



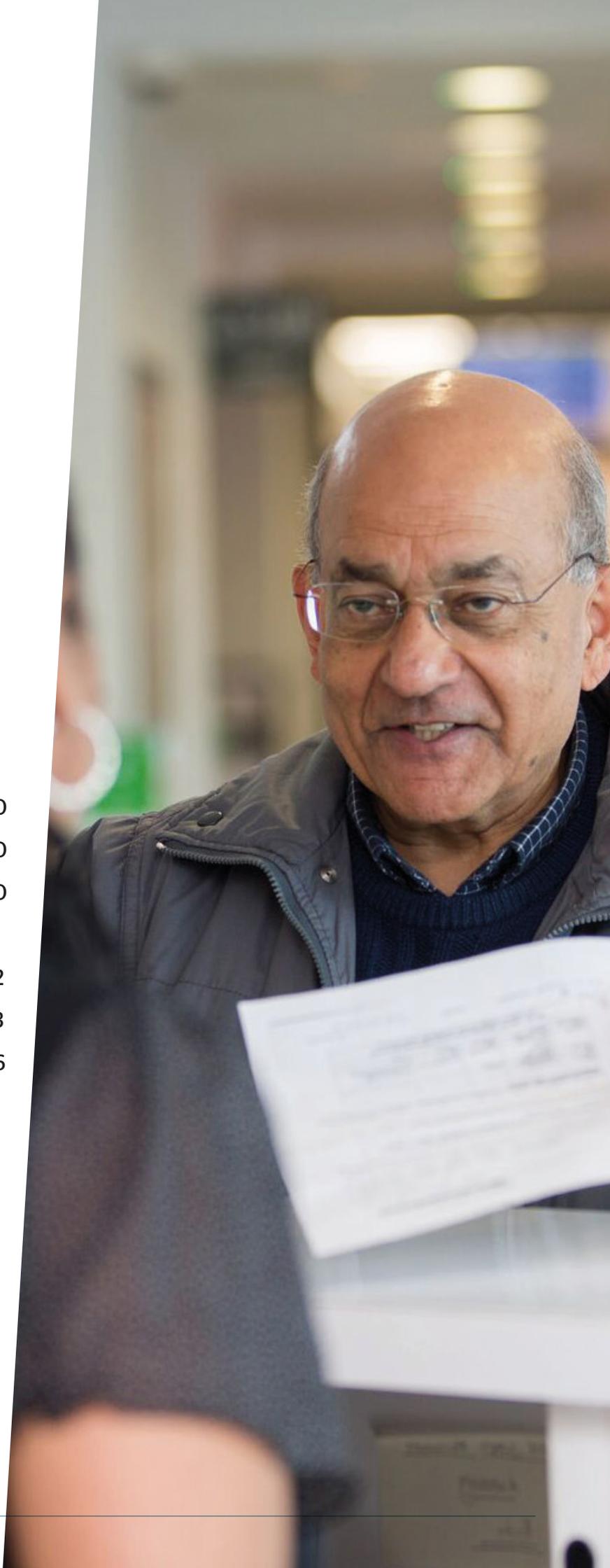
# What's it like being in a hospital waiting room?

People's views: Heartlands Hospital



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# Heartlands Hospital

## Key findings



Long waiting times affected the overall experience that patients had, with those waiting longer having a poorer perception of the care they received overall



Views on the design of waiting areas varied, but the main problems reported related to overcrowding, poor signage, lack of access to refreshments, uncomfortable seating, and no electronic signage



People generally have positive experiences of waiting rooms. However, for those living with a disability or elderly, the experience is much less positive



People with disabilities and elderly people were more likely to say that they felt anxious, fearful or confused about their visit to hospital, often because there was insufficient communication of where or when they would be seen



Over half of people said that they did not receive adequate information about waiting times and were unsure of when they would be seen



Staff lack awareness of disabilities such as hearing impairment and do not have sufficient knowledge to offer the right support or make the necessary adjustments





## Introduction

In 2018, Healthwatch Birmingham asked members of the public across the City to share their views about what NHS or social care topics we should investigate next. People voted on five key health and care issues, and 71% of them asked us to evaluate the quality of service in waiting rooms in Birmingham's hospitals. This report, one of a series of nine for the hospital Trusts we looked at, presents the results of that work for Heartlands Hospital.



## Background

**We started our investigation into NHS hospital waiting rooms in Birmingham in autumn 2018. Our main focus was on people's experiences of waiting times, the environment, communication, accessibility, and dignity and respect.**

To capture a representative sample of patients' views across Birmingham, our investigation consisted of two stages.

### Stage 1

We collected feedback directly from patients who were in hospital waiting rooms, so that we would have information on the experience of patients in real time.

### Stage 2

We worked closely with third-sector organisations (including Birmingham Focus, BID Services and deafPLUS) and interpreters to host focus groups to collect the experiences of people who have a visual and/or hearing impairment. Focus groups were held in four districts of Birmingham..

Healthwatch Birmingham also developed an online questionnaire to collect feedback from people with a visual and/or hearing impairment. This questionnaire included the same questions that were asked during our visits to waiting rooms and at focus group meetings. It was shared with the support of third-sector groups (including Birmingham's Disability Resource Centre, Action on Hearing Loss, Thomas Pocklington Trust and the National Deaf Children's Society) and extensive use of social media. The online questionnaire was available from 25 January to 8 February 2019.

Patients could choose to remain anonymous, or provide their contact details. A selection of patients who chose the latter were contacted again to participate in more in-depth interviews. We wrote these up as case studies.

We also looked at research on the effect of the experience of waiting on patient well-being. Poorly designed, uncomfortable waiting rooms and long waiting times have been found to contribute to a patient's stress and anxiety, perhaps because in addition to physical discomfort or accessibility problems, these spaces send a negative message that patients are a lower priority than the overall hospital system.<sup>1,2</sup> Other issues, such as anxiety, insecurity, thirst and hunger, are not always easily detected by busy healthcare professionals, leading to a failure to offer appropriate and timely patient care.<sup>3</sup> The quality of the waiting experience can also affect recovery times and mental well-being: a therapeutic waiting area design is associated with improved mood and greater satisfaction with healthcare services.<sup>4</sup>

Patients come into contact with the NHS at their most vulnerable, so emotions and negative feelings are heightened. The government's best practice guidance notes that it is important for NHS organisations to ensure that patients' emotional and physical needs are met at all stages of their journey:

**For example, a patient kept waiting for an appointment ... may have a good emotional experience if they feel someone cares about them (that is, they are given regular information about why they are being kept waiting and an update on how long they will have to wait). The same patient left to wait without any information is likely to have a negative experience because they feel abandoned and neglected. Improving patients' emotional experience is about treating people as we would want to be treated - with dignity and respect.**<sup>5</sup>

The Disability Discrimination Act 1995 states that hospitals must provide 'reasonable adjustments' for disabled people to enable them to access services more effectively. The more recent Accessibility and Information Standard (AIS) further emphasises the need to ensure that providers are identifying, recording, flagging, sharing and meeting the information and communication needs of service users, for example to support people who have aphasia, autism or a mental health condition that affects their ability to communicate.<sup>6</sup>



# Heartlands Hospital

Heartlands Hospital is located in Heartlands Ward, Hodgehill in Birmingham. It provides acute and general medicine, and is managed by University Hospitals Birmingham NHS Foundation Trust.

As part of this study, Healthwatch Birmingham heard 488 pieces of feedback from people across Birmingham, 57 of which were about experiences at Heartlands Hospital. Feedback was heard through our Healthwatch Birmingham online Feedback Centre, Information and Signposting Service and our community engagement activities. Also, feedback was heard through an online questionnaire. Of the 21 people that responded to the online questionnaire, 35% have a visual impairment, 40% have a hearing impairment and 25% have both visual and hearing impairments.

**This included feedback on waiting areas in the departments for Outpatients, Accident and Emergency, Audiology, Ear, Nose and Throat (ENT), Hearing Centre; Eye Clinic; General Surgery; X-ray clinic; Outpatients; Diabetic Centre; Urology; Rheumatology; Neurology; and Ophthalmology departments.**

## What people said

### Waiting times

Although some positive experiences were reported, across the different departments, people expressed concern about the amount of time they had to wait.

***I've come here many times and every time I have waited more than an hour to be seen. Sometimes it's been two hours, which has spoiled the overall experience.***  
(Outpatients Department)

***I have been suffering for the past few months and there is still no diagnosis. I was referred by my GP and they keep saying my blood is clear ... I have pain on my side, my fingertips are numb, the same for my legs. My son is only young and I worry, but am not being helped. I just want to know what the problem is. It is disappointing where you sit here for eight hours and there is no conclusion. Two weeks ago, I came here at night and was in massive pain. I could not even sit down and I waited four hours, not even given painkillers. Not given information on how long the wait will be, you just wait for your turn. It is worth waiting if you get a diagnosis, but frustrating if you get nothing. You can sit here for hours.***  
(Accident and Emergency Department)

***Waited about an hour, which wasn't too bad but could be better.*** (ENT Department)

Waiting times affect people's perception of the information, treatment and instructions they subsequently receive, with people waiting for less time feeling more satisfied with their experience overall, while those who waited for longer reported less satisfaction overall.

***Very good experience. I was seen and treated in just under an hour. I'm just waiting for my medicines. Very efficient service with kind and caring staff.***  
(Accident and Emergency Department)

*I was received in a very quick and nice manner. In under an hour, everything was done and I was ready to go home. Nice staff and waiting room was fine. Above all, very quick service.* (Accident and Emergency Department)

*On Sunday we visited A&E to be told come back tomorrow for a scan. The following morning, I was informed that the scan is on Thursday not Monday. I feel like I wasted five hours in A&E.* (Accident and Emergency Department)

Some very long waiting times discouraged people from attending or waiting at all.

## Environment

There were varied views about how well the waiting area environment supported those who were waiting. More than half of the people who commented on this aspect said that they were satisfied with heating and ventilation and cleanliness, and half or just under half said that access to toilets, privacy and refreshments was satisfactory.

*This area has above-average facilities and this waiting area has a nice kids' play area.* (Ear, Nose and Throat Department)

Another person agreed that the department has good facilities for children, but said:

*It's difficult to hear when they are calling their name as there is no public announcement and the children's section is away from the clinic.*

The main concerns related to seating, clarity of signage, access to refreshments and overcrowding:

*Waiting rooms are overcrowded and lack basic things such as drinking water. It's not very clean.* (Outpatients Department)

*The Reception area is dated and doesn't have enough spacious seating.* (Accident and Emergency Department)

*The seats could be better. There is no coffee or drinks machine, unless you go to the new-built part of the hospital.* (Accident and Emergency Department)

*I'm highly satisfied with the doctors and nurses, but the hospital facilities are basic and not good.* (Outpatients Department)

Research has shown that in hospitals that have considered and addressed these issues, patients have reported increased satisfaction with their environment and in turn with their treatment.<sup>7</sup>

**Waiting rooms are overcrowded and lack basic things such as drinking water. It's not very clean.**

(Outpatients Department)



## Accessibility

For people with a disability, the elderly or those with mobility problems, the waiting room environment has an even bigger impact on their experience of accessing hospital services. We spoke to patients who said they were anxious about missing their turn if they left their seat to go to the toilet or get some water.

***There are always enough seats for patients, although there could be a water fountain nearby. The only one I can see is near where you give blood. You don't want to move too far away as you could miss your appointment.*** (Urology Department)

Poor signage, and a lack of adaptations (such as a hearing loop) or the support of an interpreter, made people anxious and fearful.

***There was no electronic information available. It is frightening as you don't know where you are going.*** (Outpatients Department)

***My hearing aid broke and I was sitting in an area with three different doors. I didn't know which doctor I was seeing and ... I didn't know where I was going.*** (Audiology Department)

***Information should be in larger point - I cannot read small print. No good for me, I cannot read electronic writing. I need big printed information.*** (Audiology Department)

***I had to wait for three hours for the interpreter to come and was left in pain until they arrived.*** (Outpatients Department)

One patient explained the importance of having an interpreter and how this improved the overall interaction with the doctor.

***In the appointment I felt they were talking around me - I was just sitting there. He started writing and then I had to read it. He tried to use a little gesture, but it was much smoother when the interpreter came.*** (Audiology Department)

## Communication

Most patients told us they were informed that it was their turn to be seen by their name being called out. While this is sufficient for some patients, it caused considerable problems for others, especially those who are elderly or have a hearing impairment. Some patients have to check repeatedly because they are not confident that they will realise when their turn has come.

***It is sometimes a problem to hear when they call out names. I am losing my hearing and when they call, they are either facing away or not speaking loud enough. When they are calling out, I cannot make out whose name they are calling. At least 15 minutes after my scheduled time, I will go to Reception to ask if I have been called.*** (Urology Department)

People with a hearing impairment told us that there were no visible instructions that could help them understand the process. People felt they were being 'a nuisance' to Reception staff when they asked for help. The case below captures the problems that people with a disability face when they are in waiting areas.

***In my doctor's surgery they have a TV screen, which tells you which doctor and which room. So, I know when my name is called where I am going. At Heartlands, there's no notification at all ... You have to queue - didn't like that - no self-check-in, and you feel like you are wasting time queuing ... When I went for an MRI scan, I went to Reception, but wasn't given any***

*directions for where I should go. Reception was not helpful - "I don't know where I'm going," and she said, "No, you go yourself." ... You have to talk face-on to lip read, you can't talk to the side. I then asked a male doctor, and he was really helpful.* (Audiology Department)

Patients offered a number of suggestions for improving this:

*I struggle with my hearing and cannot hear when they call. You could have a number, like when you go for bloods. They could give you a ticket when you check in.* (Urology Department)

*I think if somebody guides you, it would be helpful, as you don't know where you are going in the waiting room.* (Outpatients Department)

*I did not tell the receptionist I had a hearing problem and she realised that I could not hear her. The receptionist knows am here but if I have something that I can see, like in the GP surgery that would be helpful.* (Rheumatology).

*Digital display with name on screen would be useful.* (Hearing Centre)

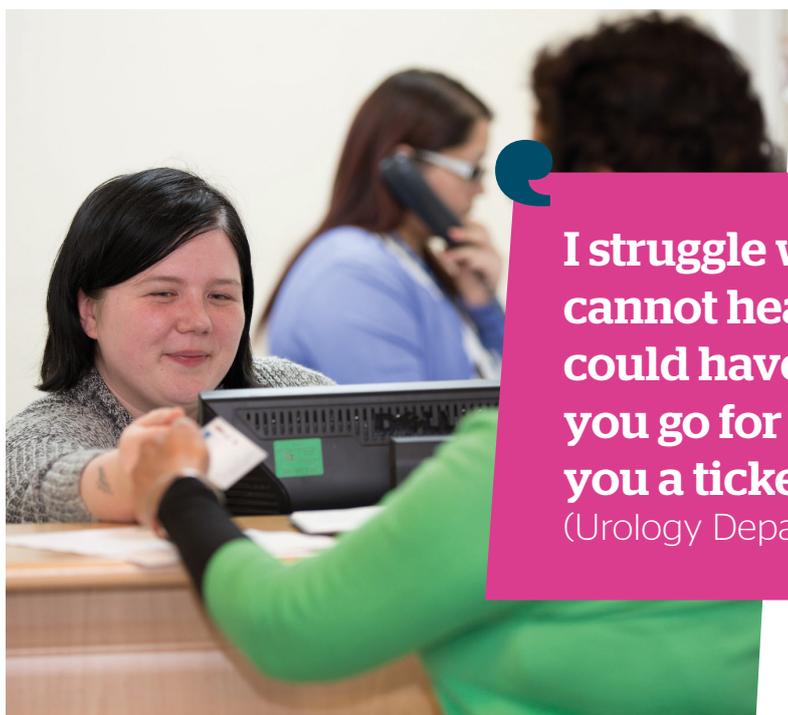
*Electronic information to display my name as can't hear my name being called.* (Audiology)

Some patients wanted staff to know about their individual needs before they attended a scheduled appointment. Others felt that this information should be available even when they are an emergency patient:

*When I went to A&E, they should have been aware that I had hearing issues and it should have been recorded on my medical notes and an interpreter arranged.* (Accident and Emergency Department)

Other patients pointed out that staff could communicate better and adapt to people's disability if they had the skills. As one patient suggested:

*All staff should be able to use basic 1 level [British Sign Language] to communicate with deaf people.* (Audiology Department)



**I struggle with my hearing and cannot hear when they call. You could have a number, like when you go for bloods. They could give you a ticket when you check in.**  
(Urology Department)

# Case study 1

*I was about 12 weeks pregnant when I started bleeding. Because it was my first pregnancy, I wasn't sure if this is normal, so I called 111 through text relay as I am deaf. They advised me to go to A&E.*

*When I arrived at A&E, I asked the receptionist to provide a [British Sign Language] interpreter. They said they would arrange this, but I didn't feel very confident about this. I kept asking for the interpreter repeatedly but never got one. When I saw the doctor, we had to communicate through gestures, so I didn't really have any idea what was going on. There were lots of people coming and going, but no one explained what was going on. They took lots of blood tests and then took me through many corridors in the hospital. I only knew we went to a maternity ward as I saw the sign. I was then asked to open my legs and they did an examination. The doctor told me that everything was fine, I should go home and rest and not to work tomorrow. I went home, but after a few weeks, as I didn't feel right, I felt like the hospital had missed something.*

*When I went to see my GP, the doctor told me that I had a miscarriage. I was in total shock as the hospital never said anything while I was there. Whilst I was in the A&E, I felt absolutely panicked as no one explained anything. They treated me like a ghost and called me the deaf person. They did not address me by my name. This whole experience left me very depressed and as a result I lost my job. I am now too scared to get pregnant again as this experience has traumatised me.*

(Accident and Emergency Department)

# Case study 2

*I can't ask anyone for help. Reception indicated my name, staff just went and left me alone - didn't know which door the doctor was coming from. Receptionist wrote down notes and I lip-read the door. One time a staff member was shouting and calling, she was looking at me. I was quite dozy, waiting for a long time. She came to shout in my face, calling me but didn't hear, she was speaking so fast I couldn't lip read. Bit of a shock to confront me like that. I could have missed my appointment by that time.* (Audiology)

## Dignity and respect

Many people who gave us feedback referred to the way they were treated on their visit. Issues raised included privacy, being treated as an equal and obtaining support and information. In the following case studies, the absence of an interpreter had serious repercussions for one patient.

However, some patients, particularly those without disabilities, gave good reports about their experience of the hospital:

*Very good service. If treatment wasn't available, I wouldn't be able to get help and support. Everyone working as a team provides the best service.* (Outpatients Department)

*I've been coming here for the last few years and overall the service is great, with good staff and good facilities. The quality of care delivered by the doctors and nurses is excellent.* (Outpatients Department)

*I've been coming here for the last year and would say that they are very good. They can't do any better as far as my case is concerned. Excellent staff with a high quality of service. I am very happy and satisfied. Thank you, NHS.* (Ear, Nose and Throat Department)

## Summary

Although most people said that they generally have positive experiences of waiting at Heartlands Hospital, this is not the case for everyone. Vulnerable people, especially people who are elderly, have mobility problems, or have hearing or visual impairments, found it harder to access information and treatment planning, which made them feel worried and fearful. Our recommendations below attempt to re-dress the balance.



# Recommendations

## Based on the feedback from service users, Healthwatch Birmingham recommends that the Trust:



Reviews the management of appointments for clinics that have consistently long running times, to make improvements to ensure they are being run in the most efficient manner possible



Provides fresh drinking water which is readily available to all patients, and displays clear signposting to refreshments and toilets



Allocates a staff member or volunteer on each shift with a specific brief to monitor the food and hydration needs of vulnerable people, such as elderly people, children and people with disabilities



Works with patients to identify the areas where signage is most crucial and uses this feedback to draw up an action plan to improve the quality of signage to meet a range of patient needs



Undertakes a review of electronic signage across the hospital and considers using a similar electronic system as used in The Royal Orthopaedic Hospital to keep patients up to date with waiting times and which room they need to go to



Offers patients with a hearing impairment a buzzer, or equivalent mechanism, so that they know when it is their turn to be seen



Should provide appropriate, understandable and accessible ways for people to independently book interpreters, including BSL interpreters, relay speakers or lip speakers. When communication needs are identified, this is recorded on patient's notes and automatically booked for subsequent visits (dependent on communication preferences)



Ensure that all patients who need a BSL interpreter are given priority so that they attend their appointments on time, meaning that booked BSL interpreters can support patients for the whole consultation, even if clinics over run



Ensure that staff undertake customer service and disability awareness training annually, and that this is reviewed regularly to ensure staff have appropriate support and training to meet patients' needs and rights



Identify, record, flag, share and meet the information and / or communication needs of patients and service users - and where appropriate their carers or parents - in line with the Accessible Information Standard



Should work directly with people with hearing impairments to develop an information card (see example in endnote ) that can be used to support Trust staff to identify people's specific needs <sup>8</sup>

**NHS trusts should work with service user organisations, with those with disabilities, impairment or sensory loss, to understand what actions need to be taken to improve people's experiences of waiting areas. Working in collaboration in this way will ensure actions are patient-centred and meaningful, and will make a difference.**

**In six months time, Healthwatch Birmingham will track the progress of these improvements, requesting an update from the Trust which evaluates the specific changes made to improve patient's experiences of waiting rooms.**

## Trust's Response

### University Hospitals Birmingham (UHB) NHS Foundation Trust Response

Detailed in the table is the response we received to the individual recommendations in our report for all three UHB hospital sites in Birmingham. Detailed in the table is the evidence Healthwatch Birmingham is requesting from the Trust for inclusion in our six-month follow up report.

Recommendations based on issues heard	UHB response	Healthwatch Birmingham will request the following information, for inclusion in our six-month follow-up report.
Works with patients to identify the areas where signage is most crucial and uses this feedback to draw up an action plan to improve the quality of signage to meet a range of patient needs.	A review of outpatient signage is underway at the Queen Elizabeth Hospital Birmingham site, where feedback has been gained from patients around what works for them and where they think improvements could be made. Actions are underway and learning will be shared across all of our sites.	Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.  Current patient feedback heard by the Trust that demonstrates that the issue of patients being unable to navigate the hospital has been resolved.
Undertakes a review of electronic signage across the hospital and considers using a similar electronic system as used in The Royal Orthopaedic Hospital to keep patients up to date with waiting times and which room they need to go to.	This recommendation will be reviewed against our current practice to see if improvements can be made.	Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.  Current patient feedback heard by the Trust that demonstrates that the issue that patients are not kept up to date with waiting times has been resolved.

<p>Offers patients with a hearing impairment a buzzer, or equivalent mechanism, so that they know when it is their turn to be seen.</p>	<p>We recently held an awareness session on visual and hearing impairment for lay members of our Patient, Carer and Community Councils as they can help us to identify good practice or areas from improvement during their visits to wards and departments.</p> <p>This recommendation will be reviewed against our current practice to see if improvements can be made.</p>	<p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue that some patients with a hearing impairment are unable to know when it's their turn to be seen has been resolved.</p>
<p>Ensure that staff undertake customer service and disability awareness training annually, and that this is reviewed regularly to ensure staff have appropriate support and training to meet patients' needs and rights (ensuring that BSL interpreters are promoted to all who require them).</p>	<p>We recently held an awareness session on visual and hearing impairment for lay members of our Patient, Carer and Community Councils as they can help us to identify good practice or areas from improvement during their visits to wards and departments.</p> <p>Staff also have access to training but this is not mandatory, we will review the current situation and include any actions in our action plan.</p>	<p>Feedback from patients regarding whether their information and/or communication needs are met. And, if not, actions the trust has taken to meet these needs in line with the Accessible Information Standard.</p>
<p>Identify, record, flag, share and meet the information and / or communication needs of patients and service users - and where appropriate their carers or parents - in line with the Accessible Information Standard.</p>	<p>Work continues in ensuring that the Accessible Information Standard becomes fully embedded to ensure that we are fully aware of our patients' communication needs.</p>	<p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue of consistently long clinic running times has been resolved.</p>
<p>Provides appropriate, understandable and accessible ways for people to independently book interpreters, including BSL interpreters, relay speakers or lip speakers. When communication needs are identified, this is recorded on patient's notes and interpreters automatically booked for subsequent visits (dependent on communication preferences).</p>	<p>This recommendation will be reviewed against our current practice to see if improvements can be made.</p>	<p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issues experienced by patients requiring an interpreter have been resolved.</p>

<p>Should work directly with people with hearing impairments to develop an information card that can be used to support Trust staff to identify peoples specific needs.</p>	<p>During our recent workshop with BID Services they showed us a card similar to this that is available in Birmingham. We will work with BID to see if we can promote this within our hospital sites.</p>	<p>Details of the work with BID to see if an information card for people with hearing impairments can be promoted within hospital sites.</p>
<p>Provides fresh drinking water which is readily available to all patients, and displays clear signposting to refreshments and toilets.</p>	<p>Fresh drinking water and signage to refreshments and toilets is largely available, however we will review any gaps identified.</p>	<p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue directing patients to refreshments and toilets has been resolved.</p>
<p>Allocates a staff member or volunteer on each shift with a specific brief to monitor the food and hydration needs of vulnerable people, such as elderly people, children and people with disabilities.</p>	<p>This recommendation will be reviewed against our current practice to see if improvements can be made.</p>	<p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Evidence that there is a staff member or volunteer on each shift with a specific brief to monitor the food and hydration needs of vulnerable people, such as elderly people, children and people with disabilities.</p>
<p>Ensures that staff collect patients who are visually impaired in order to guide them to their appointments.</p>	<p>This recommendation will be reviewed against our current practice to see if improvements can be made.</p>	<p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue of not guiding patients with a visual impairment to appointments has been resolved.</p>
<p>Ensures that all patients who need a BSL interpreter are given priority so that they attend their appointments on time, meaning that booked BSL interpreters can support patients for the whole consultation, even if clinics over run.</p>	<p>This recommendation will be reviewed against our current practice to see if improvements can be made.</p>	<p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue that BSL interpreters are not always available for the whole of the consultation, even when clinics overrun, has been resolved.</p>

Tracks the quality of interpreter provision.	This recommendation will be reviewed against our current practice to see if improvements can be made.	Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.  Current patient feedback heard by the Trust that demonstrates that the issues around interpretation services have been resolved.
Reviews the management of appointments for clinics that have consistently long running times, to make sure they are being run in the most efficient manner possible.	This recommendation will be reviewed against our current practice to see if improvements can be made.	Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.  Current patient feedback heard by the Trust that demonstrates that the issue of clinic running times has been resolved.

## References and Endnotes

- <sup>1</sup>Leather, P., Beale, D., Santos, A., Watts, J. and Lee, L. (2003). Outcomes of environmental appraisal of different hospital waiting areas. *Environment and Behavior* 35(6), pp. 842-869.
- <sup>2</sup>Ortega-Andeane, P. and Estrada-Rodriguez, C. (2008). 'Environmental evaluation of hospital waiting rooms: Relationships of psychoenvironmental variables'. Proceedings of the Environmental Design Research Association (EDRA) 39, 28 May-1 June 2008, Veracruz, Mexico.
- <sup>3</sup>Yoon, J. and Sonneveld, M. (2010). 'Anxiety of patients in the waiting room of the emergency department'. Proceedings of the fourth international conference on tangible, embedded, and embodied interaction, 24-27 January 2010, Cambridge, Massachusetts.
- <sup>4</sup>Leather, P., Beale, D., Santos, A., Watts, J. and Lee, L. (2003). Outcomes of environmental appraisal of different hospital waiting areas. *Environment and Behavior* 35(6), pp. 842-869.
- <sup>5</sup>Department of Health (2005). 'Now I feel tall' *What a patient-led NHS feels like: Best Practice Guidance*, p. 5. London: Department of Health. At [https://webarchive.nationalarchives.gov.uk/20130123205405/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4124475](https://webarchive.nationalarchives.gov.uk/20130123205405/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4124475)
- <sup>6</sup>Accessible Information Standard: Overview 2017/18. At [www.england.nhs.uk/publication/accessible-information-standard-overview-20172018/](http://www.england.nhs.uk/publication/accessible-information-standard-overview-20172018/)
- <sup>7</sup>Department of Health (2014). Health Building Note 00-01: General design guidance for healthcare buildings. London: Department of Health. At [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/316247/HBN\\_00-01-2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/316247/HBN_00-01-2.pdf)
- <sup>8</sup>A focus group member told us: In Gloucester they have a card which you show to the hospital that explains that you are deaf and living with a hearing disability (deafPLUS focus group member).

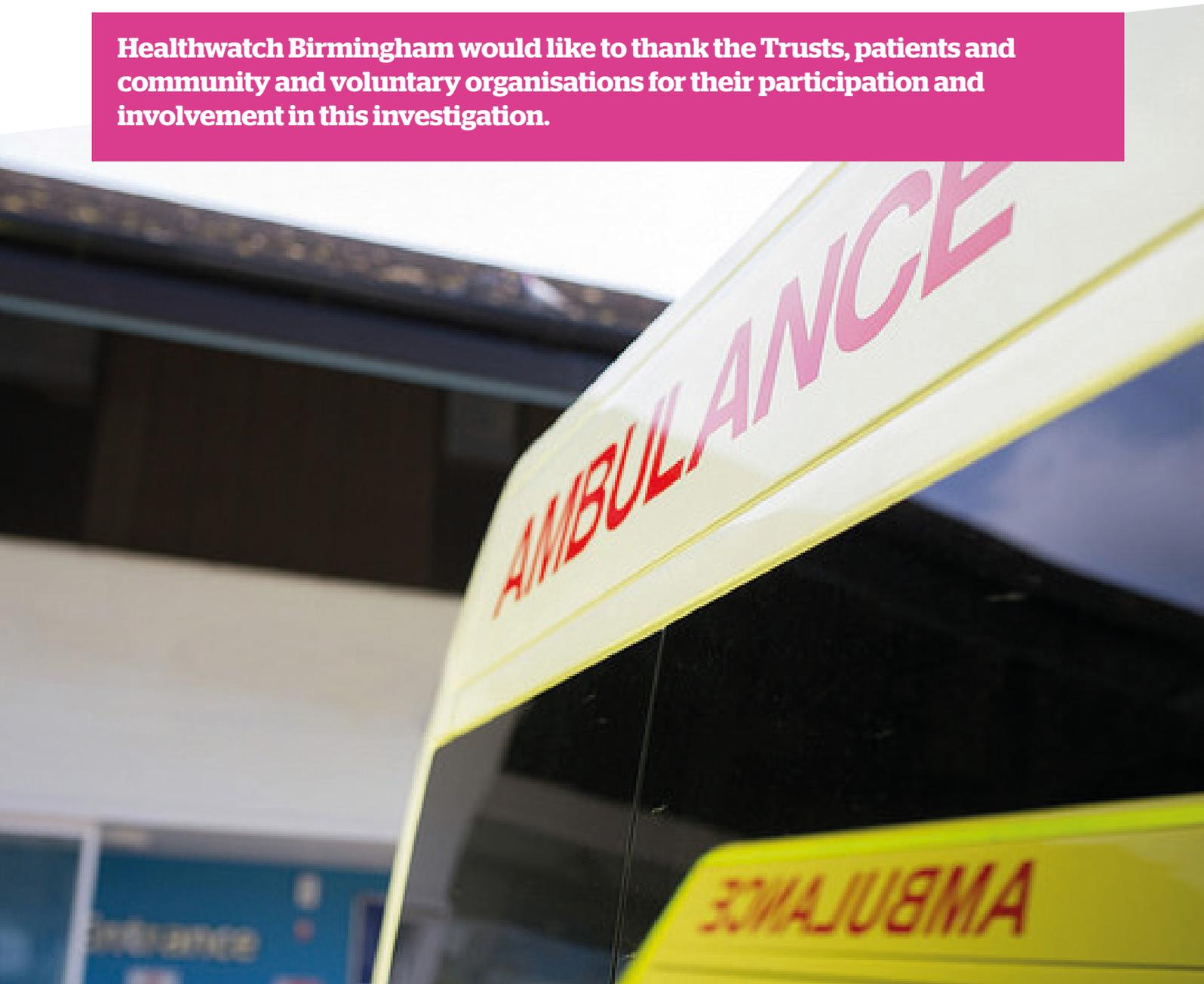
The deaf communication card is a result of partnership working between a local deaf charity, Gloucestershire Deaf Association (GDA) and Gloucestershire Hospitals NHS Foundation Trust to create the cards for deaf patients whose first language is British Sign Language (BSL). The plastic cards help identify patients immediately as deaf and that communication support is needed. It also includes details for the GDA 24-hour-a-day contact line, to help medical staff know how to book a BSL interpreter.

Within these focus groups Healthwatch Birmingham heard first-hand how beneficial deaf people would find such a system as this. They were passionate about the benefits of NHS services investing in awareness and training to ensure staff are disability aware and can communicate effectively with those with a visual or sight impairment.

Deaf Communication Card. Gloucestershire Deaf Association. [www.gda.org.uk/news/deaf-patient-support-cards-strike-a-chord.aspx](http://www.gda.org.uk/news/deaf-patient-support-cards-strike-a-chord.aspx)

**healthwatch**  
Birmingham

**Healthwatch Birmingham would like to thank the Trusts, patients and community and voluntary organisations for their participation and involvement in this investigation.**



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