GP support for patients with a sensory impairment

A report from Sheffield LINk

January 2012

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deaf advice service sheffield

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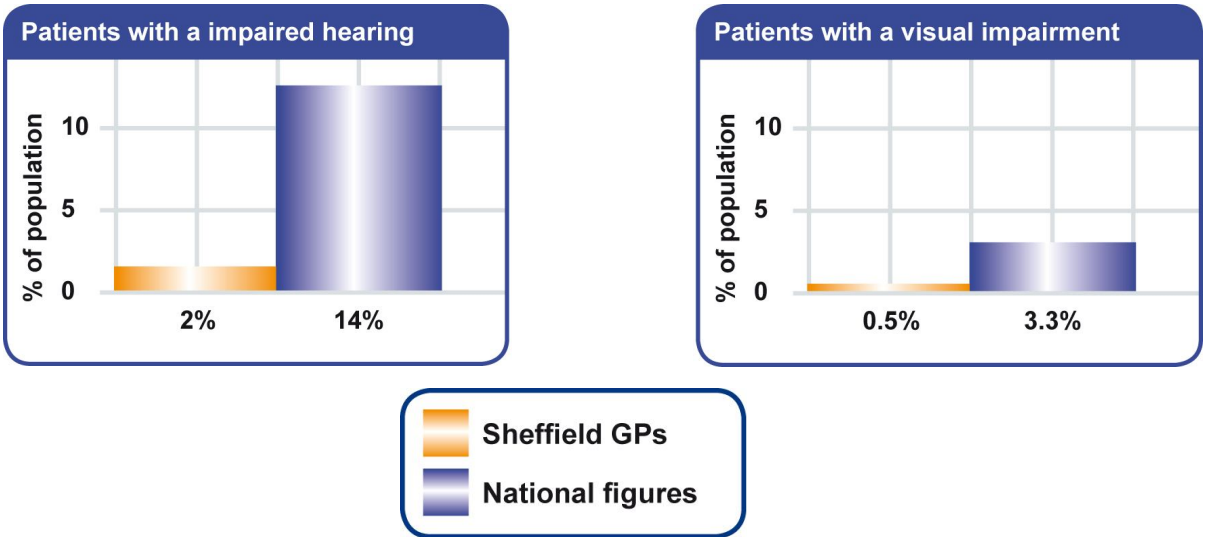
Executive summary

In February 2011, Sheffield Local Involvement Network (LINk) sent a 'request for information' to all main GP practices in Sheffield asking about how they support patients with a sensory impairment. This took the form of a short questionnaire and LINk worked with the Deaf Advice Service Sheffield (DASS) and Sheffield Royal Society for the Blind (SRSB) to formulate the questions.

At the time, there were 92 main GP practices serving Sheffield and the questionnaire was posted out to them, together with the link to an online version if they preferred. A reminder was sent out in April and in the end 57 practices responded making a response rate of 62%. The practices that responded are listed on page 15.

Key findings

1. About a quarter of GP practices could not tell us how many patients they have with a sensory impairment or what proportion this was of their list. Many of those that did report a number appeared only to count profoundly deaf or blind people[1].
2. Overall, there was a huge under-reporting of those with sensory impairment compared to national statistics. Sheffield GPs reported on average 1 in 50 (2%) of their patients have impaired hearing (national statistics suggest 1 in 7 (14%) of the population) and just 1 in 200 (0.5%) with visual impairment (national statistics show 1 in 30 (3.3%)).



3. While most practices (86%) have some method of coding or flagging up that a patient has a sensory impairment, there was no standard way of identifying these people or their needs. When asked how the practice identifies visually impaired patients, 2 practices actually stated *"If they walk in with a guide dog or white stick"*.

[1] Terminology in this report is taken from the Office of Disability Issues Inclusive Communications Guide http://odi.dwp.gov.uk/inclusive-communications/representation/language.php

4. While most practices show good intentions and approaches to ensuring that patients are supported when it is their turn to see the GP or nurse, anecdotal information from DASS and SRSB suggests this is not always the case. Again, there is no standard way of helping these patients.
5. Fewer than half the practices that responded (25 out of 57) has a hearing/induction loop.
6. There are no common methods for supporting the communication needs of hearing impaired patients; just 5 practices (9%) arranged a British Sign Language (BSL) or similar interpreter in 2010 and or have someone on site. This small number may, in part, be explained by the fact that just 15 practices (26%) knew that interpreters were paid for by the Primary Care Trust (NHS Sheffield).
7. Just 3 practices (5%) have a dedicated SMS mobile phone number for hearing-impaired patients to 'text' practices. 3 others are on email and 2 have a fax. This is something that DASS has been campaigning about for some time.
8. Similarly, there is no standard ways of supporting visually impaired patients or helping with their communication needs. Also SRSB was very disappointed to discover that during 2010, just 4 practices (7%) had referred patients to SRSB for support.
9. Most practices (63%) are interested in finding out more about how to support patients with a sensory impairment, which is encouraging.

Recommendations

Our research reveals that Sheffield's GP practices have the best of intentions towards supporting their patients with a sensory impairment. However, it is clear that there are no standard ways of even identifying these patients and certainly no agreed strategy for how best to support them.

Sheffield LINk has a number of recommendations to make to improve this situation.

In early 2012, LINk will be arranging a **meeting/training event** on this subject. All GP practices and representatives from NHS Sheffield will be invited to attend a session with DASS and SRSB to find out more about how best to support patients with a sensory impairment. We see this as an opportunity to identify existing best practice and key areas that could be improved. It will also help practices meet their obligations under the Disability Discrimination Act (DDA).

1. LINk recommends that as many practices as possible **send a representative** to this meeting. Following it, we suggest that NHS Sheffield together with GP representatives draws up **official guidelines** for practices to follow to support their patients with a sensory impairment. We would like to see timescales and responsibilities outlined and for the following points to be incorporated:
2. GP practices consider developing a **standard way of identifying patients** with a sensory impairment and their individual needs and ensuring that this information is communicated to all staff. This could be done as a rolling programme of updating

patient records as patients attend the surgery – and enrolling new patients – to ensure that it is not too time consuming. It would also be an ideal opportunity to ask such patients how they would like to be supported. While implementing their suggestions may not always be possible, easy solutions may present themselves and the patients are likely to appreciate the practice being proactive.

3. All practices consider the possibility of having at least a portable **hearing loop** for consultations if it's not possible to put a loop into the whole practice. This would also need to be clearly advertised for people. However, practices need to be aware that a loop isn't suitable for everyone, see section 2.6 on page 10.
4. All practices consider setting up **a dedicated SMS mobile number** so that hearing impaired patients can manage their appointments, get test results and generally communicate by text. Again, the practice would need to communicate this service to those patients with impaired hearing.
5. SRSB is very keen that where patients are identified as having sight problems that GPs **refer them to SRSB** for additional support, with the patient's consent of course.
6. NHS Sheffield to **publicise the availability of sign language translators** and availability of information in alternative formats (i.e. Braille, audio, email etc.
7. Authorised representatives of Sheffield LINk **ask the following questions as part of any 'enter and view' visit** they carry out:
    a) What support or arrangements do you have in place to support people with a sensory impairment (e.g. seriously impaired vision or hearing)?
    b) Have all your staff attended disability awareness training?

For more information about, or to comment on this report, please contact Sheffield LINk on:

Telephone: 0114 253 6690

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Website: http://www.sheffieldlink.org.uk/have-your-say

1. Introduction

In February 2011, Sheffield Local Involvement Network (LINk) used its legal powers to send out a formal 'request for information' to all main GP practices in Sheffield asking about their support for patients with a sensory impairment. We chose to exclude the 'branch' practices as some are very small and share administrative functions with the main practice.

LINk worked with the Deaf Advice Service Sheffield (DASS) and Sheffield Royal Society for the Blind (SRSB) to draw up the questions to ask the practices. Our request for information took the form of a short questionnaire (see Appendix) and was posted out in printed format to the practice manager at each practice together with a link to an online version.

1.1 Response rate

The questionnaire was sent to the 92 main GP practices in Sheffield that there were at the time. A total 39 practices responded within the legally requested 20 working days and a reminder was sent out in April which brought a further 18 responses. In the end we were reasonably satisfied with this response as we recognise that practice managers are extremely busy.

Therefore, a total of 57 practices responded giving an overall response rate of 62%. Of these, 40 practices (70%) responded by filling in the paper version and in most cases it was completed by the practice manager. We had responses from every Sheffield postcode except S17, which covers Dore and Totley. However, we did get a reply from the Carterknowle and Dore Medical Practice, which has its main practice in S7.

The findings were analysed by Sheffield LINk's Support Team, then shared with DASS and SRSB for them to comment. Their comments have been interspersed with the findings to which they refer.

1.2 Interest in further support

At the end of each section, practices were invited to say whether they were interested in receiving some kind of additional information/advice/training on supporting patients with a sensory impairment.

- Nearly two-thirds (63%) were interested in this, and of these 27 (47%) are interested in finding out how they can support both visual and hearing impaired patients.
- 8 practices only want information on supporting patients with hearing impairment while 1 is interested only in visual impairment.

"Any advice will always be gratefully received and taken on board"

"The practice always welcomes any further training in these particular areas to help us improve the services to our patients"

"We are a practice aware of the need to support our patients with sensory impairment and would welcome any help/information/training that you could provide"

2. Hearing impairment findings

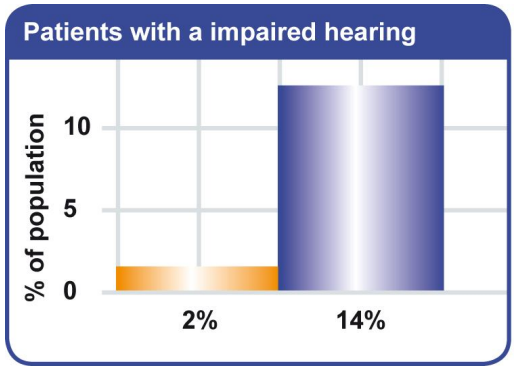
Introductory quote from DASS "*Despite having been registered deaf since birth, GP and NHS Services including Audiology have failed to make adaptations so that it is easier to contact patients with hearing loss. It is very common to see GPs and NHS Services using raised voice tactics, which is out-dated and insulting to patients*."

2.1 Number of patients We asked practices for the number of profoundly and partially deaf patients in their practice and what proportion this is of their list:

- It is concerning that only 43 of the 57 practices (75%) answered this question. Some only put a number of patients and no list size although we looked up the list size online and did our best to work it out.
- A number of other practices clearly only counted profoundly deaf people while others said that they didn't record this information.

Responses included *"unable to provide numbers", "unknown"* or *"we do not code this onto our clinical system and are therefore unable to provide numbers"*.

- The responses ranged from 0.1% to 7.5% of the practice list, with a mean of around 2% (see graph right) comparing our findings with the national average of 14%.



One practice manager put the following *"we have 5 profoundly deaf people and 33% of our list have been identified as having partial hearing loss".*

Although our findings give a mean of around 2% of patients (1 person in 50), national data suggests that the figure is closer to 14%, that's 1 person in 7 (blue column). Deafness Research UK estimates that "*almost 9 million people in the UK, one in seven of the population, suffer from deafness or experience significant hearing difficulty*".[2] While "*Action on Hearing Loss (formerly the Royal National Institute for the Deaf) estimates that there are more than 10 million people in the UK with some form of hearing loss*".[3]

2.2 Identifying patients We asked how practices identify hearing-impaired patients and ensure that all staff are aware of their disability.

- Three-quarters of practices (43**)** have some kind of code, prompt or flag on the patient records. However, judging by the numbers of patients identified in the previous question,

[2]Deafness Research UK - http://www.deafnessresearch.org.uk/1885/did-you-know/did-you-know.html
[3] NHS Choices - http://www.nhs.uk/conditions/Hearing-impairment/Pages/Introduction.aspx

this coding is unlikely to cover all patients affected. Some of these 43 practices also mentioned staff knowledge of their patients.

- 6 practices (11%) rely on the patient to make the staff aware of it *"the patients normally notify the staff"*. A further 2 practices mentioned that *"clinical staff inform admin staff"* or that this is "*identified during treatment".*
- The final 6 practices left the question blank or put "*no formal communication process"*.

2.3 Meeting communication needs We asked what steps the practice takes to meet the communication needs of its hearing impaired patients (i.e. British Sign Language or Signed Supported English).

- 22 practices (33%) claim to have access to or would get hold of an interpreter or signing person either as a member of staff or through SCAIS (Sheffield Community Access & Interpreting Service) or similar.
- 5 practices mentioned that their patients usually bring their own support or that the patient could lip read while 1 practice said that it allows extra time for consultations and several others write things down for people during consultations
- 6 practices mentioned their hearing or induction loop (see section 2.6).
- 1 practice uses Type Talk[4] while another mentioned its Jayex Board[5] to say when patients are called (see also section 2.7).
- We noted that of the 12 practices that left this question blank or say that they do nothing, only half were interested in having advice or support in this area.
- Two practices added that they offer the following service "*prescriptions, appointment, visits can be requested online or by fax".*

DASS comment Unless a hearing impaired patient specifically wishes to use their own communication it is not appropriate for many reasons. Neither is it the 'disabled' person's responsibility to provide their own support. Also, in our experience, doctors often assume their patient can 'lip read'. However, this is frequently disputed by the deaf person. This confusion can be avoided by the practice asking their patient how they can best communicate with them.

In addition to the above points, we feel it is significant that some questionnaires were left blank at the crucial question of the method for supporting the communication needs of hearing impaired patients. It is perfectly possible, and is common practice for other agencies, to have a clear policy about the use of communication support for deaf people. This policy could be agreed upon and circulated throughout all surgeries, and would include information on the practicalities of booking and funding interpreters.

[4] Leaflet on Typetalk http://www.textrelay.org/files/Typetalkleafletv7.pdf
[5] Jayex site http://www.jayex.com/market-sectors/gp-primary.html

2.4 Signing support We asked how many times in 2010 the practice used a British Sign Language/Signed Supported English interpreter.

- Just 5 practices (9%) reported using one of these interpreters during the year. The number of times they used them ranged from 1 to 6 with a total of just 17 instances.
- 2 practices said that they have a member of staff who does signing and therefore did not need to use external resources.
- 44 practices (77%) said '0' instances, 'none' or 'never' while another 6 (11%) weren't sure or couldn't check their computer records as this was not coded.

DASS comment We were disappointed to see that out of 57 practices only 5 had used BSL or similar interpreters during 2010. When compared to the number of deaf/hearing impaired citizens in Sheffield, this is clearly disproportionate and is not satisfactory.

This figure can't be based on need as DASS has records of numerous clients who have requested a BSL signer for their GP appointments only to turn up to find no one present. Over the years, an apprehension to ask for communication support has evolved and sadly many deaf people's expectations are so low that they stop requesting support, which could also explain this finding. Unfortunately, deaf people who rely on interpreters can feel powerless without an interpreter, which can make them reluctant to seek medical attention.

When booking an interpreter, please can practices ensure that sufficient time is booked both to take account of any waiting room delays and the time needed for interpretation. Interpreters are busy and may have to dash off to their next job before they have had the chance to support the patient, which can leave deaf people without support, feeling demoralised and also unable to complain directly.

Another issue is the lack of contact with interpreters as you don't know who is attending, especially important for some medical issues when a same sex interpreter is critical.

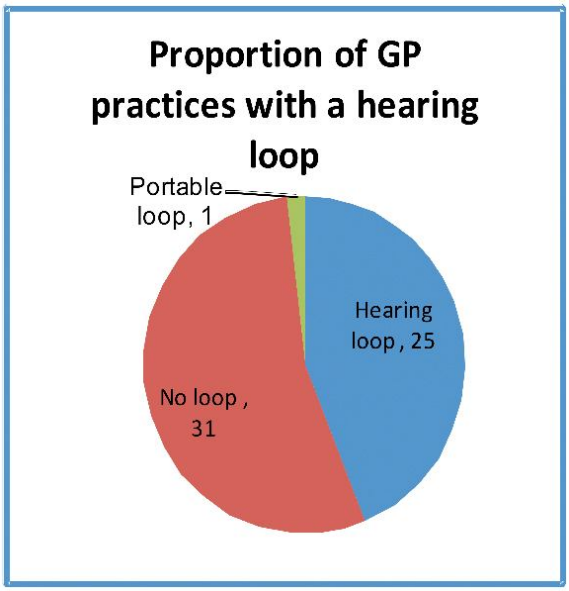
The majority of people we are in contact with agree that it isn't always necessary to have a signer at every GP appointment but that it is essential at some, for example when discussing health risks, side effects to medication, severe symptoms, impending hospital admissions etc. DASS is also be keen to know more about the 2 practices where they have a staff member who can sign, in particular, the qualification level of these workers, their roles and availability to support patients.

2.5 Funding for signing As a follow-up question, we asked whether the practices know who funds these interpreters.

- The 5 practices who had used interpreters all said that this was funded by the Primary Care Trust (PCT), in our case NHS Sheffield.
- Another 10 practices also thought it was funded by the PCT, with one saying the PCT through SCAIS (Sheffield Community Access & Interpreting Service).
- 2 thought that SCAIS pays for it, while 5 thought the practice itself would have to pay.

- 14 practices (25%) didn't know who pays for it and another 17 (30%) put 'not applicable' assuming perhaps that if they don't use or don't think they need to use this service that this question didn't apply to them.

2.6 Hearing loop We asked whether the practice has a loop system for hearing impaired patients and, if so, how patients are made aware of this.



- Fewer than half of the practices (just 25 or 46%) that responded have a hearing/ induction loop system. Of these, 19 (76%) say they have signage to inform patients. The rest left this part blank.
- 31 practices (54%) do not currently have a loop although one was getting one soon.
- I practice has a portable loop although they say "*it's probably not enough*".

DASS comment Loops are not [always] the best alternative for patients with hearing loss. Wearing a hearing aid does not automatically make one 'hear'. Using a loop only amplifies sounds which can become even more distorted. Loops work best with patients who have gradual hearing loss. It does not work for deaf patients. GPs and NHS Services are failing to recognise the subtle differences between deafness and hearing impairment. We recommend consulting with patients as they come into the surgery about the best way of supporting them.

SRSB comment We were disappointed to see that less than 50% of practices have a hearing/induction loop. Many of our visually impaired clients are elderly and also use hearing aids. I am disappointed that all surgeries do not have hearing loops. It is such a simple thing to address with portable units available for around £100.

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2.7 Assisting patients. We asked how hearing impaired patients know when it is their turn to go into the GP/nurse's room.

- All practices stated that staff (either receptionists or clinicians) will assist patients by collecting patients from the waiting room.
- 1 practice stated that patients are given support in writing and are escorted if required.
- 2 practices also had visual sign systems to call patients (see section 2.3 on communication needs).

DASS comment We would like practices to consider the use of electronic banner signage which informs people both visually and aurally that it is their turn. This gives everyone equal access to the nurse or GP. Some people find it embarrassing to be collected personally by the GP or nurse when this is not normal practice.

2.8. Mobile number DASS specifically asked LINk to include a question on whether the practice has a dedicated mobile phone number to enable deaf patients to communicate independently with the surgery through SMS messages to make appointments and get test results etc.

- Just 3 practices (5%) had a mobile number while 3 others said they were on email and 2 more had a fax.
- Another 3 (5%) practices were planning to get a dedicated mobile phone number.

DASS comment It is very disappointing that only 5% of practices have mobile numbers to SMS. DASS has been campaigning for dedicated SMS mobile phone numbers to be issued to deaf patients to enable them to manage their own appointments etc independently. This is a cheap but highly effective method of increasing access for the hearing impaired community. We hope that many more surgeries take up this opportunity to make such a big difference by implementing such a small and cost effective change.

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2.9 Advice Finally, we asked whether they wanted any advice about making their practice more accessible for deaf patients and 35 (61%) practices said they were interested in this.

3. Visual impairment findings

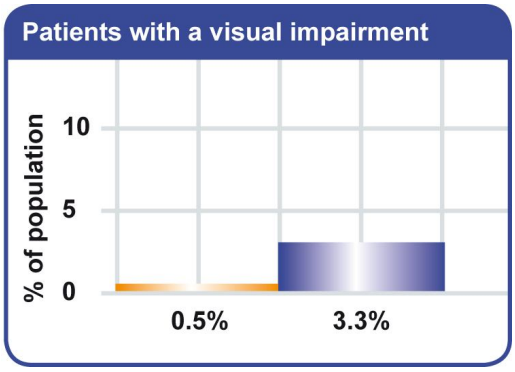
SRSB introductory comment SRSB in conjunction with RNIB has been running a campaign for over 2 years entitled '*Losing Patients'*; which is all about the lack of information in accessible formats within the health sector. GPs have consistently failed to respond to us on this campaign.

We have written to the Local Medical Council on numerous occasions and not had so much as an acknowledgement of our letters. NHS Sheffield has promoted our events to all GPs and only 1 practice attended and this was by a practice manager who was partially sighted.

Whilst our comments question some of your findings and some of the results are quite depressing nothing in your report comes as a great surprise to us but it is good to have our perceptions from anecdotal evidence confirmed.

3.1 Number of patients We asked practices for the number of visually impaired patients in their practice and what proportion this is of their list.

- A total of 46 practices (81%) answered this question and levels ranged from 0 to 3% of the list although most were less than 1%. The average proportion of visually impaired patients was just under 0.5% (see graph), that's just 1 person in 200.
- Some of the practices could not answer this question or did not provide a list size.
- One practice thought it was 15% of their list. We disregarded this from our calculations as a rogue result that would have a disproportionate effect on the mean score.



As with hearing impairment, practices seem to be failing to identify or code the patients with a significant visual impairment as the numbers are, again, far below national figures. The figures do vary although it appears that some practices are only counting blind people. The Royal National Institute for the Blind (RNIB) estimates that "*almost two million people in the UK are living with sight loss. That's approximately 1 person in 30*"[6].

SRSB comment The GP Practices do not seem to be identifying patients with a sensory impairment as their incidence is clearly at a much lower level than national statistics (see also the comment in section 3.4 on page 13).

3.2 Identifying patients We then asked how the practice identifies visually impaired patients and ensures that all staff are aware of their disability.

- The vast majority of practices (49 of the 57) have a code, alert or prompt of some kind on the patient's records or notes.
- 3 practices put "*none*" or *"no formal communication processes"* and another 5 practices used informal mechanisms often relying on staff awareness, see quotes below:

"Patients either inform the clinicians/staff or sometimes it may be more easily noticed i.e. using a white stick or having a guide dog. They may have another person with them."

"If they walk in with a guide dog or a white stick – current patients known to staff"

"Clinicians or admin staff identify patients through contact on registration"

"Currently do not have reminders on screen but will now discuss how we can do this"

[6] RNIB statistic. http://www.rnib.org.uk/aboutus/Research/statistics/Pages/statistics.aspx

SRSB comment Anecdotal evidence from our clients indicates great variance in the support offered in surgeries – this is in contradiction with your findings. We were very alarmed by the comment that 1 practice claims to have no patients with a visual impairment and would be very interested to hear from this practice to see how they can justify this claim. We have over 3100 blind and partially sighted people in Sheffield on our database and we record their GP surgery. From our database, all surgeries in Sheffield have numerous blind or partially sighted patients.

3.3 Supporting patients We asked what steps the practice takes to support visually impaired patients.

Most practices responded that they try to support people as best they can but there were few common themes or any standardised approach.

- Several practices either send out letters in large print or follow up letters with a phone call while 4 practices (7%) talked about Braille signage or having Braille leaflets.
- 1 practice has home visits for blind patients and another helps with transport arrangements and said that it has a visually impaired 'friendly' website.
- 4 practices said they do nothing.

SRSB comment Braille notices in particular are of very limited use – only 2% of blind people read Braille but even for this small minority if people aren't familiar with a building the signage will have limited benefit. Making all written information available in large print and audio format should be the minimum.

3.4 Assisting patients to see the GP/nurse When we asked about how they know when it is their turn to go into the GP/nurse's room, most practices had a similar way of dealing with this:

- A total of 41 practices (72%) said that patients are either fetched from the waiting room by a member of staff or escorted by a member of staff while another 5 (9%) said their patients are called by reception/staff.
- 4 practices (7%) said patients are called on intercom/audio system while another 4 say that patients are both called on intercom/audio system and helped by staff.
- 2 practices said this question wasn't relevant as one does home visits and the other has no patients with a visual impairment although we suspect they are only talking about blind patients (see comment from SRSB at the top of the page).

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3.5 Referrals We asked how many referrals/how many people the practice had signposted to Sheffield Royal Society for the Blind (SRSB) during 2010?

- Just 4 practices (7%) had made any referrals, one had referred 1 person, 2 had referred a 'few' and another said "we do signpost but do not record how many".
- Few practices keep a record of this and a total of 23 practices (40%) either didn't know or didn't record/code this information in a searchable way.
- 26 practices (46%) had made no referrals.
- The one practice that claimed not to have any visually impaired patients said the question was not applicable. One said all referrals were 'made by the ophthalmologists and another practice area includes a home run by SRSB so again it was not relevant.

SRSB comment We were very disappointed to see that only 4 practices say they have referred patients to SRSB. In the course of a year there must be hundreds of patients who might have benefitted from our support. These people may eventually be referred to us via another source but as with many medical issues, early intervention can be so much more beneficial and cost effective. We receive referrals from so many sources throughout the community and health sectors but almost never from GPs.

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3.6 Training. All practices were asked whether some of their staff might be interested in attending visual impairment awareness training?

- 28 (49%) of the 57practices answered yes

SRSB final comment This gives us some encouragement as there would seem to be a desire to make improvements. Again this ties in with our perception that surgeries fail to adequately meet the needs of their patients not through lack of care, but more likely through ignorance and lack of resources.

SRSB would be delighted to work with GP practices to help them improve the quality of their services/support for patients with a visual impairment and hopefully your report to disseminate the findings to practice managers etc, together with an event will be the catalyst for change.

4. Final Comments

When we asked the practices whether they had any further comments about this subject, we were encouraged by the willingness to have training and advice on this.

"Any advice will always be gratefully received and taken on board"

"The practice always welcomes any further training in these particular areas to help us improve the services to our patients"

"*We are a practice aware of the need to support our patients with sensory impairment and would welcome any further help/information/training that you could provide"*

Acknowledgements

Sheffield LINk wishes to acknowledge the support of the following people and organisations in carrying out this research:

Steve Hambleton, General Manager, Sheffield Royal Society for the Blind (SRSB)

Kate Bushen, Advice Service Manager, Deaf Advice Service Sheffield (DASS)
Richard France, Member of DASS Management Committee

The following GP practices that took the time to respond to our request for information: Abbey Lane Surgery ♦ Avenue Medical Practice ♦ Barnsley Road Surgery ♦ Belgrave (The Matthews Practice) ♦ Bents Green Surgery ♦ Birley Health Centre ♦ Bluebell Medical Centre ♦ Broomhill Surgery, ♦ Carterknowle & Dore Medical Practice ♦ Charnock Health Centre ♦ Darnall Community Health ♦ Darnall Health Centre (Swinden) ♦ Deepcar Medical Centre ♦ Duke Medical Centre ♦ Dunninc Road Surgery ♦ Dykes Hall Medical Centre ♦ Falkland House ♦ Firth Park Surgery ♦ Foxhill Medical Centre ♦ Gleadless Medical Centre ♦ Greenhill Health Centre ♦ Grenoside Surgery ♦ Greystones Medical Centre ♦ Hackenthorpe Medical Centre ♦ Highgate Surgery ♦ Jaunty Springs Health Centre ♦ Jordanthorpe Health Centre ♦ Manchester Road Surgery ♦ Manor Park Medical ♦ Mill Road Surgery ♦ Mosborough Health Centre ♦ Nethergreen Surgery ♦ Norwood Medical Centre ♦ Old School Medical Centre ♦ Page Hall Medical Centre ♦ Pitsmoor Surgery ♦ Porter Brook Medical Centre ♦ Rustlings Road Medical Centre ♦ Selbourne Road Medical Centre ♦ Sharrow Lane Medical Centre ♦ Sheffield City GP Medical Centre♦ Sheffield Medical Centre ♦ Shiregreeen Medical Centre ♦ Southall Medical Centre ♦ The Crookes Practice ♦ The Health Care Surgery Palgrave ♦ The Hollies Medical Centre ♦ The Medical Centre Crystal Peaks ♦ The Mulberry Practice ♦ The Sloan Practice ♦ Tramways Medical Centre (O'Connell) ♦ Upperthorpe Medical Centre ♦ Upwell Street Surgery ♦ Walkley House Medical Centre ♦ White House Surgery ♦ Woodhouse Health Centre ♦ Woodseats Medical Centre.

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Appendix – GP request for information around sensory impairment

Name of practice: Name of respondent:

Title of respondent:…….. Contact phone number in case of query:……..

Section A: Hearing impairment

1. How many profoundly and partially deaf patients do you have in your practice? What proportion is this of your list?
2. How do you identify hearing-impaired patients and ensure that all staff are aware of their disability?
3. What steps do you take to meet the communication needs of hearing impaired patients (i.e British Sign Language or Signed Supported English)?
4. How many times in 2010 did you use a British Sign Language/Signed Supported English interpreter?
5. Who funds the use of these interpreters?
6. Does your practice have a loop system for Hearing Impaired patients? If so, how are patients made aware of this?
7. How do hearing-impaired patients know when it is their turn to go into the GP/Nurse's room?
8. Does your practice have a dedicated mobile phone number to enable deaf patients to communicate with the surgery through text messages to make appointments etc?

   Yes ☐ No ☐ Being planned ☐

Please add further information below (e.g. how long it's been in use, how do you find it, whether you have considered this etc)

9. Do you require any advice about making your practice more accessible for deaf patients?
   Yes, please ☐ No, thank you ☐

Section B: Visual impairment

10. How many visually impaired patients do you have in your practice? What proportion is this of your list?
11. How do you identify visually impaired patients and ensure that all staff are aware of their disability?
12. What steps do you take to support visually impaired patients?
13. How do visually impaired patients know when it is their turn to go into the GP/Nurse's room?
14. How many referrals/how many people has the practice signposted to Sheffield Royal Society for the Blind in 2010?
15. Would some of your staff be interested in attending visual impairment awareness training?
    Yes, please ☐ No, Thanks ☐

If you have any further comments about this subject, please add them here.

Thank you for completing this information request.