**(1) Introduction:**

This resource contains information to help you understand the legal requirement on NHS service providers (including re continuity of interpreters and remote interpreting), be able to quote the relevant sections, for Deaf people and interpreters to know best how to complain and raise concerns, and has links to further information and resources in BSL and English.

“… *service providers across the NHS and adult social care system have a****legal duty****to follow this standard ...”* and must comply with “*the Information Standards Notice (ISN) …* ***by 31 July 2016****.*"

Trusts, hospitals, etc. should make sure that the NHS AIS requirements are reflected in any tenders they write for interpreting contracts, and are reflected in the final contracts, for example, re; use of NRCPD interpreters, use of the same interpreter for continuing bookings, and use of remote interpreting. They often aren’t, so this is an important area to discuss with Trusts and campaign on, as it means the contracts may put the Trust in breach of the Information Standard Notice (ISN) and Equality Act.

From “3 Overview (NHS AIS Implementation Guide)”:*“Commissioners of NHS and publicly-funded adult social care must also have regard to this Standard, in so much as they must ensure that contracts, frameworks and performance-management arrangements with provider bodies enable and promote the Standard’s requirement.”*

Interpreters can offer to support Deaf people with complaining on a pro bono basis and provide Deaf people with links to the resources below, as useful. There is no conflict of interest.

It's really useful for interpreters to understand the NHS AIS themselves, the role of the CQC in monitoring, and about the PHSO as independent complaints investigator, as this knowledge is really useful to share with Deaf people and hearing customers too.

Whilst interpreters can't complain, they can raise concerns to CQC, so it is something we can and should do if the Deaf patient doesn't want to complain.

Interpreters can also contact the NRCPD and ask them to contact the agency and/or Trust to raise this issue.

**Key points:**

* Is a legal requirement from 31st July 2016.
* Covers all organisations that provide NHS or Adult Social Care.
* Covers all access to information and communication - including:
  + Booking an appointment.
  + How the service must record your information & communication needs.
  + Booking an appropriate service for appointments (without being asked).
  + Providing information in an accessible format.
  + When referring including the patients’ information & communication needs in the referral.
* Covers patients & carers.
* Starts with the Deaf person telling the GP their needs.

**Summary (adapted from an Action on Hearing Loss resource):**

NHS England’s Accessible Information Standard provides clear guidance, for NHS and publicly funded, adult social-care providers in England, on how to make their services accessible for people with disabilities and sensory loss, including people who are Deaf and use sign language.

This is in order to make sure that people with disabilities and sensory loss can:

* contact them when they need to,
* communicate well during appointments and
* understand any health information and correspondence they’re given.

It takes into account the needs and legal entitlements of patients, service users, parents, guardians or carers.

If someone has a disability and/or sensory loss, NHS and adult social-care providers must follow five steps to meet the requirements of the Standard, in order to make sure that they can fully access their services:

1. Providers must ask the Deaf person if they need help to contact them, communicate well or to understand letters or health information.
2. They must record their communication and/or information needs in a standardised way so that they know how to support them without the Deaf person having to request support each time they visit them or receive treatment and/or care. For example, if the Deaf person cannot use the telephone and requires instead an accessible alternative such as email or SMS text.
3. They must ensure the Deaf person’s communication and/or information needs are highly visible or linked to an electronic alert on your care record so they know when to take appropriate action. For example, to make sure a British Sign Language (BSL) interpreter is booked ahead of your appointment.
4. They must share the Deaf person’s communication and/or information needs if they refer them to another service, for example, a hospital specialist.
5. They must ensure one or more accessible contact and/or communication methods are available for you to use, if you need them. For example, SMS text and access to a BSL interpreter during your appointment.

**Requirements for interpreters booked to provide access in NHS settings:**

Interpreters should be both qualified and registered with the NRCPD.

*“Organisations SHOULD ensure that communication professionals working with d/Deaf and deafblind people are registered with the NRCPD.*

*If it is impossible to engage an NRCPD Registrant, organisations MUST ensure that the person who works:*

* *hold relevant interpreting qualifications and,*
* *have achieved BSL level 6 or an honours degree in their second language, in line with NRCPD registration requirements, and*
* *have signed up to a relevant professional code of conduct, and*
* *have (DBS) clearance.”*

Note the requirements if providers don’t supply people who are NRCPD registrants!

**Extracts from the guidance if need to be quoted:**

***“Ongoing compliance with the Standard: Identification and Recording of Needs:***

*12. Professionals MUST identify and record the information and/or communication needs of their patients and service users - and where appropriate their carers or parents - where such needs relate to or are caused by a disability, impairment or sensory loss…*

***Ongoing compliance with the Standard: Meeting of Individuals’ Needs:***

*26. Organisations MUST ensure that patients, service users, carers and parents with information and/or communication needs related to or caused by a disability, impairment or sensory loss have these needs met.*

*29. Organisations MUST ensure that patients, service users, carers and parents are provided with appropriate communication support.*

*30. Organisations MUST take steps to ensure that communication support, professional communication support and information in alternative formats can be provided promptly and without unreasonable delay.*

*31. Organisations MUST ensure that communication professionals (including British Sign Language Interpreters and deafblind manual interpreters) used in health and social care settings have:*

* *Appropriate qualifications; AND*
* *Disclosure and Barring Service (DBS) clearance; AND*
* *Signed up to a relevant professional code of conduct.”*

**Continuity of and preference for interpreters:**

**11.4.4.4 Requests for / use of particular professionals (from the NHS AIS Implementation Guide)**

*“Wherever possible, requests from individuals for a male or female communication professional, for a particular professional and / or for the same professional to provide support to an individual during a course of treatment, SHOULD be met. This will support continuity of care and is likely to improve the experience of the patient, service user, carer or parent.*

*Good practice would suggest that particular efforts should be made to accommodate requests for individual, consistent and / or male / female communication professionals where an individual is undergoing particularly invasive, intensive or sensitive procedures / courses of treatment, including care relating to pregnancy, maternity or sexual health, radio- and chemo-therapy, end of life care and when accessing mental health services. Such preferences should be clearly and objectively recorded in a free text area of an individual’s notes or record, linked to the basic (and mandatory) recording of needs, for example: Special Requirements: 204331000000107 British Sign Language interpreter needed (finding). “Pref. interpreter Jane Smith (NRCPD ID 1234567) or if unav. other female interpreter.””*

**Remote interpreting:**

**11.6.4.5 Remote access to communication support**

*In addition to the ‘traditional’ approach of arranging for a particular communication professional to attend an appointment to support dialogue between an individual and a service provider, it is now possible for services to access such support remotely (or ‘virtually’) over the internet.*

*Working in a similar way to a video call, and using telecommunications application software to support a video conversation over the internet, video relay services / video remote interpreting services enable a three way conversation to take place between a d/Deaf BSL user and an English speaker via a BSL interpreter.*

*The technology can be accessed via a smartphone, tablet or computer, enabling quick and easy access to communication support for d/Deaf people. The technology has been available to users of the NHS24 service (in Scotland) and the NHS111 service (in England) for some time*

*Video interpreting services are particularly useful in urgent or emergency care settings, when it may not be possible to arrange for face-to-face support from a communication professional in time. They should not be seen as a total replacement for face-to-face interpretation / communication support, and may not be appropriate in some circumstances, especially for longer appointments. Best practice would be that, where possible, and for routine care, individuals should be given the option of remote or face-to-face interpretation.*

*Note that in using remote interpretation services, organisations MUST ensure that interpreters used meet the qualification and registration requirements as set out in section 11.6.4.1.*

**Suggested actions for Deaf people and interpreters to complain and raise concerns:**

Inability to find appropriate registered interpreters is an excuse used by agencies, especially re deaf blind interpreting. However it appears that this is often because the agency can't get someone at a low enough cost, rather than no-one is available.

Complaints should be really short and to the point, even if the temptation is to spell everything out. This helps it not be too difficult a task. There is no conflict of interest if registered interpreters support Deaf people with making complaints and accessing the complaints process, and pragmatically this may be useful, although the NHS themselves should provide access in BSL to the complaints process. This can be raised a separate issue later.

All complaints should be followed up promptly and escalated if no satisfactory conclusion is reached. It can help to book this in your and the Deaf person’s diary.

**1a. If NO interpreter is provided:**

Deaf people need to make a formal complaint to the hospital, explain that by not providing an interpreter the hospital is in breach of the NHS Accessible Information Standard (NHS AIS).

In the complaint they should say that to resolve the complaints they:

a) Need a written explanation as to why an interpreter was not booked and/or provided.

b) If the agency claims an interpreter was booked but cancelled, they should say that they require the name of the interpreter who withdrew, so that you can complain to the NRCPD.

If the hospital or interpreting agency say they can’t provide the interpreter’s name because of GDPR, you can challenge this, explaining that as a registered professional their name must be provided, so that you can complain. If they still won’t provide the name, the contact the Information Commissioner’s Office (ICO) and ask for their help: <https://ico.org.uk/make-a-complaint/>

c) Need a written explanation as to how the hospital will ensure an appropriate interpreter is provided in future.

d) To understand whether this is a systemic issue or not, that you would like to know the number of bookings for BSL interpreters for the previous or current year, the percentage of requests that are fulfilled, the percentage of these requests where the interpreter does not turn up, and how this data is collected.

In the complaint say it has been cc’d to the CQC.

**1b. If an unregistered person is provided:**

Deaf people need to make a formal complaint to the hospital, explain that by not providing an interpreter the hospital is in breach of the NHS Accessible Information Standard (NHS AIS).

They should also ask for the name of the unregistered person provided as part of the action they are expecting the hospital to take to resolve this complaint, so they the deaf person can raise the issue with NRCPD.

In the complaint say it has been cc’d to the CQC.

**2. Copy all complaints to the CQC:**

Deaf people should copy all complaints to the CQC who have a responsibility for monitoring adherence to the NHS AIS.  This is relatively easy to do.

<http://www.cqc.org.uk/share-your-experience-finder>

**3. Follow up:**

If there is an inadequate reply (and there often will be), and/or if no name is supplied by the agency in response to the complaint, the complaint should be quickly escalated.

a) First to the CEO of the hospital, asking them to look into why the agency has not complied, reminding them of their obligations under the NHS AIS, and asking them for the percentage of 'cancellations' of BSL interpreters, etc.

b) If that doesn’t resolve the issue, then complain to the PHSO (Parliamentary and Health Service Ombudsman).

(You can also ask the PHSO to support you earlier in the complaints process, if the GP practice / hospital etc. is not responding, responding very slowly, or not investigating properly.)

Deaf people can contact the PHSO using BSL through SignVideo from here:

[https://www.ombudsman.org.uk/accessibility/if-you-are-deaf-or-hard-hearing/our-british-sign-language-videos](https://www.ombudsman.org.uk/accessibility/if-you-are-deaf-or-hard-hearing/our-british-sign-language-videos" \t "_blank)

Or in English (e.g. if with an interpreter) from here:

<https://www.ombudsman.org.uk/making-complaint>

In any follow up say it has been cc’d to the CQC.

4. What interpreters can do if the Deaf person doesn’t want to complain:

4a. Whilst interpreters can't complain, they can raise concerns to CQC, so it is something we can and should do if the Deaf patient doesn't want to complain.

4b. Interpreters can also contact the NRCPD and ask them to contact the agency to raise this issue.

**Other information and resources about the NHS AIS, registering deaf people’s communication and information preferences, and complaining:**

**Action on Hearing Loss** have resources for GPs about the NHS AIS, and to make it easier for Deaf people to register their communication needs using downloadable communication cards. Website & resources in BSL & English:

<https://www.actiononhearingloss.org.uk/get-involved/campaign/access-to-healthcare/on-the-record/nhs-englands-accessible-information-standard.aspx>

<https://www.actiononhearingloss.org.uk/get-involved/campaign/access-to-healthcare/on-the-record/nhs-englands-accessible-information-standard/on-the-record-template-letter-and-communication-card.aspx>

**SignHealth** also has information and resources, including for health professionals.

<http://www.signhealth.org.uk/the-accessible-information-standard/>

**Other information and resources – about complaining in the NHS:**

The **PHSO** has three excellent videos in BSL explaining:

a) How to Complain to the NHS.

b)  Giving an example of an actual complaint and how it was resolved by PHSO.  And

c)  Explaining about the PHSO.

[https://www.ombudsman.org.uk/accessibility/if-you-are-deaf-or-hard-hearing/our-british-sign-language-videos](https://www.ombudsman.org.uk/accessibility/if-you-are-deaf-or-hard-hearing/our-british-sign-language-videos" \t "_blank)

They can also be contacted in BSL through SignVideo -

[https://www.ombudsman.org.uk/accessibility/if-you-are-deaf-or-hard-hearing](https://www.ombudsman.org.uk/accessibility/if-you-are-deaf-or-hard-hearing" \t "_blank)

And in English on **Action on Hearing Loss**'s website, along with a How to Complain about NHS services page, with downloadable template letter.  (The page did have BSL and English, but since transferring to the new website is only in English) -

<https://www.actiononhearingloss.org.uk/live-well/accessibility-guidance/how-to-make-a-complaint/>

The **Our Health in Your Hands** website (in BSL and English) is still up and running - [http://ohyh.org.uk](http://ohyh.org.uk" \t "_blank), and has a link to a How to Complain page, with downloadable template letters.

**SignHealth** also have a BSL video about how to complain -

[http://youtu.be/KsYGbGxiiTI](http://youtu.be/KsYGbGxiiTI" \t "_blank)

**Information in BSL about the CQC:**

<http://www.cqc.org.uk/publications/alternative-formats/publications-british-sign-language>

**Information in BSL about the PHSO:**

[https://www.ombudsman.org.uk/accessibility/if-you-are-deaf-or-hard-hearing/our-british-sign-language-videos](https://www.ombudsman.org.uk/accessibility/if-you-are-deaf-or-hard-hearing/our-british-sign-language-videos" \t "_blank)

You can also find the video about the successful case here:

<https://www.youtube.com/watch?time_continue=1&v=hYhlvUQRPaY>

**Contacting the PHSO in BSL:**

<https://www.youtube.com/watch?time_continue=1&v=hYhlvUQRPaY>

**PHSO website:** [www.ombudsman.org.uk](http://www.ombudsman.org.uk/" \t "_blank)