equality and Diversity Training at:
www.staffnet.ggc.scot.nhs.uk/Human%20Resources/Learning%20and%

6. Gaps and Priorities

6.1 <u>Appointment Setting</u>

NHSGGC is working towards a variety of different appointment systems. The opportunity to use alternatives to appointment letters and telephone booking should be considered including SMS, email or Text Relay.

Appointment letters should offer patients a choice of how to make suitable appointments.

The opportunity to extended appointments to be offered to all patients with communication needs should be developed.

6.2 <u>Equipment</u>

The organisation has recently increased the number of portable loop systems within the acute setting. Arrangements on how to operate and maintain the equipment is now being put in place.

The number of textphones should be increased on a prioritised basis (Accident and Emergency Departments, ENT, audiology and at patient appointment booking centres). The use of textphones requires to be routine with the phone number should be clearly visible within the department or on the hospital appointment letters sent to patients.

NHSGGC should utilise a range of communication equipment for people with sensory impairment. Practical solutions such as the use of computer screens/ transcripts should be discussed with individual patients to ensure communication and safe, effective practice.

6.3 Information

A range of different formats for health information for Deaf and hearing impaired people should be available in patient information centres. At present there is information available in different formats such as large print, plain English and BSL on the NHSGGC website. It is anticipated that this will increase with the introduction of the Accessible Information Policy. Consultation highlighted that front line staff awareness of the availability of this information should be raised.

6.4 Interpreting

There has been a recent campaign to raise awareness within NHSGGC about how to book BSL interpreters and communicators. All departments have received protocol information and have also been informed they should ensure patients are aware they are entitled to communication and language support. Adherence to the protocol needs to be routinely monitored to ensure services access support appropriately

6.5 Communication

The consultation raised concerns about the use of medical jargon by doctors and other health care professionals. There is guidance on working with interpreters in the Interpreting Policy. This guidance should be highlighted to all staff groups.

BSL interpreters should receive medical terminology awareness training as part of their terms of contract.

Operating barriers to communication should be addressed whilst treating patients in a dignified manner for example, offering patients in the waiting area pagers to alert them when called.

6.6 Identifying Needs

The information needs of Deaf hearing impaired and deafblind people requires to be routinely documented, and shared between professionals and departments. There should also be robust systems in place to share important needs with other services involved in the patient's care such as NHS 24 and the Ambulance Service covering all aspects of the patient's journey.

The organisation is currently developing a new Patient Management System. This system should provide the opportunity to 'flag up' additional needs of patients throughout the care journey. This should include basic information about the patients preferred method of communication support.

Feedback from the consultation events show that involving patients and carers in decisions about their care and considers the patients' communication needs will improve the patient's experience. This may well involve family or carers and interpreters and communication equipment. All staff require to become more proactive in discussing their patients' needs.

Finally, NHSGGC requires to explore the possibility of offering new technology in relation to communication such as, Sign on Screen (SOS) as mainstream communication support. This should be considered as a future pilot project.

6.7 <u>Priority Recommendations: Implement Best Practice Guidelines</u>

- Recognise patients' communication needs including assessment of what individuals may require and ensuring this information is shared with other practitioners including NHS 24 and the Ambulance Service covering all aspects of the patient's journey.

- Involving patients and carers in decisions about their care through engaging with relevant communication support such as BSL Interpreters and Communicators including the use of equipment such as loop systems. This will include offering patients information in different formats. To facilitate this, patients who have communication needs will be offered extended appointments. The opportunity to use alternatives to appointment letters and telephone booking will be addressed including SMS, email or Text Relay.

- There will be more awareness raised with staff in relation to booking Interpreters and Communicators and about equipment available to aid communication. Staff awareness and attitudes will be addressed as part of existing training including Equality and Diversity Training and Customer Services Training. There will be an additional focus on Best Practice in priority areas such as ENT & Audiology.

6.8 Role of NHSGGC Staff

All members of NHSGGC should:
- Treat Deaf, hearing impaired and deafblind people with dignity and respect.
- Be aware of their patients' communication needs and should check the patients have understood the information given.
- Document a patient's sensory impairment and it should be clearly visible in the case notes.
- Actively inform patients of their entitlement and availability to communication support.
- Be aware of how to book a BSL interpreter or communicator.
- Offer an extended appointment time for patients who require communication support.
- Be aware of relevant information in accessible formats, for example large print, Easy Read for those with a Learning Disability or Plain English for patients where English is not their first language [16].
- Be aware of how to operate different sensory impairment equipment in the department, for example textphones and loop systems and be aware of who is responsible for the maintenance of the equipment.
- Be able to reassure patients about any concerns they may have relating to the equipment used such as loop systems and confidentiality issues.
- Know how to use Text Relay and know where to access the relevant numbers.
- Check patients' hearing aids if communication appears to have deteriorated or is difficult. Often it is a simple change of battery that is required. For further advice contact the audiology department.
- Be aware of existing **FIRE** procedure patients who are Deaf, hearing impaired or deafblind may need alerted in the event of a **FIRE** evacuation.
- Engage regularly with their service users and obtain feedback from Deaf, hearing impaired or deafblind people. Involving them in service design will ensure that these people's specific needs can be met.
- Ensure sensory impairment equipment is routinely available at staff meetings, training and any consultation events.
- Consider Deaf / deafblind awareness training as part of their continuing personal development plan (PDP).
- Be able to signpost patients to specialist organisations who can offer additional support, for example, RNID, Deafblind Scotland and Deaf Connections.

Useful organisations addresses and websites are available on pg 47.

7. Conclusion

NHS Greater Glasgow and Clyde has developed these Best Practice Guidelines to help improve communication with Deaf, hearing impaired and deafblind people.

The document has highlighted legislation, best practice and has included consultation with service users addressing issues such as access, communication and equipment used to aid safe effective practice.

Mechanisms have been put in place such as developing an Accessible Information Policy and the Assistance Dog Policy to help ensure disabled people can access services.

There are areas where the organisation is doing well. For example, there has been an increase in the availability of portable loop systems within Acute Services. However, there are areas which could be improved such as interaction with patients. In particular Staff attitudes towards disabled people. There is sensory impairment awareness training available to support this.

Patients should be at the centre of their care and consulted on additional needs throughout their care. They should also be consulted when improving existing or designing new services. Consulting with expert organisations should also ensure the particular needs of these communities are addressed.

As a result of developing these best practice guidelines, the priorities highlighted, recognising patients' communication needs, offering communication and support assessment, Interpreting and equipment, address staff attitudes and extended appointments, have already started to be addressed. An Action Plan has also been developed to take this work forward.

Equality and Diversity is everyone's business. However, it will take hard work and commitment from all to make the leap to providing an Inequalities Sensitive Service.

Comment from a service user
"I don't expect staff to have all the answers but it would be nice if they would just ask me what I need."

NHS
Greater Glasgow and Clyde

APPENDIX A

1. Booking System for Spoken Language Interpreter

Identify the Language via Language Card

↓

Identify type of interpreting required

↓

Telephone Interpreting	Face to Face Interpreting

Telephone Interpreting

↓

CONTACT:
Language Line
0800 028 0073

↓

No code?
Contact the Interpreting Service, telephone:
0141 347 8811
to receive a code within 3 working days.

Face to Face Interpreting

Core hours: 0800 - 2030 7 days	Out-of-hours: 2030 - 0800

Core hours:
0800 - 2030
7 days

↓

CONTACT:
Interpreting Services Call Centre
Email:
Interpretingservices @ggc.scot.nhs.uk
Telephone:
0141 347 8811

↓

Receive a unique Booking Reference Number (BRN)

↓

Receive confirmation from Interpreting Services Call Centre no later than 24 hours before Interpreter's assignment

Out-of-hours:
2030 - 0800

↓

CONTACT:
Global Connections
0141 332 8889
OR
Global Languages
0141 429 3429

2. Booking System for British Sign Language (BSL) interpreter and other forms of Communication Support

Identify and contact the preferred provider

Centre for Sensory Impaired

Core hours:
0845 - 1645
Monday - Friday

Tel:
0141 276 5260

Out of hours:
Tel: 0800 811 505

Deaf Connections

All hours:
Tel:
0141 420 2820

BSLIS Scotland Interpreting and Translation

All hours:
Tel:
0141 554 6611

Other Individual BSL interpreter or agency nominated by the patient

Note: Send BSL invoices to:
NHSGGC Corporate Inequalities Team
JB Russell House

3. Booking System for Deafblind Communicator

Contact Deafblind Scotland

Core hours: 0900 - 1700, Monday - Friday

Tel: 0141 777 6111

Out of hours: Tel: 0800 811 505

BSL Interpreting Policy and Procedure: www.equalitiesinhealth.org

APPENDIX B
Useful Communication Tips (Deaf and Hearing Impaired)

Useful Communication Tips to communicate successfully with someone who is Deaf or hearing impaired:

- Always face a Deaf person 3-6ft apart
- Don't move around or turn away
- Even if someone is wearing a hearing aid it doesn't mean they can hear you. Ask if they need to lipread.
- If you are using communication support always remember to talk directly to the person you are communicating with, not the interpreter.
- It is important to make sure you have face-to-face or eye-to-eye contact with the person you are talking to.
- Make sure you have the listener's attention before you start speaking. Don't speak all at once
- Speak clearly but not too slowly, and don't exaggerate your lip movements.
- Use natural facial expressions and gestures.
- If you're talking to a deaf person and a hearing person, don't just focus on the hearing person.
- Don't shout. It's uncomfortable for a hearing aid user and it looks aggressive. It also distorts the lip pattern for those who can do some lip reading.(Only 30% of information is picked up by this method)
- If someone doesn't understand what you've said, don't keep repeating it. Try saying it in a different way instead.
- Find a suitable place to talk, with good lighting and away from noise and distractions. Don't stand in front of a light or window
- Check that the person you're talking to can follow you. Be patient and take the time to communicate properly.
- Provide visual aids where possible
- Use plain language and don't waffle. Avoid jargon and unfamiliar abbreviations [11].

  www.actiononhearingloss.org.uk

APPENDIX C
Useful Communication Tips (Deafblind)

Useful Communication Tips to communicate successfully with someone who is Deafblind:

- Ensure you have the person's attention
- Try to establish the person's preferred communication method
- Face the person, always. Don't turn away
- Use clear speech
- Maintain eye contact
- Keep hands, pens etc away from your mouth
- Use normal lip patterns
- Speak at ear level
- Write things down
- Use Fingerspelling
- Use Deafblind Manual
- Use block letters

When you are not understood:

- Repeat
- Rephrase
- Try another communication method
- Write things down
- Offer alternative formats

Alternative Formats

- Large print
- Font sized 18+
- White on black
- Audio tape
- Email
- Computer disc

www.deafblindscotland.org.uk

APPENDIX D
Working with a BSL Interpreter

When working with a BLS Interpreter, staff should consider the following:

- Book an interpreter well in advance.
- Plan for enough time to be allocated for each appointment to allow for BSL interpretation.
- Ensure the layout of the room for the appointment allows the interpreter and user to face each other. Check with the user if the layout is satisfactory.
- Check ID badge for relevant organisation to correspond with interpreting agency booked.
- Time should be allowed at the beginning of the appointment for the interpreter to give a clear description of their role to the service user.
- Ask the interpreter to seek consent from the service user if not previously obtained. This should include re-assuring the user that interpreters work to strict codes of confidentiality.
- Brief the interpreter about the issues, background, the practical purpose of the appointment and positioning in the course of the meeting. Allow time for BSL interpreter to communicate this to the service user.
- Ensure that the interpreter is clear about the use of recurrent technical terms or specialist vocabulary that may be required. Pre-meetings can be used to ensure that both sides are clear about their respective roles[14].

British Sign Language Communication Support Policy and Procedure
www.equalitiesinhealth.org

APPENDIX E
How to use Text Relay, a Portable Loop System, Textphone and Sign on Screen

Text Relay

Text Relay is a national telephone relay service run by British Telecom (BT). Before it was rebranded, it had two names associated with it, RNID Typetalk and BT Text Direct.

Text Relay allows people who are deaf or hard of hearing to use a textphone to access any services that are available on standard telephone systems. A highly trained Text Relay operator provides a communicative link between the textphone user (who is deaf) and the hearing person. The service is discreet, confidential and convenient. If you are deaf, all you need is a textphone, which is a specially adapted telephone with a keyboard.

This system lets Deaf and hearing impaired people stay in touch with family, and call businesses over the telephone. You can use Text Relay with a textphone, telephone, mobile or PC as a telephone.

http://www.rnid.org.uk/information_resources/communicating_better/textrelay/

Making a Call from a Textphone

If you're making a call from a textphone, Text Relay will take care of your call, so you can communicate with the person you're calling. **Dial 18001 + number.**
Dial 18000 for EMERGENCY calls

Making a Call from a Telephone

If you are making a call from a telephone and you think the person you're calling may answer the call using a textphone, Text Relay will allow you to communicate. **Dial 18002 + number.**
For further information see www.textrelay.org

N.B. It is important that staff check if the patient is happy with this method of communication being used when discussing confidential information. The patient may prefer other methods of communication such as face to face consultation or a letter.

Using a Portable Loop System to Aid Communication

Portable Loop Systems

A portable induction loop system is used to assist people who are hearing impaired. It transmits a sound system directly to a hearing aid equipped with a telecoil or "T" position. Loop systems can help reduce or cut out background noise, helping to hear sound far more clearly. They work when the hearing aid is switched to the "T" position: some hearing aids automatically tune to this frequency.

Portable Induction Loop Guidance

If a patient requests the use of the induction loop please note the following:

- There is an on/off button and dual colour on the unit.
- To turn the unit on, press the green ON button. The LED will illuminate green to indicate that the unit is operational
- Place the unit in a suitable location between the patient and staff, turn on and talk normally
- The unit can be placed both vertically and horizontally
- A flashing light will flicker orange to indicate the unit is receiving speech or other sound
- To turn the unit off, press and hold the red OFF button until the LED goes out
- The range of the unit is 1.5 metres
- Ensure that the unit has been appropriately charged i.e. at least 16 hours. However, the unit can be operated whilst charging

- A constant light is illuminated during charging
- The unit will operate continuously for 4 hours fully charged

The laminated poster: Hard of Hearing? On pg 40 should be displayed by staff to highlight that a portable loop system is available. A copy of this poster will be distributed with all new portable loop systems. To obtain an additional copy contact Medical Illustrations on 0141 211 4692 and quote reference number (Miss 227349)

Hard of Hearing?

A Portable Loop/Amplification system is available for use. Please ask a member of staff for assistance.

MISS 227349

<u>Using a Textphone</u>

N.B. It is important that staff check if the patient is happy with this method of communication being used when discussing confidential information.

The patient may prefer other methods of communication such as face to face consultation or a letter.

To change the greeting message:

- Press the return key to select greeting
- Press the menu key
- Use the arrow keys to select enter and press return. The display should say enter greeting message.
- Type your new greeting message using the backspace key to delete any typing mistakes. Remember to type GA at the end of your message.
- When you are finished typing your new greeting message press return to save the message. The display should say greeting message saved.
- You can check the message by pressing the menu key and then the S key.
- Press the shift key and the TTY on/off to hang up.

Answering a text-telephone call:

- When the phone rings press the TTY on/off to switch on the phone.
- Immediately press the menu and S key to send your saved greeting message.
- You should then see a message on the display screen, which you should respond to.
- Please note that when you are finished typing you should end with the letters GA (Go Ahead) which lets the other person know that they can respond.
- When you are finished your call hold down the shift key and press the TTY on/off key.

Making a text telephone call:

- Press the dial key. This turns the telephone on.
- *Please note there is no need to lift the handset.*
- Dial the telephone number (91 for an external line).
- *If you make a mistake dialling the number you have to hang up by holding down the shift key and pressing TTY on/off and start again.*
- Watch the display screen for a message and then type a greeting

- When your call is finished hold down the shift key and press the TTY on/off key

Text-telephone Etiquette

- GA – 'Go Ahead'. This is used after each piece of conversation. It tells the other person that you have finished and that they can type a reply.
- SK - 'Stop Keying'. This is used to tell the other person that it is the end of the conversation.
- GA or SK – 'Go Ahead or Stop Keying'. This signals the end of the conversation and gives the other person a chance to say any last words.
- Bibi – 'Bye bye'.
- Q – Some people prefer to type q instead of a question mark.

Using a Textphone
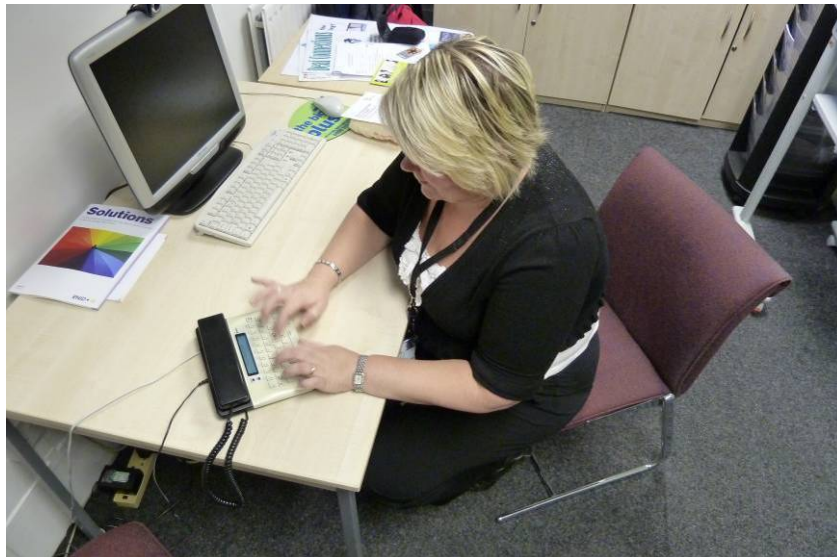
SOS: Sign on Screen

Sign on Screen offers an online platform which opens channels of communication between Deaf person and any other person. The real time link is accessed from the internet and connects to a registered sign language interpreter (BSL), and is available on the move or at your desk.

Using Sign on Screen
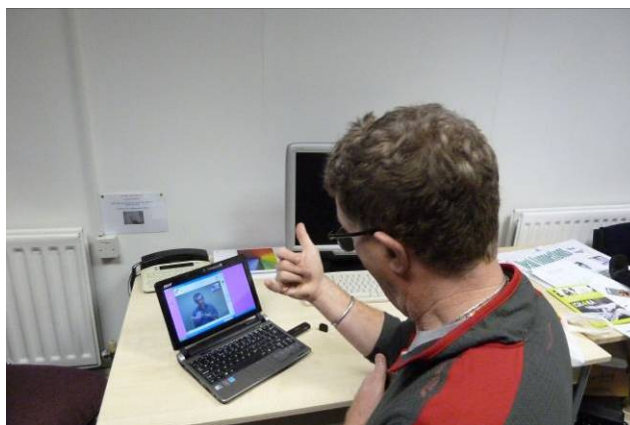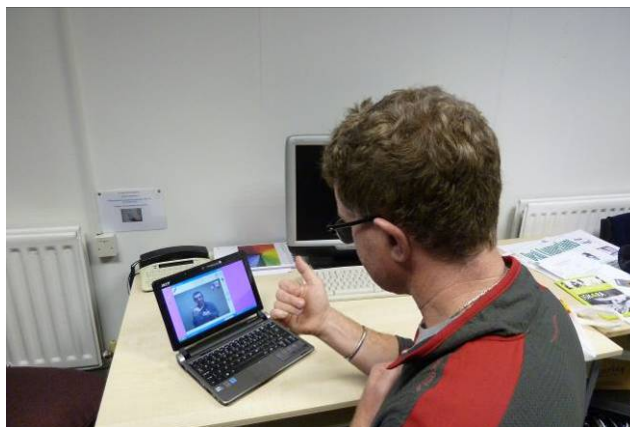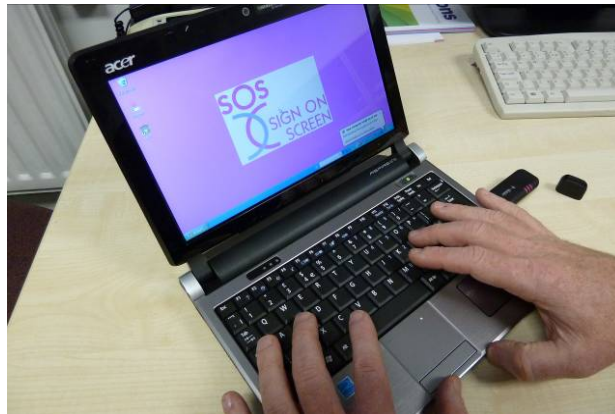
For further information or advice contact:

Anne Taylor
Senior Equality and Diversity Adviser
NHS Greater Glasgow and Clyde
Gartnavel Royal hospital
West House
1055 Great Western Road
Glasgow G12 OXH

Telephone: 0141 201 4973

References

1) NHS Greater Glasgow & Clyde, Equality Scheme

2) RNID website www.rnid.org.uk

3) Community Care Services for people with a sensory impairment: An Action Plan. Scottish Executive 2003

4) The Disability Discrimination Act (DDA) 1995 and 2005

5) Fair for all-Disability Positive Action – Real Change: Improving NHS services for disabled people: NHS Scotland (2008) Glasgow

6) RNID http://www.rnid.org.uk/information_resources/factsheets/equipment/factsheets_leaflets...

7) Paddock, M, O'Neill, B and Holwell (4 October 2008) 'Actions speak louder than words' *BMJ* pg 8-9.

8) RNID (2004). *A simple cure*

9) RNID Scotland's consultation event on accessing health services, Glasgow. 8/01/09

10) Hearing Dogs accessed March 2009 http://www.hearingdogs.org.uk/

11) Information from RNID Scotland

12) http://www.rnid.org.uk/information_resources/communicating_better/tips_for_hearing_people/

13) NHS Greater Glasgow and Clyde Communication Support and Language Strategy and Action Plan

14) NHS Greater Glasgow and Clyde British Sign Language Communication Support Policy and Procedure

15) Patient Focused Booking Implementation Guide 2006. Scottish Executive

16) SAIF Scottish Accessible Information Forum. A brief guide to Easy Read.

17) http://www.rnid.org.uk/howwehelp/our_services/employment_advice_deaf_awareness_training_courses/advice_for_employers/our_consultancy_service/louder_than_words/standards/

18) http://www.rnid.org.uk/VirtualContent/94613/3797_A2HRS_7.pdf

19) Deafblind Scotland Hospital Accessibility Guidelines created by the Deafblind Scotland Members Forum April 2010

20) http://www.deafblindscotland.org.uk/index.php?option=com_content&view=category&id=39&Itemid=55http://www.equalities.gov.uk/equality_act_2010/equality_act_2010_what_do_i_n.aspx

21) Action on hearing loss updated data from policy officer November 2011.

22) http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

23) Hear me out. Adult hearing rehabilitation in Scotland. Action on Hearing Loss Scotland 2011

Useful Telephone Numbers and Addresses

Action on Hearing Loss Scotland
Empire House
131 West Nile Street
Glasgow, G1 2RX

Telephone: 0141 341 5330
Website: www.actiononhearingloss.org.uk

Formerly The Royal National Institute for the Deaf (RNID)

Deafblind Scotland
21 Alexandra Avenue
Lenzie, G66 5BG

Telephone 0141 777 6111
 Website: www.deafblindscotland.org.uk

Deaf Connections
100 Norfolk Street
Glasgow, G5 9EJ

Telephone: 0141 420 1759 (voice or text)
Website: www.deafconnections.co.uk

Sense Scotland
43 Middlesex Street
Kinning Park
Glasgow, G41 1EE

Telephone: 0141 429 0294
Website: www.sensescotland.org.uk

Hearing Dogs for Deaf People (Glasgow)
29 Craigiehall Cr
Erskine, PA8 7DD   member Assistance Dogs (UK)

Telephone: 0141 812 6542

Hearing Dogs for Deaf People
The Beatrice Wright Training Centre (North)

Telephone: Office hours 0175 932 2256
                    Out of hours 0797 673 7427
Website: www.hearingdogs.org.uk

Guide Dogs for the Blind Association (Glasgow)
West of Scotland District Team
Axis House
12 Auchingramont Road
Hamilton, ML3 6JT   member Assistance Dogs (UK)

Telephone: 0845 372 7436
                    Out of hours (emergencies only) 0870 609 2219
Website: www.guidedogs.org.uk

Hayfield Ltd
Administrative and Day Care Office Day Care Centre
260 Moffat Street
Glasgow
Scotland
G5 0ND

Voice 0141 429 0335
Text Telephone 0141 429 3113
Fax 0141 420 1990
Email mail@hayfield.org.uk

Scottish Council on Deafness
Central Chambers
Suite 62
93 Hope Street
Glasgow
G2 6LD

Telephone 0141 248 2474
Text Telephone 0141 248 2477
Email admin@scod.org.uk

Scottish Mental Health Service for Deaf People

Mental Health Management offices
Block 1/2 , The Residences
St John's Hospital
Howden Road West
Livingston
EH54 6PP

Telephone 01506 523671
Fax 01506 523812

Useful Websites

www.fairforalldisability.org.uk

www.rnid.org.uk

www.deafblindscotland.org.uk

www.deafconnections.co.uk

www.hearingdogs.org.uk

www.guidedogs.org.uk

www.sensescotland.org.uk

www.equalitiesinhealth.org

www.hayfield.org.uk

www.scod.org.uk