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## **Practice Guidance**

# **Guiding Principles of Deaf Awareness in Healthcare Settings for Adults**

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## General foreword

This document presents Practice Guidance by the British Society of Audiology (BSA). This Practice Guidance represents, to the best knowledge of the BSA, the evidence-base and consensus from hearing health professionals, people with hearing loss and deafness and their advocates on good practice, given the stated methodology and scope of the document and at the time of publication.

Although care has been taken in preparing this information, with reviews by national and international experts, the BSA does not and cannot guarantee the interpretation and application of it. The BSA cannot be held responsible for any errors or omissions, and the BSA accepts no liability whatsoever for any loss or damage howsoever arising. This document supersedes any previous statement on adult rehabilitation by the BSA and stands until superseded or withdrawn by the BSA.

An electronic copy of the anonymised comments received during consultation and the responses to these by the authors is available from BSA on request.

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## Scope

Scope of document: This document is intended for all professionals working within healthcare settings however may be of benefit to a wider audience. The BSA have produced this guidance in support of improving healthcare services for adults, including audiology services, for those who are Deaf or with hearing loss, however inclusive communication approaches, including accessible information, can be beneficial for everyone, not only those who are Deaf or with hearing loss'. Although some of the strategies here can and should be implemented for adults who are deafblind this population has additional communication requirements which need to be considered. Please refer to <https://deafblind.org.uk/> & <https://www.sense.org.uk/information-and-advice/conditions/deafblindness/> for more information.

## Terminology

The BSA notes that the language of Deafness is an evolving area. The abbreviation 'PDHL' is used throughout this article to describe 'People who are deaf or have hearing loss', including those that identify as Deaf, deaf, deafened or hard of hearing. Deaf is used here to denote people with congenital or childhood-onset hearing loss who primarily communicate using sign language and often identify as being members of the Deaf community. Members of this community have their own unique rich culture and history (British Deaf Association, 2015). In the UK, British Sign Language (BSL) is a legally recognised language and is protected in law via the BSL (Scotland) Act (2015) and the BSL Act (2022).

## Useful tools and resources

A table of useful tools and resources to support deaf awareness in healthcare settings is provided on **page 22**.





## 1. Introduction

Effective clinician-patient communication is critical for patient care. Deaf awareness ensures that healthcare providers understand the communication needs of PDHL, leading to improved communication and better health outcomes.

Deaf awareness is vital within the UK NHS to:

1. Meet legal obligations
2. Reduce health inequalities
3. Support a cost-effective health service
4. Improve patient satisfaction with care
5. Provide safe patient care

Problems with communication within health and care settings can lead to medical errors, compromised safety, and a reduction in patient trust (Smith et al., 2020). Both published research (Jama et al., 2019; Parmar et al., 2022) and a recent report by RNID (RNID, 2024) shows that issues with Deaf awareness also extend to NHS audiology and ENT services, (Hulme et al, 2021, 2022, 2023) where healthcare providers are acutely aware that the vast majority of people attending services are PDHL.

The Accessible Information Standard (AIS) was introduced in 2016 to improve accessibility and inclusivity in healthcare. In 2021 a coalition of charities, including RNID and SignHealth, compiled a report on the experience of PDHL and professionals on the impact of the Accessible Information Standard (AIS) (SignHealth, 2021). The findings indicate that problems with communication remain, despite a legal requirement in England and Wales to implement AIS which enable people to access their right to healthcare. Most PDHL did not have an accessible method to contact their GP, had had an appointment where their communication needs were not met and had rarely or never received information in other formats. One in three health and social care providers were unaware or unsure of the existence of the AIS.

In 2024, the BMJ published an article entitled 'The NHS is failing deaf people' with a call for urgent changes needed to policies, practices, and professional training across the UK NHS (BMJ, 2024). This article outlines an immediate need for clear and appropriate guidance to ensure that all services are able to meet the needs of the Deaf community and PDHL.

In response to limited empirical research in this area, the British Society of Audiology Adult Rehabilitation Special Interest Group (BSA ARIG) received funding from the ENT UK Foundation to conduct a national survey to better understand deaf awareness, accessibility, and communication across the UK NHS (Parmar et al., 2025), which led to the development of this guidance. This practice





guidance and the underpinning research has been developed in line with the best available evidence and in consultation with PDHL.

## 2. Background

In the UK, more than 18 million people live with hearing loss (Akeroyd & Munro, 2024). Hearing loss was the third leading cause of years lived with disability worldwide in the 2019 Global Burden of Diseases, Injuries, and Risk Factors Study (GBD 2019 Hearing Loss Collaborators, 2021). People who are described as deaf (lower case 'd') experience hearing loss that could be present from birth, or due to injury, disease, or hair cell loss via noise exposure, or degeneration over time. They typically view themselves from an audiological or medical perspective and often use spoken language. Deaf (upper case 'D') individuals typically have congenital or childhood-onset hearing loss who primarily communicate through the use of sign language and often identify as being members of the Deaf community. Members of this community have their own unique rich culture and history, and do not view their Deafness as a disability (British Deaf Association, 2015) in line with the social model of disability, which asserts that people are disabled by barriers in society, not by their impairment or condition (Oliver, 2013). Some individuals who acquire Deafness may also use sign language as their preferred language. The 2021 census data for England and Wales reports 22,000 people who use British Sign Language (BSL) as their main language (ONS, 2021). However, this is likely to be an underestimation given that the survey was in English, not BSL. The British Deaf Association estimate that there are approximately 151,000 BSL users in the UK, which includes 87,000 Deaf BSL users and 64,000 hearing people who use BSL (British Deaf Association, 2024).

**Deaf awareness in the NHS is important not only for people who are d/Deaf, but for anyone with diagnosed or undiagnosed hearing loss, which may or may not be disclosed or documented. Furthermore, good communication practices that arise from deaf awareness can benefit everyone. It is therefore important to consider every individual's communication needs regardless of their hearing status within each and every healthcare interaction.**

### Legal obligations

It is important to know the legal framework on accessible information for your country and area of practice to ensure legal compliance with existing legislation – **this is not the same across the UK or internationally.**





The Equality Act 2010 which applies in England, Wales, and Scotland, and the Disability Discrimination Act 1995, which applies in Northern Ireland, offers protection against discrimination to people with protected characteristics, including disability. People with deafness and hearing loss are legally entitled to access the same standard of services as their hearing counterparts, and health service providers are required to make reasonable adjustments to enable this (NHS England, 2010).

## England

The Accessible Information Standard (AIS; NHS England, 2016) was introduced in England in August 2016 to improve accessibility and inclusivity in healthcare. An update to AIS was published in July 2025 - <https://rnid.org.uk/2025/07/the-updated-accessible-information-standard-what-you-need-to-know/>. All NHS England care or other publicly funded adult social care providers must meet the terms of the AIS. The standard requires services to identify and record the communication needs of individuals with disabilities or sensory impairments, ensuring that they receive information in a format they can easily understand and access. This applies to both written and digital information, including letters, leaflets and websites. It may also include providing communication support, and steps to ensure equity, inclusion and effective communication, including alternative formats to spoken language such as audio recordings or speech-to-text services. Registered BSL/English interpreters are a rights-based necessity for those whose first language is BSL as their main language (or Irish Sign Language in Northern Ireland). During Care Quality Commission (CQC) inspections in England, services are asked how they are meeting the AIS.

Section 95 of the Health and Care Act 2022 provides new powers to the Secretary of State to enforce Information Standards across the NHS. This includes the power to 'require a person to provide the Secretary of State with documents, records or other information for the purposes of monitoring the person's compliance with information standards'.

## Scotland

Scotland currently does not have clear legal protections for inclusive communication, though both the Equality Act 2010 and the BSL (Scotland) Act 2015 set useful precedents. The Scottish Government have commissioned an Inclusive Communication Toolkit to support public services in providing accessible information. This is scheduled for publication in 2026.





## Wales

In 2013, the All Wales Standards for Information and Communication for People with Sensory Loss were introduced specifically to address the barriers to accessing care. An update to the All Wales Standards was published in September 2025 - <https://www.gov.wales/written-statement-all-wales-accessible-communication-and-information-standards>.

## Northern Ireland

In Northern Ireland, NHS services must comply with the Disability Discrimination Act 1995, rather than the Equality Act 2010. Services must make reasonable adjustments for deaf, deafblind and disabled people.

## Health inequalities

Failures in communication can lead to misunderstandings, with implications for all areas of care, in particular diagnostic and therapeutic aspects which often rely on the assumption that relevant information is heard and understood (McKee et al., 2022).

Hearing loss can interfere with the ability to exchange important health information. It also makes it difficult for people to engage in health decision making (Morner, 2017). This can lead to poorer quality of care (Mick et al., 2014) and inaccessible health information, making it difficult for people with hearing loss to successfully navigate health care (Chang et al., 2018; McKee et al., 2015).

Similarly, poor communication or a lack of accessible communication (such as BSL/English translation) can result in significant health inequalities including gaps in health knowledge, putting Deaf people at a higher risk of marginalisation (Kuenburg, 2015; McKee et al., 2022; Rogers et al., 2024). This is particularly pronounced for Deaf individuals with additional health needs that could further affect communication, such as those living with dementia (Flower et al., 2024; Henshaw et al., 2023).

Collecting information about hearing loss and communication needs upfront enables healthcare systems to be more proactive in arranging necessary accommodations or communication requests (McKee et al., 2022).





## Cost-effectiveness of the service

People with hearing loss make and attend more healthcare appointments than people without hearing loss (Stevens et al., 2019). However, they may still be underutilising available services due to problems with communication and access to health information (Green et al., 2001). Additionally, the healthcare they receive is often not designed to meet their needs (Reed, Altan et al., 2019).

Hearing loss is associated with higher hospitalisation rates across all age groups, and middle-aged to older adults with hearing loss have higher healthcare costs compared to people with normal hearing (Simpson et al., 2019, JAMA). People with untreated hearing loss are also at higher risk of longer hospital stays (Mitra et al, 2020; Reed, Altan et al, 2019).

Improving communication could help alleviate additional demands on services for this population. Yet, a systematic review shows that three-fourths of published studies on physician-patient communication do not take hearing loss into account (Cohen et al., 2017).

## Patient satisfaction

People with hearing loss report decreased satisfaction with, and inadequate, health care services (Barnett et al., 2017; Mikkola, 2016; Reed et al., 2019). Within the SignHealth review of the NHS AIS (SignHealth, 2021), Deaf patients reported their needs repeatedly not being met, impacting their access to information, wellbeing, and right to privacy:

*“Fed up always having to argue and say it’s my right to have an interpreter - why have they for 18 years wanted my family to interpret for me! My health is my business.”* (Deaf patient)

The prior survey (Parmar et al., 2025) identified that patients with hearing loss were chronically frustrated by the constant requirement to advocate for their communication needs:

*“Making me feel like I go to war every time I have a medical need”.* (35-year-old female, mild-moderate hearing loss, hearing aid user)

This had a direct impact on emotional wellbeing,

*“[I feel] humiliated by professionals that don’t speak clearly. It makes me extremely anxious to the point it affects the quality of the appointment”* (35-year-old female, severe hearing loss, hearing aid user).

*“Sometimes I have left appointments upset due to lack of consideration of hearing impairment”* (46-year-old female, mild hearing loss, hearing aid user).

With challenges faced often leading to healthcare avoidance,





*“Tell them all to stop shouting. I find them all really impatient and aggressive. I dread going to hospital” (63-year-old female, severe hearing loss, hearing aid user)*

*“With the GP I find it so difficult and feel so upset by their behaviour that I don’t want to follow up my health needs” (69-year-old female, profound hearing loss, hearing aid user).*

*“The way I have been treated whenever I have needed to attend either a hospital or doctor’s appointment makes me scared to go on my own and I tend to avoid contacting the health services even when it’s likely I need them” (44-year-old female, moderate hearing loss, hearing aid user).*

This disempowerment, that ultimately leads to the avoidance of further health care (Barnett & Franks, 2002; McKee et al, 2011), can be readily addressed by reframing health care to proactively meet the needs of people with hearing loss and those who are Deaf (McKee, 2022).

### 3. Recommendations for Practice

Below we provide recommendations for clinical practice across all healthcare settings. These suggested approaches to improve communication and access to healthcare for PDHL will also be helpful for the wider population.

**The included recommendations are best practice and should be done as standard; however, it is important to recognise that everyone’s communication needs are unique and that healthcare professionals (HCPs) should ask/confirm with the individual their preferences for communication support at the beginning of any interaction, and record this appropriately, to ensure that the individuals’ needs are being met immediately and during any future interactions.**

The section is separated into three parts based on the needs identified in Parmar et al., (2025) through 1. accessing healthcare, 2. issues relating to the waiting area, and 3. best practice in consultations with PDHL and their families.

The recommendations provided are to try to reduce the barriers that PDHL face, educate HCPs around the ways in which PDHL communicate. If implemented, these recommendations should lead to improved understanding, communication, and outcomes for PDHL, as the nature of communication between a healthcare practitioner and their patient influences the patient outcomes. (Greness et al., 2015).





Please note that some PDHL will also present with vision loss. If a person has dual sensory impairment, then further communication support may need to be put in place. These recommendations are outside of the scope of this document but HCP are directed to:

- <https://www.sense.org.uk/>
- <https://deafblind.org.uk/>

All recommendations stated here fall under the ‘reasonable adjustments’ for the Disability Discrimination Act (1995) <https://www.legislation.gov.uk/ukpga/1995/50/contents> and AIS (NHS England, 2025). The current system relies on patients advocating for themselves but there should be an onus on the NHS and other HCPs to consistently understand each patients’ communication needs and ensure that they are supported.

### 3.1 Accessing Healthcare Services

**Accessibility is fundamental to care provision. For care to be successful it is essential that the patient can communicate with and understand the HCP and the information they provide both prior to and during attendance at services.**

Patients describe the lack of uniformity in the support provided to PDHL across various departments in healthcare. They report feeling inferior and frustrated with current systems due to this inconsistency.

To enhance accessibility a service should:

- I. Fully implement the Accessibility Information Standards (AIS) as this will support effective communication with PDHL within any healthcare setting.
- II. Determine access needs by requesting information from the referring services and directly from the PDHL.
- III. Assess PDHL access needs prior to the initial contact / appointment, document them in the patient record, and ensure they are used at every contact.
  - a. This may also include the parental / carer’s communication needs as well as the PDHL.
- IV. Record needs in a way that they are highly visible e.g. use alerts in patient databases describing access needs to ensure there is continuity of use.
- V. Share communication needs as part of existing data-sharing processes, and as a routine part of referral, discharge, and handover processes. This can be delivered verbally but should be backed up within patient records.





- VI. Consider that access to care might require involvement of a registered sign language interpreter, a lipspeaker, a language translator, and use of live speech to text applications.
  - a. If a face-to-face interpreter is not available, use video remote interpreting (VRI) such as SignVideo online sign interpreting.
- VII. Achieve accessibility by ensuring that **all staff** who have patient contact undergo deaf awareness training no matter their role, as contact from a PDHL may start prior to a referral.
- VIII. Ensure there are a wide range of methods in which the service can be contacted: email / text message / video remote interpreting (VRI) / online booking systems as well as by face to face and phone communication
  - a. Staff should understand how to use and receive calls from Relay UK (allowing PDHL to read telephone replies in real time) and video remote interpreting (VRI) in case it is requested / used.
  - b. Staff should understand how to book interpreting services and other communication support for PDHL
- IX. Ask the PDHL whether they prefer remote (telephone/video) or in-person appointments and schedule accordingly. It may be that they cannot hear over the phone or via a remote appointment option, or that you need to provide a remote option with captions and camera on for accessibility.
- X. Ensure that the PDHL receives information in an accessible format and any communication support they need e.g. easy read format appointment letters
- XI. Monitor staff training for deaf awareness and ensure it is repeated at least every 3 years (Gilmore et al. 2019).
- XII. Monitor deaf awareness recommendations in this document to ensure communication adjustment strategies that are put in place are up-to-date and still support successful communication between HCPs and PDHL.

## 3.2 Waiting areas in healthcare

PDHL describe the exhausting, constant, frustrating battle to advocate about their communication needs and that this starts from entering the building.

To enhance accessibility a service should, wherever possible:

- I. For in-person appointments, ensure gaining access to the building is not solely reliant upon hearing (e.g. intercom)





- II. If a transparent screen is in place an installed amplification system should be available, and for those using hearing aids a fully functional loop system should be in use
  - i. Staff on reception should be trained in use of amplification and loop systems including how to test it is working and functional
  - ii. Reception staff should have basic BSL greeting skills
  - iii. Reception staff should have awareness of how to engage with PDHL effectively and respectfully.
- III. Use visual or tactile communication tools in the waiting room to alert the person when it is their appointment. This could include use of a visual alerting system, a white board, vibrating pagers, etc.
  - i. Make sure these are working and available in the waiting area: instruction cards / card medic, live speech to text apps, white boards, vibrating pagers
- IV. Set up appropriate seating arrangements so PDHL have an optimal view of the reception and main activity areas.

### **Overcoming barriers where Personal Protective Equipment is required:**

There will be occasions where face masks, social distancing and screens may be needed for patient and staff safety. In these cases the following may also be considered:

- I. If face coverings are required in the healthcare setting ideally transparent materials / face shields should be used to allow for lipreading
- II. Consider if the face mask can be lowered and instructions given at a distance depending on the circumstance.
- III. Writing things down / typing things in a word document / using live speech-to-text apps on tablets and phones can be helpful

### **3.3 Consultations in healthcare settings**

This is the key point of communication for a PDHL and their family. Across many accounts, PDHL described the fear of missing vital information about their health condition and the consequences of this. This also can lead to the feeling that treatment options or onward referrals may not be





considered or initiated due to communicational difficulties and there are wider implications, as it can also cause emotional strain on family and friends who feel responsible for their loved one's care.





## Best practice for communicating with PDHL

### The healthcare professional's (HCPs) communication style

- I. Ask the PDHL what communication method works best for them. Do not assume.
- II. Ensure that you are within two metres of the patient when communicating with them.
- III. Make sure you get the attention of the PDHL before you start talking, and you are facing each other
  - a. Do not speak directly to the computer you might be using, face the PDHL whenever you are communicating with them and do not hide your face or lips
- IV. If they have hearing aids (or other devices such as cochlear implants), check whether the PDHL is wearing them and if they are they working. Also understand that they may still have residual communication needs when using hearing aids.
- V. Check they can understand you and are following what you are saying
- VI. Speak clearly and audibly. Ensure that your facial expression mirrors what you are saying
- VII. If the PDHL is a sign language user, ensure there is a registered interpreter present

### The environment you are in

- I. Reduce the background noise as much as possible – hearing aids will amplify everything including background noise
- II. Ensure the lighting is good and that your face is visible to the PDHL
- III. Ensure that light is on your face rather than behind you
- IV. Consider your location in terms of privacy if you are communicating with a PDHL

### If the patient is struggling to understand you

Other things to then consider are:

- I. Be patient if someone is struggling to follow the conversation
- II. Reduce the distance between you and the PDHL
- III. Don't shout as this can distort your voice and your lip patterns
- IV. Rephrase what you are saying – repeat what you need them to know in a different way and use plain English wherever possible
  - a. Do not say 'it doesn't matter' but repeat or rephrase things so the PDHL can understand you
- II. Writing things down / typing things in a word document / using live speech-to-text apps on tablets and phones can be incredibly helpful





To enhance all types of consultations (whether outpatient / inpatient / domiciliary or other locations) a service should:

- I. Check if an interpreter or electronic notetaker is needed and work with the registered interpreters whenever this is requested by a PDHL and not proceed with an appointment if the interpreter is not present
- II. When working with interpreters or electronic notetaker the HCP should face the PDHL and speak directly to them rather than the interpreter but recognising that the interaction with the interpreter is beneficial to the HCP also.
- III. Although the inclusion of a supportive communication partner, such as a family member or friend (if present and with consent from the PDHL) can be helpful, reduce requirement for continual patient/carer advocacy, as it disempowers the PDHL and means they do not have the same access to privacy and confidentiality as their hearing peers. These people should not be relied upon to translate from one language to another.
- IV. Ensure key points from the discussion are written down, covered in reports for the patient or provided in an accessible information format for the PDHL.

**PDHL have a right to access healthcare. There are serious consequences for anyone who is unable to make an appointment, access the appointment, and get subsequent results in a communication format that works for them. This guidance sets out simple steps to ensure that PDHL can be included in this vital service so they can have equal access to health.**





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## Appendix 1. Useful Tools & Resources

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Deaf awareness training	
RCGP Hearing Loss Toolkit	<a href="https://elearning.rcgp.org.uk/mod/book/view.php?id=12532">https://elearning.rcgp.org.uk/mod/book/view.php?id=12532</a>
RCGP Accredited Deaf Awareness Online Course (2hr self-directed)	<a href="https://www.ucl.ac.uk/short-courses/search-courses/deaf-awareness-online-training-doctors">https://www.ucl.ac.uk/short-courses/search-courses/deaf-awareness-online-training-doctors</a>
Deafblind Scotland – Deafblind awareness training	<a href="https://www.dbscotland.org.uk/training-courses">https://www.dbscotland.org.uk/training-courses</a>
Deaf awareness advice	
British Deaf Association communication tips	<a href="https://bda.org.uk/help-resources/#communicating">https://bda.org.uk/help-resources/#communicating</a>
National Association of Deafened People communication leaflet	<a href="https://nadp.org.uk/wp-content/uploads/2020/12/Communication-leaflet149.pdf">https://nadp.org.uk/wp-content/uploads/2020/12/Communication-leaflet149.pdf</a>
National Association of Deafened People communication tips	<a href="https://nadp.org.uk/wp-content/uploads/2020/12/Communication-Tips-2013-.pdf">https://nadp.org.uk/wp-content/uploads/2020/12/Communication-Tips-2013-.pdf</a>
National Association of Deafened People	<a href="https://nadp.org.uk/wp-content/uploads/2020/12/A-guide-for-professionals.pdf">https://nadp.org.uk/wp-content/uploads/2020/12/A-guide-for-professionals.pdf</a>





a guide for health professionals	
Royal National Institute for the Deaf (RNID)	<a href="https://rnid.org.uk/information-and-support/deaf-awareness/">https://rnid.org.uk/information-and-support/deaf-awareness/</a>
Royal National Institute for the Deaf communication tips	<a href="https://rnid.org.uk/wp-content/uploads/2021/02/CommunicationTipsForTheGeneralPublic.pdf">https://rnid.org.uk/wp-content/uploads/2021/02/CommunicationTipsForTheGeneralPublic.pdf</a>
Royal National Institute for the Deaf tips for phone calls	<a href="https://rnid.org.uk/wp-content/uploads/2022/04/PhoneCommTipsPoster.pdf">https://rnid.org.uk/wp-content/uploads/2022/04/PhoneCommTipsPoster.pdf</a>
Royal National Institute for the Deaf tips for video calls	<a href="https://rnid.org.uk/wp-content/uploads/2022/04/A201039_VideocallsandmeetingsPDF-tips-APRIL2022_01.pdf">https://rnid.org.uk/wp-content/uploads/2022/04/A201039_VideocallsandmeetingsPDF-tips-APRIL2022_01.pdf</a>
Royal National Institute for the Deaf tips for accessible meetings	<a href="https://rnid.org.uk/wp-content/uploads/2022/04/A201039_MakeyourmeetingsdeafawarePDF-tips-APRIL2022_03.pdf">https://rnid.org.uk/wp-content/uploads/2022/04/A201039_MakeyourmeetingsdeafawarePDF-tips-APRIL2022_03.pdf</a>
Changing the healthcare environment	
Royal National Institute for the Deaf tips for accessible surgeries	<a href="https://rnid.org.uk/information-and-support/support-for-health-and-social-care-professionals/guidance-for-gps/making-your-gp-surgery-accessible/">https://rnid.org.uk/information-and-support/support-for-health-and-social-care-professionals/guidance-for-gps/making-your-gp-surgery-accessible/</a>
Technology to support patients	
Visual alerting examples	<a href="https://screenstar.net/?msclkid=ba6c35f6b9c81f2c0a10501ec3b39135">https://screenstar.net/?msclkid=ba6c35f6b9c81f2c0a10501ec3b39135</a>





Vibrating pager system examples	<a href="https://royaldeaf.org.uk/">https://royaldeaf.org.uk/</a>
Royal National Institute for the Deaf	<a href="https://rnid.org.uk/information-and-support/technology-and-products/speech-to-text-smartphone-apps/">https://rnid.org.uk/information-and-support/technology-and-products/speech-to-text-smartphone-apps/</a>
Loop systems	<a href="https://www.hearingdogs.org.uk/support/living/assistive-technology/loops">https://www.hearingdogs.org.uk/support/living/assistive-technology/loops</a>
NADP – remote captioning	<a href="https://www.nadp.org.uk/wp-content/uploads/2020/12/Making-your-online-meetings-accessible-for-people-who-are-deaf-or-hard-of-hearing-with-live-captioning.pdf">https://www.nadp.org.uk/wp-content/uploads/2020/12/Making-your-online-meetings-accessible-for-people-who-are-deaf-or-hard-of-hearing-with-live-captioning.pdf</a>
Hearing Link - Apps	<a href="https://www.hearingdogs.org.uk/support/living/assistive-technology/apps">https://www.hearingdogs.org.uk/support/living/assistive-technology/apps</a>
RNID – speech recognition apps	<a href="https://rnid.org.uk/information-and-support/technology-and-products/speech-to-text-smartphone-apps/">https://rnid.org.uk/information-and-support/technology-and-products/speech-to-text-smartphone-apps/</a>
Relay UK	<a href="https://www.relayuk.bt.com/">https://www.relayuk.bt.com/</a>
Scottish Sensory Centre - Assistive Listening Technology Hub.	<a href="https://www.ssc.education.ed.ac.uk/">https://www.ssc.education.ed.ac.uk/</a>
Communication Support	
Royal Association for Deaf People	<a href="https://royaldeaf.org.uk/deaf-support-services/">https://royaldeaf.org.uk/deaf-support-services/</a>
Royal National Institute for the Deaf	<a href="https://rnid.org.uk/information-and-support/support-for-businesses-and-organisations/communicating-staff-customers-deaf-hearing-loss/">https://rnid.org.uk/information-and-support/support-for-businesses-and-organisations/communicating-staff-customers-deaf-hearing-loss/</a>
Deafblind Scotland Guide Communicator Service	<a href="https://www.dbscotland.org.uk/guide-communicator-service">https://www.dbscotland.org.uk/guide-communicator-service</a>





Sense Scotland	<a href="https://www.sensescotland.org.uk/information-and-support/">https://www.sensescotland.org.uk/information-and-support/</a>
British Sign Language (BSL)	
British Deaf Association – what is BSL	<a href="https://bda.org.uk/help-resources/#BSL">https://bda.org.uk/help-resources/#BSL</a>
British Deaf Association - Working with interpreters	<a href="https://bda.org.uk/help-resources/#interpreters">https://bda.org.uk/help-resources/#interpreters</a>
British Deaf Association – BSL videos of different health conditions	<a href="https://bda.org.uk/project/healthwellbeing/">https://bda.org.uk/project/healthwellbeing/</a>
Sign Health - BSL videos of different health conditions	<a href="https://signhealth.org.uk/health-video-library/">https://signhealth.org.uk/health-video-library/</a>
NHS Inform - Information about immunisation, screening and other health topics in British Sign Language (BSL).	<a href="https://www.nhsinform.scot/translations/languages/british-sign-language-bsl">https://www.nhsinform.scot/translations/languages/british-sign-language-bsl</a>  BSL users who need more information can communicate with our health information team on 0800 22 44 88 via Contact Scotland BSL ( <a href="https://contactscotland-bsl.org/">https://contactscotland-bsl.org/</a> ).
Contact Scotland BSL – Scotland’s free National BSL video interpreting relay service for Deaf and Deafblind BSL users	<a href="https://contactscotland-bsl.org/about-us/">https://contactscotland-bsl.org/about-us/</a>





Signport - App for making and managing BSL interpreter bookings in Scotland	<a href="https://signport.com/">https://signport.com/</a>
UCL – Sign Bank - It has two functions: one as a dictionary (for learners, teachers, interpreters, etc) and another as a lexical database for researchers	<a href="https://bslsignbank.ucl.ac.uk/">https://bslsignbank.ucl.ac.uk/</a>
Resources for patients	
National Association for Deafened People – Medical visit preparation	<a href="https://nadp.org.uk/wp-content/uploads/2021/05/Deaf-Hard-of-Hearing-Medical-Handout.pdf">https://nadp.org.uk/wp-content/uploads/2021/05/Deaf-Hard-of-Hearing-Medical-Handout.pdf</a>
National Association for Deafened People – advice on hospital stay during a pandemic	<a href="https://nadp.org.uk/wp-content/uploads/2021/05/Going-to-hospital-during-COVID-.pdf">https://nadp.org.uk/wp-content/uploads/2021/05/Going-to-hospital-during-COVID-.pdf</a>
Relay UK	<a href="https://www.bt.com/relay-uk">Contact 999 using Relay UK - How to use Relay UK   Relay UK (bt.com)</a>
Royal National Institute for the Deaf – digital communication card	<a href="https://rnid.org.uk/get-involved/create-a-personalised-digital-communication-card/">https://rnid.org.uk/get-involved/create-a-personalised-digital-communication-card/</a>





hearWHO – hearing check	<a href="https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/hearwho">https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/hearwho</a>
Scottish Sensory Hub	<a href="https://www.alliance-scotland.org.uk/policy-and-research/scottish-sensory-hub/">https://www.alliance-scotland.org.uk/policy-and-research/scottish-sensory-hub/</a>
RNID online hearing check	<a href="https://rnid.org.uk/information-and-support/take-online-hearing-check/">https://rnid.org.uk/information-and-support/take-online-hearing-check/</a>





## Appendix 2. Summary for printing

### Deaf Awareness for Healthcare

It is our responsibility to **ask, record, highlight, share, take steps to address, and review the needs of our patients** to ensure they have ongoing equal access to care, information, advice and support.

**People who are deaf or have hearing loss have a right to access healthcare. There are serious consequences for anyone who is unable to make an appointment, access the appointment, and get subsequent results in a communication format that works for them.**

A large graphic consisting of three vertical panels, each with a distinct background color and a circular icon at the top. A double-headed arrow is positioned above the panels. The first panel is dark blue with an ear icon, the second is red with a clock icon, and the third is light blue with a doctor icon. Each panel contains a title and a list of bullet points.

**Accessing Healthcare Services**

- Accessibility is fundamental to care provision.
- Work collaboratively to provide consistent ways to access services through methods to contact the service and have communication support during appointments
- Ask, record, highlight, share, take steps to address, and review the needs of your patients
- All staff who have patient contact undertake deaf awareness training and repeat every 3 years

**Waiting areas in healthcare**

- In-person appointments, should ensure gaining access to the building is not solely reliant on intercoms
- Reception have installed amplification systems or a fully functional loop system with staff trained in their use, BSL greeting skills and deaf awareness
- Use visual or tactile communication tools in the waiting room to alert the patient of their appointment

**Consultations in healthcare settings**

- Consider your own communication
- Consider the environment you are in
- Consider changes you can make if the patient is struggling
- Consider best practices for working with interpreters





## Your communication style

Ask the patient what communication method works best for them. Do not assume.

Ensure that you are within two metres of the patient when communicating with them.

Make sure you get the patients' attention before you start talking, and you are facing each other

If they have hearing aids, check whether the patient is wearing them and if they are they working. Also understand that they may still have residual communication needs when using hearing aids.

Check they can understand you and are following what you are saying

Speak clearly and audibly. Ensure that your facial expression mirrors what you are saying

Check if a registered interpreter is needed and work with the interpreters whenever this is requested by a patient and not proceed with an appointment if the interpreter is not present



## The environment you are in

Reduce the background noise as much as possible – hearing aids will amplify everything including background noise

Ensure the lighting is good and that your face is visible to the patient

Ensure that light is on your face rather than behind you

Consider your location in terms of privacy if you are communicating with a person with hearing loss



## If the patient is struggling to understand you

Be patient if someone is struggling to follow the conversation

Reduce the distance between you and the patient

Don't shout as this can distort your voice and your lip patterns

Rephrase what you are saying – repeat what you need them to know in a different way and use plain English wherever possible

Do not say 'it doesn't matter' but repeat or rephrase things so the patient can understand you

Writing things down / typing things in a word document / using live speech-to-text apps on tablets and phones can be incredibly helpful

