healthwatch Norfolk

The Norfolk Hearing Loss and Deaf-Friendly Charter

Revisited in 2025

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Contents

Registered office: Suite 6, The Old Dairy, Elm Farm, Norwich Common, Wymondham, Norfolk NR18 0SW

Registered company limited by guarantee: 8366440 | Registered charity: 1153506

Email: enquiries@healthwatchnorfolk.co.uk | Telephone: 0808 168 9669

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Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.
The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.
Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.
We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

healthwatch Norfolk

Summary

Why and how we looked at this:

In 2021/22, Healthwatch Norfolk was commissioned by the Norfolk and Waveney Integrated Care Board, then known as the Norfolk and Waveney Clinical Commissioning Group, to explore how digital technology could help improve access to primary care for people who are Deaf or hard of hearing (https://nds.healthwatch.co.uk/reports-library/improving-experience-doctors-surgery-patients-affected-hearing-loss-and-deaf). Based on this research, we developed the Hearing Loss and Deaf-Friendly Practice Charter (HLC) – a practical guide for general practitioner (GP) surgeries, offering ways to make primary care more accessible for patients affected by hearing loss (https://healthwatchnorfolk.co.uk/reports/hearing-loss-and-deaf-friendly-charter-april-2022/). Three years on, we wanted to understand what progress has been made. Specifically, we set out to explore whether GP staff and those with hearing loss are aware of the charter, and whether barriers remain for Deaf and hard of hearing people accessing care. To gather these insights, we carried out a survey with people who are Deaf and hard of hearing and contacted a sample of GP practices to ask about their awareness of the charter and accessibility measures put in place in their surgeries.

What we found out:

Our findings show that awareness of the HLC remains low among both those with hearing loss and GP practice staff. As a result, it is unlikely that the charter is being consistently implemented across primary care settings. Our survey also highlighted that significant barriers to accessibility still exist for people who are Deaf or hard of hearing when accessing GP services. Common issues included difficulty

booking appointments, not knowing when a clinician is ready to see them and a continued reliance on inaccessible communication methods. These challenges were reflected in conversations with GP receptionists, some of whom were unable to specify what reasonable adjustments their practice had in place.

However, there were also some positive experiences shared. Several Deaf and hard of hearing respondents reported that their GP practice had taken steps to improve accessibility, such as offering assistive technology. This was echoed by reception staff, who mentioned digital tools including hearing loops, visual display screens and recording that patients are Deaf in their record.

What this means:

This research has shown that awareness of the HLC remains limited among both GP practice staff and those who are Deaf or hard of hearing. To improve accessibility in primary care, greater effort is needed to promote the charter and embed its principles into everyday practice. Our findings also suggest that some existing adjustments may not be as effective as intended. For example, visual display screens were sometimes reported as having text too small to be able to read. This points to a wider need for further staff training on hearing loss awareness, ensuring that reasonable adjustments are not only put in place, but genuinely meet patient's needs. It is also essential that digital tools are understood by staff to ensure they are correctly used and properly maintained.

Overall, our research highlights a clear need to increase awareness and understanding of the HLC. And while digital tools can offer valuable support, they must be part of a broader approach that includes staff training, clear communication and a commitment to making primary care inclusive for patients who are Deaf or hard of hearing.

Why we looked at this

Approximately 18 million adults in the UK are Deaf, hard of hearing or experience tinnitus – equating to around one in three adults (Royal National Institute for Deaf People (RNID), 2024). Within this population, an estimated 25,000 individuals use British Sign Language (BSL) as their first language, with many others using it as an additional language (RNID, 2025). Throughout this report, we use the terms "Deaf" and "hard of hearing" to refer to all individuals with any degree of hearing loss, whether acquired or present from birth. Hearing loss affects people in different ways, and individual experiences can vary significantly. However, being Deaf or hard of hearing often presents universal barriers to everyday life, including access to healthcare services. The Equality Act 2010 provides legal protection for disabled people, including those who are Deaf and hard of hearing, and outlines the duties of service providers to make reasonable adjustments (UK Government, 2010). Under this act, individuals have the right to equal access to NHS health and social care services and appropriate measures must be implemented to ensure that services are accessible to all (RNID, 2025).

The Accessible Information Standard (AIS) aims to ensure that individuals with a disability, impairment, or sensory loss can access and understand information about NHS and adult social care services, and receive the communication support necessary to use these services effectively (NHS England, Accessible Information Standard, 2025). This may include providing longer appointments, arranging BSL interpreters, or supporting the use of individual's communication methods and aids, such as lip reading (NHS England, 2025). Despite these requirements, the AIS is not always consistently implemented, which can result in significant barriers to care. In many cases, these barriers can make health care difficult to access, and sometimes impossible for disabled people, including those who are Deaf or hard of hearing. For example, one study found that nearly one-third (32%) of healthcare professionals were unaware of the AIS (RNID & Signhealth, 2025). This lack of awareness suggests that many professionals may not be implementing the necessary adjustments to ensure equal access to care. Deafness is often considered an invisible disability, meaning the issue of inaccessibility is often exacerbated as it can be easily forgotten and is not instantly identifiable (Lo, Clay-Williams, Elks, Warren, & Rapport, 2024). This inaccessibility has been shown to have many adverse effects for Deaf and hard of hearing patients, such as a decline in mental wellbeing, a lack of knowledge about their own health and a lack

of confidence in the healthcare system (Rogers, Lovell, Bower, Armitage, & Young, 2025)

Previous research highlights ongoing concerns that inaccessibility for individuals who are Deaf or hard of hearing may be both widespread across the country, and present in multiple areas of the healthcare system. In 2022, Healthwatch Norfolk undertook a project in collaboration with the Norfolk and Waveney Integrated Care Board – then known as the Norfolk and Waveney Clinical Commissioning Group – to explore challenges surrounding accessibility in GP practices, for those who are Deaf or hard of hearing.

As a result of this research, the Hearing Loss and Deaf-Friendly Practice Charter (HLC) was developed to provide clear guidance for GP practices in Norfolk on how to improve accessibility for individuals with hearing loss. The HLC aims to reduce inconsistencies in the provision of care within GP practices, by ensuring that Deaf and hard of hearing patients are considered across all aspects of primary care activity, including booking appointments, attending consultations, and receiving ongoing care and follow-up support. It outlines seven key areas that GP surgeries are encouraged to recognise and address to become a Hearing Loss and Deaf-Friendly Practice.

The HLC was guided by an educational toolkit developed by the Royal College of General Practitioners (RCGP) and Royal National Institute for Deaf People (RNID) (Healthwatch Norfolk & Norfolk and Waveney Clinical Commissioning Group, 2021). Its aim was to increase awareness of Deafness amongst GPs and GP trainees and developed for use by Norfolk GP practices (RCGP, 2024). It was distributed on our website and social medias and made available for surgeries to use and implement. The charter identified seven areas that GP surgeries needed to recognise and address, to become a Hearing Loss and Deaf-Friendly Practice. These were:

1. **Hearing Loss Awareness Training**
2. **Accessibility**
3. **Communication**
4. **Patient Records**
5. **Digital Technology**
6. **Mental Health**
7. **COVID-19**

Below, we will break these seven elements down further, explaining the suggestions given by the HLC.

Hearing Loss Awareness Training

The HLC recommends that all staff within GP surgeries – particularly receptionists and GPs – receive training to improve their understanding of, and communication with patients who are Deaf or hard of hearing. This training should cover a range of topics, including ways to facilitate effective communication, the different types and degrees of hearing loss, assistive technologies and how to use them, the increased risk of dementia and the psychosocial impact of hearing loss. There is research that supports the importance of such training. In one study, 40% of Deaf respondents felt that GPs and practice staff should receive Deaf awareness training (Reeves, Kokoruwe, Dobbins, & Newton, 2002). It is not only patients who recognise the need for this training; another study found that junior doctors often feel underprepared when communicating with Deaf patients and are frequently unaware of how to access interpretation services (Abou-Abdallah & Lamyman, 2021). There are numerous resources available to support clinical staff in developing this awareness, including the Deafness and Hearing Loss Toolkit produced by the Royal College of General Practitioners (RCGP, 2024) and the Royal Association for Deaf people, who offer online and face to face training sessions (RAD, n.d.).

Accessibility

As outlined in the HLC, accessibility refers to the reasonable adjustments made to ensure equal access to healthcare for all people who are Deaf or hard of hearing. These adjustments may include using the patient's preferred method of communication (such as email), offering information in accessible formats (including easy to read for those who may not be fully confident with written English), and providing appropriate communication support, such as BSL interpreters or assistive technologies like hearing loops. These measures are vital to enable Deaf and hard of hearing patients to book appointments, attend consultations independently, and fully understand the information shared with them. However, despite the Equality Act and the AIS, communication barriers still remain a significant issue. For example, surgeries' reliance on telephone communication, or a lack of BSL interpreters can prevent patients from accessing services. Reeves et al (2002) found that 76% of Deaf participants would visit their GP more frequently if communication was easier, therefore

highlighting that many Deaf people may not be receiving the care they need due to avoidable barriers related to their disability.

A lack of access and appropriate adaptation not only causes frustrations and emotional distress for Deaf and hard of hearing individuals but also poses serious risks to their health and safety. Research indicates that medical consultations, without the presence of an interpreter or hearing companion, are often shorter, meaning these patients may not be given as good quality of care, which can lead to misdiagnoses and further health issues (Wilson-Menzfeld, Gates, Jackson-Corbett, & Erfani, 2025). Additionally, of the group studied, only half of the patients felt they understood most of the consultation or more (Reeves et al, 2002). Further evidence highlights the potential risk, as it found that 15 Deaf patients received prescriptions without adequate explanation of the medicines' purpose or potential side effects (Reeves et al, 2002). This raises major safety concerns, as insufficient communication can lead to misdiagnosis, misunderstanding of medical advice, and incorrect use of medication – including the risk of overdose. The 2025 report from RNID highlights this, as just under half of sign language users did not understand how to take the medication or treatment that they had been prescribed by a clinician (RNID & Signhealth, 2025). These findings highlight an urgent need for effective communication support and reasonable adjustments, to ensure Deaf and hard of hearing people can receive the same, high standard of care as hearing patients.

Communication

When recommending improvements in communication, the HLC advocates for increased signposting to voluntary organisations that offer support to individuals who are Deaf and hard of hearing. It also suggests that information about these services should be made available through a variety of formats including leaflets, on visual display boards within the surgery and in dedicated sections of the GP practice's website.

Patient Records

The HLC highlights the importance of having accurate patient records that clearly indicate when a patient is Deaf or hard of hearing by adding the appropriate read code to the record. This should also be expanded to include basic information about the patients' preferred method of communication and any communication support they require. Staff can also ask patients to

complete a health and care communication card and then add the appropriate read codes and alerts to the medical record in response to this.

Digital Technology

Within the HLC, digital technology refers to the various tools and systems that can enhance accessibility for Deaf and hard of hearing patients at every stage of their healthcare journey – from booking an appointment to attending a consultation. Examples of such technology include: a tick-box option on online appointment booking systems to request a BSL interpreter, hearing loops installed at reception desks, vibrating pagers to call patients in waiting areas, and personal listening devices available for use during clinical consultations. These technologies play a vital role in ensuring that Deaf and hard of hearing individuals can access services with greater independence, clarity, and confidence.

Digital technology has significant potential to improve accessibility for people who are Deaf and hard of hearing. One systematic review found that certain digital technologies had a positive impact on Deaf and hard of hearing patients, including having website-based media, have sign language translation videos and educational videos to explain general health and cancer-specific information (Morisod, et al., 2022). However, the effectiveness of these tools is dependent on their proper use, ongoing maintenance and staff competence in using them. For instance, one study found that while 77 Deaf and hard of hearing individuals had access to a textphone at home, only eight of their GP surgeries also had a textphone available (Reeves et al, 2002). Even in cases where there are digital tools available, patients frequently encountered challenges, such as hearing loops not being turned on (Terry, Meera, & England, 2024). This highlights the importance of not only investing in accessible technology, but also ensuring that staff are adequately trained, and that equipment is routinely checked and maintained to meet the needs of all patients.

While it can be argued that these digital tools have an associated cost, such as visual appointment display screens, which cost over £2000, and which some GP surgeries may not feel is viable, it is important to consider the financial burden that may arise as a result of not having these tools (Leicestershire Partnership NHS Trust, 2022). One analysis reported that additional GP costs arising from hearing impairment are estimated to be £76 million per year (Archbold, Lamb, O'Neill, & Atkins, 2018). However, if Deaf and hard of hearing people are unable to access healthcare or are unable to fully engage with it due to its inaccessibility,

then this figure may rise as conditions that were once easily treated, and therefore not expensive, may worsen, become more complex and therefore have a higher associated cost. Additionally, if Deaf and hard of hearing patients are unable to understand the clinician and communicate with them properly, appointments may not be as effective, leading to additional appointments, putting additional strain on services and having an associated increased cost.

Mental Health

The HLC also acknowledges the significant impact that being Deaf or hard of hearing can have on an individual's mental wellbeing. This is supported by a report which highlighted that hearing loss can increase the risk of anxiety, paranoia and depression (Archbold, Lamb, O'Neill, & Atkins, 2018). It recommends that GP surgeries provide information about specialist charities and support services that focus on the mental health needs of people who are Deaf and hard of hearing. Charities signposted to, can include The British Society for Mental Health and Deaf People (BSMHD) and SignHealth. This information should be made readily available through the practice website and leaflets in waiting areas. In addition, the charter emphasises the importance of incorporating mental health awareness into Deaf awareness training. This includes educating staff on how hearing loss can contribute to mental health challenges, recognising signs of distress and understanding how to provide appropriate support and referrals when necessary. It is also important to note the impact on mental wellbeing that inaccessibility can have on Deaf and hard of hearing people. Lack of accessibility can lead to people being anxious about having missed information, feeling humiliated, increased anxiety and upset due to the lack of consideration to their disability, and potentially worsening health inequalities (Parmar, et al., 2025).

COVID-19

While COVID-19 no longer has the same level of impact on daily life as it once did, at the time the HLC was developed, COVID-19 was still very relevant and having a significant impact on many people's lives, including those who are Deaf and hard of hearing. The widespread use of face masks posed a substantial communication barrier for those who relied on lip reading, or had residual hearing, as masks prevented lip reading and often muffled speech. To address this, the HLC recommended that, when clinically safe to do so, healthcare professionals should consider removing or lowering face masks to facilitate

communication. Where this is not possible, the use of clear visors or face masks with a transparent window was advised to support lip reading and improve accessibility during interactions with patients who are Deaf or hard of hearing.

Given the amount of time that has passed since the creation of the HLC, Healthwatch Norfolk felt that it was appropriate to revisit the issue of accessibility for those who are Deaf or experience hearing loss. The aim was to see if the Charter had been adopted by GP practices in the region. Additionally, we had been contacted by a couple members of the public who shared negative experiences of accessibility within GP surgeries, which prompted us to review this work.

How we did this

Survey creation

To gather insights into Deaf and hard of hearing individuals' experiences of accessing support within their GP surgeries, and what adjustments have been made for them, we created a 24-question survey. A copy of this survey is available in Appendix A. A digital platform called SmartSurvey was used for the creation and distribution of the survey and analysis of the raw data.

The majority of the survey questions were multiple choice, offering options such as 'yes', 'no' and 'not sure'. A small number of questions involved free-text responses to gather additional contextual information such as the first half of a respondent's postcodes, or the name of their GP surgery. All questions were optional, allowing respondents to skip any questions they preferred not to answer.

Question 16 of the survey was an open-ended question inviting respondents to share any additional comments about their experiences at their GP practice. A total of 84 individuals provided a response to this question. These free-text responses were exported from SmartSurvey, printed, and analysed. A thematic analysis was conducted following the methodology outlined by Braun and Clarke (Braun & Clarke, 2006). Responses were coded to identify recurring themes and to assess the overall sentiment expressed by participants.

Survey Distribution

The survey was open to responses from the 22nd December 2024 to the 9th April 2025. During this time, it was advertised on Healthwatch Norfolk social media including Instagram and YouTube. An example of this advertising can be seen below. The video on YouTube advertising the survey had a subtitled and BSL interpreted version to improve accessibility and increase the surveys reach in the Deaf and hard of hearing community.

Figure 1 An example of a post on social media used to advertise the survey

Additionally, the Healthwatch Norfolk Engagement Team promoted the survey during their regular community engagement visits, such as visits to GP surgeries. The team also took part in targeted engagement events specifically for this research. This included attending Hear for Norfolk's "Cup a care" events and a dedicated session at the Hear for Norfolk base.

Information directly from GP surgeries

In addition to collecting feedback from patients, Healthwatch Norfolk sought to explore the level of awareness and implementation of the Hearing Loss Charter among GP practices across the county. In January 2025, members of the Healthwatch Norfolk Engagement Team contacted a sample of GP surgeries to gather insights into current practices and awareness related to supporting patients who are Deaf or hard of hearing. Each team member telephoned approximately 10 randomly selected GP surgeries within the geographic areas we cover: Central Norwich, North Norfolk, East Norfolk, South Norfolk, and West Norfolk. During these calls, reception staff were asked whether their practice had adopted the Hearing Loss and Deaf Friendly Practice Charter (HLC) and what adjustments, if any, had been made as a result. Additional questions were posed to identify other measures in place to support accessibility for patients who are Deaf and hard of hearing. This activity aimed to assess both the awareness and training of frontline staff, as well as the practical steps GP surgeries are taking to enhance the experience of Deaf and hard of hearing patients.

Participants' involvement and consent In line with General Data Protection

Informed consent was obtained from all individuals who participated in this research. Participants were provided with clear information regarding the

purpose of the data collection, how their data would be used, the duration for which it would be retained, and their right to withdraw consent at any time prior to the publication of the final report.

All survey questions were optional, allowing participants to skip any that they felt uncomfortable answering. Participants were also assured that all responses would be anonymised, with any personally identifiable information removed prior to inclusion in the report.

Digital data were stored securely on password-protected hard drives, and paper responses were kept in a locked drawer within the Healthwatch Norfolk office. All data collected as part of this project will be securely deleted upon the project's completion, in accordance with data protection regulations and Healthwatch's data retention policy.

Limitations

There are a few limitations to this project that must be acknowledged.

Firstly, because participation in the project was entirely voluntary, and as the survey was primarily conducted online, there is a possibility that certain groups within the population were under-represented – particularly those without internet access or with limited digital literacy. To mitigate this, we conducted several community engagement visits where individuals had the opportunity to complete paper-based questionnaires. While this approach did help broaden our reach, further face-to-face engagement, in a wider variety of settings, would have strengthened our efforts to include a more diverse and representative sample.

Furthermore, due to the fact that the survey questions we asked for this report were different than those asked back in the research conducted in 2022, it was harder to draw comparisons between the two datasets. Using the same questions would have allowed us to gain more understanding about how accessibility has changed for those who are Deaf and hard of hearing, over the past few years and whether there has been positive change.

Additionally, the overall response rate to the survey was relatively low, with 110 individuals taking part. Given that there are an estimated 125,000 Deaf and hard of hearing people living in Norfolk (Hear for Norfolk, n.d.), these findings may not be statistically representative of the average experiences of this wider population. Moreover, our sample did not include anyone between the ages of

one and 24, meaning that experiences from young people were not captured. Further work could benefit from targeted outreach, such as working directly with schools and youth groups, to ensure the voices of children and young people are heard.

While we conducted telephone calls to GP practices to understand the accessibility of services, face-to-face site visits may have provided further insight. Observing the environment first hand may have provided additional information such as whether leaflets containing support resources were readily available, and whether the reasonable adjustments receptionists reported the surgeries using, were actually being implemented.

Despite these limitations, the findings from this project still offer valuable insights into the experiences of Deaf and hard of hearing people in Norfolk. They highlight key areas for improvement and help amplify the voices of individuals whose feedback can shape more inclusive and accessible services.

What we found out

Survey Results

An online survey was set up to receive feedback from members of the public who have hearing loss or are Deaf, regarding the Hearing Loss and Deaf Friendly Practice Charter (HLC) and accessibility in their GP surgeries.

Who we heard from:

A total of 110 individuals participated in the survey. As none of the questions were mandatory, the number of responses may vary across different questions.

The majority of participants (89%, 107) identified as being someone who is Deaf or has hearing loss. A smaller proportion of 11% (13) of respondents said they were not Deaf or had hearing loss. However, participants were also asked if they were completing the survey on behalf of someone who is Deaf or has hearing loss. Of the 14 people who answered this question, 11 (79%) confirmed they were responding on someone else's behalf, while 3 (21%) indicated they were not.

Respondents were also asked to provide the name of the GP surgery they are registered with, using an open-text. There were 113 responses, with only seven people skipping the question. From these responses, we identified 66 unique entries. However, it is important to note that some individuals listed the name of a specific practice, whereas others listed the name of a group of practices, meaning there may be some crossover in these responses. The most frequently mentioned surgery group, with 8 respondents (12%) was Southgate's and the Wootton's surgeries.

Based on the responses to individual demographic questions, the following insights were gathered:

- Just over half of all participants were female, with 54% (61) identifying as such. And 44% (50) of participants identified as male.
- A majority of respondents described their ethnicity as White British, English, Northern Irish, Scottish or Welsh. This made up 87% (96) of respondents. For context, the 2021 Census for Norfolk reported that 95% of residents identified as White (Norfolk Insight, 2023).

- Of the 110 individuals who responded to the question asking about their sexual orientation, 78% (86) of participants identified as heterosexual/straight.
- Among those who took part in the survey, 51% (57) identified as having a disability, 66% (73) identified themselves as having a long-term condition and 18% (20) identified as a carer.
- The most common way that people heard about the survey was through the Healthwatch Norfolk newsletter, cited by 48% (54) of respondents. This was followed by Healthwatch Norfolk events with 13% (15) respondents and "other sources" also at 13% (15). Among those who selected "other", the most frequently mentioned sources were friends or family members and Carers Matter.

The largest group of respondents were between the ages of 65-79, this was 49% (51) of respondents. The second largest age group was the 30% (31) aged 80 and over. There were no respondents between the ages of one and 24.

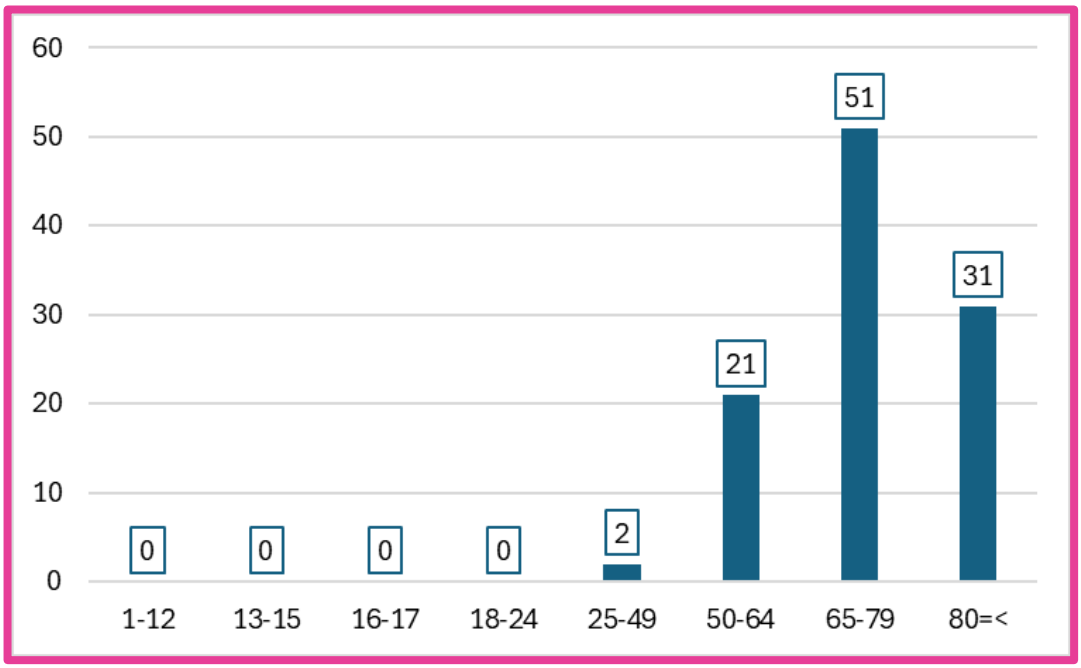

Figure 2 A bar chart displaying the distribution of age ranges within the survey population. Total responses for this question numbered 105.

Below can be found a series of graphs and charts that depict the demographic data described above in more detail.

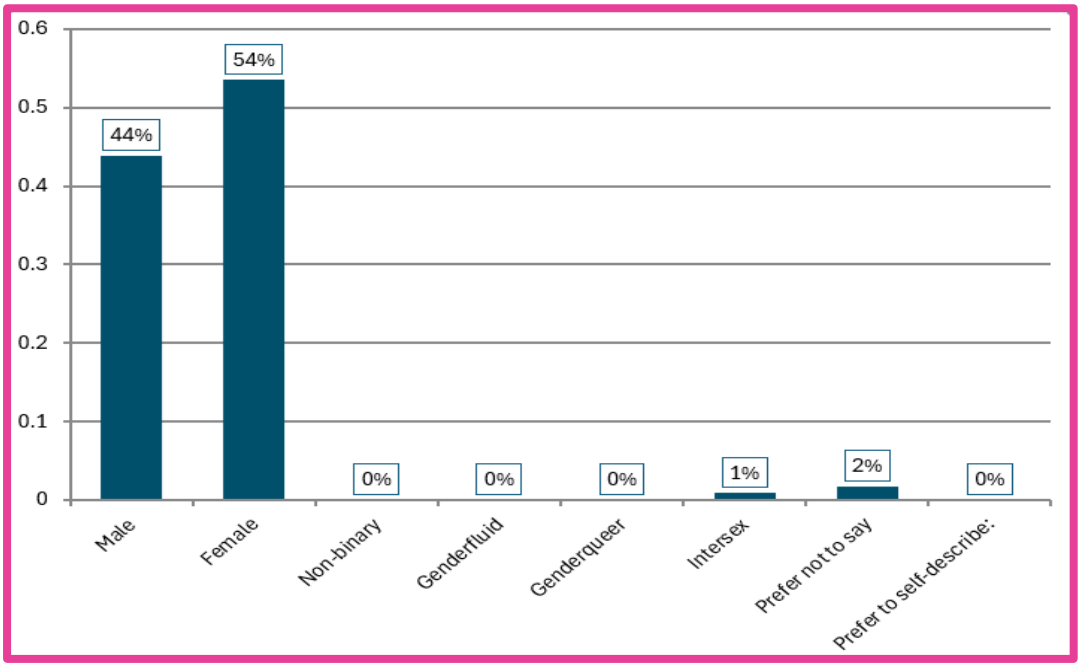

Figure 3 A bar chart displaying the distribution of gender statistics within the survey population. Total responses for this question numbered 114

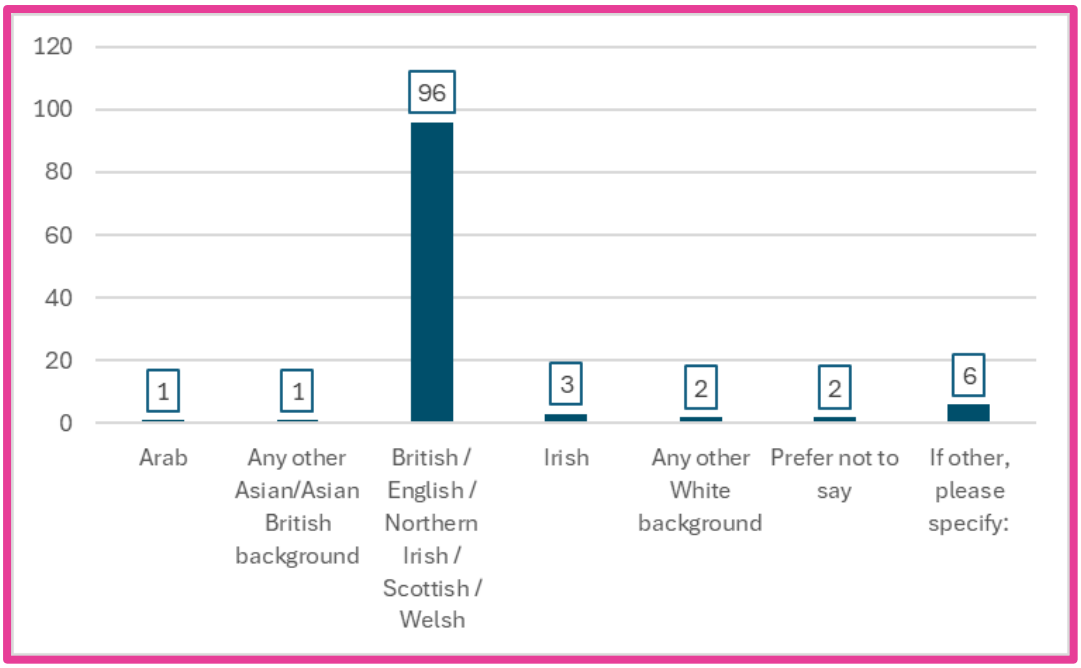

Figure 4 Bar chart depicting the different self-reported ethnicities of respondents. Total responses for this question numbered 111

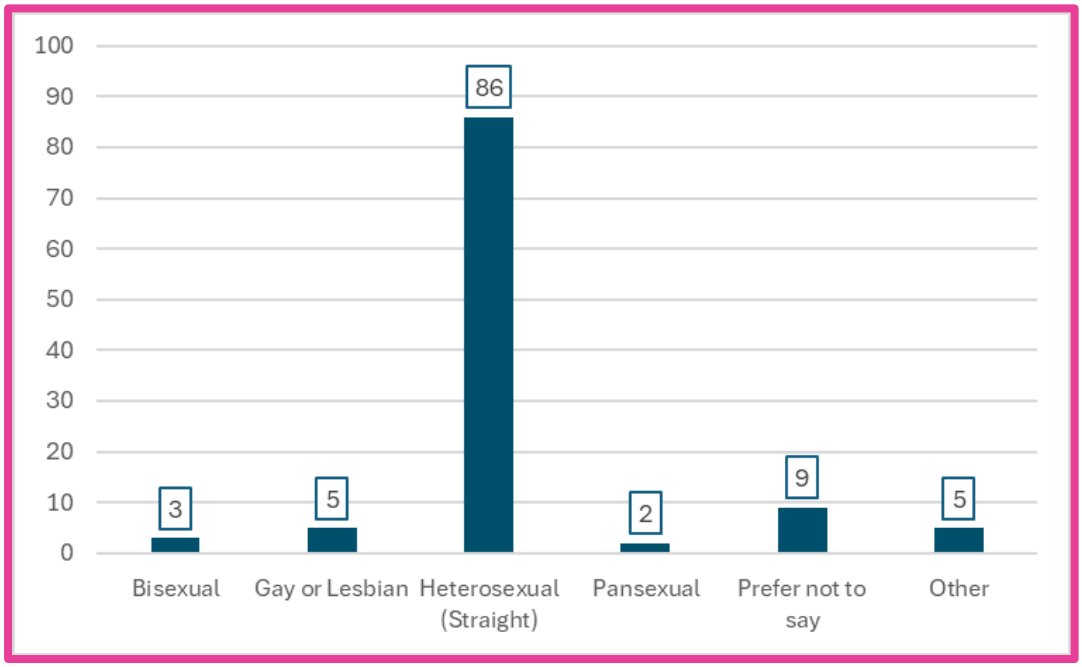

Figure 5 A bar chart displaying the distribution of sexuality within the survey population. Total responses for this question numbered 110

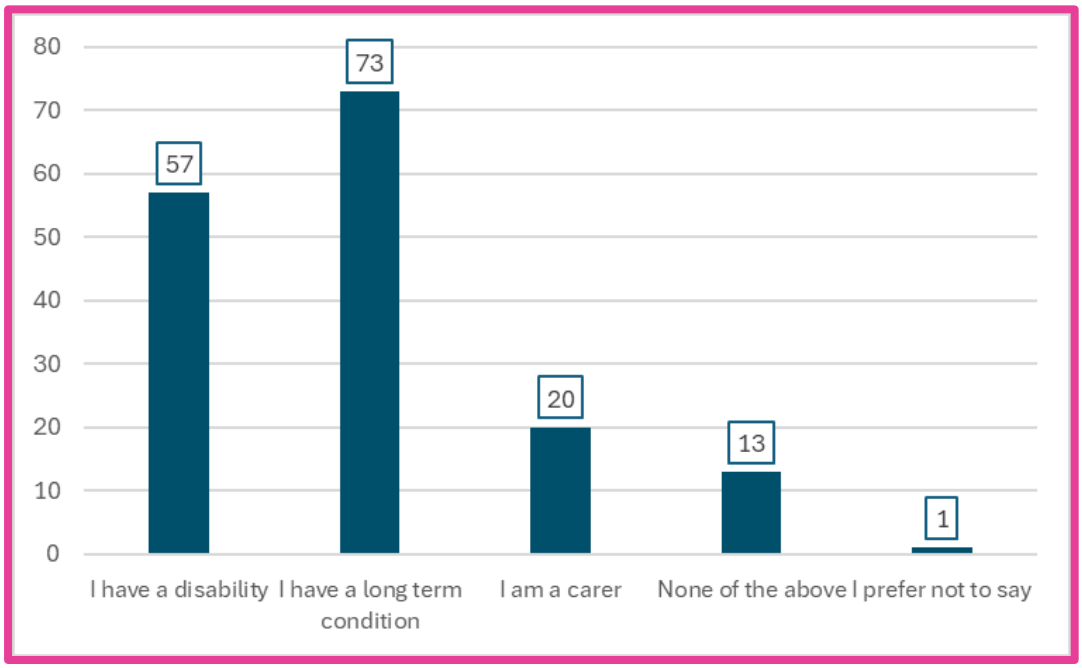

Figure 6 A graph depicting the number of respondents who identified as having a disability and/or long-term condition, and/or who identified as a carer. Total responses for this question numbered 111

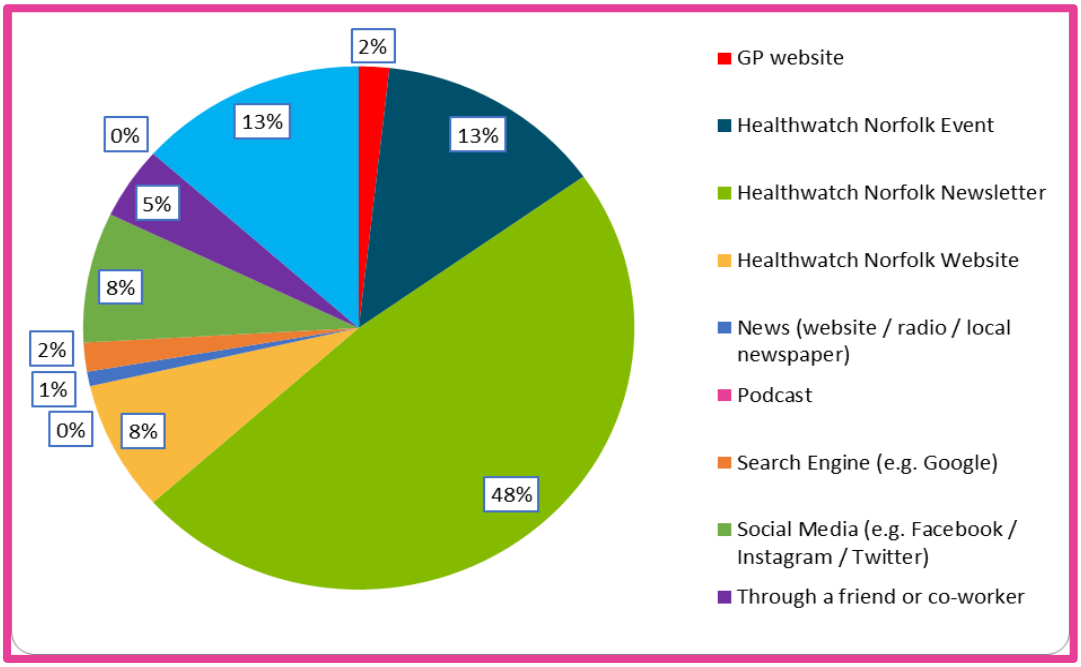

Figure 7 A pie chart depicting the different ways that respondents found out about the survey. Total responses for this question numbered 112

People's awareness of the Hearing Loss and Deaf Friendly Practice Charter

We wanted to understand both people's individual awareness of the Hearing Loss and Deaf Friendly Practice Charter (HLC), and whether their GP surgeries were implementing it. When asked, only nine (8%) respondents had heard of the HLC. 103 (88%) had not heard of it, five (4%) people said they did not know and three people skipped the question. Of the nine who had heard of the HLC, when asked how they heard about it, seven said through Healthwatch Norfolk, one via the Cuppa Care van coming to their village and one did not answer.
We asked people about whether their GP surgeries used the HLC. Of the nine people who answered this question, two (22%) said yes and seven (78%) said they were not sure. 111 people skipped this question.

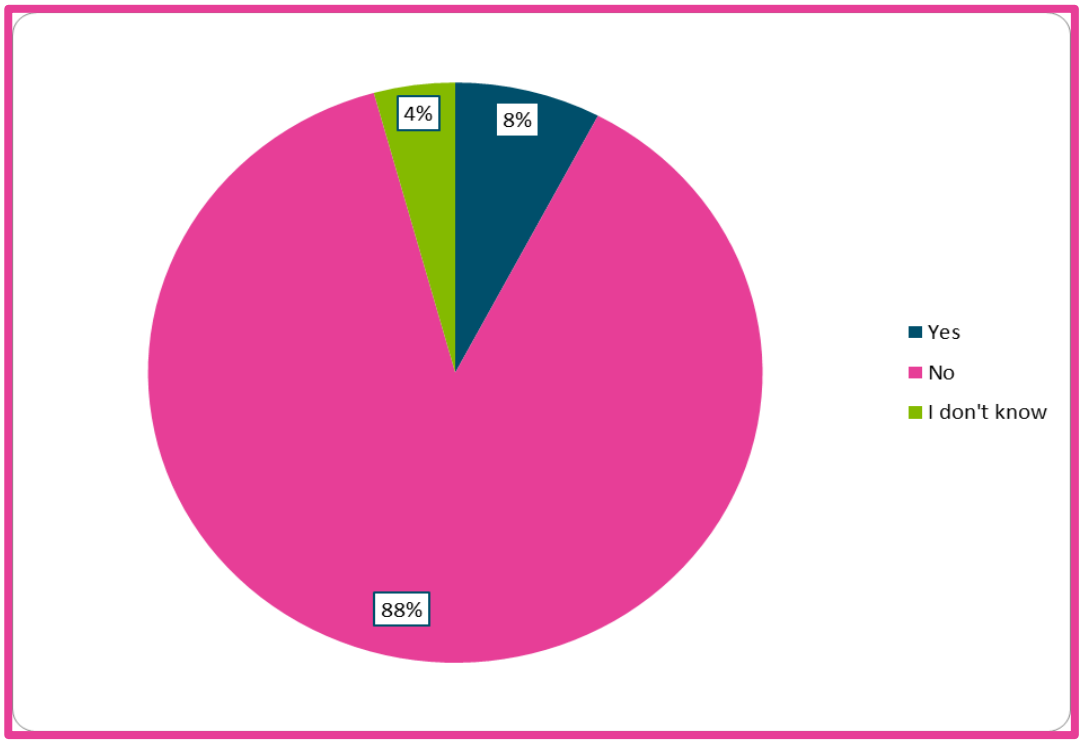

Figure 8 A pie chart showing whether respondents had heard of the HLC or not. Total responses for this question numbered 117

How accessible people find their GP surgery

The next set of questions explored the experiences of Deaf and hard of hearing individuals in GP surgeries, focusing on how accessible respondents found these interactions. When asked how easy it was to book an appointment, only 22% (25) of respondents said it was easy. A further 25% described the process as neither easy nor difficult, whilst over half of respondents (56%, 60) reported it to be difficult. Six people did not answer this question. When compared to our original report from 2021/22, the survey at the time found 18% of people never had

difficulty making an appointment. 52% said they sometimes had difficulty and 30% said they always had problems making an appointment. This highlights that a larger percentage of Deaf and hard of hearing people, appear to always have difficulty making an appointment now, as opposed to back when the HLC was first implemented, suggesting it is not being widely followed. However, there was a slight increase in the number of respondents who said they found it was easy to make an appointment, suggesting that perhaps some GP surgeries have adopted the HLC and have become more accessible.

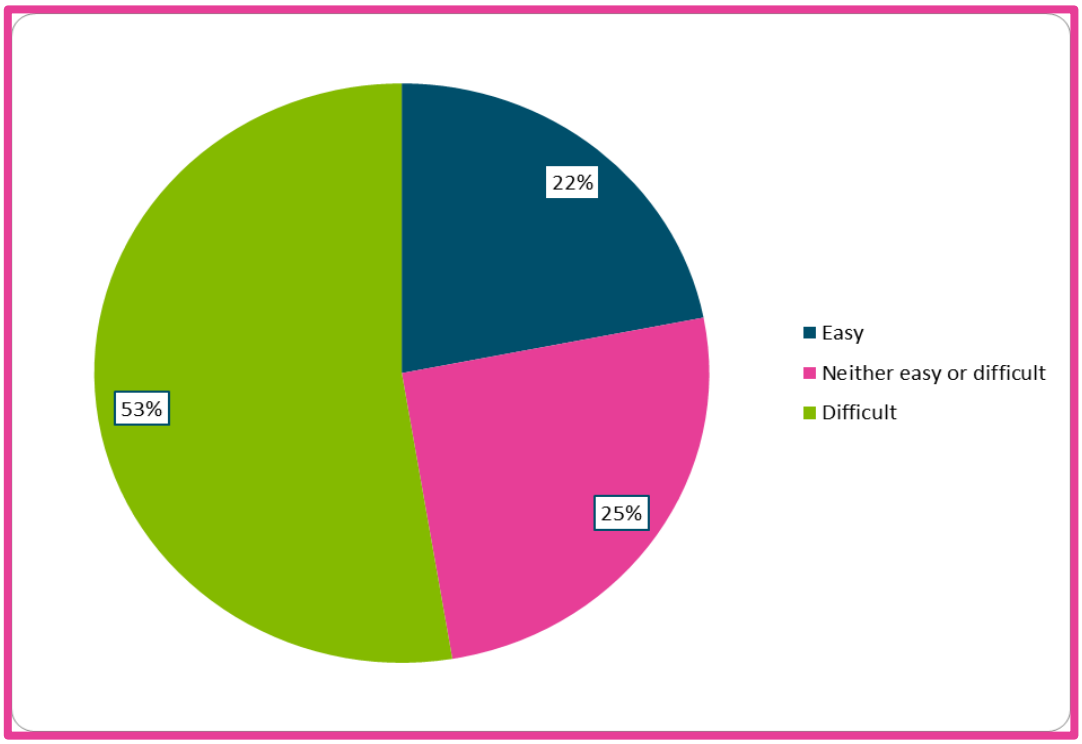

Figure 9 A pie chart showing how easy respondents felt it was to book an appointment at their GP surgery. Total responses for this question numbered 114

Respondents were asked: "When you are in the waiting room, do you have difficulty knowing when the doctor or health practitioner is ready for you?". Almost half (46%, 52) reported experiencing difficulty knowing when the clinician was ready for them, while 50% (57) said they did not have difficulty. A small proportion (4%, 5) said they were unsure, and six individuals chose not to answer this question. Back in our original report from 2021/22, 50% of respondents said that they sometimes had difficulty knowing when the clinician was ready for them, 29% said that they never had difficulty and 21% said that they always had difficulty. From this comparison, we can infer that there has been advances in terms of accessibility in waiting rooms for those who are Deaf and hard of hearing, as there is now a larger percentage of respondents who do not experience difficulty in knowing when the clinician is ready for them, but the fact

that a large proportion still experiences difficulties suggests that reasonable adjustments have not been put in place in all surgeries and there is still significant progress to be made to improve accessibility.

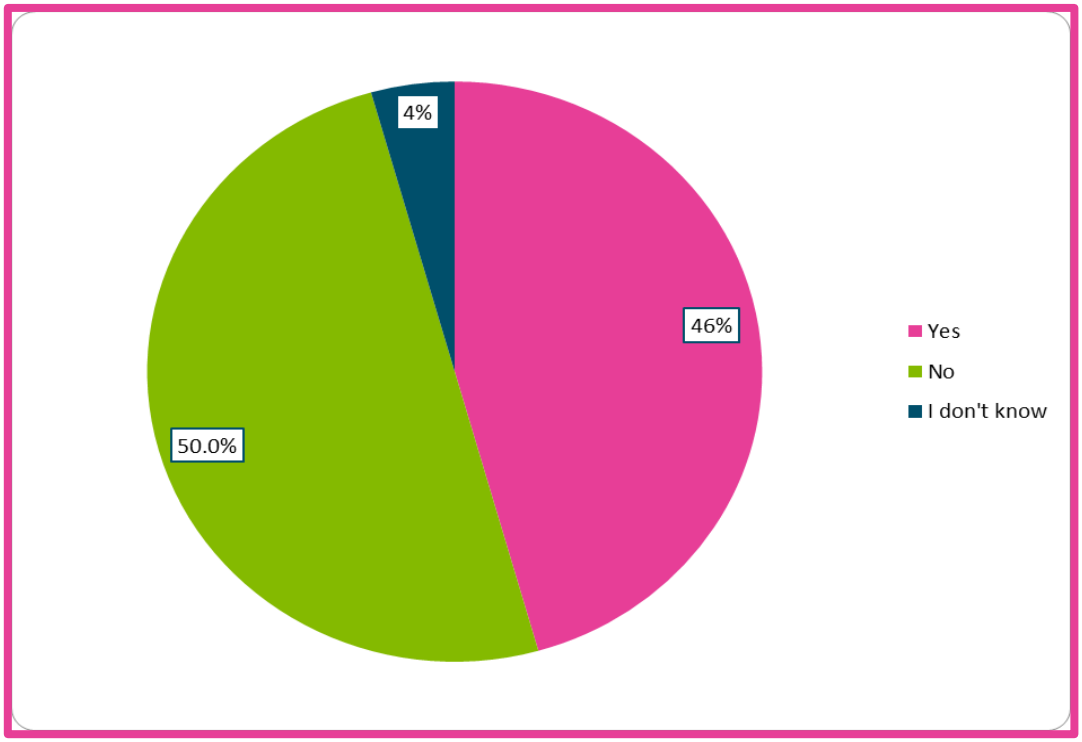

Figure 10 A pie chart depicting whether respondents felt they had difficulty knowing when the doctor/healthcare provider was ready for them at the GP surgery. Total responses for this question numbered 114

When asked "does your doctors surgery allow you to contact them in several ways including online?", 68% (78) said yes. There were 19% (22) people who said no, 13% (15) of people said they did not know, and five people skipped the question. In the original HLC report, we asked a similar question to discover what methods Deaf and hard of hearing people use to book an appointment. The most common method, with 54% of people using it was telephoning to make appointments. But other methods were available such as the GP website, which 48% of respondents used, and email, which 23% of respondents used. Due to different questions being asked, we cannot make direct comparisons between the two surveys, but it appears that there may have been an increase in availability of online appointment booking within the past couple years, further increasing accessibility for those who are Deaf and hard of hearing. Although, it seems that both in the original report, and now, there is still an over-reliance of GP surgeries using telephone to book appointments, which is often inaccessible for Deaf and hard of hearing individuals, and further progress should be made to offer a wide range of ways to book appointments to promote accessibility and independence.

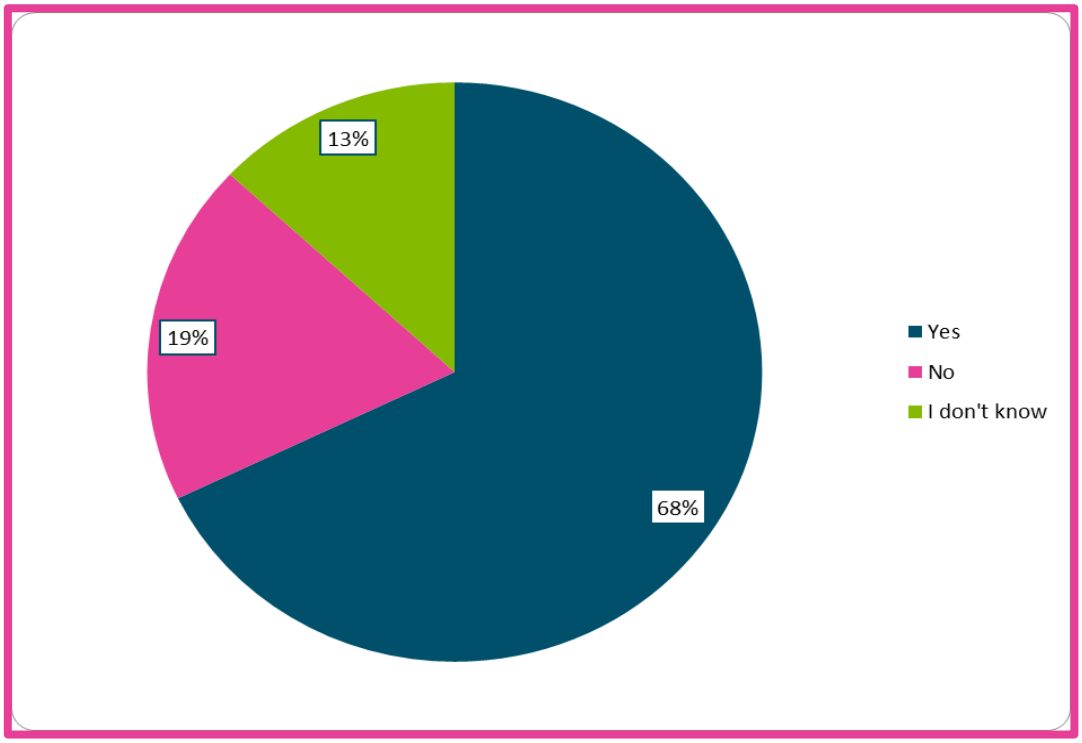

Figure 11 A pie chart depicting whether respondents GP surgeries allow patients to contact them in several ways, including online. Total responses for this question numbered 115

We inquired whether respondents could request, or are offered, a BSL interpreter for face-to-face appointments. Only 10% (11) said yes, while 29% (32) reported that they are unable to request, or are not offered a BSL interpreter. Most respondents, 61% (68) said that they did not know and nine people chose to skip the question. Our original survey from 2021/22, highlighted that some Deaf and hard of hearing people wished that their GP surgery would offer either face-to-face BSL interpreters, or make use of a video service such as Interpreter Now. Not all people who are Deaf and hard of hearing use BSL, but for those who use it as their primary language, or only language, not providing adequate access to BSL interpreters causes a substantial barrier to accessibility which needs addressing.

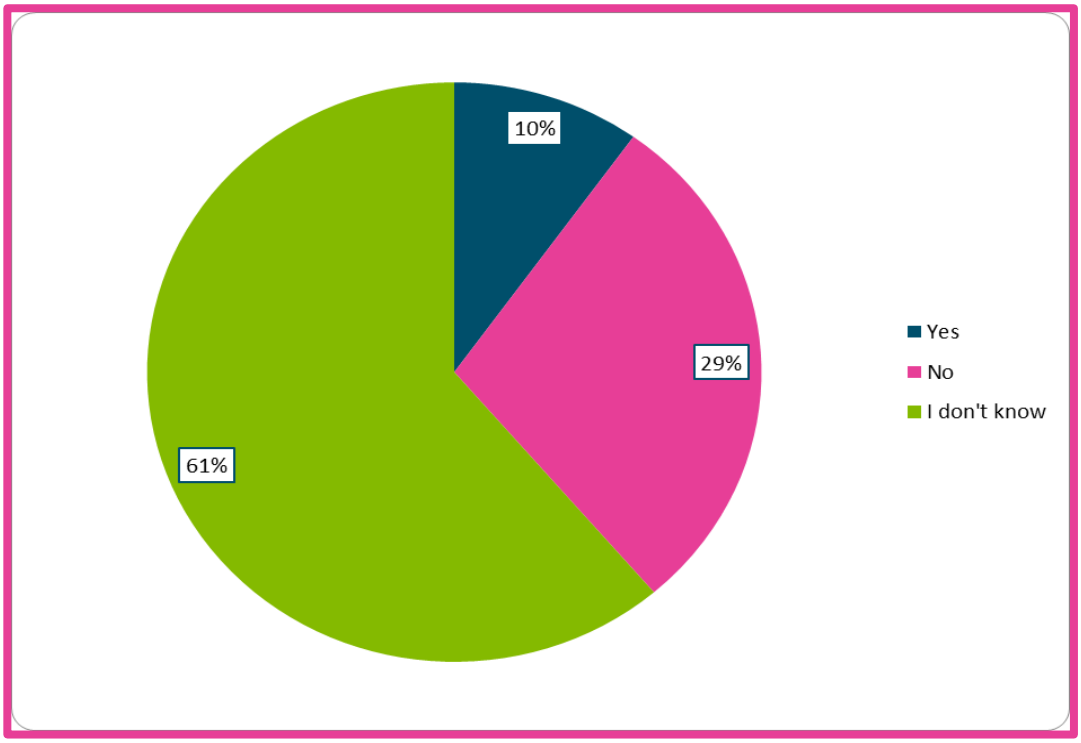

Figure 12 A pie chart depicting whether respondents are able to request or are offered a British Sign Language (BSL) interpreter for face-to-face appointments at their GP surgery. Total responses for this question numbered 111

We also queried whether the health practitioner looks at them directly and speaks to them clearly to aid understanding of what is being said?". 54% (62) answered yes. A further 37% (43) said no, while 9% (10) said that they did not know. This question was left unanswered by five respondents. Concerns surrounding this were also raised in the original HLC research back in 2021/22, as multiple survey respondents cited difficulties being able to lip read due to staff not looking directly at them and speaking clearly.

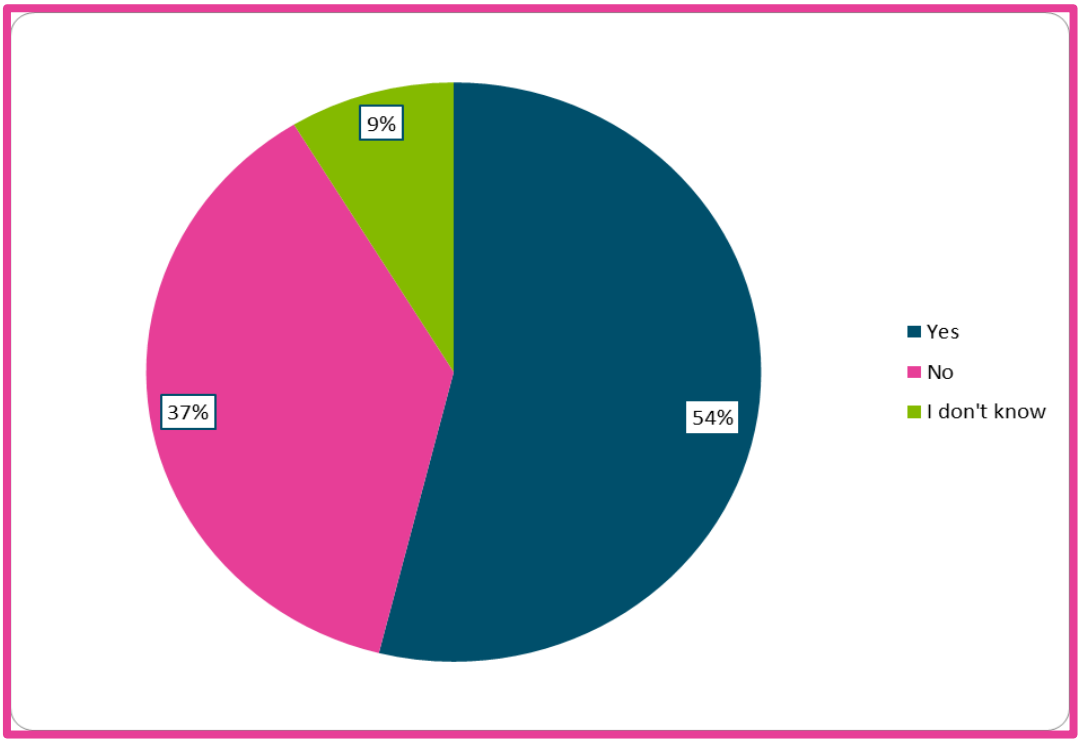

Figure 13 A pie chart depicting whether respondents felt that health practitioners looked directly at them and spoke clearly to them to help them understand what is being said. Total responses for this question numbered 115

When asked about if respondents' doctors' surgery use technology that makes it easier when visiting the surgery, 20% (23) said yes it did make it easier. There was 36% (41) who said no. And a significant proportion (44%, 51) said they did not know. Five people did not answer the question. It is disheartening that only 20% of respondents felt that their doctor's surgeries use technology that makes it easier when visiting the surgery, when digital technology formed such a significant part of the HLC. Out of those surveyed in 2021/22, 85% of respondents felt that the use of either a display screen, vibrating pager or hearing loop would be helpful for knowing when the clinician is ready for them, with 91% of respondents thinking that a visual display screen would be the most useful. Respondents also felt different digital technologies could be beneficial during consultations, with 62% of respondents feeling as though they could benefit from a personal listening device, 46% felt a neck loop could be helpful and 22% thought speech to text apps could help them. The fact our most recent survey found that only 20% of respondents said their doctors' surgeries use technology that makes their visits easier, suggests not enough surgeries are implementing the digital tools recommendations outlined in the HLC and that perhaps there is not enough staff training in surgeries about the importance of digital tools and how to use these.

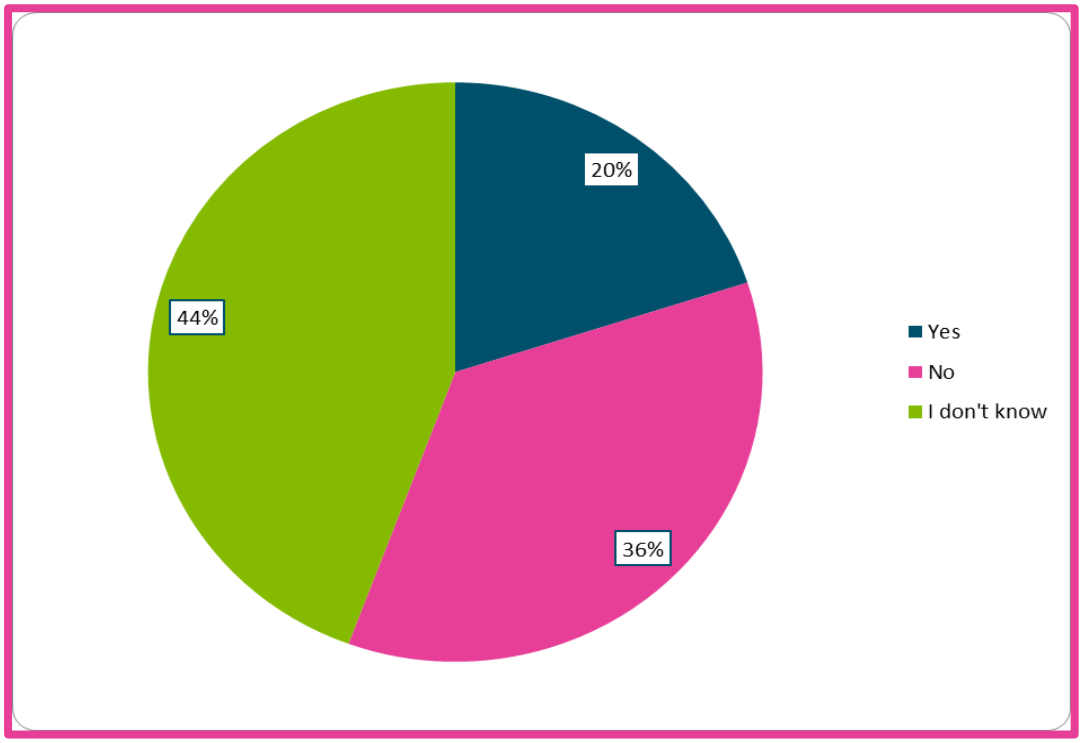

Figure 14 A pie chart depicting whether respondents' doctors' surgeries used technology that made it easier when they visited the surgery. Total responses for this question numbered 115

We asked respondents "Do you know if your record shows that you have hearing loss or are Deaf?". The most common response, with 57% (65) of responses, was that people did not know. Only 11% (13) of people said yes, while 32% (37) of people said no, and five people did not answer the question.

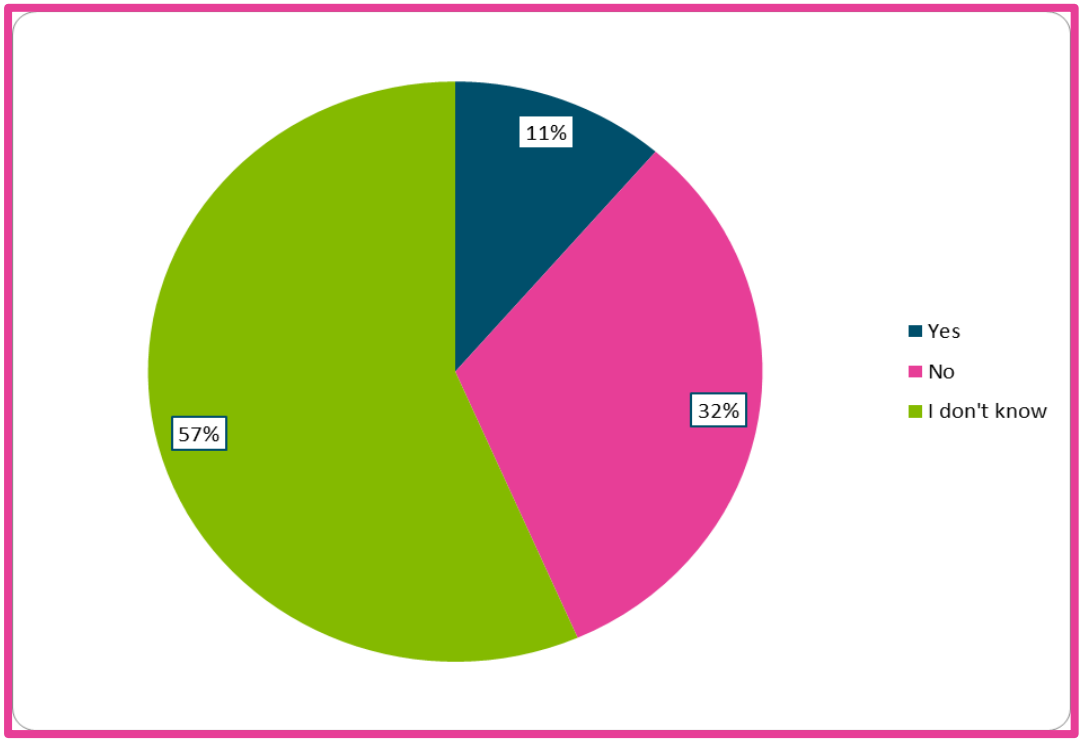

Figure 15 A pie chart depicting whether patients knew if their health record showed that they were Deaf or hard of hearing. Total responses for this question numbered 115

When questioned whether they had been asked about their preferred communication methods, 76% (86) of respondents said that no, they had not been asked. Meanwhile, 14% (16) of respondents said that they had been asked, and 10% (11) were unsure. Seven respondents chose not to answer this question.

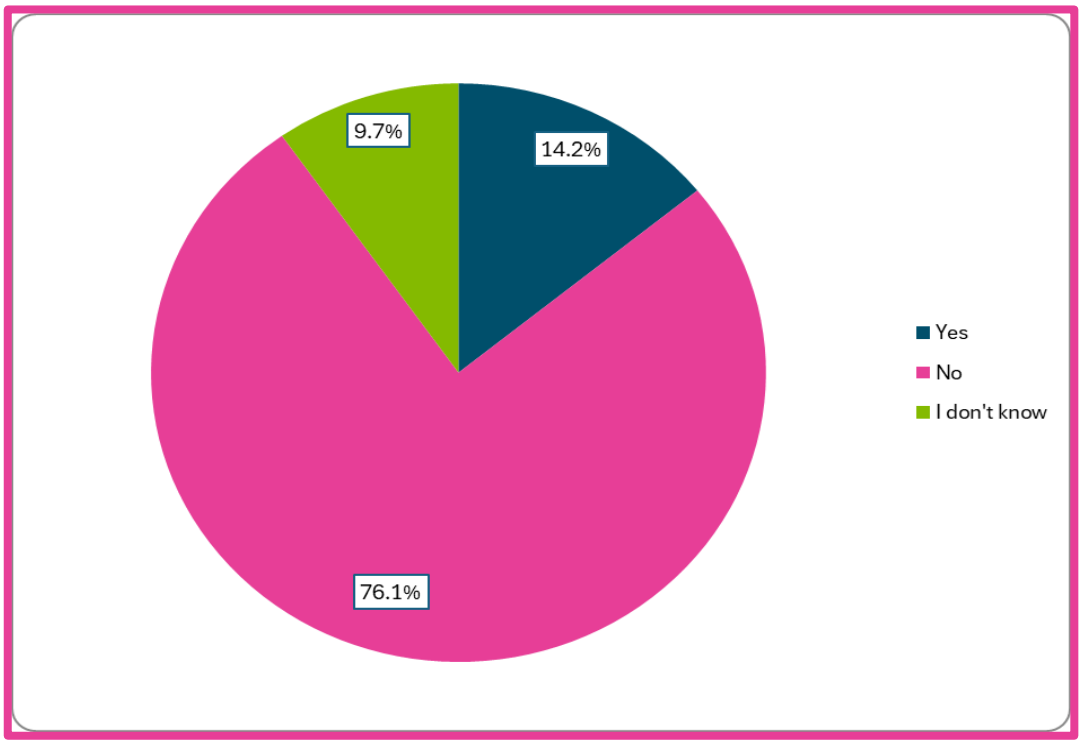

Figure 16 A pie chart depicting whether patients were asked about their preferred communication methods by their GP surgery. Total responses for this question numbered 113

When questioned about whether their GP practice offered respondents support for their mental wellbeing, the majority of respondents (79%, 91) said no. Only 16% (18) reported that their GP practice does offer them support with their mental wellbeing. There were 5% (6) of respondents who said that they were unsure and five skipped the question.

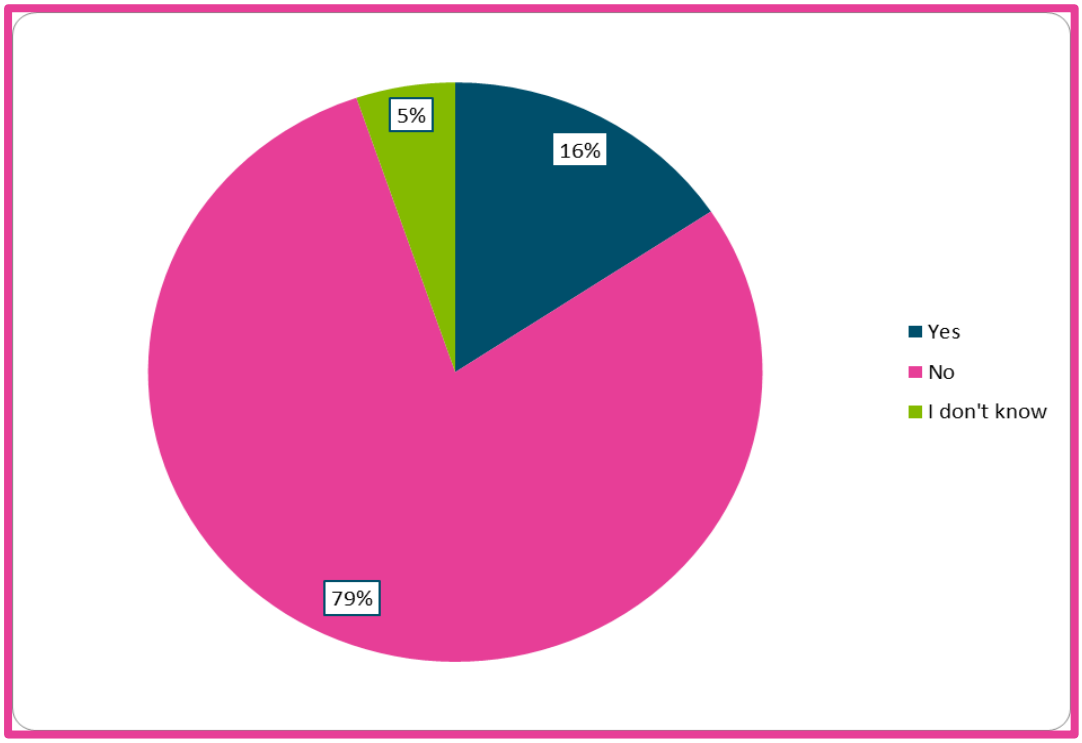

Figure 17 A pie chart depicting whether patients were offered support for their mental wellbeing by their GP surgery. Total responses for this question numbered 115

Thematic Analysis

Based on the thematic analysis of question 16 "Do you have any other comments about your experience at your GP practice?", we identified four distinct themes in the feedback. The following section explores these themes.

Key themes

A lack of awareness and understanding

One of the most prominent themes that surfaced from the data was the significant impact that a lack of awareness and understanding from healthcare professionals had on the experiences of Deaf and hard of hearing individuals, when accessing GP services. This included staff not knowing they are deaf, a lack of staff training and an over-reliance on telephone communication without offering reasonable adjustments. There was a clear desire from respondents for improved training and greater awareness among healthcare professionals on how to effectively communicate with Deaf and hard of hearing patients. Several individuals reported that clinicians often spoke while looking at their computer screens, making lip reading impossible. In one case, the respondent shared that staff would speak to their daughter rather than addressing them, therefore undermining their autonomy and dignity.

"I'm usually able to manage my appointments but it's not unusual for some doctors to be looking at their computer screen and forget that I cannot lipread whilst they are doing that."

Many respondents highlighted the significant reliance on telephone communication within GP surgeries – both for booking appointments, and often for the medical consultation itself. This approach presents a substantial barrier for individuals who are Deaf or hard of hearing, limiting their ability to access services independently. Concerns were also raised about the safety and effectiveness of telephone-based appointments for this group, with individuals reporting that important information could be misheard or misunderstood. Such communication barriers not only reduce the quality of care but may also pose risks to patient safety.

"I have been asked to make an appointment for a routine check up with a nurse which will be by telephone appointment. I cannot hear on the telephone. I am registered deaf."

"Depending on severity of hearing loss using the telephone is most difficult and things get misunderstood and could be dangerous!"

Additionally, several respondents expressed concern that staff at their GP surgeries were either unaware of their hearing loss, or repeatedly failed to act upon this information, and record it, despite being explicitly communicated. This suggests that reasonable adjustments are often not made, as disabilities are not being recorded accurately. Individuals reported having to repeatedly remind staff that they are Deaf or hard of hearing, and despite requesting alternative methods of communication, many continued to receive telephone calls. Such experiences point to a lack of effective systems for recording and responding to patients' communication needs, leading to avoidable frustration and inequity in access to care.

"I constantly have to remind them I wear a hearing aid in left ear and am profoundly deaf in right ear"

Furthermore, several respondents highlighted a lack of staff awareness and understanding regarding the needs of Deaf and hard of hearing individuals. This absence of necessary training and education appeared to directly contribute to inadequate support, unmet needs and in some cases emotional distress, due to ignorant and rude comments.

"The last time the surgery phoned my home to talk to me, my daughter answered the phone, who politely explained to the GP that I had severe hearing loss. In which the GP said well I can shout. Which I personally thought was very rude."

"It seems none of the admin staff have had deaf awareness training and there is a surprising level of ignorance about hearing loss. A nurse once asked why, since I wore hearing aids, couldn't I hear what she said."

Positive People and Change

While many participants shared concerns and challenges, it is equally important to highlight the positive experiences reported. A number of respondents spoke positively about the attitudes of staff and the adjustments made by some GP surgeries to support their needs. The use of accessible technologies was frequently mentioned as having a meaningful impact on improving communication and access to care. Examples included the availability of hearing loops (T-loops), vibrating pagers, and visual display screens showing patient names and consultation room numbers — all of which contributed to a more inclusive and supportive environment. Although only a small proportion of survey respondents mentioned using British Sign Language (BSL), the feedback received regarding BSL interpretation was positive, highlighting that where available, these services and adjustments can significantly enhance the patient experience.

"I have appreciated the continuity of the same BSL interpreter for my recent health issues."

Many people shared overall positive feedback about their GP surgeries, frequently expressing appreciation for both clinical and administrative staff. There was a general sense of respect and gratitude towards all members of the practice team, with many individuals acknowledging the care and support that they had received.

"Excellent services from ALL staff."

Barriers to Independence

Feedback from respondents reflected a strong desire for independence when accessing healthcare services. However, many individuals identified significant barriers that limited their ability to achieve this. These barriers often stemmed from a lack of confidence in using digital platforms, limited access to appropriate technology, and a healthcare system that is not consistently designed with accessibility in mind. As a result, some people were left with no option but to rely on others for support — something many expressed a wish to avoid. Several respondents noted that their GP surgery offered only two main methods of contact: by telephone or online. For some, this was problematic due to a lack of digital skills or the absence of suitable devices, such as smartphones. In these instances, the very tools intended to improve access inadvertently became obstacles, highlighting the importance of offering a wider range of accessible and inclusive communication options.

"It's extremely difficult for me to make appointments with my GP practice or to receive follow-up phone calls. The practice has to phone my daughter. I am 96 and I do not use phone text or iPad and I cannot use my phone easily. (My daughter is completing this questionnaire for me)."

While technology was frequently highlighted as a valuable tool in improving accessibility for Deaf and hard of hearing individuals, several respondents also raised concerns about its inconsistent effectiveness in practice. For example, two participants spoke about the use of visual display screens in GP surgeries to show patient names and the corresponding consultation room. However, both individuals noted that the font size was too small to be read comfortably, and the accompanying alert sound was not loud enough for them to hear, making the adjustment ineffective for some patients.

These experiences illustrate that while technology can enhance accessibility, its design and implementation must be carefully considered to ensure it truly meets the needs of all users. Without this, tools intended to support inclusion may unintentionally contribute to further exclusion.

> "The board which says your name and which room the letters are too small, the noise to it is drowned out by the other noise is people talking radio etc"

Linked closely to the theme of limited awareness and understanding among healthcare staff is the recurring issue of reasonable adjustments not being consistently offered or implemented. As a result, many Deaf and hard of hearing individuals reported having to rely on others — often family members—to access the support they need from their GP surgery.

This included having to ask relatives to interpret during appointments or to facilitate communication with staff, as well as depending on others to book appointments on their behalf. While these informal support systems can be helpful, respondents emphasised their preference for independence and the right to access healthcare autonomously. The need to rely on others was often described as frustrating and disempowering, reinforcing the importance of ensuring that reasonable adjustments are routinely offered and appropriately recorded.

> "Although I told several times I'm partially deaf, they keep calling me and don't answer emails. Urgent appointments are impossible to book besides asking my partner to do it. I'm 23 weeks pregnant and I was contacted to get a vaccine at 16 weeks to respond online to some questions but instead of allowing to book online too, they said to call them to book. It delayed my care by weeks as pregnant and I still didn't got it book. All midwife contacts are also by call, including urgent ones."

"Without my family I am unable to interact with the practice."

Disappearing services and funding

In addition to the specific challenges faced by Deaf and hard of hearing individuals due to a lack of reasonable adjustments, many respondents reported broader difficulties in accessing appointments at their GP surgeries. These challenges mirror those experienced more widely across the population, including long telephone wait times, extended delays in securing an appointment, and, in some cases, being unable to book an appointment at all.

For Deaf and hard of hearing patients, these general access issues are often compounded by communication barriers, creating a more complex experience of exclusion. Respondents emphasised that without accessible booking options and timely availability, their potential to manage their health needs independently is significantly compromised.

"The difficulty now, however, is arranging to see them. For the purpose of this survey I have just tried to book an appointment with my GP. "No sessions that meet the search criteria" from now until 24th March 2025. (ie no available appointments). There is also no provision for booking beyond that date online."

"Doctor appointments v. difficult, phonelines always v. busy. Have sent messages online and by letter, response poor but have been given appointments with Health Professional."

While the primary focus of the survey was to explore individuals' experiences within GP practices, many respondents also shared concerns about the availability and accessibility of wider health services across the county. A

recurring theme was the reduction or closure of services that are vital to those who are Deaf or hard of hearing.

Several individuals referenced the withdrawal of free ear micro suction services, noting that they are now frequently directed to private providers. For many, the associated costs are too expensive, meaning they are unable to access the treatment they need. Respondents also expressed concern about broader changes to local services, including reduced access to hearing aid support. These changes were seen as significantly limiting people's ability to manage their hearing health, further exacerbating existing inequalities in access to care.

"I'm sad that NHS services are becoming increasingly difficult to access. Treatment for ear wax removal costs £70 privately and used to be freely available from Hear4Norfolk, but appointments are now difficult to get."

"Our practice no longer holds a hearing problems clinic i.e. hearing aids etc once a month before."

"I moved from Derbyshire where NHS provision for hearing loss was excellent. Unfortunately, in spite of several attempts the provider of hearing aids at my current GP practice has failed to provide me with effective aids."

GP Surgeries awareness of the Hearing loss charter and accessibility for those who are Deaf or hard of hearing

We contacted 49 GP surgeries in Norfolk to enquire whether reception staff could provide information about the use of the Hearing Loss charter in their surgeries, as well as any additional reasonable adjustments put in place for patients who are Deaf and hard of hearing. In four cases, we were unable to obtain any information. This was due to a combination of issues, including out of service phone numbers, no option to speak directly with a receptionist, or reception staff being unwilling to speak to us due to high call volumes.

Of the 45 GP surgeries we were able to speak with, only one receptionist – at Plowright Medical Centre in Swaffham – was familiar with the Hearing Loss Charter and believed their practice had it in place. Most of the surgeries (36, 80%) were both unsure of what the Hearing Loss Charter was and whether the surgery had it in place. A further eight surgeries (18%) stated they had never heard of the Hearing Loss Charter, suggesting it was not in place at those locations.

To ensure a broad representation across the region, approximately ten GP surgeries were randomly selected from North, South, East and West Norfolk and Norwich. This approach was designed to avoid clustering responses within the same practice group. Given this sampling method, the widespread lack of awareness and understanding of the Hearing Loss Charter identified in our enquiries, is likely indicative of a broader trend across GP surgeries throughout Norfolk.

In addition to asking receptionists about their awareness of the hearing loss charter, we also asked more broadly about the measures their surgeries have implemented to support Deaf and hard of hearing patients accessing healthcare. An overview of the adjustments reported by various surgeries is provided in the table below. In eight cases, the receptionist was either unable to provide this information or refused to do so.

Adjustment	Number of surgeries that use it
Hearing/Induction Loop	31
Patients called or collected in person	22
Note in record identifying patient is Deaf or hard of hearing	15
Electronic appointment screen	9
Staff communication and Deaf awareness training	2
Vibrating pager for appointments	2
Staff member who knows BSL	2
Writing things down on paper	2
Amplifying headset	1
Nothing	1

Figure 18 - A table to show the various adjustments which GP surgery receptionists reported the surgeries had made to improve accessibility for Deaf and hard of hearing patients.

What this means

The findings of our survey and direct contact with staff from local GP surgeries indicates a significant lack of awareness of the Hearing Loss and Deaf Friendly Practice Charter (HLC) amongst both Deaf and hard of hearing patients, and the GP staff who support them. For both survey respondents and GP staff, when asked, a significant majority were unfamiliar with the HLC and were unaware of its purpose or contents. These findings highlight a clear need for increased promotion and communication of the HLC. This should be done through awareness-raising efforts, such as targeted social media campaigns, community engagement events and direct communication and training with GP surgeries. Notably, most of those who had heard of the HLC, had heard of it via Healthwatch Norfolk, suggesting that our previous awareness-raising activities have had a positive impact, but that further sustained efforts are required to reach a broader audience.

Hearing Loss Awareness Training

The limited awareness of the HLC we discovered appears to suggest a wider lack of hearing loss awareness and training within all staff at GP practices. Additionally, the thematic analysis of our survey responses identified “a lack of awareness and understanding” as a recurring theme. Many individuals expressed frustration that healthcare professionals often do not understand the impact hearing loss can have on their ability to access healthcare, or how to best accommodate it. Respondents consistently emphasised the need for appropriate training and education within primary care settings to better meet their communication needs and ensure equal access to healthcare. This was also raised in our original research in 2021/22, where a significant theme in the open-ended survey questions was that there was not enough Deaf awareness by staff within doctors’ surgeries. The fact that this lack of awareness is still being raised as a problem, suggests that further efforts need to be made to ensure all staff receive hearing loss awareness training, and perhaps it should be made mandatory for healthcare staff, as greater understanding of hearing loss will allow staff to better implement reasonable adjustments.

Accessibility

Accessibility is a central principle of the HLC, and this theme also emerged as a significant focus point in the findings of our research. Reasonable adjustments to improve accessibility should be embedded across every stage of the primary care journey, and that when these are not followed it can create significant barriers to care. Despite this, our survey revealed that making an appointment remains a considerable challenge for many Deaf and hard of hearing individuals. This was unfortunately also the case in our original research back in 2021/22, where a significant number of respondents said they sometimes, or always experience difficulty making an appointment. These findings suggest, that despite the guidance set out by the HLC and the AIS, many GP surgeries are not yet making adequate adjustments to meet the accessibility needs of this patient group (NHS England, 2025).

This is further supported by our thematic analysis, as many respondents reported an over-reliance on telephone communication for both booking the appointment, and in many cases for the consultations themselves. It is evident from our findings that systemic changes are needed to ensure that alternative and accessible communication methods are available and consistently offered, in line with the principles outlined in the HLC. Without this change, many Deaf and hard of hearing individuals will continue to face preventable barriers to their care. Many are left with no choice but to rely on family members, friends or support workers to book appointments on their behalf. Something that was highlighted in our original 2021/22 report, where a large proportion of the respondents mentioned that one of the main methods people use to communicate with the health professional is by going with a relative, friend or support worker. For those who do not have access to such support – or who feel uncomfortable asking for help with this, particularly in relation to sensitive issues such as mental or sexual health – this reliance can result in delayed or missed care altogether. This highlights the urgent need for more inclusive communication practices across all stages of the patient journey.

However, there were some encouraging findings surrounding accessibility, such as many respondents saying their surgery offered multiple ways to make an appointment. This is promising as our original report in 2021/22, found that less than half of people used the surgeries website to book an appointment, with most having to book over the phone, suggesting a growing recognition of the

need for accessibility and some adoption of digital tools, such as online booking systems, to facilitate better access.

Further barriers were identified in relation to Deaf and hard of hearing individuals' ability to effectively engage with clinicians during appointments as only a small minority of respondents said they were offered, or able to request a BSL interpreter for face-to-face consultations. While this figure may be influenced by the fact not all deaf people use BSL, it nonetheless raises concerns about the availability of interpreting services within primary care, creating an additional barrier for some Deaf and hard of hearing people. In our first report, this was also highlighted, particularly that there was a longer wait to get an appointment with a BSL translator than just an appointment, providing an additional barrier. The fact there have not been obvious advancements in this area suggests that it is still an area often overlooked by staff, and that further effort should be put into utilising resources such as Interpreter Now (an online platform for scheduling BSL interpreters) to ensure greater access to BSL interpreters at all times and not just booked weeks in advance.

This is also reflected in our thematic analysis under the theme "barriers to independence", where participants described a lack of reasonable adjustments being made during clinical interactions, such as not looking at the patient to allow for lip reading, something which also had been frequently mentioned in our original report in 2021/22. As a result, many reported having to rely on family or friends to interpret during appointments or take calls on their behalf. It is disheartening that despite the principles that were laid out in the HLC to improve patient autonomy and privacy these still appear to not be followed.

Communication

None of the receptionists we contacted mentioned the provision of leaflets, visual displays or online information about local and national organisations offering support resources as a reasonable adjustment. However, it is important to note that this question was not explicitly posed, and reception staff may not be fully aware of the content on surgery websites and available informational materials.

Patient Records

Our survey highlighted how most people were unsure whether their medical records identified them as having hearing loss. This suggests that further work is needed to ensure GP surgeries recognise the importance of capturing and coding this information accurately. Properly recording hearing loss in a patient's record is a critical step in ensuring the delivery of person-centred care and ensuring that vital reasonable adjustments can be made. The high proportion of respondents who were unsure whether this information was recorded also raises the possibility that, while some GP surgeries may be documenting this information, it may not be clearly communicated to patients or followed. Moving forward, there is a need not only to improve the consistency of recording hearing loss in medical records but also to ensure that patients are aware that this information is being used to inform and improve their care.

Digital Technology

In our original report published in 2022, we emphasised the crucial role that digital technology can play in improving accessibility for Deaf and hard of hearing patients. The pilot trials at this time demonstrated the benefits of incorporating such technology within primary care by using vibrating pagers, personal listening devices and induction loops. All surgeries wanted to continue using these technologies after the trial and it was reported that these technologies improved communication and overall experience for those who were Deaf and hard of Hearing. This aligns with the suggestions set out in the HLC, which emphasise the importance of integrating digital technology throughout every stage of the patients' journey in general practice. The thematic analysis from our recent survey reinforced this message, with the theme of "Positive People and Change", in which respondents frequently noted the positive impact of accessible technology on their experiences. Specific tools mentioned included hearing loops, vibrating pagers and visual display screens.

Visual display screens were highlighted as making a meaningful difference. In our research we found that many respondents struggled to know when the clinician was ready for them. This is supported by the fact that many of the surgeries we spoke to typically called or collected patients face-to-face from the waiting room, something which many respondents reported to be hard for

them to hear and understand. This was also raised in the original report in 2021/22, where respondents raised that this method of calling patients is inaccessible as they cannot hear their name being called which can cause additional stress. So, if a patient's hearing loss is not clearly recorded in their medical notes, clinicians may not realise that the patient may not respond when their name is called. Without this awareness, reasonable adjustments may not be made, leading to missed appointments and unmet health needs.

Encouragingly, many of the GP surgery receptionists that we spoke to, did demonstrate an awareness of making reasonable adjustments for those who were Deaf and hard of hearing. When we spoke to receptionists, the most commonly reported digital tool implemented was the use of hearing loops. Other supportive technology mentioned by receptionists included visual display screens, vibrating pagers and amplifying headsets. These findings highlight that progress has been made towards better accessibility for Deaf and hard of hearing patients, but that there is a continued need to ensure these tools are being implemented and kept in working order.

While digital technology has the potential to significantly improve accessibility, it is not without its limitations. Our thematic analysis theme of "Barriers to Independence", highlighted that in some cases, digital tools can become a hindrance rather than a help, such as text being too small to read on a visual display screen.

These findings suggest that, while the intention to improve accessibility may be present, poor implementation, or a lack of appropriate training, can result in adjustments that are ineffective or worsen outcomes. These shortcomings are often the result of limited, or no hearing loss awareness training among practice staff, leading to a lack of understanding of what beneficial and appropriate adjustments look like in practice, and how to use these.

Moreover, the impact of these issues is compounded by a lack of communication with patients about what assistive technologies are available, with many respondents not knowing if their surgery used technology to support them during visits. This indicates that even when adjustments are in place, they may not be adequately explained or communicated to patients, therefore undermining their intended benefit. Ultimately, digital technology can only improve accessibility if it is correctly implemented, regularly maintained and clearly communicated to the people it is designed to support.

Mental Health

As highlighted in both the HLC and existing literature mentioned earlier, hearing loss can have a significant impact on an individual's mental health, including an increased risk of anxiety, paranoia and depression (Archbold, Lamb, O'Neill, & Atkins, 2018). It is therefore essential that GP surgeries not only recognise this link but also actively signpost Deaf and hard of hearing patients to appropriate mental health support services. However, our survey findings suggest that this area is being largely overlooked, with a large majority of respondents not having been offered any such support. These findings raise concerns about the level of awareness within primary care regarding the mental health needs of Deaf and hard of hearing patients. There is a clear need for GP surgeries to take a more proactive approach, ensuring that patients are informed about relevant NHS and charity organisations.

COVID-19

Given the evolving nature of the COVID-19 pandemic and the current reduced level of risk and public health impact since our original research in 21/2022, this topic was not directly explored in the current survey. Additionally, COVID-19 and the barriers surrounding this was not mentioned by any of the respondents in the free text section of the survey. While our research did not highlight the ongoing effects of COVID-19 as a barrier for Deaf and hard of hearing people accessing and engaging with GP services, it is important to note that it has been shown to be a barrier in the past. This was multi factorial, including the increased use of face coverings and restricted access to in-person appointments, and therefore an increase in telephone appointments. Going forward, it is vital that these barriers are not ignored, so that, should similar public health crises arise in the future, primary care services are better equipped to provide accessible and inclusive care for all patients.

Wider issues raised

While the majority of our findings align closely with the categories outlined in the HLC, our thematic analysis also identified an additional and important theme of "Disappearing Services and Funding". This appears to be a widespread issue that goes beyond the Deaf and hard of hearing community, reflecting broader

challenges currently faced across the NHS. Respondents highlighted growing difficulties in accessing GP appointments, often linked to the overall availability and capacity of services, rather than it just being a result of inaccessibility. More specifically, several respondents noted the withdrawal of specialist services that had previously supported people with hearing loss. For example, NHS-funded ear micro suction services, once commonly available, are increasingly no longer being offered. Instead, patients are being advised to seek care from private providers, often at significant personal cost. Another example of service reduction included the closure of a dedicated "hearing problems" clinic within a respondent's GP surgery, as well as reduced access to provision of hearing aids and ongoing support for these. These changes were described as both frustrating and disheartening, particularly for individuals already facing communication barriers in navigating the healthcare system. This theme highlights the importance of not only promoting accessibility for those who are Deaf and hard of hearing but also protecting and investing in the services that support it. Without sustained funding and availability of ongoing hearing-related care within the NHS, accessibility risks being undermined despite best efforts to improve awareness and communication practices.

To conclude, this report has highlighted the importance of the suggestions made in the HLC and the negative effects it can have on patients when these are not followed. It has shown that currently further work needs to be done to raise awareness of the HLC amongst patients and staff, and that ongoing efforts must be made to ensure better accessibility for those who are Deaf and hard of hearing. Unfortunately, comparisons with the original report from 2021/22 have shown little progress in most areas, suggesting that recommendations made in the HLC have not been fully implemented or sustained. This lack of improvement highlights an urgent need for all staff within GP surgeries, and other health services to take greater accountability in providing an accessible environment for all. In contrast, our research has also highlighted an overall level of respect for all NHS staff, and that people are grateful for the care they receive, and that some individual staff members make effort to go above and beyond to deliver the best care possible to their patients, meaning any negative conclusions drawn do not apply to all healthcare staff.

Recommendations

- Based on our findings, it would be beneficial for the Norfolk and Waveney Integrated Care Board (ICB) to make further efforts to promote and advertise the Norfolk Deaf Friendly Hearing Loss Charter, which Healthwatch Norfolk can support them with
- As the report has highlighted there is still a lack of awareness of training surrounding Deafness and hearing loss, we recommend that both individual practices in the county, and the ICB make a commitment to making improvements, increasing awareness, providing staff training and improving accessibility for Deaf and hard of hearing people within their services.

Acknowledgement

Healthwatch Norfolk would like to thank all the respondents who took part in our survey and provided us with valuable feedback on their experiences. We also want to thank Hear for Norfolk for helping us identify survey respondents and hosting us at their events. And finally, we want to thank the GP surgeries and their receptionists for taking the time to speak to us on the phone about the reasonable adjustments they have put in place to help with accessibility.

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Appendix

Appendix A: The survey

healthwatch Norfolk

Hearing Loss Charter Survey

1.

Who is Healthwatch Norfolk?

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure they are heard by the people in charge.

What is this survey about?

Around three years ago, we carried out some research into the work being done by GP practices to ensure those patients who were Deaf or had hearing loss were supported when visiting their GP surgery.

Through this work, we developed the Hearing Loss Charter for GP surgeries and encouraged them to sign up to using it to help patients.

We want to check back in to ensure that patients feel they are getting the support they need after this work has been done.

How the survey results will be used

Survey responses are being collected and analysed by Healthwatch Norfolk. You can read our full privacy policy at:
http://www.healthwatchnorfolk.co.uk/about-us/privacy-statement.

All responses will be anonymous and will be used to make recommendations to health and social care providers. The report will also be publicly available on our website and may be used in other Healthwatch Norfolk communications.

Want to keep in touch?

To stay up to date with what we are doing at Healthwatch, you can sign up to our newsletter via our website: http://www.healthwatchnorfolk.co.uk

If you do not use email, you can call Healthwatch Norfolk on 01953 856029 to ask to receive our newsletter via post.

Survey closing date: **********

If you would prefer to do this survey with us over the phone, please call Healthwatch Norfolk on 01953 856029 and we will arrange a time to ring you back to complete the survey.

Alternatively, please email: enquiries@healthwatchnorfolk.co.uk for further support. You can use the same email address if you would prefer to submit your feedback in a video format.

Please note: questions marked with an asterisk (*) require a response.

1. Healthwatch Norfolk produce quarterly newsletters about health and social care in Norfolk. If you'd like to receive this newsletter please leave your email here:

2.

2. Are you someone who is Deaf or who has hearing loss?

- [ ] Yes
- [ ] No

3.

3. Are you completing this survey on behalf of someone who is Deaf or has hearing loss?

- [ ] Yes
- [ ] No

4. Hearing Loss Charter Survey

4. Have you heard of the Norfolk Hearing Loss Charter?

- [ ] Yes
- [ ] No
- [ ] I don't know

If you would like to find out more about the Hearing Loss and Deaf-Friendly Charter, then you can do so via a page on Healthwatch Norfolk's website, which can be accessed through this weblink: https://healthwatchnorfolk.co.uk/reports/hearing-loss-and-deaf-friendly-charter-april-2022/

5.

5. How were you made aware of it?

- [ ] GP Surgery
- [ ] Healthwatch Norfolk
- [ ] Friend/Relative
- [ ] Other (please specify):

6. Does your GP use the Hearing Loss Charter

- [ ] Yes
- [ ] No
- [ ] Not sure

6.

We are keen to hear your experiences at your GP surgery over the last 2-3 years. Tell us:

7. How easy is it to book an appointment?

- [ ] Easy
- [ ] Neither easy or difficult
- [ ] Difficult

8. When you are in the waiting room, do you have difficulty knowing when the doctor/health practitioner is ready for you?

- [ ] Yes
- [ ] No
- [ ] I don't know

9. Does your doctors surgery allow you to contact them in several ways, including online?

- [ ] Yes
- [ ] No
- [ ] I don't know

10. Can you request/are you offered a BSL interpreter for face to face appointments?

- [ ] Yes
- [ ] No
- [ ] I don't know

11. Does the health practitioner look at you directly and speak to you clearly to help you understand what is being said?

- [ ] Yes
- [ ] No
- [ ] I don't know

12. Does your doctors surgery use technology that makes it easier for you when visiting the surgery?

- [ ] Yes
- [ ] No
- [ ] I don't know

13. Do you know if your health record shows that you have hearing loss or are Deaf?

- [ ] Yes
- [ ] No
- [ ] I don't know

14. Have you been asked about your preferred communication methods?

- [ ] Yes
- [ ] No
- [ ] I don't know

15. Have you been offered support for your mental wellbeing?

- [ ] Yes
- [ ] No
- [ ] I don't know

16. Do you have any other comments about your experience at your GP practice?

7. Demographics

About you

In this next section we will be asking you some questions about yourself and your life. All these questions are optional. Your answers help us make sure that we hear from people from different backgrounds and that we understand the needs of different groups in our community. Remember: all your answers are strictly confidential and the survey is anonymous.

17. What doctors' surgery do you go to?

18. What is the first half of your postcode? (e.g. NR3)

19. How old are you?

20. What is your gender?

- [ ] Male
- [ ] Female
- [ ] Non-binary
- [ ] Genderfluid
- [ ] Genderqueer
- [ ] Intersex
- [ ] Prefer not to say
- [ ] Prefer to self-describe:

21. What is your sexuality?

- [ ] Bisexual
- [ ] Gay or Lesbian
- [ ] Heterosexual (Straight)
- [ ] Pansexual
- [ ] Prefer not to say
- [ ] If you feel the choices do not provide a suitable option, please write how you would describe your sexual orientation:

22. What is your ethnic group?

- [ ] Arab

Asian/ Asian British:

- [ ] Bangladeshi
- [ ] Chinese
- [ ] Indian
- [ ] Pakistani
- [ ] Any other Asian/Asian British background

Black/ Black British:

- [ ] African
- [ ] Caribbean

- [ ] Any other Black/ Black British background

Mixed/ Multiple ethnic groups:

- [ ] Asian and White
- [ ] Black African and White
- [ ] Black Caribbean and White
- [ ] Any other Mixed / Multiple ethnic groups background

White:

- [ ] British / English / Northern Irish / Scottish / Welsh
- [ ] Irish
- [ ] Gypsy, Traveller or Irish Traveller
- [ ] Roma
- [ ] Any other White background

Other:

- [ ] Any other Ethnic Group
- [ ] Prefer not to say
- [ ] If other, please specify:

23. Please select any of the following that apply to you:

- [ ] I have a disability
- [ ] I have a long term condition
- [ ] I am a carer
- [ ] None of the above
- [ ] I prefer not to say

24. Where did you hear about this survey?

- [ ] GP website
- [ ] Healthwatch Norfolk Event
- [ ] Healthwatch Norfolk Newsletter
- [ ] Healthwatch Norfolk Website
- [ ] News (website / radio / local newspaper)

- [ ] Podcast
- [ ] Search Engine (e.g. Google)
- [ ] Social Media (e.g. Facebook / Instagram / Twitter)
- [ ] Through a friend or co-worker
- [ ] YouTube
- [ ] Other (please specify):

8.

For this particular survey, we are keen to hear the feedback of those who are deaf and/or have hearing loss. You can still leave feedback about the health or social care you receive. Find out more on our website at www.healthwatchnorfolk.co.uk

healthwatch Norfolk

Healthwatch Norfolk
Suite 6 The Old Dairy Elm Farm
Norwich Common
Wymondham
Norfolk
NR18 0SW

www.healthwatchnorfolk.co.uk
t: 0808 168 9669
e: enquiries@healthwatchnorfolk.co.uk
@HWNorfolk
Facebook.com/healthwatch.norfolk