

# Working with British Sign Language (BSL) users in primary care

Guidance to improve access and support  
effective communication

**Citation:**

Public Health Scotland.

Working with British Sign Language (BSL) users in primary care. Guidance to improve access and support effective communication. Edinburgh: PHS; 2021.

**With thanks:**

British Deaf Association (BDA)

contactSCOTLAND-BSL

Deaf Action

Deafblind Scotland

deafscotland

NHS Scotland Equality and Diversity Leads

Jac Ross, NHS Greater Glasgow and Clyde

Royal College of General Practitioners (RCGP) Scotland

Sign Health

Dr Gillian Beagan

**We use 'Deaf' as a general term for the full spectrum of deafness, including people who are BSL users, hard of hearing, deafened or deafblind.**

# Contents

Foreword .....	2
Key definitions .....	3
Introduction .....	4
Why we need guidance for working with British Sign Language (BSL) users .....	4
Background: the Deaf BSL community .....	4
Top tips in communicating with BSL users.....	5
Why it is important to understand and respond to the communication preferences of BSL users.....	7
Ineffective communication is dangerous in healthcare.....	7
Deafblindness .....	7
British Sign Language is an officially recognised language .....	8
Language and communication are rights under human rights and equality/disability legislation.....	8
The patient journey.....	9
1. Booking an appointment.....	9
2. Booking BSL/English interpreters.....	11
3. Navigating the waiting room .....	13
4. Letting the patient know when you are ready to see them.....	14
5. Communication in consultations.....	15
6. Referrals.....	16
7. Signposting to appropriate services and sources of information .....	17
8. Informing patients of results and follow-up .....	18
Pitfalls in general practice .....	19
Prescriptions .....	19
Emergency situations in general practice.....	24
BSL awareness training .....	26
Deafblind Scotland.....	26
Useful information .....	27
contactSCOTLAND-BSL.....	27
Deafblind Scotland.....	27
NHS Greater Glasgow and Clyde – mental health glossary .....	27
Glossary .....	28
References.....	30

# Foreword

‘The biggest problem in communication is the illusion that it has taken place’ –  
William H Whyte.<sup>1</sup>

Clear and effective communication is the cornerstone of general practice. It helps us build rapport with our patients and provide patient-centred care.<sup>2</sup> When communication is ineffective it impacts on patient safety, the patient’s ability to make informed choices and the provision of shared management relating to their health conditions. This is true for those who sign/use British Sign Language (BSL).

Ineffective communication is a common experience shared by patients who are Deaf and Deafblind BSL users in primary and secondary healthcare services at multiple points in their care journey.<sup>3, 4</sup> Often healthcare professionals are unaware of the language access and communication preferences of BSL users; for example, the presumption that English is a first or only language, which can lead to the ‘illusion’ that the consultation has been effective when the reality is different.<sup>3, 5, 6</sup>

Despite the challenges associated with COVID-19, NHSScotland continues to be committed to providing high-quality healthcare services that are person-centred, safe and effective. The following guidance outlines good communication practices for GPs and the wider practice team when working with Deaf and Deafblind BSL users; however, many of the principles are applicable to all who are Deaf. While health and care service provision has changed to account for COVID-19, we would still encourage you to follow best practice and the further guidance set out below. The guide should be read alongside the [NHSScotland Interpreting, Communication Support and Translation National Policy](#).

## Key definitions

**British Sign Language (BSL)** is the first or preferred language of many Deaf people in the UK. It is a language of space and movement using the hands, body, face and head. It is a real, full and living language that is part of a rich cultural heritage. It is a language of its own right with its own distinct grammar and syntax. It is one of the UK's first languages. In Scotland, the BSL (Scotland) Act 2015 sets out that public bodies must promote the usage and understanding of BSL.

**Deafblindness** or dual sensory impairment means that people who are Deafblind can neither see nor hear to the extent that their communication, mobility and access to information is significantly impaired. Some Deafblind people have enough sight to use BSL/English interpreters, while others do not and use Tactile or Manual Sign.

**Deaf – The word Deaf – with a capital 'D'** – describes someone who uses BSL and identifies as culturally Deaf. Capitals are also used when referring to terms such as the Deaf community, Deaf culture and Deaf identity.

# Introduction

## Why we need guidance for working with British Sign Language (BSL) users

Creating a GP primary care guideline provides a key opportunity for the primary care team to standardise the care provided to patients who are BSL users, while improving understanding, language and communication skills. Improved equity of access to care could lead to better physical and mental health outcomes for Deaf and Deafblind BSL users.<sup>7</sup>

### Aims

The aims of the guidance are to:

- improve GP practice staff awareness of issues faced by BSL users through their patient journey in primary care and suggest potential ways to overcome these challenges
- improve the access to primary care for BSL users in an equitable manner, and in their first and preferred language
- understand why and how to book BSL/English interpreters for BSL users
- provide opportunities to signpost BSL users to relevant information in BSL.

### Background: the Deaf BSL community

BSL is the preferred language of over 87,000 Deaf people in the UK for whom English may be a second or third language. There is a total of 151,000 individuals in the UK who can use BSL – this figure does not include professional BSL users, interpreters, translators, etc., unless they use BSL at home. In Scotland, based on official statistics, it is believed that the figure for people who use BSL is 12,556 and 7,200 of these people are Deaf. More information about this can be found on the [British Deaf Association website](#).

Deaf BSL users in Scotland consider themselves as a linguistic minority with a shared language, culture and identity, and they define themselves as a Deaf BSL community.

## Top tips in communicating with BSL users

- 1 Place an alert on the patient's medical record stating:
  - they are deaf
  - their language and communication preferences for face-to-face contact and in correspondence, as they may be different.
  - to meet the patient in the waiting room if the practice notification system is audio only.
- 2 If a hearing child's primary care giver is deaf, record the care giver's language and communication preference in an alert. If systems allow, place this information in the additional needs section.
- 3 Ensure staff are aware of the local NHS procedure for booking BSL/English interpreters. Refer to your corresponding NHS Board details and check with your local interpreting and translation services for the most up-to-date process. The Equality and Diversity Lead or team in your NHS Board can also advise you. They can usually be found on your NHS Board website.
- 4 It is recommended all practice staff should undertake the Public Health Scotland e-learning module on **British Sign Language (BSL) and Tactile BSL awareness** (see the useful information section), especially where there are new or existing BSL users on the GP practice list.
- 5 contactSCOTLAND-BSL can be used to relay information over the phone to Deaf or Deafblind BSL users. The number can be found in the Useful Contact Information. Note that therapeutic or clinical conversations cannot be undertaken through this service.
- 6 Let patients who are BSL users know of the different ways they can book appointments and order prescriptions at your practice.

- 7** Book appropriate language and/or BSL/English interpreters for patients. This is the healthcare staff's responsibility, not the patient's.
- 8** Consider booking a double appointment to allow time for interpretation and effective communication between the patient and yourself.
- 9** When talking to the patient, explain medical terminology before using the word, for example, 'The heart muscle is diseased, meaning it has to work harder to pump blood around the body. This is called cardiomyopathy'.
- 10** During the appointment sit next to the interpreter and opposite the patient, looking at them while you are talking. Avoid sitting in front of a bright or busy background as it may make it harder for the patient to see the signing clearly.



# Why it is important to understand and respond to the communication preferences of BSL users

## Ineffective communication is dangerous in healthcare

BSL users' first or preferred language is BSL, which is not written form. Where there is an assumption that BSL users are able to communicate in written English, this could lead to health information being misunderstood because of the loss of understanding in the cultural context. It is recommended that when a Deaf BSL user requires a BSL/English interpreter, this is provided so health information is understood with BSL cultural context included.

## Deafblindness

The NHS MEL (1998) 4 Provision of Guide Communicators for Deafblind People Attending Hospital or GP Surgeries\* sets out the arrangements that should be in place to ensure that Deafblind people have support from a guide communicator for medical appointments in primary or secondary care.

Deafblind people experience profound levels of loneliness, boredom and stress. As a result, there is a three-fold risk of depression, which in turn leads to inequity in their health outcomes. The day-to-day challenges experienced through living with a sensory impairment are further exacerbated by a lack of access to specialist support, including support to access the health improvement information available to the sighted/hearing population.

Ineffective communication where the patient cannot understand the information affects:

- patient-centred management
- patient autonomy

---

\* The Scottish Office Department of Health. The NHS MEL (1998) 4. Provision of guide communicators for Deafblind people attending hospital or GP surgeries; 1998. Found at: [www.sehd.scot.nhs.uk/mels/1998\\_04.pdf](http://www.sehd.scot.nhs.uk/mels/1998_04.pdf)

- medication compliance
- the ability to understand their health and self-manage
- follow-up and experience
- discussion, communication and support from hearing family and friends.<sup>5, 8, 9, 10</sup>

Deaf people, including BSL users, are more likely to have poorer physical and mental health compared to the general hearing population with shorter lifespans and later presentations of conditions such as high blood pressure, high cholesterol and high blood sugars.<sup>3, 5, 9</sup>

## **British Sign Language is an officially recognised language**

The Scottish Government passed the BSL (Scotland) Act in 2015.<sup>11</sup> Lawfully patients who are Deaf BSL users are entitled to the same health and social care access as their hearing peers, in their first or preferred language. The BSL National Plan is a five-year plan currently being implemented to shape our national services and improve Deaf access in BSL.

## **Language and communication are rights under human rights and equality/disability legislation**

Deaf people also fall under the disability protected characteristic of the Equality Act 2010. The Equality and Human Rights Commission (EHRC) has supported a claim of a breach of both acts for an NHS patient who was not provided with a BSL/English interpreter in an in-patient setting. The precedent set is that all BSL users and those who require communication support are provided with it at every appointment and through the patient pathway. The NHSScotland Interpreting, communication support and translation national policy is available on the Public Health Scotland website at: [www.healthscotland.scot/publications/interpreting-communication-support-and-translation-national-policy](http://www.healthscotland.scot/publications/interpreting-communication-support-and-translation-national-policy)

# The patient journey

Language and communication issues for Deaf patients can arise at many points in their journey through primary care.<sup>3, 9</sup> These challenges are discussed below with different suggestions to improve patient 'communication access' and care. We recognise that each GP surgery operates differently and will implement the suggestions in the practice that is most appropriate for their own patients. It should be noted that due to their dual sensory impairment Deafblind BSL users may require additional support to access healthcare services and information through their patient journey (see [An inclusive communication guide for engaging with deafblind people](#)).

## 1. Booking an appointment

The first challenge for Deaf patients is finding a way to book an appointment at their GP practice.<sup>5, 6, 8, 9</sup> Ways to book an appointment can be limited and vary between GP surgeries.

### 1.1 Telephone booking

A Deaf patient cannot directly call the GP surgery to book an appointment using a standard telephone line. Asking a family member or friend to call on their behalf affects their autonomy and right to confidentiality.<sup>12</sup>

#### Ways to improve access

There are different ways that language and communication can be facilitated over the phone between Deaf patients and healthcare staff depending on the patient's communication preferences and the communication options available.

- Deaf people can use contactSCOTLAND-BSL to call into their surgery free of charge to make an appointment, check results, and request a repeat prescription etc. and surgeries can call out to Deaf people. Patients can register and download the relevant smartphone or tablet application ('app') from the contactSCOTLAND-BSL website. ContactSCOTLAND-BSL is available on 0141 419 0420 or <https://contactscotland-bsl.org> Telephone numbers should be noted in the patient record with a note that

contact SCOTLAND-BSL should be used if the patient agrees. The patient may prefer email, text message or other ways of communication. This service is designed to be used to make initial contact or in emergency situations. It does not replace face-to-face BSL interpreting in clinical situations.

- **A text relay service** can be used by a patient who is Deaf and prefers to text their GP surgery. This service is particularly useful where a mobile phone cannot be provided by the GP surgery to send or receive text messages. The patient uses their preferred service provider to text which will translate the message into audible words for the administration team to book the appointment.

## **1.2 Online booking**

Online booking is an additional way a Deaf patient can book an appointment. As it does not rely on another person to facilitate language or communication it promotes patient autonomy and confidentiality. Online booking is more likely to be used by those who are comfortable using digital technology. Not all GP surgeries offer this option and online booking only allows 10-minute appointments to be made.

## **1.3 Booking in person**

Many patients who are Deaf still choose to book their appointment face-to-face, due to the historical challenges of booking an appointment using other means. Face-to-face appointment booking presents its own challenges, especially where there is lack of immediate access to language or communication support.

### **Ways to improve the system**

- Some NHS Boards may have Access Support Cards available for use. The cards allow patients to identify their needs to staff.
- Where a Board has a contract to provide an online interpreting app, patients can register for the app and this should be highlighted in the patient record.

## Potential solutions

- Communication needs can vary between patients who are Deaf or Deafblind BSL users. Patients may wish to book their appointment using any method above as well as writing and speaking in English, contact SCOTLAND-Braille or language and communication being facilitated with a Guide-Communicator.<sup>13</sup>
- Automatic text message of appointment: Many surgeries send an automatic text message reminder of the date and time of appointments to patients' subject to patient consent and General Data Protection Regulation (GDPR). Opportunistically consenting Deaf patients for this process can help to avoid missed appointments due to dates being lost in translation.<sup>14</sup>

## 2. Booking BSL/English interpreters

It is the service provider's responsibility to provide appropriate language and communication support for appointments.<sup>7</sup> Practices should make efforts to establish the most appropriate language and communication support for each of their patients. For BSL users this will be a BSL/English interpreter and the following information will guide you through the information required to support booking of a BSL/English interpreter.

### Recording the patient's communication preference

Patients who are Deaf should be asked their language and communication preference. This information can be added to the patient's electronic record and alerts patient's language and communication needs to staff for future contact.<sup>5, 7, 9, 13</sup> Useful information to include on the alert would be:

- patient's preferred method of language and communication support, for example BSL/English interpreter, tactile BSL/Deafblind manual or Braille
- any additional/precise language and communication method that the patient is happy to use

- preference for correspondence methods from the GP surgery and, if relevant, secondary care to the patient.

An alert on the patient's record will improve access for the patient and reduces the risk of the appropriate language and communication support not being booked and provided.

## **Booking the appropriate language and communication support**

Responsibility for providing appropriate language or communication support is with the General Practice not the service user. It seems simple but it is important to book language and communication support to meet the individual's health and communication needs, where practically possible. Different forms of language and communication support which exist include:<sup>12</sup>

- Electronic/other note takers
- BSL/English interpreters
- International Sign Language interpreters
- Deafblind Manual guide communicators
- Hands-on signing interpreters/Tactile BSL
- Face-to-face spoken interpreters

Each NHS Board in Scotland has a process for booking appropriate language and communication support. Refer to your corresponding NHS Board details and check with your local interpreting and translation services for the most up-to-date process. The Equality and Diversity Lead or team in your NHS Board can also advise you. They can usually be found on your NHS Board website.

Deafblind Scotland provide a Guide-Communicator service in many NHS Boards. Deafblind Scotland are often contacted by patients who are pre-existing members prior to the appointment to facilitate the Guide-Communicator meeting the patient and helping them navigate and communicate through the whole process. It is still

recommended to contact local language and communication support services for patients who are Deafblind to ensure they are supported.

Language and communication support is funded by NHS Boards and not at the GP surgery's expense.<sup>7</sup>

### **Consider offering all patients who are Deaf a double appointment**

Double appointments may be required to allow time for effective interpretation and/ or other communication methods to ensure effective communication and interpretation and understanding between patient and GP.<sup>11, 13</sup>

### **Book BSL/English Interpreters in advance**

It is recommended that BSL/English Interpreters for routine appointments are booked 1–2 weeks in advance. Advanced booking allows each local interpreting and translation team to match the most appropriate BSL/English interpreter to the patient and reduces the risk of failing to book a BSL/English interpreter for the appointment.

Many NHS Boards can provide BSL/English interpreters at shorter notice depending on the circumstances and it is encouraged to contact and discuss each case. A face-to-face BSL/English interpreter is recommended for routine appointments rather than an online interpreter. Online BSL/English interpretation has additional challenges relating to variable internet connection, poor visibility of signs and patient eye strain and is only recommended where urgent communication is required and no face-to-face BSL/English interpreter is available.

### **Where a patient refuses language and communication support**

Please refer to page 20, and read the [NHSScotland Interpreting, Communication Support and Translation National Policy](#) for further information.

## **3. Navigating the waiting room**

As waiting rooms are loud and busy environments patients who are Deafblind or have sensory challenges may find this environment challenging. However, many patients registered as Deafblind will be attending with a Guide-Communicator who

will help the patient navigate the waiting room and let the receptionist know they are there.<sup>13</sup>

Important additional points to consider for Deaf patients in the waiting room:

- Identification of Deaf patients on arrival at the practice by reception staff will help direct BSL/English interpreters to the appropriate patient prior to their appointment.

#### **4. Letting the patient know when you are ready to see them**

Reports of negative experiences by patients who are Deaf often relate to missed appointments despite the patient being in the waiting room.<sup>9, 12</sup> This can happen if the patient was not alerted to their appointment in a communication method accessible to them. Examples include:

- an appointment announcement system that relies on hearing being used to alert patients
- staff unable to identify the patient prior to the appointment.

Patients who are Deaf also report being informed of their appointment slot in a manner where they felt singled out and embarrassed including staff shouting at them or waving their arms.<sup>8</sup> Staff should agree with the patient how to alert them of their appointment, this is usually a touch on the shoulder.

#### **Meet the patient in the waiting room**

There are several benefits to meeting patients who are Deaf in the waiting room.<sup>8, 12</sup> The healthcare professional and patient are more likely to identify each other if they have had previous consultations together and meeting the patient allows you to wave at them directly. This means 'Hello' in the appropriate language, including BSL, and is sensitive and respectful. This practice can be adopted by adding an alert to the patient's medical records as a prompt to staff, to meet the patient in the waiting room.



## **Visual alerts**

There are some GP surgeries that alert patients to their appointment using a television screen in the reception.<sup>8</sup> The patient's name gives a visual prompt on screen which is often coupled with a sound. The name is often in a contrasting colour to the background on the television for patients who are visually challenged.<sup>13</sup>

There are different ways of alerting patients to their appointments which vary in their feasibility and cost depending on each GP practice. It is important each GP surgery provides a method that is practical and realistic for their own patients' needs.

## **5. Communication in consultations**

Poor communication is a common cause of complaint in the NHS and can impact negatively on patient experiences. This is also true for Deaf patients who are BSL users.<sup>3, 9</sup> Detailed information on working with a face-to-face BSL/English interpreter is outlined in the [NHSScotland Interpreting, communication support and translation national policy \(2020\)](#). There are some simple environmental and personal measures to consider when consulting patients who are Deaf.<sup>6</sup> Knowledge of these measures will help with time management and maximise communication within the consultation.

### **Talk to the patient and not the BSL/English interpreter**

Consulting with patients who use a visual language and communication can feel strange. Continue to face and direct all questions to the patient. Maintain eye contact at the same eye level as the patient to aid concentration and their ability to read facial expression and lip pattern.

### **Make sure your face and mouth are visible to the patient**

Lip reading is an important part of communication for some Deaf patients.<sup>3, 5, 12 13</sup> It allows patients to pick up on non-verbal cues from body language and facial expressions.<sup>6</sup> Ensure patients who are Deaf can see your face to aid communication. Simple measures include:

- pinning hair back from your face

- trying to avoid turning away from the patient when speaking
- trying to use a normal natural lip pattern and enunciate clearly. Slow down if necessary – over-exaggerating words makes it hard to lip read.<sup>9, 13</sup>

## **Reduce environmental noise**

Avoidance of unnecessary noise for patients who use a hearing aid will reduce amplification of background noise and interference with the patient's ability to hear speech. Examples include closing windows and switching off fans.

## **Make sure the patient(s) can see you clearly**

Placement of chairs is important in any visual language and enhanced communication.<sup>12</sup> The patient must be able to see the health professional and the BSL/English interpreter to read body language, facial expression and signing/aids.<sup>6,14</sup> Place the patient's chair in a position where they can see both you and the BSL/English interpreter at the same time. If you are also Deaf you may need to arrange the setting in a way that assists both parties to communicate as effectively as possible.

## **Lighting**

Ensure any light source does not directly shine into either party's eyes.<sup>12, 13</sup> Glare particularly behind the BSL/English interpreter or healthcare professional may affect the patient's ability to read facial expressions. Lighting is of particular importance for Deafblind BSL users due to limited vision. Seating layout should be face to face to support tactile communication between the Deafblind patient and interpreter.

## **6. Referrals**

Poor language and communication between primary and secondary care can act as a barrier which affects the healthcare provided to Deaf patients.<sup>6, 8</sup> Communication challenges have historically led to the reluctance of some Deaf patients to engage with healthcare services and resulted in late presentations of health conditions.

Communication issues between primary care, secondary care and the patient can be minimised by ensuring the patient's preferred method of language and

communication is noted in the patient's record and on the referral letter. This information may prevent missed appointments through letters which may not be understood by the patient.

Some NHS Boards may be able to alternatively use email, text or use contactSCOTLAND-BSL to communicate information. If using the SCI Referral System, indicate the patient's preferred language and communication means in the language field, or Additional Needs or equivalent tab.

## **7. Signposting to appropriate services and sources of information**

There is less patient healthcare information in BSL compared to spoken languages.<sup>8, 9, 10</sup> BSL cannot be written down and many patients who are BSL users rely on information being available in BSL. Lots of information signposting patients to appropriate healthcare services and support, such as the opticians and pharmacy, is currently provided in spoken language only. Therefore, patients who are BSL users are provided with less information to self-care and often lack important knowledge of concerning symptoms requiring urgent medical care.<sup>10, 14</sup> These experiences contribute to late presentations of health conditions.<sup>5</sup>

### **NHS inform**

NHS inform is Scotland's national health information service. Information about immunisation, screening and other health topics and conditions are available in BSL on the website: [www.nhsinform.scot/translations/languages/british-sign-language-bsl](http://www.nhsinform.scot/translations/languages/british-sign-language-bsl)

### **SignHealth**

SignHealth is an England-based charity working to improve the health of people who are BSL users. Their website provides lots of useful health information videos in BSL. Importantly, BSL users should be signposted to specific videos by healthcare staff as the website contains some physical and mental health information specific to NHS England: [www.signhealth.org.uk/](http://www.signhealth.org.uk/)

## **National Deaf Children's Society**

The National Deaf Children's Society provides a range of services for children and adolescents who are Deaf and their families. [www.ndcs.org.uk](http://www.ndcs.org.uk)

## **British Deaf Association**

The British Deaf Association (BDA) is the largest Deaf-led organisation in the UK. The BDA empowers Deaf people to embrace independence, culture and identity. It champions the rights of Deaf people, the interests of the Deaf Community and the use of BSL. For more information about the BDA, please visit its website: [www.bda.org.uk](http://www.bda.org.uk)

## **Large print**

Deafblind patients may require information leaflets in large print. Ask the patient what size of font they can see and print to this scale. This simple adjustment can improve patient understanding of their healthcare and adherence to medication and self-management.<sup>12, 13</sup>

Generally, if a patient's first language or preferred language is not English or they require an accessible format, this should be considered for any leaflets or other information normally issued as part of patient care.

## **8. Informing patients of results and follow-up**

BSL user patients' language and communication preferences for correspondence should be identified and recorded, as these may differ from communication preferences for consultations.

Preferences should be marked as alerts on their medical record to prompt all staff at the GP surgery.

Methods may include using contactSCOTLAND-BSL to relay information in BSL, letter or follow-up appointment. Remember the patient must have the contactSCOTLAND-BSL app to use that service.

## Pitfalls in general practice

There are specific situations in primary care that can be problematic when communicating with patients who are Deaf. Improved awareness of these situations may minimise associated impact on patient safety.

### Prescriptions

Providing a prescription without appropriate language and communication support could potentially lead to patient harm through improper administration. It has been reported that 33% of Deaf patients were unsure how to take prescribed medication or took the wrong dose.<sup>3</sup> False presumption of English literacy and ability to accurately lip read are often responsible.<sup>3, 5, 6</sup>

Ensure explanations of medication and instructions, which may be graphic or pictorial, on how to take medication are communicated using the patient's preferred communication method documented in their patient medical record. This process is straightforward when the patient is attending with a BSL/English interpreter in a face-to-face appointment.

Ensure the patient knows the repeat prescription ordering process at your specific surgery. Often patients who are Deaf BSL users may ask a family member or friend to order their medications on their behalf because they are unaware there are options available to order medications themselves. Different ways to order repeat prescriptions may include:

- using the text relay service
- contact SCOTLAND-BSL to order over the phone
- a paper form
- ordering online
- asking a local pharmacy to order repeat prescriptions on their behalf.

Improved patient knowledge of these processes could potentially improve medication adherence and unnecessary complications of disease.

## **Using family members, friends or carers to translate/interpret and/or communicate**

NHSScotland does not recommend using service users' family members, friends or carers for interpretation or translation, except in exceptional circumstances when no other alternatives are available, for example in an emergency department when the patient cannot use telephone interpreting to describe their condition.

Exceptional circumstances where family members who use BSL may be used for communication with Deaf patients is outlined in the [Emergency situations in general practice section](#). For BSL users, it is preferable to use a trained BSL/English Interpreter and the rationale behind this is explained in detail in the [NHSScotland Interpreting, Communication Support and Translation National Policy 2020](#).<sup>7</sup>

## **Where a patient refuses professional interpreting support**

If a patient wishes to use a friend, family member or carer as an interpreter, the importance of using a professionally trained BSL/English interpreter must be explained to them, through a professional BSL/English interpreter. Healthcare services have a duty to ensure that all interpreting is accurate, clear and consistent. Using a professional BSL/English interpreter ensures that the information that needs to be shared with the patient is accurately interpreted; it also protects patients from coercion, hidden adult or child protection issues and can help identify those patients potentially involved in or at risk of human trafficking, gender-based violence and other forms of abuse.

If the patient continues to insist on using a friend, family member or carer to interpret, this **must be documented in the service user's healthcare record and signed by the patient** that this was their personal request. The patient's informed consent to this must be in their own language and be sought from them independently of the family member, friend or carer. Only the clinician, patient and interpreter should be present during this conversation to safeguard against possible coercion.

Where there are concerns for child safety or gender-based violence an NHS provided BSL/English interpreter should also be present at all appointments.

For children, a face-to-face interpreter must always be provided. If there are suspected child protection issues, staff must provide a separate BSL/English interpreter to the parent; this is to allow the child's voice to be heard.

## **Bilingual staff**

For BSL interpretation, all BSL/English interpreters and translators must be fully qualified and fully registered with an appropriate governing body such as NRCPD or SRLPDC. Trainee interpreters should not be used in NHS clinical appointments.

A professional interpreter/translator is more appropriate to ensure accurate, high quality interpretation/translation; they are also covered by indemnity insurance in case of an error. If a staff member is a qualified interpreter there are no legal or liability issues, however as staff members there could still be issues of conflict with regard to their ability to do both roles.

Other reasons not to use bilingual staff to interpret or translate include:

- taking staff away from their own job
- not knowing their language ability in the language they are being asked to interpret
- not knowing their English ability unless they have been language tested for their role
- an ad hoc arrangement which appointment systems cannot rely upon
- potential to double up on staff and waste money
- not covered by indemnity insurance if interpreting is not an official role of theirs.

Staff members who have BSL skills may still use their communication skills to establish communication with patients who are Deaf BSL users and assist in everyday communication. Examples of appropriate use may include:

- assisting patients who are Deaf BSL users to make, amend or cancel appointments
- directing patients to the waiting room and alerting the patient when it is their turn to see the healthcare professional.

## **Cancelled interpreters**

Situations where a BSL/English interpreter is unavailable to attend an appointment or has been cancelled do occur. This may happen on the day of the patient's appointment. There are several options potentially available:

- Liaise with the local language and communication support team for your NHS Board. Some NHS Boards can provide face-to-face interpreters for the same day or provide the option of online BSL/English interpreting.
- Use contactSCOTLAND-BSL to rearrange routine appointments for patients who use BSL and rearrange a BSL/English Interpreter for that date. This circumstance is unfortunate but ensures the patient has adequate language and communication support.
- Please read the section on [emergencies](#) for urgent or emergency appointments booked.

## **Hearing children with Deaf parents**

Parents who are Deaf BSL users may attend with children who are hearing. Here are some useful suggestions in this circumstance:

- Add an alert to the hearing child's healthcare record that their primary care giver is Deaf, and their preferred method of language and communication. The alert will prompt the GP surgery staff to book appropriate language and



communication support for the primary care giver which could be easily missed especially if parent and child have different surnames.

- Referrals made to secondary care services for hearing children with a parent who is Deaf should detail the language and communication support required for the adult. There is no specific box to indicate this. It is recommended to detail the language and communication preference of the adult in the main text body and in the Additional Needs section or equivalent of the referral system under 'Other'.
- A double appointment is recommended for consultations with hearing children who have a parent that is a BSL user, as a BSL/English interpreter will be required. Communication naturally will take longer when the child requires the parent to advocate on their behalf and to ensure any treatment plan is accurately communicated and good practice would be to accommodate this through a longer appointment.

## Emergency situations in general practice

An emergency or urgent situation with a BSL user can occur. Therefore, a plan for emergency language and communication support is required regionally in each NHS Board in Scotland.

There is variability in booking routine and emergency interpreter appointments nationally. Therefore, some general guidance will be provided for this circumstance to help facilitate the best care relating to your local area.

Call your local NHS Regional Interpreting team in circumstances where emergency language and communication support is required

Note some regions have separate out-of-hours GP contact information. If you judge the situation to be life threatening you would provide life-saving measures regardless of language and communication support like any other patient. Some NHS Boards would be able to provide face-to-face same-day BSL/English interpreters if the appointment time is known several hours in advance.

In circumstances where face-to-face provision is not possible for a same day emergency appointment, or the patient is a Deaf BSL user and a 'walk-in' emergency, use of an online interpreting service would be appropriate and is recommended in the Interpreting, Communication Support and Translation National Policy.<sup>7</sup> Importantly, contact your regional interpreting team to find out how this would be provided in your area. Use of a private online BSL interpreting service is discouraged as they are not NHS funded and would be unlikely to be refunded.

contactSCOTLAND-BSL should not be used as an emergency online interpreting service. contactSCOTLAND-BSL allows patients who use BSL to make or cancel appointments and receive results but should not be used to interpret in emergency situations. They are set up as a relay service to relay information between two parties in different locations and are not set up to remotely interpret. For information visit <https://contactscotland-bsl.org/>

NHSScotland does not recommend using patients' family members, friends or carers for interpretation or translation purposes.

Using a family member, friend or carer to interpret in an emergency is discouraged.<sup>7</sup> However, in an emergency where no interpretation support is possible, using family members with their consent is at the discretion of the patient and the GP to facilitate some communication. It is not appropriate to ask a child under 16 years old to interpret and especially in emergencies, as this can have a lasting traumatic impact.

## **BSL awareness training**

Public Health Scotland hosts a module entitled British Sign Language (BSL) and Tactile BSL to improve awareness and clinical practice when working with patients who are BSL users. The module takes approximately one hour to complete and requires healthcare staff to register with the e-learning website. The module can be accessed at <https://elearning.healthscotland.com>

NHS Education for Scotland (NES), in partnership with Public Health Scotland and Talking Mats Ltd, have developed the 'Making Communication Even Better' e-learning resource. Created by people with communication support needs, the resource is designed to help staff understand people's different communication needs and how to improve their own communication to make their service more accessible. The latest version of the e-resource will be available at <https://turasdashboard.nes.nhs.scot> and <https://elearning.healthscotland.com>

There are NHS Boards that also offer BSL awareness training sessions. Contact your local NHS communication support team who will be able to discuss additional training on offer locally.

## **Deafblind Scotland**

Deafblind Scotland provides accredited guide communication training. This is open to services and gives people a full qualification in guiding and basic forms of communication, as well as insights and knowledge on the causes, prevalence (as much as is known) and impact of Deafblindness.

Deafblind Scotland has published a public sector toolkit, which is available on its website: [dbscotland.org.uk/wp-content/uploads/2015/08/Deafblind-Participation-Guide-21st-version-DRAFT.pdf](https://dbscotland.org.uk/wp-content/uploads/2015/08/Deafblind-Participation-Guide-21st-version-DRAFT.pdf)

This resource comprises detailed guidance around inclusive communication for Deafblind people. It has been signed off by Scottish Government as part of the National BSL Improvement Plan.

## Useful information

### **contactSCOTLAND-BSL**

Call 0131 510 4555 or visit [contactscotland-bsl.co.uk](https://contactscotland-bsl.co.uk). This will connect you to an online BSL/English interpreter. The BSL/English interpreter will video call the patient who is a Deaf BSL user. The patient must have the contactSCOTLAND-BSL app and be available in order to connect. Remember this service can be used to relay simple information, such as booking appointments or informing of blood results, but not to interpret or triage consultations.

### **Deafblind Scotland**

Deafblind Scotland has service-level agreements with some NHS Boards. Patients who are Deafblind often contact Deafblind Scotland for guide and communication support prior to the appointment themselves as they require help to navigate to the appointment. Confirmation of communication support by healthcare staff would be advised if unsure. <https://dbscotland.org.uk> Call 0141 777 7774 or email [servicesadmin@dbscotland.org.uk](mailto:servicesadmin@dbscotland.org.uk)

### **NHS Greater Glasgow and Clyde – mental health glossary**

A mental health glossary defining common mental health terms in BSL is under development by NHS Greater Glasgow and Clyde. Patients can access this information by healthcare staff signposting to the information.

[www.nhsggc.org.uk/about-us/media-centre/news/2018/05/bsl-mh-glossary](http://www.nhsggc.org.uk/about-us/media-centre/news/2018/05/bsl-mh-glossary)

# Glossary

**Braille** is a tactile reading and writing system used by people who are blind, Deafblind and visually impaired who cannot access print materials. It uses raised dots to represent the letters of the print alphabet. It also includes symbols to represent punctuation, mathematics and scientific characters, music, computer notation and community languages.

**British Sign Language (BSL)** is the first or preferred language of many Deaf people in the UK. It is a language of space and movement using the hands, body, face and head. It is a real, full and living language that is part of a rich cultural heritage. It is a language of its own right with its own distinct grammar and syntax. It is one of the UK's first languages. In Scotland, the BSL (Scotland) Act 2015 sets out that public bodies must promote the usage and understanding of BSL.

**BSL/English interpreter** works between two languages to facilitate communication between Deaf people who use BSL and those that use English. BSL/English interpreters to assist BSL users and hearing people communicate with one another.

**Deafblindness** or dual sensory impairment means that people who are Deafblind can neither see nor hear to the extent that their communication, mobility and access to information is significantly impaired. Some Deafblind people have enough sight to use BSL/English interpreters, while others do not and use Tactile or Manual Sign.

**Deafblind guide/communicator** is a professional communicator who enables communication between Deafblind people and others. There are different skills and techniques which can be used to facilitate communication, including Deafblind manual or hands-on signing (tactile BSL). In their role as a guide, they will also escort dual-sensory impaired people from their homes to the Deafblind person's destination of choice. They can also provide support during an appointment by taking notes if necessary.

**Remote/online interpreting:** Video Interpretation uses a face-to-face BSL/English interpreter in a fixed geographical point accessed through video technology. The service requires a camera and microphone on the receiving device, such as a

computer, tablet or phone. It can be used for spoken languages as well as sign language.

**Tactile BSL** is used by people who are Deafblind. It is a form of BSL that uses touch (hands on) as a medium to communicate.

**Text relay service** enables people with hearing or speech impairments to communicate with others over the telephone. A relay assistant acts as an intermediary to convert speech to text, and vice versa for the two people in conversation.

**VRI:** Video remote interpreting takes place when a Deaf person meets a hearing person and they use an interpreter, using an online video link, to communicate with each other. Contact Scotland is a video relay service for Deaf and Deafblind people who call public sector bodies such as the NHS free of charge.

<http://contactscotland-bsl.org>

**VRS:** Video relay service occurs when a Deaf person and a hearing person are in different locations and they are connected remotely via an interpreter.

## References

---

<sup>1</sup> Whyte W. 'Is anybody listening?' Fortune magazine. New York. September 1950 p77.

<sup>2</sup> Ethical guidance; good medical practice; communicating with patients. General Medical Council. Last updated 29.04.14. Found at [www.gmc-uk.org/ethical-guidance/ethical--for-doctors/good-medical-practice](http://www.gmc-uk.org/ethical-guidance/ethical--for-doctors/good-medical-practice)

<sup>3</sup> Alexander A et al. Deafness might damage your health. The Lancet. Volume 379, issue 9820, pp979–981, March 17, 2012. Found at [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)61670-X/fulltext?\\_eventId=login](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61670-X/fulltext?_eventId=login)

<sup>4</sup> Trebble T et al. Process mapping the patient journey: An introduction. BMJ. 2010, 341: c4078. Found at [www.bmj.com/content/341/bmj.c4078](http://www.bmj.com/content/341/bmj.c4078)

<sup>5</sup> Access to primary care affects the health of Deaf people. British Journal of General Practice. Found at <https://bjgp.org/content/65/631/95>

<sup>6</sup> Dickson M et al. Meeting deaf patients' communication needs. Nursing Times. 2014; 110 (49):12–15.

<sup>7</sup> Public Health Scotland. Interpreting, Communication Support and Translation National Policy. Enabling equitable access to safe, effective and person-centred healthcare services through spoken, signed and written language communication support. Edinburgh: Public Health Scotland; 2020. [www.healthscotland.scot/publications/interpreting-communication-support-and-translation-national-policy](http://www.healthscotland.scot/publications/interpreting-communication-support-and-translation-national-policy)

<sup>8</sup> British Deaf Association. Report on access to healthcare services for older deaf people in England and Wales. London: British Deaf Association; 2014

<sup>9</sup> SignHealth. Sick of it: A report into the Health of Deaf People in the UK. London: SignHealth; 2014. Found at <https://signhealth.org.uk/resources/report-sick-of-it/>



---

<sup>10</sup> Nilsson A-L et al. A prescription for change: An overview of European healthcare provision for Deaf sign language users. Medisigns Project. 2013. Found at: [www.researchgate.net/publication/260119583\\_Medisigns\\_A\\_prescription\\_for\\_change\\_An\\_overview\\_of\\_European\\_healthcare\\_provision\\_for\\_Deaf\\_sign\\_language\\_users](http://www.researchgate.net/publication/260119583_Medisigns_A_prescription_for_change_An_overview_of_European_healthcare_provision_for_Deaf_sign_language_users)

<sup>11</sup> Scottish Government. BSL (Scotland) Act 2015. The Scottish Government's information, resources and guidance for public bodies. Edinburgh: Scottish Government; 2015. Found at <http://bslscotlandact2015.scot>

<sup>12</sup> Sense Scotland. Equal access to healthcare: The importance of accessible healthcare services for people who are Deafblind. Glasgow: Sense Scotland. Found at [www.sense.org.uk/support-us/campaign/health-and-social-care/](http://www.sense.org.uk/support-us/campaign/health-and-social-care/)

<sup>13</sup> Equal treatment? The experiences of older people with hearing loss in accessing local health services in Scotland. Action on Hearing Loss National Charity. 2018. Found at: [https://rnid.org.uk/wp-content/uploads/2020/05/A1434\\_Access\\_All\\_Areas\\_Report\\_Scotland\\_DIGITAL.pdf](https://rnid.org.uk/wp-content/uploads/2020/05/A1434_Access_All_Areas_Report_Scotland_DIGITAL.pdf)

<sup>14</sup> Principles of confidentiality: Ethical guidance for doctors. General Medical Council. Last updated November 2017. Found at [www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality](http://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality)

Other formats of this publication are available on request at:



**0131 314 5300**



**p<sup>h</sup>s.otherformats@p<sup>h</sup>s.scot**

Published by Public Health Scotland  
1 South Gyle Crescent  
Edinburgh EH12 9EB  
© Public Health Scotland 2021  
All rights reserved.

Established on 1 April 2020,  
Public Health Scotland is Scotland's  
national public agency for  
improving and protecting the health  
and wellbeing of Scotland's people.



[www.publichealthscotland.scot](http://www.publichealthscotland.scot)