Deaf plus deafness cognition and language research centre the Speech-to-Speech-to-Text captioning for deaf and hard of hearing people. Please sit where you can see the screen clearly. . .

ANDREW BOFF: If people would like to take a seat.

Apologies for the late start, we wanted to make sure that the Speech-to-Text was working, this is a report about accessibility, it would have been wrong to launch before that happened. So apologies for that.

Welcome to City Hall and thank you on behalf of the London Assembly health committee.

This event is the culmination of many months of hard work to, to address, to try and identify the challenges that deaf people have when they try to access health services in London.

The reason for this report is all down to a gentleman in the front row, Graham Welton who came to a People's Question Time almost a year and a half ago and raised the issue of access for deaf people to the employment market. It was as a result of going and chasing that with him and in enquiring with Graham about the issue, I realised there were many obstacles that deaf people faced in London not just access to the job market. As a member of the health committee I decided to ask the health committee whether or not they would be willing to support the work in identifying those obstacles.

They were, they - I'm very grateful to the health committee for supporting that request and agreeing to that request.

What this work has exposed to me is my ignorance of those obstacles that deaf people have in accessing services.

I felt quite ashamed that I didn't know as much as I should have done about the difficulties that deaf people have in getting the kind of service that people like myself take for granted.

I'm shocked that deaf people are more likely to suffer ill-health than the rest of the population, simply because it is harder for them to use the health services that many of us take for granted. Deaf people are twice as likely to have high blood pressure, four times more likely to develop diabetes. Generally, have a reduced life expectancy.

This is unacceptable and has to change.

I certainly take for granted the fact that I will be able to communicate easily with health service staff. Booking appointments through a receptionist, discussing treatment options with my GP or understanding a diagnosis. Deaf people face a number of issues, like not understanding what the doctors are saying to them, being ignored when spoken to through an interpreter and a lack of privacy when discussing private health problems.

We urgently need better data on, on the number of deaf people that there are in London. It is incredible that estimates for London's deaf population ranges widely as 25,000 to well over 1m.

How can we commission the right communication services if we don't understand the scale of the demand? NHS England should take a lead in this consultation with key organisations like the British Deaf Association, Action on Hearing Loss and the National Deaf Children's Society. Local commissioning groups should jointly commission support services for deaf people, to improve the standard and level of these services. They could save money together and create a more competitive market.

London's GPs and NHS Trusts should also review the accessibility of their complaints process for deaf patients. Unless the complaints process is accessible there will be no changes in the NHS, because the voices will not be heard.

Direct links including an Easyread format should be clearly visible on websites in order to make it clearer and available in GP surgeries as well.

I actually considered this report to be the start of a journey of improving access for deaf people, not just to health services but to all the services that Londoners take for granted. Being a start we occasionally make some mistakes ourselves and indeed in the report, some of the terminology we have used, we have had comment on.

Can I say we are going to learn from those comments that you make. We are going to listen and in hoping that you, as I say, in hoping that you recognise that we are here to take on deaf people's concerns I hope that you will support us in the start of this journey.

I would now like to introduce Paul Redfern, who is the Business Development Manager at the British Deaf Association, who will give a response to the report. Paul. .

PAUL REDFERN: Hello everybody, I would like to say thank you to Andrew for allowing me to respond to the statement that's been made. Originally when I heard about this I was jumping for Joy because the London Assembly are having a discussion. I wanted to congratulate Andrew, he himself is responsible for giving the feedback too, about the research that's carried out and for guiding us and reaching the end. Very well done.

The report clearly states that they have accepted our recommendations and our thoughts, so thank you again for that.

The report is very powerful. So what does that mean for the future? It means there will be access for the Deaf Community, that's what it states on the report.

It also means that the health of deaf people is now on the political spectrum and landscape.

The BDA recognises and really welcomes this report, we do see as a large step forward from what we have had before, you know, we are happy to be part of the process.

Graham as well, thank you also for being part of that process and giving your view. So we are very happy to be involved in this and that there are lots of people who are now involved in the report and we hope that the services can be joined up and people can start talking to each other, then the services for deaf people will improve. The BDA agrees with the recommendations in the report, certainly in the way that that information has been collected and the outcomes that they have found. Without the report we don't have a voice and without us having a voice then the services can't change to adapt to our needs, so it's kind of a way of us becoming visible and allowing services to change in order to match us and so far we have been invisible and this is the start of us now becoming visible.

The BDA also agrees with local clinical commissioning groups the CCGs working together, because we feel that when you work cross-boundaries you can start creating services that really have meaning and really benefit deaf people.

One of the problems historically is that some areas do not have enough deaf people in them so that people seem to be rather reluctant to provide a service or make a provision because they feel it's not worthwhile, therefore it becomes, let's say a postcode lottery, depending where you live will depend whether you have a good GP practise or a bad GP practise based on the number of people who live there. With joined up working, hopefully this will change and if the CCGs work together then the provision will be standardised across the whole of London and also with communication support where needed for deaf people.

The BDA believes firmly that within the Health Service they must provide qualified, registered interpreters which enables the standard of healthcare received by deaf people to be accurate, whether this be medication whether this be treatment or whether this be diagnosing problems in the first place.

There are lots of stories of deaf people who are coming out of consultations and they still don't know what is wrong with them because they

haven't had the right quality of interpreter or they haven't used an interpreter, they have just brought somebody else along who is a relative or maybe a friend who doesn't have the expertise and the training to interpret correctly. However, some deaf people actually prefer family members only because it allows them time when they get home to quiz them even further and to get the information that they need because it wasn't appropriate, or they didn't feel able to do so in the consultation.

So, again, we really welcome the recommendations in this report. It certainly seems that, that we have been going round in circles, the report talks about the in ability to complain, obviously deaf people struggle to complain because the services are inaccessible, aren't accessible, sorry and therefore the services can't improve because they don't know what is wrong with the service and there are also services out there that are willing to improve and to, to do better for deaf people, however they don't know how to because there is not a mechanism in place that allows deaf people to feedback and to complain about the service in a way that encourages improvement.

So, the BDA agrees with the recommendations for standardised service and quality of service for the healthcare across London, pan-London and hopefully this will, we will be able to lead and we will be able to show how it should be done for boroughs and for the rest of the UK to follow as a shining example of how to do it right.

So, in summary, really I think we just want to say a big thank you to the London Assembly Committee, the Health Committee for all of the hard work that you have put in and we hope that actual all of the recommendations, in time, will become realised and will be actually actioned.

Just a reminder to say that deaf people aren't asking for a special sort of service for above and beyond what hearing people are having, all we are asking for is to have equality and the same standards as everybody else. {*Applause*}.

ANDREW BOFF: Paul, thank you so much and those words do make it worthwhile that we know we have done a good job. It was that mention of the health committee I would like just at this point to thank Onka Sahota who is Chair of the health committee who is there, he brings is own perspective to this, being a GP himself and being well aware of the access issues that deaf people have. I would also like to thank Carmel Lysander, at the back there who did the bulk of the report, many of you will be familiar with the e-mails from Carmen, as she sought to compile this report and Stephen who also took over from her.

Thank you as much to those contributors. I'd now like to move on to Dr Roger Wicks, who this Director of Policy and campaigns at Action on Hearing Loss, to hear what his views are.

DR ROGER WICKS: Thank you. Good afternoon everybody, first I would like to thank the two speakers before me, I'd like to thank Andrew for his dedication on the committee to producing this work, it's an exceptional piece of work in many ways and I think it helps us to take an important step forward, today, for reasons I'll go on to explain, I'd also like to echo Paul Redfern's response, I think many of the aspects he pulled out from today's report are the things we should all focus on now going forward.

I think, I think the nub of this problem is clear in that there is huge risks and challenges to come from a lack of access to health services. We're concerned that, as well as costing money to the Health Service through missed appointments, there is a financial argument as well. I think, potentially, very, very clearly, we are putting deaf peoples health at risk and potentially even their lives in danger. So I think the problems are clear, that deaf people are denied access to healthcare. I think what the report does today is put this issue on the public agenda, particularly in London, but beyond London and enable us now to take this forward and see what practically we can do, this mustn't be a report, Andrew, that we talk about today and then forget. It's worthy of us keeping hold of it over the next year or two and following the recommendations through.

I think we now know why this is such a problem, the evidence is clear, research has shown that two-thirds of BSL users who ask for an interpreter, when they book a hospital appointment or GP appointment didn't get one, that's a scandal. Probably not surprisingly, as a result, 60% of people are put off making an appointment at all, because of their previous experience.

Other research has also shown that 25% of people with hearing loss more broadly leave a GP's appointment not understanding the diagnosis or the treatment that they have been given. This is a very real problem for many, many people.

I think one of the, one of the reasons for this, there are many, is a huge deaf awareness among the medical profession, among GPs, other health professionals. That's where the good news begins to start because a lot of this I think we can fix, we can fix quite easily, I don't think we are often talking about very expensive solutions here, there are things that we can practically do, again the report helps us with this.

In terms of the things - much of this is about deaf awareness. I'm sure we have all spoken to the GP who seems to be more interested in their computer than in the patient, just, you know, just by talking clearly and directly at the patient the patient can understand more, possibly can lipread, that's really key. So are other interventions like making sure that people in the waiting room, they can read, you know, as well as hear that their appointment is due. We continue to hear reports about deaf people actually in the waiting room missing their appointment. That is, that is - it would be laughable if it wasn't so serious. So there are some simple things that we can do, that's the good news in a finite budget.

More fundamentally it's absolutely clear under the equality act that it is the duty of health professionals to book a registered sign language interpreter for people's appointments, that has to happen, that's clear under the legislation.

Another reason to welcome this report today is its timing, this summer the NHS is publishing it's accessible information standards, it's a new bit of work that's enshrining standards for the first time, it's definitely to be welcomed, it's published in bleak July and there for the first time it will specify it's a duty of health professionals to record people's communication needs, that doesn't happen at the moment like other health conditions where health needs are flagged, they will now be flagged so there is a record of people's communication needs and a duty to act on them. That's coming in the summer, that's something to be welcomed as well. Part of the solution are the simple things I've mentioned, some very fundamental ones as well about human rights. And to echo the point about data, we can't even sensibly estimate the numbers of people who are deaf and have hearing loss in London is a disgrace, it means CCGs, other health bodies cannot plan their joint strategic needs assessments that they use for planning, they cannot realistically be developed. So, you know, it's little wonder that hearing loss and deafness often fall short and aren't incorporated.

So, you know again to report, I welcome the report today, hopefully this the beginning of a journey and not the end of one. Thank you {*Applause*}.

ANDREW BOFF: Thank you, thank you very much Roger. When we held our public meeting a few months back I actually said to some of the scrutiny staff here, it was the most invigorating meeting I've ever attended on the London Assembly, because of, because of the challenges that were overcome in that meeting. I look forward, now, to you making this an even more exciting meeting than that one, because now it's time for you to put your questions and comments about the report. I would like to hear from you about what are the next steps on the report, about what we can now do. We have got our recommendations, we are going to submit that to the appropriate authorities, but what now can we do to move this agenda forward, because as your, you are contributors, this must be just the start of our engagement with the Health Service. I see Merfyn over there.

FROM THE FLOOR: I don't have a microphone do I. Does that work. Ok, I'll raise my voice. I just want to, I want to thank Paul for representing the BSL

client group, it's commendable, because you've been very good at PR at making the health services, aware, Action on Hearing Loss, for representing the relevant client group, what I'm worried about is the missing link for deafened clients, organisations and the hard of hearing organisations they are not part of this and I'm really worried that we're leaving them out. If you want to educate the health authorities awareness of deaf issues you need to talk about all client groups, the diversity within it. Partly because BSL is one language, you have other forms of other languages that we should be aware of, Speech-to-Text, lipspeakers, hands on, BSL and so on. So, that's the only feedback I would like to give, but thank you very much for doing the report, it's a start, but please keep feeding back to the health authorities and motivate them to do something at the end of the day. Most importantly, CCGs are the ones that need to really get focused, they're not transparent, they are not accountable, we need to find a way to get a message across that they need to be at the end of the day.

ANDREW BOFF: Thank you for that. Lady there.

FROM THE FLOOR: I'll also shout I guess. I'm Bencie Woll, I'm the Director of the Deafness Cognition and Language Research Centre and we gave evidence at the time the report was being done and so first of all I would like to congratulate Andrew and his team for really putting together a great report.

I'd like to kind of address the next steps issues. Of course there are different ones, there is a big challenge for social scientists in trying to get hold of a good population study, it's awful that we know less, you know, today than we did 40 years ago about the numbers of deaf and hearing impaired people in local authorities, because the data is not collected. We would certainly be keen to work together with the GLA and other organisations to think about a really a multipronged approach to trying to get hold of this data, but I did want to raise another issue which is something we had brought up in the meeting. Just recently I was contacted by a GP who was a fluent signer, who was very keen on the idea of offering - getting involved in a practise where services could be offered directly to deaf people without interpreters, by making it directly accessible service, but there seems to be no way to go

about organising this. So I would really like to leave it with Andrew to think about how we, we have found the GP, we can find other staff, this GP already works in Camden and is in a group practice, whether we can think about solutions other than the interpreter solution, where patients might like the kind of direct access of a clinical service geared to them. {*Applause*}. .

ANDREW BOFF: Sir.

FROM THE FLOOR: Hello, my name is Samba, I live in Southwark. I also am here in a capacity of a Chairman of my local group, I just wanted to let you know that I'm very happy about the report, I'm very happy that it's come out today.

I would like to say thank you to Graham, if it wasn't for our group that were involved in that group, I would feel we would probably suffer ill-health and not able to go to the hospital.

Thank you to Paul, thank you for working together, thank you to the Mayor who funded the meeting and the meetings that are held within different boroughs.

We continue to empower deaf people by collating information and by sharing information. I know that in the forum that I run that deaf people do have complaints and concerns and I know that, Andrew, you talked a lot about health and wanting to collect information and I think we could possibly be involved in that, but you know I just wanted to let you know that I found the report incredibly positive and I also will go away happy that we have it and hopefully it is a start, like you say, of working together more collaboratively to improve health services for deaf people in London. {*Applause*}.

ANDREW BOFF: Sir.

FROM THE FLOOR: Hello nigh name is Christopher, I want to say thank you for inviting me to come here. I really, really want to say thank you Paul, thank you to Andrew, thank you to Roger. We just recently started, I live in Greenwich and we recently started a forum, I'm the administrator, treasurer.

There are a lot of hard of hearing within Greenwich, we have a lot of problems with accessing the GPs and hospitals. A lot of people walk in to the hospitals and GPs and say, "I'm deaf", they never actually state the fact that they are deaf, that's why we have the lack of data that we have, because people have to contact the councils and other bodies to show that we want more deaf people and gain that feedback. Also one person have an accident and what happened they went to A&E. When he arrived at A&E, he said, "My wife was injured", the receptionist said, "Ok, ok, we'll do that for you." When he sat down the receptionist started talking to the person next to her, she didn't consider contacting a interpreter, didn't do anything on her computer, but the man who had gone to A&E - the receptionist didn't do anything in terms of booking the interpreter ordering seem to have the knowledge to actually understand that there is a communication need and then have a process by which she could rectify that, instead they relied on a daughter that arrived in the hospital and then she said, "Oh, your daughter is here, we don't need to do anything", it was like the responsibility got shouldered off to the family member, rather than having the responsibility with the NHS authority, if it's not always their authority they will shirk it when they can, that's just one example.

Also people who have Usher, who's eye sight deteriorates, they are a middle group that sometimes gets lost. I'm concerned about how people who are deaf and have limited sight, how we can help them, thinking about the environment within the NHS, GPs and hospitals, they are accessible at any time of the day whether it be at dusk, in the morning, whether it be broad day light, we need to think how it can be adapted owe that their needs are met.

Just quickly, the third example, sometimes at the GP it can be rather difficult. It is difficult to lipread them or, when I try to book online, all they say is, these are the times, this is the day and you click on it to try and book an appointment, there is no additional box to say 'And what are your communication needs', it would seem sensible for the NHS if you have an online system to book appointments that you then have an additional box that

they would be able to click on to. Thank you very much for listening and thank you for giving me the opportunity to speak. {*Applause*}. .

ANDREW BOFF: Anybody else? This lady.

FROM THE FLOOR: Thank you. Hello I'm, my name is Lorna, I'm from Healthwatch Enfield. Got three things to say, one is to thank the committee for an excellent report, secondly to tell you that we, ourselves, did a report working with deaf people in Enfield, it's called 'Improving services for deaf patients in Enfield', it came out at the very end of March. The recommendations are very similar to the ones in your everybody and our findings for deaf people are absolutely mirrored we should have expected it, but it's interesting that they, you know, that they chime.

We have sent our report to all the providers and commissioners locally, asked them to respond, because they have a statutory obligation to do that and we have those responses and the report on our website if anyone wants to have a look.

What I wanted also to tell you about is that we are working jointly with 12 other Healthwatch organisations and with Graham, to whom many thanks, in north and central-East London, we have a project when we have trained deaf volunteers, including Robin who is here at the back, in carrying out visits using our statutory powers of 'Enter and view', those deaf volunteers have now been to three accident and emergency departments, doing a visit and there is a report being written up which will be published and we are hoping to obtain more funding so we can carry that programme forward, because we have had quite a lot of deaf people interested. I think it's a really important way of empowering deaf people to continue to push this agenda, because we have to just keep working with health authorities, is my experience, you have to keep the message up there all the time. This, I think, will be an excellent way of doing that, being able to continue with these visits. Thank you. {*Applause*}.

ANDREW BOFF: If I can ask Paul to respond - sorry, Roger can respond and then Paul. There has been a number of points raised and those last few contributions. I wonder if you would like to make a contribution.

DR ROGER WICKS: I'll respond to some of the comments that were made. The very first comment on, which client group does this effect. Andrew may respond as well, I very much saw this as being an issue that crossed the whole spectrum of during loss and deafness. Yes there is a very precise issue about the right to a qualified sign language interpreter. I think it's absolutely right that that's made central, but the general issues I think are around you know deaf awareness and I think whether you are deafened, you know, have age-related hearing loss, I think it's all very relevant. What we are seeing across the board is a huge lack of deaf awareness that affects everyone, that's what I took from the report and I think we should be focusing on that now. I certainly echo Bencie's point about the importance of data, I made the point earlier. The data we do use, figures on sort of prevalence, are about 20 years out of date now, they need to be up-dated, we would need investment for that, it would need to be paid for. Bencie and I can work together and make the case for that. That's critical if CCGs, you know, you have got to know what the need is, it's as simple as that.

I was struck by some of the local contributions by local groups as well. There is a campaign that's been developed by a number of organisations nationally, the BDA, Action on Hearing Loss and others called 'Our health in your hands', that's providing a toolkit for deaf people locally who can make the case and make sure that GP surgeries know that it's their duty to provide a registered, 'Registered' is an important word, sign language interpreter. I would urge you to Google that 'Our health in your hands', there is some material and toolkits that you can use locally and nationally on that.

ANDREW BOFF: Paul, I wonder if you have any comments about what has been said so far? .

PAUL REDFERN: Thank you Roger, thank you Andrew. I won't repeat what Roger has already stated Roger Wicks has said, we're kind of on a similar page.

Most important thing is to make sure that deaf individuals are included in the system. Up until now deaf individuals have always been on the outside. If you are in the outside how are you going to influence any recommendations. So thank you to Graham and he's given us an insight and thank you to Healthwatch Enfield, because with everybody being included it makes people visible and deaf individuals. So once you start including deaf individuals you are visible, I want to continue to emphasise that point and make sure that deaf individuals are included, maybe they do it on a voluntary scale, or maybe they are involved in meetings such as today they need to be involved.

That's why I really want to say congratulations and well done to Andrew for starting the process and making sure deaf individuals are involved and on the recommendations that are made, thank you. {*Applause*}.

ANDREW BOFF: This gentleman, who was first and then....

FROM THE FLOOR: Hello my name is Andrew. I'm a resident within Camden community. I've been involved with campaigning for health issues for a long time, researching different issues within Camden, raising issues with the CCG and there are 32 CCGs within London. I work with Martin Emery, who is a CCG member himself. He told me that there is a forum group which is called 'Patient engagement group', and they go to meetings and forums and discuss any doctor issues, interpreter issues, any issues in reception like the glass in front of reception, sometimes GPs talk to fast and other healthcare professionals. It's important to have the deaf community involved, within the group, people ask me what is it, it's to make people more deaf aware, that's created by the CCG, Martin Emery from Camden set that up, set the group up and for the rest of London, the other 32 CCGs have set up a similar group to make sure deaf individuals are involved, sorry just to go back, maybe they could set up a similar group that enables deaf individuals to

give feedback and make improvement, to individuals in regard to Healthwatch having 'Enter and view', which enables the community to feedback their own personal experience and be more involved. Similar to the concept of a mystery shopper, so having your experiences, so it gives you an insight view, Healthwatch does have the power to report the issues and improve the services and again there are 32 Healthwatches within London as well, so far. Graham has been involved in 13 of them, some of them aren't deaf aware and we need one who is involved in London to be involved and, again, the 32 CCGs which are in London need to have similar PEG and make sure that deaf organisations are involved such as Action on Hearing Loss, BDA and so forth.

Recently in Camden, BDA, the Camden Council signed the BDA BSL Charter. Bencie, who is the professional, the professor, was involved in the Charter. This means that the Deaf Community must be involved, their feedback is being left out, we need to be assertive and proactive to make sure we are involved and that can help us. {*Applause*}.

ANDREW BOFF: Just, just one thing, just one thing, I mean I'm assuming from our team at the London Assembly that we'll be copying this through to the CCGs, that was a very valid point that we do send to every CCG, because the provision for deaf people is certainly patchy throughout London and it's good to hear that the Camden, that the Camden example and perhaps that's something that we can recommend other CCGs take up. Yes.

FROM THE FLOOR: Hello, I'm Edward Richardson, from Islington and have been living there for 23 years, I've been involved in a forum that's been combining 20 years, to improve the services that council provides in relation to health services, we have been campaigning with deaf individuals to achieve access and making sure that interpreters are present in appointments, we have the manager of interpreting services here, Debbie Conway and she has been involved for around fifteen years, making sure that the access is there. I think what's important is, what we achieved recently, PSED, public sector equality duty, that information makes us aware, because at the end of the day the public sector have a responsibility to make sure that there is equality,

there is a report, there is information. Most of that information isn't accessible for deaf people. So what deaf people need to do is find out what is going on in other areas and we need to make sure that the other areas do have these reports and if they don't, we need to start holding them to account and we need to start looking at these reports, but something that I've been thinking about, that Paul said, about how we make complaints and how we get heard. Actually the complaint procedure is a massive barrier for deaf people, because if you are complaining about the service, it's... it's fine but what if you want to complain about the interpreter and the interpreter is kind of linked to the service, because the service is booking the interpreter, so you are complaining about somebody face to face, or you can't actually complain without meeting them face to face which is a massive problem. You can't be anonymous and we need to find a different way, there have to be mechanisms by which deaf people can say, "I'm not happy with that interpreter, I would like a different interpreter, I would like something done differently." I think in Islington I've been involved in meetings, I've gone to a variety of meetings with the CCGs. I've gone to a lot of these meetings, they're not only for deaf people, just so that I can become more knowledgeable and create an understanding of what is happening in the sector and local government. Recently we were talking about procurement of services and commissioning, so I put up my hand and I asked them actually, well look if you want to create a national framework for interpreting, so everybody had to use this one provider. The national framework stated that there would be non-qualified, non-registered interpreters in healthcare settings, that's risky, the doctors said, "No, that's fine, maybe an individual who speaks French", obvious we don't English, we will call someone who will maybe speak French a little bit, bring her in and she can translate for me maybe they are talking about all forms of situations regarding health, is that appropriate, the national framework does talk about having six different levels and saying if you are not a level 6 or anything below you are able to interpret, that's not appropriate. How are they able to access the information appropriately, people should go to local BCGs and do research, look at different boroughs, how many individuals are registered within the CCG and

other groups and deaf individuals do need to try and make sure they have access because they need to be access their BCGs {*Applause*}.

ANDREW BOFF: Is there anybody else that would like to contribute? Sir - that's you!

FROM THE FLOOR: Hello. My name is John, I'm senior manager for SignHealth, what we have seen before in the report, it's certainly improving our understanding of what deaf people face with their healthcare provision.

SignHealth produced quite a comprehensive report, Paul will do, out lining the key difficulties that deaf people face. With SignHealth we are very much of the mindset that we want to talk with organisations, the NHS and other deaf organisations to deliver solutions, which is why we work extremely hard to do that. For example, the accessible information standard, that's been at work for some time and certainly our Medical Director has been working very hard with them to formulate and draft and finesse those access information standards the hope is when they get rolled out next year that will have a real impact on the way that deaf people are identified within the NHS, as a broader organisation. So there will be that knowledge within the organisation to, for the deaf person how they should be treated and handled throughout the process of a an appointment or primary care.

The other thing is, in terms of provision of interpreters, that's a central issue, as Merfyn quite rightly said, the deaf, the small d, deaf people, SignHealth is in the process of delivering interpreting solutions through technology, it's not ideal, it's not necessarily face to face, it's an option, we strongly recommend face to face where possible, if that's not possible a deaf person should have the ability to call an interpreter where possible, that something we are working on very closely.

Thirdly my final point, I'm really pleased to tell you that as of this work the NHS {Inaudible} deaf people can access NHS 111. Sorry. So from this point forward, deaf people, they need to contact 111, you can now do so,

if you want to. So I hope that will have a real impact, certainly your experience of healthcare. .

ANDREW BOFF: I think the contributions accentuate the need for the Health Service to recognise the very wide and diverse requirements of the deaf community that we, that if a deaf person relies upon, relies upon signers that those signers should be of a standard that can adequately and properly enable them to communicate with, with GPs and doctors, but that we should also be looking to the wide range of methods that deaf people use to communicate and ensure that they are all up to the standard that one would expect of a health service that aims to communicate with everybody equally.

Are there any other contributions. Sir. Then I'll come back to you.

FROM THE FLOOR: Shall I take this one {*mic*}. Just a very short point, I'm Chief Executive of DeafPlus, a national organisation where, we also have locations in four London boroughs, most of the services that we offer, I suppose we're best known for advocacy, face to face services, supporting deaf people when they have problems with amongst other things, health, housing or employment.

I would like to add my voice to all of you, the people who have said thank you and you know well done, I welcome this particular report.

The report, I mean, I literally have just had the opportunity to see it this afternoon, it's not a comprehensive response. You made some points about the need for advocacy services for deaf people in relation to accessing health and the complaints procedure, but that particular point I just want to then through to a robust recommendation about the needs of deaf people. I know that we have a particular - we are an organisation that does provide advocacy, but I just want to flag that particular point up, I think it would make a useful, specific recommendation really. Thank you.

ANDREW BOFF: That's very valid, thank you very much. {*Applause*}.

FROM THE FLOOR: Can I have the microphone. Edward mentioned the comment about the talking to GP practices about any issue affecting services. What could happen is, there is a big argument at the moment between NHS England and commissioners who pay for access. Now, it's going round like this, somebody has got to stop that spinning, who is going to stop it spinning. We need to find a way, that the access budget for communication support, to access PPG, or CPEG, it's a minefield when we talk about those short words and people get confused as I did in the beginning, I got to understand better what goes on.

Andrew mentioned, he's from Camden and I'm from Camden, I just want to correct Andrew here, because Camden CCG are not that deaf-friendly at the moment, right. There are, they are accessible to deaf people to raise their issues, but they don't document them and take action on them. I want to be clear on that. It is good that we are there, but it's not good that they are taking any action, not changing.

It's because there is nobody there to monitor, scrutiny, to make sure that our feedback is taken into account.

ANDREW BOFF: Thank you, thank you for that. {*Applause*}.

Anybody else like to comment?

Now I would like to, if possible, we will just get our two contributors to sum up on the debate. I must incidentally say how grateful I am to Islington interpreting service who were, ok, I've not needed your services, but they appear to me to be the Rolls Royce of local authority interpreting services. I'm very, very grateful. Somebody will now criticise me for that! They certainly seem to be a very, very competent organisation, providing possibly the best services in London. Now you can all tell me I'm wrong there!

What I would now like to do is to ask Paul and Roger to sum up from our speaks. So, Paul.

PAUL REDFERN: Thank you again, it seems clear by what ever said and people's opinions and different issues that have been raised. People need to remember, there is an old film where there is a door, different doors, sometimes people don't know which door to access or which to go through, there seems such an abundance of doors, "Shall I go through that one..." That one doesn't open, the next one and so on and so forth. That's how I feel today. What's important, by the report that's been created we need to have elements which we focus on, make sure the improvements are made in that specific area and then move on. If we try to open all doors at one time everything becomes diluted, I think it's important that the recommendations that have been made in the report, we need to focus on each one, one at a time.

It's very interesting to hear peoples feedback, but once again we are in a room with so many doors, we have to start by looking and focusing on one door. Thank you. {*Applause*}.

ANDREW BOFF: And Roger, if you would like to sum up.

DR ROGER WICKS: Thank you, thank you for all your contributions from the floor as well, making lots of notes and there is some very valuable contributions.

One of the things I wrote down was a remainder we should be linking this work together with SignHealth report, the Sick Of It report, that John rightly mentioned, flagged up for the first time the link between health inequalities, ill Health and being deaf. We now know if you are deaf you are more likely to have certain health conditions, high blood pressure, diabetes, that's an important piece of work, there is a lack of equality of access to health services. I think these two different reports should be seen as coming together really, we can use recommendations from today to address this bigger problem.

The other point I noted from a contribution, the contribution from Camden, about mystery shopping, because I do think they had an opportunity

with this report and the publication of the NHS England Accessible Information Standards to grasp this challenge this year and use devices as mystery shopping, whereas a research tool you turn up and test the system, that's exactly what we should do next year, test the system that promises accessible standards, they should be delivering this summer but completely rolled out next summer. We should make sure that happens. Thank you again to Andrew and everyone here. {*Applause*}.

ANDREW BOFF: Thank you everyone for your contributions today. It's made me feel like the report was worth the work that we put into it. I'm very, very grateful for the very, very positive contributions that have been made.

I'm also very grateful {*phone ringing - very strange noise*} for the criticism as well, we won't move forward in a report that says that we should be making it easier for deaf people to complain. We shouldn't get resistant, if you then make a complaint about the report. So we welcome those. I'm very alert to the fact that we don't have a recommendation on our communication services, who knows that might change before the report gets finally ratified by our committee, who knows, I'm looking to the back. So we very much welcome that. Thank you very much. This is the start of the journey, if after six months' time you find that I'm not talking about issues that related to being a deaf person in London, then send me hate mail! {*Laughter*} All right! I should be. Thank you very much. I very much appreciate your attendance today. {*Applause*}.