

**BSL Bill
Call for Evidence
NHS Greater Glasgow and Clyde Response**

General approach

1. In the Policy Memorandum, Mark Griffin MSP says he considered a number of alternative approaches to achieve his intention of promoting BSL, for example, by establishing a voluntary code or adapting existing legislation, such as the Equality Act 2010. He concluded that introducing the BSL Bill was the best approach. Do you think we need to change the law to promote the use of BSL and, if so, why?

There is provision within the Equality Act and the Patients Rights Act to ensure that access to BSL interpreting support is integral to patient's use of health services. However despite this and local policies (for example in NHSGGC we have an Interpreting and Communication Support Policy) there can be poor provision due to lack of staff knowledge of the need for BSL interpreters for Deaf people. Staff might not come across many Deaf people and may have misconceptions about deafness and the need for interpreters. This Bill will therefore offer an opportunity to take additional action and raise the profile of BSL with NHS staff and managers.

In an internally driven staff survey in 2013 we asked all staff 'do you always, sometimes, occasionally or never book an interpreter when someone deaf comes into your service,' under 35% of staff said the 'always' booked an interpreter. This compares to 55% for spoken language interpreting. Unpacking this with staff has shown that people tend to think that Deaf people speak English and sign on top of this because they can't hear. They do not understand that English is not a Deaf person's first language.

There can also be misunderstandings of the need for interpreters in children and young peoples' appointments where the child is hearing but the parent is Deaf. We need to be able to ensure that parents can continue their role to support their child at a health appointment through an interpreter. This may need to be highlighted within the provision of the Bill.

Additionally using the EQIA process to specifically prompt for BSL users / Deafness as part of the disability protected characteristics may result in more sensitivity across health service provision.

2. Mark Griffin MSP hopes that the obligations under the Bill will, in practice, "lead public authorities to increase the use they make of BSL and the extent to which they are in a position to respond to demand for services in BSL" (Financial Memorandum, paragraph 4). How realistic do you think this aim is and to what extent do you believe the Bill can achieve this objective?

There is a societal issue of lack of awareness of the Deaf community and their culture. This transfers to public authorities staff who have poor understanding of the needs of Deaf people and therefore do not seek out knowledge.

NHSGGC has in place an Interpreting and Communication Support Policy; this has associated publicity – a flow chart which is on the wall in all nursing stations. We have a Deafness and hearing impairment e-learning module, and we also have a 'How to work with Interpreters e learning module. We centrally pay for all interpreting and communication support. We use any registered / qualified BSL interpreter (this is currently out to tender). We have a comprehensive architecture to support the provision of BSL interpreting support, but the biggest complaint we have is that staff do not book interpreters for patients even when asked. When this is brought to our attention then staff are sent on training.

The Bill will clarify the obligation on public authorities to make BSL interpreters available, to ensure appropriate funding is in place and that staff have a clear understanding of the need for BSL interpreters. This will mean that funding BSL interpreters will be seen as a legitimate activity for public authorities.

In 2014 we began tendering for an improved BSL service and through this and talking to Deaf patients we have considerable experience as a commissioner of some of the issues. We are very happy to share our experience with other commissioners but in summary-

- many Deaf people would prefer to have a named interpreter in their appointments which reduces the ability to be flexible with covering a range of appointments
- the minimum booking period for BSL interpreters is two hours which means a two hour appointment is required for a 7 – 10 minute GP appointment if we do not have another geographically local appointment that interpreter can cover
- in response to our open meeting around the tendering of our BSL interpreting requirements the issue of 'match' or 'pitch' was raised We have had feedback to say that having qualified interpreters is not enough the interpreter must 'match' the signing pitch of the Deaf person which makes it difficult for us to set a bar on qualification and to assess an interpreters ability to deliver what is required
- the relationship between the Deaf community and interpreters means that this is a closer relationship than we would expect in a professional communication support role, but this is a function of the small size of the Deaf community and that many interpreters are children of Deaf adults.

3. The Bill is solely about the use of BSL. Could there be unintended consequences for other languages or forms of communication used by the deaf community?

The need for lip speakers and note takers is also very poorly understood. Post our BSL tender we intend to scope out how we can improve access to note takers. Currently we provide approximately 16 BSL supported appointments per day. We get booking for note takers infrequently, approximately 3 – 4 per year and lip speakers are never booked. Those with hearing loss therefore do not seem to know that they are able to request communication support for health appointments and once we are sure we have enough note takers available to provide this service we will do more to promote awareness for those with a hearing loss.

We continue to meet the needs of those who require spoken language interpreting (approximately 360 appointments per day). So we are keen to ensure that BSL users also receive optimal communication support for all their health appointments.

In promoting the Bill and BSL we would use that as an opportunity to describe the need for other communication support related to sensory impairment. But it may not naturally occur through the intentions of the Bill and a plan to combat any unintended consequences should be put in place e.g. public authorities should not fund BSL at the expense of other interpreting services.

Duties on the Scottish Ministers

4. The Bill will require the Scottish Government to prepare and publish a BSL National Plan (Section 1) and a BSL Performance Review (Section 5) in each parliamentary session (that is, normally every four years). The Scottish Government will also be required to designate a Minister with lead responsibility for BSL (Section 2). What should this Minister do?

There is need for increasing the general public's understanding of BSL users and Deaf culture. Ensuring signing on news and current affairs programming, public health adverts, public meetings etc. could begin to promote an understanding. Teaching BSL in schools would enable more understanding of BSL as a language. The Deaf community have been quite insular and isolated from the hearing community - the Minister could begin to look at how to promote good relations between those who are Deaf, those with a hearing loss and those who are hearing.

Some other ideas may include:

- support national training for BSL interpreters and a national register
- incorporate Deaf awareness in college / university courses for health professionals
- pilot a national advocacy service for Deaf people
- Create Deaf champions (similar to See Me mental health champions)
- Promote employability opportunities for Deaf people to increase workplace diversity

5. The BSL Performance Review provides the basis for the Parliament to hold the Scottish Ministers to account, and for Ministers to hold listed authorities to account. If listed authorities say they will do something relating to the promotion of BSL, will the Performance Review process ensure they are held to account?

Yes the performance review could be used for this if public authorities were required to report on funding, use and promotion of BSL in services. However as it is often at individual staff level that issues arise, complaints could be used as an indicator and organisations could be asked to monitor staff attitudes.

BSL Authority Plans

6. The Bill requires listed authorities to prepare and publish BSL Authority Plans in each parliamentary session. The Bill sets out what a BSL Authority Plan should include (Sections 3(3) and 3(4)). Do you have any comments on the proposed content of the Plans?

The shape of the proposed authority plan matches the shape of the Equality Act and as such is deliverable and the infrastructure to action such a plan is already in place. NHS GGC can describe how its functions can meet the

parameters of the Equality Act and therefore would be able to describe how each of its function relates to BSL.

We are not able to collate data relating to the pathway of BSL using patients through our services as this is not collected under the category of disability specifically. The information would say the person is Deaf and in some circumstances it will say that they require an interpreter. We can say how many people get interpreters and how many asked for interpreters but didn't get through our interpreting service but not how many people didn't get interpreters; although they needed one or asked for one. This may need to change. We are considering using an adjunct to our current patient information collection systems through a 'What's important to me' patient held record – which will include communication support.

7. The Policy Memorandum (see diagram on page 6) explains the timescales for publication of Authority Plans. Do you have any comments on these proposed timescales?

No.

8. In preparing its Authority Plan, a public authority must consult with those who are “likely to be directly affected by the Authority Plan or otherwise to have an interest in that Plan” (Section 3(6)) and must take into account any comments made to it during the consultation (Section 3(5)). What effect do you think these requirements will have on you or your organisation?

NHSGGC are committed to involving and consulting with those affected by any policy or service change. We currently have a BSL Health Champions group whom we are training to act as peer educators for other BSL users. We also have had a series of open meeting regarding our interpreting provision and our tender process. We will be able to absorb consulting with Deaf people on the Bill and how we deliver the authority plans.

We estimate our population as approximately 4000 BSL users. We already have good links with Deaf clubs, organisations set up for and by Deaf people and some community members.

9. The Bill (Schedule 2) lists 117 public authorities that will be required to publish Authority Plans. Would you suggest any changes to the list of public authorities?

No.