

## **My experience of Health Deafinitions and what it means for us in the NHS**

I first came across Health Deafinitions when I heard Gohar, the Chief Executive present at a conference in around 2008 using signed language talking about the plight of deaf patients and how their outcomes were much worse than everybody else. Hearing heart-wrenching stories about real patients and the challenges they faced with a healthcare system that did not seem to support their needs at all made me wonder why, how, what, where and when will this change and what can I do to help support raising awareness of this whilst competing with all the other pressures that we are facing right inside my own surgery. What shocked me was not just the individual stories but also the very large numbers of the public that have hearing impairment and yet we don't seem to recognise them or try to meet their needs. It seems deaf people have grown accustomed to existing without having to come into contact with healthcare services that the rest of the population enjoys simply by being excluded from the discussions or making it impossible to engage with services that are unable to meet their needs. As the population ages and more people survive beyond their 80s and 90s, the numbers of patients suffering with deafness is likely to increase exponentially and with that greater challenges for us.

I then saw some of the videos and material they had produced for the deaf community which attempted to help explain some of the really basic things that people need to know about to look after themselves – things that us able-bodied people take for granted. It really helped me to realise that it takes somebody from the deaf community to understand better the needs of fellow deaf people in the same way as Diabetes UK or Age UK are able to better look after the needs of their patient group and then lobby for their needs, raise awareness and develop educational / training materials to help improve outcomes for their population. There did not appear to be an equivalent for deaf patients that had a similar profile and yet here seemed to be a group of people that had managed to produce some early examples of what is possible and show some early signs of improving care with compassion that was also cost effective and would significantly reduce costs too (Kano II). Here is a talk that Marie Houston from Health Deafinitions did in October 2012 introducing the challenges and what expertise they can offer.

<http://www.htmc.co.uk/pages/pv.asp?p=htmc0479>

The internet has revolutionised the way we conduct ourselves with almost every aspect of daily life now being transformed by it. But information technology simply enables change, it cannot be the solution. For us to transform care for people who are deaf, we need to be able to identify them and work with clinicians and managers at a local level to shape services that meet their needs including their information needs and help patients to gain a better understanding of their own health. Giving patients access to their records so that they can read this for themselves and signposting them to trusted information that their clinicians support is fundamentally important. This means doctors, nurses and other allied health professionals reaching out to them and encouraging them to learn more for themselves with material that meets their needs otherwise they are likely to remain in the dark and forgotten about leading to even poorer outcomes.

Recognising the potential Health Deafinitions have, I introduced them to Professor Steve Field and the health inequality team to see if there is a common vision and maybe perhaps an opportunity to raise further awareness at a national level of what they are doing but also to share good practice with other membership organisations such as CCGs to see what they are able to do. I have also introduced them to CCG managers locally as well as within our own CCG. These are preliminary discussions and important for this to go through a proper process but I do think we need to rise up to the challenge of helping to reduce health inequalities and not just talk about it and this means reaching out at a local level and showing real data for clinicians, managers, patients and carers to see for themselves.

Health Deafinitions have already shown in a local context within Yorkshire some of the benefits that have been accrued with their approach to this very hard to reach group of people. The case studies need to be made more visible so that organisations and key personnel as well as patients and carers can see the benefits for themselves too. We now need to try to apply similar approaches in other areas such as Greater Manchester to see what lessons we can learn and what aspects are transferable and what needs new development / support. Building partnerships with the local 3<sup>rd</sup> sector and health and social care organisations and most importantly the patients themselves to improve relationships and improve outcomes that are measurable will be key to success. We are unlikely to be able to do this on our own without their help which has been shown to work.

We are now at an important point in time when we need to determine whether we continue to talk about a growing problem or begin to take active steps to make a real difference to people's lives who deserve what everybody else seems to take for granted.

Care and compassion for all.

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