

Unheard and Underserved: Improving communication for Deaf and hard of hearing people in hospitals

March 2026

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About us

Healthwatch Wolverhampton is the city's health and social care champion.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

Healthwatch Wolverhampton is part of a network of over 150 local Healthwatch across England.



Introduction

Background

Through our feedback system, engagement, and partnership work, we have been hearing from those who are Deaf and hard of hearing about communication issues they face within hospital services. Concerns include a lack of Deaf awareness among NHS staff, and British Sign Language interpreters sometimes failing to attend appointments. We are also learning that Deaf and hard of hearing patients encounter challenges in accessing referrals, booking appointments, being provided with alternative contact methods, and receiving information in accessible formats.

Clear and accessible communication is important when accessing NHS services and treatment. In one report in 2025 a recent poll described that, despite more than three quarters (78%) of NHS staff saying they know how to book communication support for a patient, such as a BSL interpreter, only 7% of people who need a communication support professional to be present to access an appointment say this is always provided for them. This factor may ultimately contribute to patients not understanding important information regarding their healthcare or even being removed from waiting lists and having to rely on family members to translate for them. It is required by law to make reasonable adjustments to remove barriers facing Deaf and hard of hearing people.

According to the NHS Information Centre, 1055 people are registered as d/Deaf and hard of hearing in Wolverhampton, specifically, 310 were registered as Deaf and 745 as hard of hearing. However, according to the Royal National Institute for Deaf People (RNID), 1 in 5 people (or 12 million people) in the UK are Deaf or hard of hearing. The RNID estimates that this is to rise to around 14.2 million by 2035. This further highlights the need to understand Deaf and hard of hearing people's experiences of using hospital services, to address the communication concerns and identify improvements needed.

What we wanted to find out

Locally, we were hearing from Deaf and hard of hearing people facing communication challenges within local hospitals, and we wanted to find out more about their experiences. We aimed to understand their communication needs, the barriers they encounter, and the improvements they believe should be made. We also wanted to gather insights from local interpreters who work with and support those who are Deaf and hard of hearing. We will use this insight to advise those responsible for hospital services on how to develop and improve communication

Through this project, we have been able to give people the opportunity to have their stories heard to help bring about positive change in the local hospital services they use. This report features case studies from some people we spoke with.



Do you face challenges using hospital services as a Deaf or hard of hearing person?

Complete our survey by 20 July 2025

healthwatch
Wolverhampton

What we did

We worked on this project between April 2024 and August 2025, gathering feedback from people at community events and professional meetings, through an online survey, in-depth one-to-one conversations, and structured interviews.

Community engagement

Between April 2024 and August 2025, we went out into the community to engage with people face-to-face in places that were familiar to them and where they would feel comfortable. We also conducted multiple online meetings.

Wolverhampton coffee morning at Glaze Café

We attend a coffee morning for Deaf residents of Wolverhampton at the Glaze Café. This is a self-run group led by Zebra Access that provides Deaf and hard of hearing residents the opportunity to meet up once a month to socialise and share useful information. We were able to have conversations with 3 attendees.



Do you face challenges using hospital services in Wolverhampton as a Deaf or Hard of Hearing person?

We are here to listen to your experiences and make your voice heard. We offer a safe space to share your stories.

Please join our focus group. BSL interpreters attending.
Mon 11 August 2025, 11am to 1pm, at **K Teas Cakes**
4 St Georges Parade, Wolverhampton WV2 1BA

To confirm your attendance
☎ 07415 917766
✉ info@healthwatchwolverhampton.co.uk

Refreshments and food available **healthwatch**
Wolverhampton

Focus group

We hosted an in-person focus group at K Teas Cakes in Wolverhampton on the 11th August 2025. We gained in-depth feedback from multiple participants.

Online conversations

We also attended online meetings with representatives from Zebra Access, Sandwell Deaf Community Association (covering Wolverhampton), and Communication Plus via Teams and Zoom.

Expert advisory groups

We have been part of 2 solution-focused groups, such as the 'Interpretation and Translation Expert Advisory Group' and the 'ICB Strategic Sensory Loss group'.

Online Survey

We ran an online survey between June 18th 2025 to July 27th 2025, and received 20 responses.

Key messages

The key themes that emerged from what people told us centre around the need for accessible information, better communication, and greater Deaf awareness training for NHS staff.

Lack of tailored communication methods: People would like to see more tailored communication methods to accommodate Deaf and hard of hearing patients when navigating all areas of hospital services. For example, letters with QR codes to access the Video Relay System (VRS).

Lack of accessible information: There is not enough accessible and inclusive information provided to Deaf and hard of hearing patients. For example, leaflets and website layouts do not accommodate British Sign Language (BSL).

Staff awareness: There is an apparent lack of Deaf awareness and training among NHS hospital staff. People noted that hospital staff should listen to Deaf and hard of hearing patients' needs and follow and understand the Accessible Information standard.

Shortage of interpreters: Interpreters sometimes do not attend appointments for Deaf and hard of hearing patients. Several reasons are cited for this, such as receptionists not booking interpreters and the national shortage of interpreters. People mentioned relying on family members or using alternative methods to communicate with NHS staff.

What people told us

Case studies: One-to-one conversations

From in-depth conversations we had with people, we gathered feedback that highlights the issues and concerns raised. The testimonies given to Healthwatch Wolverhampton align with other feedback we heard. All names have been changed.

Chris

“My ex-partner had a suspected stroke, and we were in A&E for around 4 or 5 hours. It was a long process explaining his condition and getting scans done. I asked the staff to please book an interpreter to explain any medication he might need and other vital information. No interpreter arrived in the end to sign for him, and I had to use Google to try and explain to my ex-partner what had gone on. I’m not medically trained, and I may have given him the wrong information. Information is so valuable.”

Bethany

“During the Covid-19 pandemic, I visited West Park Hospital to get new moulds for my hearing aids. I arrived before the interpreter got there, so I informed the reception staff that I needed to lip-read. However, they told me they couldn’t remove their masks. Since I was in an audiology appointment, I felt the staff should have made accommodations for the type of patients using that service. As a result, I submitted a complaint. I also expressed concerns about how one of the nurses ignored my requests during my appointment. The nurse was seated across the table, so I requested that she sit to the side so I could see the interpreter, but she didn’t. I did receive a response from the hospital stating that they had taken disciplinary action against that nurse. I believe all NHS staff should receive Deaf awareness training.”

Rebecca

“Last year, I had to wait 7 hours in New Cross Hospital’s A&E to be seen. While I was waiting, I asked the staff to check if an interpreter was available, but they told me that none were available at that time. I wasn’t angry with the hospital staff because they did try, but I was frustrated with the situation. I ended up resorting to handwriting notes to communicate with the hospital staff since I was unable to speak due to a chest infection. The staff seemed a little bit annoyed with me for having to write notes to communicate with them. I just wanted to tell them, my ears don’t work, so you must (communicate that way).”

Sam

“For the last 3 years, I have been suffering from gallstones. The GP referred me to the hospital, and my first appointment was in December 2022. I was told that an interpreter had been booked by the hospital, but I brought my daughter just in case they didn’t arrive. When we arrived at the hospital, I asked if the interpreter had arrived, and the hospital staff assured me they were on their way. My daughter supported me through BSL and lip reading, but the doctor needed my consent for the operation to remove the gallstones to proceed.

I told the health practitioner that I could verbally consent, as I can speak, but they wouldn’t accept it; they explained that only an interpreter could consent on my behalf. I was also confused about why I couldn’t give written consent. Forty-five minutes later, the interpreter arrived, but the doctor was no longer available to continue the appointment. I was very disappointed with the Interpreter.

I was able to access a second and third appointment, but this time, my appointments were cancelled due to interpreters not being booked. I thought the hospital would take it further, as I was now under their care. I brought this up with my GP, letting them know my situation. The receptionist at the GP informed me that I had been removed from the waiting list because I had missed three appointments. I told them that I had attended the appointments, but it was the interpreter who did not arrive. After some time, the GP at the hospital intervened and reinstated me on the list.”

Maddison

“In 2024, I went to New Cross Hospital for surgery to have my wisdom teeth removed. Before the surgery, three different consultants asked me the same set of questions multiple times. This made me feel stressed and worried. The interpreter I was with noted that they kept repeating the same questions. By this point, I was already tired, and I knew I had given the consultants all the information they needed. I was okay with clarifying things twice, but it was overwhelming to do it.

I also repeatedly expressed my concerns to the hospital staff about the need for a qualified interpreter to help me fully understand the reasons for my surgery and to assist me in signing the consent forms. I found myself wondering why the interpreter service had sent a trainee interpreter. This situation made me feel quite anxious. It shouldn’t have happened.”

Zoe

“In March 2025, I went to New Cross Hospital’s urgent care with a bruised wrist. I texted an interpreter service as I was on my way to the centre, but I received no reply from them. When I arrived at reception, I told the staff that I was Deaf and needed an interpreter, and they said they would. I kept asking, and they just kept telling me ‘Soon’. I was unaware whether an interpreter was booked or not. I was eventually seen, but there was no interpreter, and I only got to see the doctor for around 5 minutes. The staff also wore masks and wouldn’t take them down, so I couldn’t lip-read. I asked if we could write everything down, but they refused.”

After listening to their stories, we asked the group what changes and improvements they would like to see in hospital services to accommodate their communication needs. These were some of their responses:

“There needs to be alternative contact options. I think that letters from hospital services should include an email address or a QR code to allow Deaf patients to easily contact staff by Video Relay Services and access information, understand their options, and change appointments.”

“For some Deaf individuals, English is not their first language. While speakers of other languages can receive information in their language through leaflets and online, there is no clear provision for British Sign Language (BSL). British Sign Language is the fourth most spoken language in the UK and is enshrined in UK law.”

“It would be helpful for Deaf patients if their name appeared on a screen, since they wouldn’t be able to hear the loudspeaker, or if staff members came out and called their name. People have missed their appointments before because of this. I do feel this [loudspeaker] is an invasion of privacy for everyone – Deaf or hearing.”

“It could also be useful if Deaf patients were given a vibrating pager, like the ones available in restaurants. It can be especially helpful if a Deaf patient needs to go to the bathroom while waiting to be seen.”

“They need to update their hospital system to notify staff that a patient is Deaf.”
“At the end of every appointment, doctors should give a full summary letter to the Deaf patients.”

“Doctors should always ask at the end of the appointment if the Deaf patient has understood everything that has been talked about.”

“Signs in hospitals need to be clearer. English is my third language, and big words, or different words, can throw me off.”

“It would be a dream to have an in-house interpreter. They used to do it years ago.”
“All the interpreters that hospitals use need to know medical terminology.”

Online survey results

The 20 responses we received through our online survey reinforced the issues raised during the more in-depth one-to-one conversations that took place during our community engagements.

1. Which of the following would you describe yourself as?

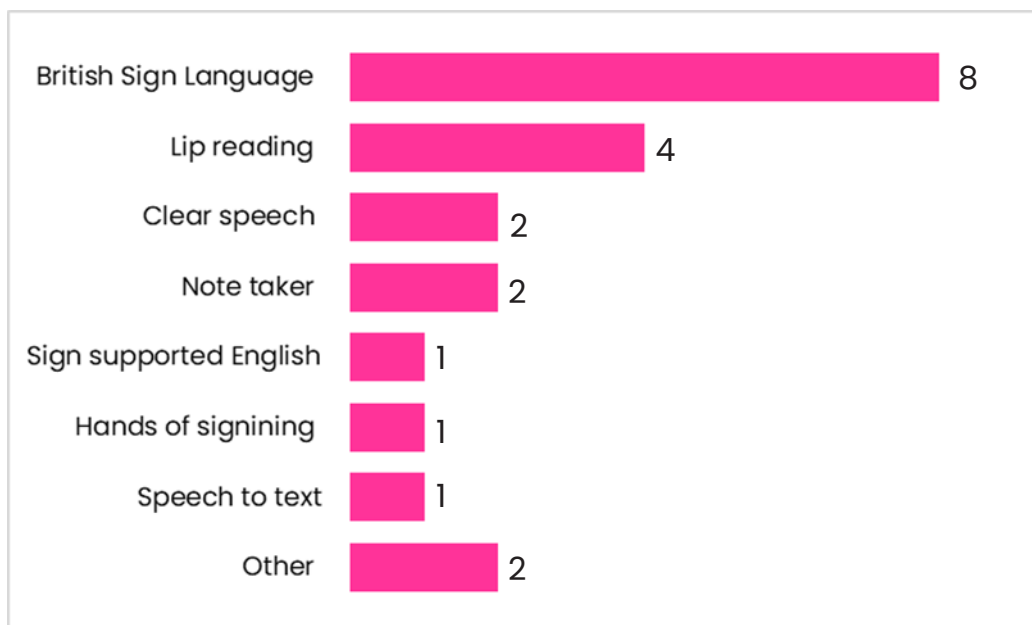
As a multiple choice question, 33 options were selected from the responses of 20 participants. 5 respondents were relatives of someone who is Deaf.

I am or have....	No. of responses
Profoundly Deaf	7
Hard of hearing	5
Relative of someone Deaf or hard of hearing	5
Severe hearing loss	4
Hearing aid user	4
Tinnitus	4
Deafblind	2
Cochlear implant user	1
Other	1

For those who selected other, 'not medically diagnosed but struggles to hear' was mentioned.

2. What communication support do you need when accessing hospital services?

As a multiple-choice question, there were 21 choices selected from 20 participants.



3. Have you ever needed to request support during a hospital visit to ensure your communication needs were understood and met?

Answer	No. of responses
Always	5
Very often	5
Sometimes	4
Rarely	1
Never	5

Twenty people answered this question. Below is a selection of comments received

“Mum is 89 and Deaf. Staff don’t understand that she has become Deaf with age, so she doesn’t know British Sign Language. She also often nods when she doesn’t know what she is nodding for, and staff don’t follow up to check that she has understood what she is nodding for. This has caused issues with medication, food, and general well-being.”

“I have had to contact the hospital to ensure there will be an interpreter, and often this was given.”

“I always need to bring someone who knows me and my health well to advocate for me.”

“My mother has severe hearing loss and uses a hearing aid (she had to buy an expensive one privately – NHS wait was too long, potential NHS hearing aid would not have been effective enough, mother started to struggle with depression because of

isolation from lack of hearing). My sisters and myself accompany our mother to all appointments. We have good hearing and English Language skills (Mother speaks Punjabi as her first language).

“In the past, there was never an interpreter, but now they are usually booked.”

4. Have you ever relied on a family member or friend to interpret for you during a hospital appointment?

All 20 people answered this question. Six people left detailed responses.

Answer	No. of responses
Always	8
Very frequently	1
Rarely	1
Very rarely	2
Never	3
Non-applicable	5

“Our family member is always accompanied by another family member.”

“As daughters, we interpret for our mother.”

“They will cancel (appointment) without asking, then reschedule for a date I am not available for, which means more of my annual leave is wasted”

“It happens often”

“I use my partner to support, as I don’t trust the hospital to have the booking correct”

“Appointment went ahead despite struggling to understand what was being said”

5. Have you ever received confirmation from a hospital that an interpreter has been booked for your appointments?

Twenty people answered this question. Five people left detailed feedback

Answer	No. of responses
Sometimes	2
Never	8
No appointment in the past 2 years	1
Not applicable	9

"I have to contact the hospital to check if someone has been booked and confirmed".

"Unless you keep in touch with the department, you don't know."

"The hospital has never asked me if I need one. It needs to be on my NHS file as Deaf, and they need to ask what my preferred communication is".

"Sometimes, during relay communication. Yet sometimes I do not feel confident that the reception has input my request for a British Sign Language interpreter. I must check and repeat that a British Sign Language interpreter has been booked."

"It would be nice if they could let me know by text message or through a letter. That's the reason why I asked someone to call for me to make sure they have booked an BSL interpreter. Otherwise, I would waste my time going to the hospital and find out there's no BSL interpreter".

6. In the past 2 years, have you ever had an appointment cancelled because an interpreter was not available?

Eighteen people answered this question. 56% of respondents selected not applicable. **This could be due to patients relying on family members to interpret for them.**

Answer	No. of responses
Always	2
Very often	1
Sometimes	2
Rarely	1
Never	1
No appointment in the past 2 years	1
Not applicable	10

7. Do you know how and where to submit a complaint about a hospital's service?

Eight people said yes, 8 people said no, and 4 people said they were unsure.

8. Are you aware that you can have a longer hospital appointment for communication reasons?

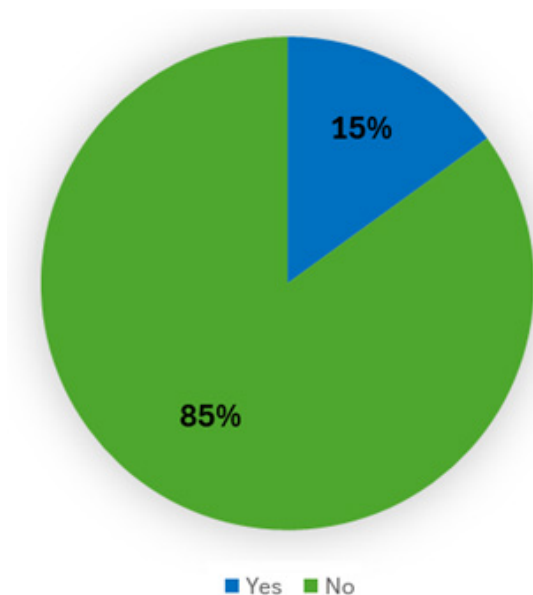
Three people said yes, and 17 said no. Four people left feedback

"I have asked for more time but have been told I cannot be allocated a longer appointment, so I feel rushed."

"Not aware"

"Not seen any notification or mention of this."

“Didn’t know”



9. Are you aware of the NHS Accessible Information Standard (AIS) and what information and support it offers?

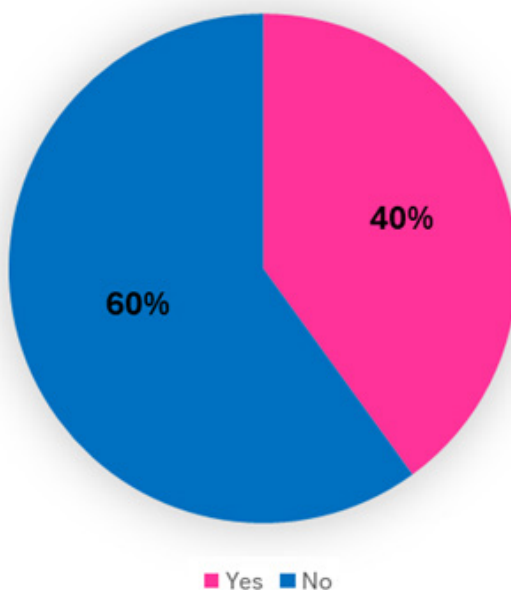
Eight people selected yes, and 12 people selected no. Four people left detailed feedback.

“Black Country Healthcare Foundation Trust and a lot of GPs ignore the AIS.”

“I don’t think the majority of NHS staff are aware of the AIS, as I have to explain their policy to them often.”

“I don’t think it is working as it starts from reception to consultation to treatment to after care.”

“Not met by GP services”



The NHS Accessible Information Standard (AIS) aims to make sure that people who have a disability, impairment, or sensory loss get information they can access and understand, and that they get any communication support they need from health and care services.

Services are required in law to provide alternative formats where required, such as braille, large print, and easy read. They must also support people to communicate, for example, by arranging a British Sign Language (BSL) interpreter, a Deafblind manual interpreter, or an advocate

Learn more about the AIS on: <https://signhealth.org.uk/resources/ais/>

10. What is working well within the hospital service?

Twelve people responded with feedback to this question. This response summarises the various comments we received in response to the question.

“Staff are nice; however, they don’t always appreciate the difficulties of being hard of hearing and may raise their voice but still talk really fast, and sometimes it’s not the volume but the tone.”

11. What could be done to improve the hospital service?

Sixteen people responded with feedback to this question. The responses were analysed, and the following key topics were highlighted regarding what improvements people would like.

Communication and provision of information

- Confirmation of the BSL interpreter to be presented in a letter or text message to patients.
- Video Relay Service used for emergency appointments to help reduce stress and anxiety
- Patients to receive a number tag to help interpreters and Deaf clients identify who is who.
- Video Relay Service available at reception for Deaf patients to check in.
- Hospital receptions need to be more visually friendly

Staff training

- Compulsory Deaf awareness training for all NHS staff.
- Staff to follow and understand the AIS.

Deaf awareness

- Make it clear on patient records that the patient is Deaf or hard of hearing.
- Doctors to give Deaf patients extra time in consultations and to give a clear summary of what was spoken about at the end.

Other feedback

We also gathered specific information and spoke to British Sign Language Interpreters who work closely with Deaf and hard of hearing patients.

We reported their feedback, which aligns with those identified through this project, as illustrated by the following interviews.

Interview with British Sign Language interpreter

Could you tell me a bit about yourself and why your interpretation service was set up?

“I have been interpreting for around 25 years. I learnt sign language because my best friend’s second child was born Deaf and I wanted to be able to communicate with him.”

“Our service was set up a few decades ago because we found there was no access to twenty-four-hour support for the d/Deaf community. Back then, there was no service provision, especially in hospitals. Deaf people wouldn’t be able to access an interpreter after 5pm in NHS services, so that’s why we set up our service, and we provide services at Cannock and New Cross Hospital.”

What is it like being an interpreter?

“Ups and downs, to be honest. It can be very emotional when you first start. You often go to appointments, and all you are given is the name of the patient, a time to meet them, and the venue, so we don’t have any background information, and you have no idea what you are going into. We could be going into an appointment that has end-of-life news, and we are not made aware of that.”

“For some interpreters, it can be quite a traumatic job. I think that the older you are, the more you are used to it, but for young interpreters, it’s quite tough because they probably haven’t come across these scenarios before. You can go from interpreting at a birth in the morning to interpreting at a funeral in the afternoon, the job is so vast and so wide, you just don’t know what you’re going into half the time.”

“New Cross Hospital is one of the best hospitals in the whole of the West Midlands, regardless of what you have heard. They are brilliant because they will inform you of the patient’s condition or let you know if it is a cancer appointment, which enables you to know what to expect, making our job easier. However, 99% of the time at other hospitals, it is whoever is making the appointment who just never tells us about the information regarding the patient.”

What is the current state of the national and local interpreter industry now?

“I don’t know whether you are aware, but there is a national shortage of interpreters. The latest statistics say there is 1 interpreter for every 500 Deaf people. Our numbers are just not there, and it’s affecting the whole of the UK.”

“There aren’t enough training centres in the UK. There is one in Bristol, London, and Derby. It’s also very expensive to train people, and it takes five years to qualify, and you must be committed to learning sign language. If you want to specialise in

mental health, for example, it takes 7 years. Learning BSL is not attractive anymore. For example, the University of Wolverhampton usually gets around 30 students enrolled in Deaf studies, and the last I heard, it was around 15.”

“I think that because when we were in the European Union, we received a lot of funding, so colleges and universities benefited from this. When we left, we lost all that financial support to train the next generation of interpreters.”

“We have got a big team, and we are flexible. If hospital staff forget to book an interpreter, we can flex around the team to cover that appointment. But there are times when we may have to turn down 10, 15 jobs a day.”

To your knowledge, have your clients ever experienced any communication barriers accessing or using local hospital services?

“I was with a d/Deaf patient a couple of weeks ago, and she had been in the hospital for three weeks with no interpreter. From my knowledge, she had undergone major surgery. When she visited her GP after the surgery, they asked her if she knew what had happened to her. She replied that she had no clue what surgery she had.”

“Overall, people can’t access their GP and hospital appointments. We get a lot of texts from Deaf people asking where their interpreter is, because the hospital hasn’t booked one. I feel awful when I receive these messages, because you know that a Deaf person needs an interpreter. It’s also frustrating because we are aware of the barriers they face, the mental health issues, and the isolation, and all I can do is watch this happen; it makes me feel guilty.”

Have you seen any improvements?

“It has improved slightly, but we are still not there yet. There is still a lack of awareness. For example, I still get asked by receptionists at NHS services if the Deaf patient can call them, or if I can call them. They just don’t understand.”

Do you have any suggestions that you would like to share on how we can improve hospital services for Deaf and hard of hearing patients?

“Hospital staff should be presented with basic Deaf awareness training. We have done a couple of sessions at New Cross Hospital, but the turnover of staff was low. I am aware that hospital staff are under a lot of stress and work very hard, so I think Deaf awareness should be in their overall training, and not a separate course.”

“Information needs to be accessible. For example, flyers about different types of cancers are not accessible to Deaf people. We need to be aware that English is not their first language; it is quite often their second language. In Nottingham, we have translated part of their NHS website into sign language, so it is accessible for d/Deaf people.”

“NHS organisations need to use the right access services and ensure that they are using interpreters with the right qualifications. I know of one agency in Wolverhampton who do not use qualified people. They use people who are only level 2 or level 3 in sign language. If an unqualified interpreter who only understands basic sign language were to give the wrong information to the Deaf person, this could lead to serious health consequences.”



Conclusion and recommendations

We have analysed what people have told us through community engagement, case studies, and our survey. Through our research, we have identified a lack of tailored communication support and accessible information for Deaf patients. We have also identified staff potentially not booking interpreters, a shortage of interpreters, and patients not receiving confirmation that interpreters have been booked. As a result, patients may be relying on their family and friends to be interpreters. We recommend the following actions to help those responsible for hospital services in Wolverhampton.

Information and communication

It is crucial to ensure that all Deaf and hard of hearing patients can access accurate information, and for hospital services to communicate in ways that are suitable for the patient. Disparities in the information they receive and the current communication methods available can lead to health inequalities. Receiving information that they cannot actively respond to, attending appointments without an interpreter, GPs not clarifying to hospitals that referral patients are Deaf, unqualified interpreters, or having healthcare practitioners who do not clearly summarise or explain information can negatively impact a patient's health and well-being.

We recommend:

- Letters, whether physical or electronic, should include alternative contact methods, such as email addresses, an option for VRS service, and phone numbers for text communication.
- Letters should inform patients if an interpreter has been booked for their appointment.
- Review the frequency of communication between hospital staff and the interpreter agencies when finalising a booking for an interpreter.
- Assess interpreter agencies to ensure they are using interpreters with the appropriate qualifications to work in medical settings.

- Patients' medical records to be clearly labelled (flagged digitally) if they are Deaf or hard of hearing.
- Hospital reception and all appointment letters should inform Deaf and hard of hearing patients that they can request extra time for their appointments before the appointment. (Interpreter agencies must be aware of any extra time requirements.)
- Summary letters of appointments to be sent to Deaf and hard of hearing patients.
- Design a simple identification system e.g. a number tag system which would help the interpreters and Deaf clients identify who is who.
- Work with Primary care e.g. GP surgeries to improve what information is shared about patients accessibility needs when there is a referral, so that hospital staff are aware that the patient is Deaf and needs an interpreter.
- Review and make accessible the PALS complaint service because it is essential that Deaf patients can raise a complaint and leave positive feedback and feedback where there is room for improvement.

Awareness

From conversations we have had with people during our community engagements and online conversations, we heard about the lack of Deaf awareness from hospital staff that Deaf and hard of hearing patients have faced when using hospital services. This can act as a barrier to people who are Deaf or hard of hearing accessing the healthcare they need. This could also contribute to health inequalities and mental health problems.

We recommend:

- Mandatory Deaf awareness training for all staff to help them understand the challenges faced by Deaf and hard of hearing individuals and to equip them with the skills to communicate effectively with their patients. This could be organised with specialist communication services. (see services for further support)
- Working with Deaf and hard of hearing people to design and deliver information and educational resources on Deaf awareness, for use in NHS health care settings. For example, information leaflets or presentations to address the communication barriers identified in this report.

Support

A variety of support services is essential for helping Deaf and hard of hearing individuals acquire and develop the skills and social connections they need to navigate daily life and access hospital services. Some patients may not be aware of the support groups available in Wolverhampton and the Black Country.

Support groups offer individuals the chance to connect with others who are experiencing similar challenges. They also facilitate the exchange of valuable information and provide services, events, clubs, and activities that can help reduce feelings of isolation. This, in turn, may contribute to improved mental health.

We recommend:

- A review of what local language service groups are available for Deaf and hard of hearing patients, followed by staff members signposting people who are unaware of these support groups in the local community.

Next steps

We have shared this report with Royal Wolverhampton Trust (RWT) to inform them of the communication barriers that Deaf and hard of hearing people face when using NHS hospital services in Wolverhampton.

Stakeholder response

On behalf of The Royal Wolverhampton NHS Trust, I wish to convey our sincere appreciation for the comprehensive report you have produced on the needs of deaf people. The depth of analysis and the clarity with which the findings are presented reflect a commendable commitment to advancing understanding and promoting inclusivity.

Your work provides an invaluable evidence base that will inform policy development, service provision, and advocacy efforts. By highlighting both the challenges faced and the opportunities for improvement, the report makes a significant contribution to ensuring that the rights and aspirations of deaf individuals are recognised and addressed.

The Trust will look to work with yourselves on the best course of action to assist in resolving / mitigating these issues for our deaf community.

We are grateful for your dedication to this important area of patient feedback and for the leadership you continue to demonstrate in fostering a more equitable society. Please accept our thanks for the professionalism and care evident in this publication.

Joe Chadwick-Bell, Group Chief Executive, Royal Wolverhampton NHS Trust

Thank you

We would like to express our gratitude to everyone who shared their experiences with us during our community events, through our survey, and in interviews for our case studies. We want to give a special thanks to Zebra Access, Sandwell Deaf Community Association (SDCA), and Communication Plus. Hearing your stories has helped us understand some of the key communication challenges that Deaf and hard of hearing patients face when using local hospital services. This insight has enabled us to identify areas for improvement. We also want to extend our thanks to all the volunteers who contributed to our community engagement efforts.

Further reading

- 1. Zebra Access:** Based in Wolverhampton, Zebra Access supports Deaf and Hard of Hearing individuals by providing role models, promoting self-belief, and breaking down barriers. They offer services, events, clubs, and activities, as well as Deaf Awareness and BSL training for organizations and individuals.
- 2. CommPlus:** Offers language service professionals, including BSL/English Interpreters, translators, and Interpreters for people who are Deaf, hard of hearing, and Deafblind.

- 3. Sandwell Deaf Community Association:** Based in West Bromwich, SDCA offers advice and consultancy, advocacy, information service, and training on Deaf Awareness and Deaf Equality.
- 4. Royal National Institute for Deaf People (RNID):** Tips for GP practices and Information from the Royal National Institute for Deaf People (RNID)
- 5. Communication Access UK:** Developed by charities and organisations that share a vision to improve the lives of people with communication difficulties. This initiative is led by the Royal College of Speech and Language Therapists and includes the Communication Access Symbol (a new disability access symbol underpinned by a completely free training package and standards).



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