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Cheshire & Merseyside Cancer Alliance

Report following Deaf Health Event at The Liner Hotel, Liverpool, on the 11th July 2025.

The event was attended by over 20 staff representing cancer services across Cheshire & Merseyside and 30 individuals representing the Deaf communities across Cheshire & Merseyside.

The event was funded by Cheshire & Merseyside Cancer Alliance, The National Lottery, and Signing Solutions CIC.

We would also like to extend our thanks to all those who volunteered their time to support this event, and a big thank you to all attendees for supporting this event and sharing their experiences.

Cancer services were chosen because it is a service that encompasses providers from across the entire region. Looking at how cancer services collectively support Deaf people on their journey through the cancer pathway would best highlight the differences in support from one service to another and be an opportunity to work together to ensure a more joined up provision. This could then form the basis of best practice for all NHS services.

We also took the opportunity to incorporate health information for those Deaf attendees, highlighting the importance of cancer screening. Often they do not get this vital information as most is provided in written or spoken English, with very little provided in British Sign Language videos.

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AGENDA

10.30 TEA/COFFEE WELCOME

11.00	Introduction to event	
11.10	Group work	Individual questionnaires & group work.
	Presentation:	Legal & Ethical issues providing health services for Deaf people
12.10	Presentation:	Cheshire & Merseyside Cancer Alliance (CMCA) Screening Team
	BSL Video:	FIT test
	Presentation:	Cheshire & Stockport Breast screening programme
	BSL video:	Mammogram

13.00 LUNCH

13.45	BSL video:	Deaf Patient & Family experience – the Cancer Pathway
14.00	Presentation:	Macmillan & Self Help UK – Deaf support
14.45	Presentation:	Dr Pete Bridge senior lecturer (Radiotherapy) at University of Liverpool. Research initiatives supporting Deaf people

15.15 TEA/COFFEE BREAK.

15.25 Group work & Feedback

15.50 Prize draw

END & THANK YOU

Questionnaires were shared with attendees at the start of the event and then feedback forms at the end.

We have collated the information from all the forms and recorded the subsequent data and comments in, what we hope is, an easier to read format.

Even before the event took place, we had an amazing response from NHS staff to attend this event and wanting to find out how best they could work for the Deaf community.

It should be noted that when it came to the questionnaires, staff were answering on behalf of themselves and their service alone, Deaf peoples responses related to their experiences across all hospital services.

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Hearing (staff) questionnaire

Do you request an interpreter when booking an appointment for a Deaf person?
(circle the correct answer)

Always 39% sometimes 22% rarely never 39%

Of those who stated never, it appeared that this would not fall within their job role.

What do you do when there is no interpreter?
(circle all that apply)

Cancel the appointment 39% write everything down ask if they can lip read

use family/friend Access the video relay service.

39% stated they would cancel the appointment, which is very concerning on the cancer pathway as any delay has a potential physical and mental impact
Otherwise, pretty much every response was circled on this one but it was good to see that there was an emphasis on asking the person their preference.
Only a few people circled 'use family/friends' – again this was accompanied with a condition of "depending on the situation" and an awareness of the safeguarding concerns.

Do you know how to access an interpreter by video relay?

Yes No 60%

In your service, how are Deaf patients alerted to their turn?
(circle all that apply)

Name comes up on a screen 17% Staff will collect them 72% We shout out their name

This was not applicable to 11% of the respondents job roles.

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How do/would you contact a Deaf person? (circle all that apply)

Phone call | Text | email | Letter

Everyone circled text, email, or letter. One did also circle phone call but I am aware that this service has recently introduced Relay UK as part of their offer.

How do you/your service share information about what you do? (circle all that apply)

Leaflets | posters | BSL videos | Easy read

Leaflets, posters, and easy read were the most circled.
Big shout out to Jenny Brazier CMCA and Sarah Howson-Probert Breast Screening Cheshire & Stockport who indicated they also provide information in BSL videos.

Have you encountered any problems when contacting or caring for a Deaf person? (please provide details)

Comments taken from forms:

Yes if unaware and referral not flagged
Yes if no carer/support or family
Lack of Deaf awareness – relying on lip reading and writing it down
People trying to contact by telephone
Not allowing enough time for clear communication & understanding
Not turning up when interpreter has already been booked
Have to book interpreter for 2 hours (for an 8 minute appointment) and then had patient not turn up.
Not sure of the best way to communicate prior to appointment, if not known to service already.
Funding issues, can be a problem trying to get the right services in place
There is a new reasonable adjustment flag for primary care but doesn't link to other systems

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What could your organisation do to support you to work better for Deaf people?

Comments taken from forms:

Find out barriers and get insight from community
Make sure staff are aware of support
More awareness
Create a tour video with BSL
Learn BSL to understand a lot more
Promotional videos to make service more accessible
Make sure we have accessibility and reasonable adjustments and training More interpreters
On our website we should have videos using BSL to explain our services
Learn BSL to make communication more smooth
More BSL videos
Supply Deaf training
Attend more events like these
More resources

Have you heard of the Accessible Information Standards?

YES 50% NO 50%

Staff questionnaire

Concerning points:

- 39% would cancel the appointment if there was no interpreter.
- 60% didn't know how to access an interpreter by video relay.
- Funding issues in providing the 'right' services.
- Flags on system but systems not aligning across services.
- 50% hadn't heard of Accessible Information Standards 2016

Positive points:

- 89% alert patients in the waiting room to their turn by either collecting them in person or by their names appearing on a screen. No one shouts out their name.
- All services contact Deaf people by text, email, or letter. Except one service that has just introduced Relay UK. *the ideal of course would be for Deaf BSL users to be contacted by video call in BSL. Could this form part of the contracts with interpreter providers?
- Some services using BSL videos to provide information in BSL.
- Staff wanting training in awareness and BSL, more interpreters, and more information in BSL videos.

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Deaf (BSL user) questionnaire

Are you provided with an interpreter when you go for a pre-booked hospital appointment? (circle the correct answer)

Always 35% | sometimes 53% | rarely 6% | never 6%

What happens when there is no interpreter? (circle all that apply)

appointment is cancelled 41% | they write it down | I lip read | use family/friend

In most other cases they either rely on writing things down or lip reading
A few stated that family/friends have been used.
Comments:
If there isn't much I'm happy for them to write it down
If refuse they delay appointment

At the hospital, how are you alerted to your turn? (circle all that apply)

Name comes up on a screen | Staff come to collect me | They shout out my name 71%

This was based on all hospital appointments and not just those relating to cancer services.

How are you contacted by the hospital? (circle all that apply)

Phone call 18% | Text | email | Letter

Whilst most contact has been made by text, email, or letter it's important to know the reading ability of the person you are contacting and if they can even understanding any written English as this is not their first language.
One issue raised was that the text, emails, letters etc are all one way communication.
Also, contact varies too much by hospitals, needs to be standardised.

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What could the hospital do to improve things for Deaf people?
(please write your answers in the box provided)

Comments taken from forms:

Use AIS format and ask for my preferences
No phone calls – frustrating me.
Give deaf awareness training and role of interpreter
Hospital needs to take responsibility to check if BSL interpreter coming to appointment and inform deaf if no interpreter before coming to save their journey and money.
Raise awareness to all staff on alerting deaf people in the waiting area by face to face approach. Better communication between agencies and hospital, also between agencies and patient or hospital to patient.
Doctors and audiology and receptionists need deaf awareness training
More deaf awareness, improve attitudes & interpreter booking rather than relying on family/friends.
NHS system need to update/flag when we need interpreter for appointment
Simply provide interpreter do not only solve the problem!
Allow more time for appointments
Interpreter need face to face (not language line)
Ensure they know how to book other communication professionals i.e. deafblind communicator.
Appointment letter should contain minicom number/text relay.
Appointment letter should declare interpreter has been booked
Concerns over interpreter contracts, appointments not fulfilled, interpreters not turning up Same hospital can have different interpreter booking standards for different areas/departments St Helens have pager for alerting for blood test, before shouted my name behind my back – frustrating.
NHS and interpreter agencies need to communicate length of appointment. Interpreters sometimes leaving part way through appointment for another booking.
When no interpreter desperate for appointment will use pen and paper, rescheduling means waiting longer.
Using family maybe because interpreters not qualified, also should be experienced.
Sometimes you might, if private, means don't want interpreter, family member useful.

Deaf (BSL user) Questionnaire

Concerning points:

- 41% have had appointments cancelled when there has been no interpreter.
- Family/friends have been used – this is a potential safeguarding situation as the staff member has no idea if the family/friend are acting in the best interest of the patient. They have no idea if they are actually relaying the information provided by either party and if this is a 'safe' relationship.
- 71% stated that at hospital appointments they are alerted to their turn by having their name shouted out – obviously they are not alerted as they don't hear it.
- 18% are contacted by telephone call, for many this is a regular occurrence despite their Deafness being known.

Positive points:

- 88% are always or sometimes provided with an interpreter for pre-booked appointments. Whilst this is not where it should be, it does represent an improvement on data we have from 3 years ago.
- St Helens use a pager to alert Deaf people to their turn for blood tests.

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Deaf community worker or CODA

IF you are a CODA, have you been asked to be the communication support for a friend/relative in an NHS setting? (circle the correct answer)

YES 25% NO NOT APPLICABLE 75%

If so, is this a frequent occurrence or has this only happened once or twice?
(circle the correct answer)

FREQUENT 25% ONCE OR TWICE NOT APPLICABLE 75%

How old were you when you were first asked to provide communication support in an NHS setting for a friend or relative?

As a parent of a deaf child, I have been their communication support since their birth in 1991

As someone who works or has lived experience in the Deaf community, what have you observed to be the main barriers faced by Deaf people in accessing health services?
(please write your answers in the box provided)

Comments taken from forms:

Communication.
Lack of understanding of use of first language (BSL) and the expectation to write things down to communicate.
When interpreters are requested it can be a short timescale to get interpreter for appointment Face to face interpreters should be booked, not video call.
Lack of understanding deaf people and their culture.
Thinking deaf people are stupid
Have face to face interpreter not VRS. Sign language is not like translating to another language. No support at opticians or dentist.
Understanding that a deaf parent will need BSL interpreters they understand what is needed for their children.
Assumptions are made that because they read they understand English.

Deaf community questionnaire

Concerning points:

- Using family/friends to interpret. As previously highlighted this is a potential safeguarding situation.
- There have been many issues previously reported of hearing children being used to interpret for Deaf parents. This is unacceptable for many reasons but also dangerous as although they may be able to sign they are unlikely to be able to understand and interpret in a medical situation.
- Service providers also need to ensure that Deaf parents of a minor patient should be provided with an interpreter. There has been incidents where a Deaf parent has been refused an interpreter because they were not the patient. They had no idea what was happening with their child – more importantly they could not give consent.

As an addition to this, as part of the agenda on the day, we spoke about consent and how without clear communication no professional can be sure they have informed consent.

What the law says:
Informed consent is a legal requirement for any medical treatment and is reinforced by Professional guidelines.
Treating anyone without valid consent may be considered an assault or battery and give rise to criminal or civil proceedings

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Staff feedback

Please indicate which of the following you will now be considering in your workplace and/or sharing with your colleagues	
Ensuring qualified interpreters are used when needed	100%
Not using family or friends to interpret	92%
Ensuring yourself and colleagues know how to access interpreter support – in person and online	100%
Checking your internet supports the online interpreter provision	92%
Escalating any concerns around quality or provision of interpreter support to managers	85%
Looking at areas where BSL videos could be used in place of interpreters (eg mammogram video)	92%
Reviewing written material for translation into BSL	92%
Using BSL videos on our waiting room screens	85%
Thinking 'Deaf' when any new policies/procedures or initiatives are planned	100%

Anything else!

Comments taken from forms:

Linking in with my local deaf community to support our new pathway to ensure it is accessible for the deaf community.
I've learnt so much today thank you everyone.
Need to consider AIS to be incorporated into essential training – mandatory
Apply reasonable adjustments for all, AIS
New screens with subtitles & BSL videos
Working with Bridgewater in partnership for patient journey
ICB procurement on services
Looking at policies in GPs and provision

End of event Staff feedback

- 100% will ensure that qualified interpreters are used when needed
- 92% will not use family/friends to interpret. (it was apparent that of the other 8% this was either not applicable to their role or they stated they already did not use family/friends)
- 100% stated they will ensure that they and their colleagues know how to access an interpreter both in person and by VRS.
- 85% will escalate any concerns over service provision to their manager
- 92% will look at areas in their service where BSL videos could be used
- 100% will 'think Deaf' when any new policies/procedures or initiatives are planned.

Staff also highlighted

- need to consider AIS training as mandatory
- need new screens with subtitles & BSL videos
- ICB to procure services – standard across region.

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Deaf community feedback

Do you think more BSL videos in QR codes on letters & posters would be helpful?

YES 100%

If NO, please give your reason why

Do you think information on TV screens in GP surgeries & hospitals in BSL would be helpful?

YES 75%

If No, please give your reason why

Comments taken from forms:

Frozen

Do you think it would be useful for all services to use the Relay UK service to improve communication between services and patients?

NO 75%

If NO, please give your reason why

Comments taken from forms:

It depends on the person themselves and their ability to communicate via Relay UK. Not very good. Relay UK not BSL. It's ok if Deaf good at English but not good if English poor.

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Do you think using BSL videos for short tests, as shown for mammograms, would be helpful for some people?

YES 50% NO 50%

If No, please give your reason why

Comments taken from forms:

Face to face interpreters then communication is two way if have questions.

Would you be interested in learning more about Dr Bridge's research and how this could support Deaf people and improve health outcomes?

Details of interested parties have been shared with Dr Bridge.

End of event Deaf feedback

- 100% think more BSL videos in QR codes on letters & posters would be helpful
- 75% think that information on TV screens in GP surgeries & hospitals in BSL videos would be helpful.
- 75% felt that it would be useful for all services to use Relay UK. Those who felt it would not be useful clarified that it would not be good if the person had a poor level of English as the information is relayed to the Deaf person by text.
- It was an even split on whether pre-recorded videos could be used for some short appointments, with those against highlighting the need for interpreters in case questions were needed to be asked. It would be advisable therefore to only consider those appointments which only require instruction and not conversation i.e. phlebotomy & some screening tests. An example of an instruction video in BSL for the approx. 8 minute mammogram screening appointment was shown at the event.

Thank you to all those who supported and took part in the day.

This report will also be shared with Cheshire and Merseyside ICB in the hope that your experiences and feedback will show them what they need to do to make providing health services for Deaf people safer for both those patients and staff.