

## Content

The Charter contains information on rights and responsibilities in six areas: Access, Communication and Participation; Confidentiality; Respect; Safety; and Complaints and Complaints.

There are also sections describing what you can do if your rights have not been respected, and where you can get further information and support.

A leaflet will be produced to summarise this information further, and factsheets will provide practical examples of your rights and responsibilities in the six areas described above.

### Question 1

- a) Do you think the level of detail in the Charter is useful and appropriate?
- b) Is there any information not included in the Charter that should be covered?
- c) What would make it better?

### Question 1 Answer

There should be a section at the start of the Charter that states what the NHS's responsibilities are towards its patients.

Does this Charter apply to all patients resident in the UK or only patients resident in Scotland? What of visitors from other areas of the UK? Where some health services have alternative to the telephone for contact for Deaf and Deafblind people, for example, online interpreting, the way that it works tends to mean that the person has to register for the service; or a patient might be given a direct textphone number (people with an acquired hearing loss –who are Deafened and have English as their first language still use textphones on a regular basis; whereas Deaf BSL users have changed to using mobile telephones and SMS for ease of access). What do Deaf, Deafblind and Deafened visitors do where the only publicised contact is a telephone number?

As it is, the Charter is confusing and some of the language used is confrontational and paternalistic.

The Charter could be laid out better with sections on general rights; right to treatment from a GP, dentist, optician, etc; rights to hospital treatment; so every right is clear and so is each responsibility.

On **page 4**, the order is "Access", "Confidentiality", "Communication and Participation", and yet the section on "Confidentiality" comes after the section on "Communication and Participation".

#### **Confusing information/statements**

Page 5 – there is a paragraph about "overseas visitors" – this confuses the issue for the reader.

On page 6, there is the main point of "registering with a GP" and then under this

point is information about “the minor ailment service” and the “chronic Medication service” and registering with “your local pharmacy”, which is not the same as registering with a GP.

On page 5/6,

**“You have the right that the NHS services you receive in Scotland take your needs into account.**

- Your health board is committed to taking account of your needs when providing health services.
- However, your health board must also consider the rights of other patients, clinical judgement and the most efficient way to use NHS resources in Scotland.”

Then the next point states

**“You have the right that your local health board will assess the local community’s health needs and provide the services it considers necessary to meet them.**

- Your health board must make informed decisions about how best to share out the resources it has to meet its area’s needs. This means it will not necessarily be able to provide every treatment for every patient.”

So will the patient’s individual needs be met or not? Is it a right to have their needs met or not? What happens if one patient’s health needs are expensive and another’s are not – will one be met and the other not? This is confusing and needs to be clarified.

Page 6:

“Some people are eligible to register with a local pharmacy to access the Minor Ailment Service or the Chronic Medication Service (or both). To find out more about this, see the leaflets **The NHS Minor Ailment Service at your local pharmacy** and **The NHS Chronic Medication Service at your local pharmacy**. See page 25 for how to get a copy”

Rights and responsibilities are in bold – so why are the references to the services in bold; it is confusing.

On page 12, there is reference to

**“You have the right to be involved, directly or through representatives, in the planning, design and provision of services in your area.**

- You can expect health boards to make decisions about changes to health services in an open and honest way.
- Health boards must involve people in the planning and development of services, and in decisions that significantly affect the operation of those services.”

This right is slightly different to the person’s right as a patient – it is confusing to have it as part of the section on communication and participation. Most people see participation as participating in their treatment, not how services are designed and delivered.

On page 13, it states

**“You have the right to know how your personal health information is stored, shared and used by the NHS in Scotland.”**

And it gives a list of the patient’s rights, but also gives statements on when these rights can be ignored. It would be less confusing if the legal position was stated separately, either at the start of the “rights” page or at the end.

Pages 18/19

There is a difference between the responsibilities of being a patient and being a visitor to another patient. To have both here is confusing.

There needs to be **clear headings** – NHS responsibilities to patients, for the patient, for carers, for people who cannot give informed consent, for children/young people – they are only mentioned once on page 11. So does this Charter have any relevance for children/young people or not?

**Part 2:** again this is **confusing**.

Why is this statement placed half way through the information

**“You may be subject to legal action if:**

you are violent or aggressive towards staff or other patients, their carers and family members.”

**Part 3:** the information about how to access the leaflets etc would be better placed at the start.

Page 25 – what is meant by this statement

“(textphone 18001 0800 22 44 88; the helpline also provides an interpreting service).”

Is there an interpreting service for people who use a textphone? If so, how do they access it? Is it available for Deaf and Deafblind BSL users? If not, why not? How do people access the service if they do not have a textphone and cannot use a telephone? Is there an SMS number they can call? Why do textphone users have to go through TextRelay? Why is there no direct textphone number?

How do patients **access** the

“Patient Advice and Support Service (PASS).

[www.cas.org.uk/Projects/patientadvice](http://www.cas.org.uk/Projects/patientadvice)”

if they have no access to the internet? Why are there so many telephone numbers and web addresses, but no alternatives for Deaf and Deafblind BSL users – for example, online interpreting; and for all deaf people, an SMS number that they can text or direct textphone numbers so that they do not have to go through TextRelay?

The “Rights” sections use one type of language whereas the language used in the

“responsibilities” sections is completely different and it is this that is in part confrontational and/or paternalistic. For example, on page 6 it says

“If you need an interpreter or a sign-language interpreter, or other communication support, **you may ask if a member of NHS staff can arrange this for you in advance.**”

But in the responsibilities section on page 7, the language changes to

“If a member of NHS staff (for example a health visitor or community psychiatric nurse) is coming to visit you at home, **make sure you are in at the agreed time.**”

And on page 12,

**“Let NHS staff know about any changes in your health condition.**

- Share information about anything that may be relevant to your care and treatment.”

Some of the sections within each area need to have **more examples** to show what is meant by some of the terms/phrases used -

On page 5, it refers to “clinical judgement”, “pharmacies”, “optometrists” – these are not terms that everyone is familiar with and so need to be explained or other words used.

Statements such as those on page 14 also need clarification –

“You may have to pay to see your records, but you do not need to give a reason for wanting to see them.”

Why would the patient have to pay to see their own health records?

“After you give NHS staff enough information to identify you and your health records, and pay any fee in line with the Data Protection Act 1998 you will normally receive the information within 40 days.”

Why will it take up to 40 days? Will the records be sent to the patient? Will the patient have to go to the hospital to read them?

## **Accessibility**

We want the Charter to be as accessible as possible. This means that the language is easy to understand, and it is set out in a way that is easy to read.

### **Question 2**

- a) Do you think the information in the Charter is written in a way that is easy to understand?
- b) Does the format of the Charter make it easy to find the information you need?
- c) What would make it better?

See comments made in answer to Q1 about confusing information and use of language and terms.

The information should be set out in accordance with the Scottish Accessible Information Forum (SAIF) Guidance.

## **Design**

The Charter is presented in A4 format, with a different colour and icon for each section.

### **Question 3**

Do you have any comments on the design of the Charter?

### **Question 3 Answer**

The Charter should be designed in accordance with SAIF guidance to make sure it is fully accessible for all.

## Availability

The Patient Rights (Scotland) Act 2011 says Health Boards must make copies of the Charter available without charge to patients, staff and members of the public.

The Charter will also be published online, and supporting information such as a summary leaflet and fact sheets will be available.

We are considering what the most appropriate alternative formats for the Charter or the supporting information is. For example, different languages, large print or audio may be produced. We would normally make available alternative formats on request.

### Question 4:

- a) What do you think is the most appropriate way for people to get a copy of the Charter?
- b) Do you agree that we should only make alternative formats available on request?

### Question 4 Answer

a) It should be available in medical settings, including dentists and opticians, but also in local chemists and libraries. Voluntary sector organisations that support people could also be way of getting the information to as many people as possible, including those who rarely visit their GPs.

**b) No. Can you please produce a British Sign Language version available online and as a DVD and an Easy Read version when you publish the English version so that Deaf and Deafblind people, and deaf people with additional/complex needs have the same access to the Charter as their hearing peers from day one. This is a formal request from Scottish Council on Deafness members – organisations and associate members.**

The Scottish Council on Deafness represents over seventy organisations working with and on behalf of Deaf Sign Language users, Deafblind, Deafened (Acquired Hearing Loss) and Hard of Hearing people in Scotland; and individuals who have an interest in deaf issues or are deaf themselves.

[www.scod.org.uk](http://www.scod.org.uk)

## Rights and Responsibilities

The Charter outlines responsibilities as well as rights. These are things that people using health services can do to help the NHS in Scotland work effectively and deliver quality care and treatment.

### Question 5

- a) Do you have any comments on the balance of rights and responsibilities set out in the Charter?  
b) What would make it better?

### Question 5 Answer

a) Yes

b) See comments to Question 1.  
Also

### Communication Support

A fundamental right of all patients is the right to be able to understand and be understood and to be able to give informed consent to treatment or to refuse a particular treatment after weighing up the pros and cons and possible side effects. If the patient **needs and asks** for communication support and this is not provided or the wrong communication support is provided, for example, the person is Deafened and is provided with a BSL/English Interpreter when what they need is an Electronic Notetaker or Palantypist, the patient cannot give informed consent. Or if the patient is a Deaf BSL user and is only given information about their medication in English with no time for explanation or questions and they do not understand written English, again how can the patient know if they are taking their medication in the correct way and how can the doctor be sure his patient is not abusing their medication or even taking it properly.

Communication and access to appropriate professional registered communication support must be more prominent in this document, rather than simply a sentence on page 6 and page 10 - **“If you need an interpreter or a sign-language interpreter, or other communication support, you may ask if a member of NHS staff can arrange this for you in advance.”**

Without appropriate professional registered communication support, deaf people in Scotland cannot access their rights as patients or carry out their responsibilities. The Charter must also be available in BSL at the same time as it is available in English to ensure that Deaf and Deafblind BSL users are aware of their rights and responsibilities as patients.

**Deaf people with complex needs:** Some Deaf, Deafblind and Deafened people have complex support and communication needs. BSL/English Interpreters or Electronic Notetakers are not necessarily the best people to provide the communication support that these people need. Often it will be their carer who knows the best way to communicate with the person or their support workers. When the appointment is for someone who is Deaf, Deafblind or Deafened and who has complex support and communication needs, the health professionals should be led by the carer/support worker in the provision of communication support. It could be that the person has a guardian or welfare power of attorney in place.

### Language used

**Page 5:**

“There is also a right to free eye examinations by an optometrist who provides NHS services in Scotland.”

Why not use the word “optician” as has been used in the third point on this page?

**Page 9:**

**“You have the right to be given the information you need to make informed choices about your health care and treatment options.**

You should be told...”

On page 7, it states

“If a member of NHS staff (for example a health visitor or community psychiatric nurse) is coming to visit you at home, **make sure you are in at the agreed time.**”

And yet here, where there is a duty on the NHS, it states “you should be told” and “you should be given...” Surely what is meant here is “you must be told” and “you must be given” otherwise there is no “right” to have the information that the patient needs to make informed choices

**Page 10:**

“You can expect to...” and “You can normally expect to...”

What does “can expect to” mean?

**Page 15:**

**“Help to keep your health records accurate and up to date.”**

Why no “please” here?

**Page 18:**

**“You should follow any advice you are given on medication and treatment.**

- Tell staff if you...”

Again, why no “please” here?

## **Clarification needed**

**Page 3:**

“Some of your responsibilities when using the NHS in Scotland are set out in law. Others are what everyone is expected to do to help the NHS work effectively in Scotland, and to help make sure its resources are used responsibly.”

What does this mean for the individual patient? What is the law? What do you mean by resources?

**Page 4:**

“This part provides an explanation of your rights and responsibilities when you use the NHS in Scotland.

It also:

- provides information about relevant targets or expectations which the NHS is committed to meet in Scotland
- explains what the NHS in Scotland expects from you.”

But what can patients expect of the NHS in Scotland – this should be in a separate section or at the beginning of each section, rather than be included in the text itself.

**Page 5:**

“To find out more about what you have to pay, the Scottish Government has produced a leaflet called **A quick guide to help with health costs (HCS2)**”  
Confuses the issue as this is not a “right” but a piece of information.

[www.scotland.gov.uk](http://www.scotland.gov.uk) this needs to give the exact the link so that people do not have to carry out a search.

“If you are an overseas visitor to Scotland you may have to pay for certain NHS services.” This should be in a separate section as it confuses the issue here.

Could there be an “information section” at the end of each chapter/section – where information such as this could be placed along with a mini glossary if the words cannot be simplified in the text?

“Your health board is committed to taking account of your needs when providing health services.”

What does this mean in practice? Many deaf people do not have their needs taken into account when health services are provided. For example, how many health services provide an alternative means of contact for deaf people who cannot use a telephone? Why is the alternative too often an expectation that the deaf person will have a textphone and be willing or able to use TextRelay, when the majority of Deaf and Deafblind BSL users and younger Deafened people all use SMS on their mobile phones to contact friends and family – so why not have a mobile number that can be used for SMS in each health service? Or have a Webchat facility? Or email? Advances in technology mean that health services can be accessed by mean other than a telephone number.

**Page 6:**

**“You have the right to request support to access NHS services in Scotland.”**

Why is Communication Support included in the same “right” as having someone come to support you at an appointment and access to patient transport? See comment at the start of this section.

“If you want to have someone else present at an appointment please let staff know. This could be a carer, family member, partner, friend, or another health care worker.”

Add in “independent advocate” and “support worker” in here.

“A GP may be able to remove you from the practice register in some situations, for example if you move out of the practice area or you are physically or verbally abusive to people at the practice.”

Can the patient appeal this? What happens if the patient has been abusive out of frustration – for example, not having the appropriate professional registered communication support booked for appointments; or having to constantly get to the surgery to make an appointment because the GP will not provide an alternative to a telephone number for patients to make an appointment?

“Eligible patients who are due to receive planned treatment provided...”

Who are the “eligible patients”? What other treatments are subject to “Treatment Tim Guarantees” – ENT treatments, cochlear implants, rehabilitation if the patient has lost their hearing in later life?

“Your health board must also take steps to ensure you start your treatment at the next available opportunity, taking account of other patients’ clinical needs.”

There needs to be an explanation as to why the needs of other patients will be considered when deciding on “my” needs. For example, the patient has stopped smoking and is trying to “get fit” as s/he is waiting for a hip replacement. S/he has been given three dates so far and on each date, something has happened so that the operation has been cancelled. The patient speaks to other patients who are still smoking and they are getting their operations. It seems to the patient that, even though s/he has done what was asked of them, that everyone else is getting better treatment. Why?

#### **Page 7:**

**“You should register with a GP practice.”**

Is this a “should” or “must”? What is to stop a patient from simply going to Accident and Emergency when s/he is ill?

“If you cannot keep an appointment, let the GP practice, dental practice, optician, hospital or clinic know as soon as possible so that they can offer it to someone else.”

And

“Be on time for appointments. If you are going to be late, phone and let a member of staff know.”

Is there a responsibility on the GP practice, dental practice, optician, hospital or clinic to make it as easy as possible for the patient to contact said health service? How does a deaf person who is going to be late let a member of staff know if the only way to do this is by telephone? See comment above about technology.

#### **Page 8:**

“If your GP practice is closed and you are too unwell to wait until it reopens, you should phone NHS 24 on 08454 24 24 24 for advice.

**- If you think your life or someone else’s life is in danger, always phone 999 and ask for an ambulance.”**

What happens if the patient cannot use a telephone – what is in place to ensure accessibility? The online interpreting service should be included here; as well as

any other means of access.

Again the use of “bold” here is confusing, is this a separate responsibility or not. If so, it needs a different “bullet point”.

**Page 9:**

**“Communication and participation: the right to be informed, and involved, in decisions about health care and services”**

Should “Communication and Participation” come after “Access” or before? Without “accessible communication”, then patients cannot “participate” or have appropriate “access” to health services and how do they find out about “confidentiality”?

Should there be something in here about how the NHS in Scotland will apply the “Principles of Inclusive Communication” –

<http://www.scotland.gov.uk/Publications/2011/09/14082209/0> and <http://www.inclusivecommunicationscotland.org.uk/the-principles/>

“If you are unable to make a decision for yourself,…”

It would make better sense to have this in a separate section, because it is confusing the issue being here.

**Page 10:**

“If you need an interpreter or a sign-language interpreter, or other communication support, you can ask a member of staff to arrange help for you in advance.”

See comment at the start of this answer on communication support.

**“You have the right to clear communication about your care and treatment from NHS staff.”**

Do patients have a right to be treated by NHS staff who have had accredited disability awareness (including Deaf, Deafblind, Deafened and BSL awareness) and communication skills training on their induction to the service and on an annual basis? If this is the case, it would go a long way to ensuring that all deaf people who request communication support get appropriate professional registered communication support have this for every health appointment and receive information in a format that is fully accessible to them.

“You can expect to be given information about support that is available from the NHS in Scotland and other relevant agencies for example local authorities and the voluntary sector, and any follow-on care that is available to you.”

Is there a right to accessible local authority or voluntary sector support? If a health service refers a deaf patient onto local authority, voluntary sector or private agency for health or other support, does the NHS continue to provide communication support as necessary or is this the responsibility of the support service. If it is up to the support service to provide this but there is no budget for communication support, then what is the NHS’ position for providing information about inaccessible support services for deaf people in Scotland?

“You can normally expect to see and get a copy of any letters, faxes or emails written by NHS staff about your care and treatment, if you ask for them (in line with the Data Protection Act 1998). You may have to pay for this.”

Why is there a charge for the patient to access their own medical records as letters, faxes, or emails should be part of that record? This needs to be explained.

**Page 11:**

**“If you are the carer of an adult who is unable to make decisions about their health care and treatment without help you can expect to be involved.**

- But you do not have the right to make any final decisions...”

This needs to be in a separate section as it clouds the picture being here. This is a Patient Rights Charter and as such needs to be clear in the rights of the patient first and foremost; there can be other sections that describe the “rights” of carers or parents, but these should not be in the “body” of the text.

**Page 12:**

“Please discuss your care and treatment with NHS staff in an open and honest way.”

Why the use of the word “please” here, when it has not been used anywhere else; rather bold statements have been made – “make sure you”, etc.

**“Let NHS staff know about any changes in your health condition.**

- Share information about anything that may be relevant to your care and treatment.”

Who’s to decide what may be relevant? The patient or the NHS staff?

**Page 13: Confidentiality**

There is conflicting information in this section which needs to be separated out. The information about when you can insist on confidentiality must be separate from the information about sharing details and there should be something about how much of the patient’s personal details will be shared, for example, in a disease register. There is also conflicting statements one after the other in this section which only leads to confusion. The “Carers” rights should also be separate – again only confuses the issue.

“Your personal health information may be given to other people who need to know relevant information about your health - for example, a carer, a home help or a social worker. Subject to certain exceptions (for example a medical emergency) your personal health information will only be given to them and to NHS staff if you have agreed to this.”

Why would a patient’s health information be given to a home help in, for example, a medical emergency?

“Sometimes the NHS also uses relevant information about your health to help improve NHS services and public health in Scotland - for example to find out how many people have a particular illness or disease. If so, information that identifies you is removed **wherever possible.**”

Is the information still used if the information that identifies the individual patient cannot be removed? Because that is what can be understood about this sentence. And if that is the case, what redress does the patient have if they do not want their personal information used in this way?

“If the NHS in Scotland uses information that does identify you (for example to include it in a disease register), they must explain how and why your information will be used.”

This needs to be explained – why would the patient’s personal details have to be included in a disease register? What is the purpose of a disease register? Who has access to such a register?

“You may give consent to your information being used or shared in different ways – for example:

- by saying that you agree or signing a form, or
- by not objecting or disagreeing if you are told the information will be shared.”

Consent is never universal. There needs to be something in here about **informed consent** – the patient has the right to say that they have no objection to some information being shared, for example, with a social worker, but also have the right to say that they do not want parts of their personal information shared with, for example, a home help or a carer or a partner. It is never the case that the patient agrees to share personal information with everybody in all circumstances.

#### **Page 14:**

**“NHS staff should not give information about you to organisations such as employers or the media without getting your permission.**

- Sometimes the law allows the NHS in Scotland to share your information without your permission where disclosure can be justified in the public interest, to protect individuals and communities from serious harm (for example to prevent the spread of a communicable disease or to investigate a serious crime).”

This needs clarification as the two statements are contradictory. If NHS staff think it is in the public interest to share a patient’s personal information, does this mean that they will share it without the patient’s permission, with the media and the patient’s employer? What level of NHS staff can make this decision? If the patient has HIV would her/his information be shared with the community? When would this happen?

#### **Page 16: Respect**

Does this need to be a separate section as all patients and staff should treat each other with respect? A statement about respect and dignity at the start of the Charter and reference to both throughout the document would embed both in the Charter. Having a separate section is like having a separate section on “equality” when equality should be central to how a service operates.

**“You have the right not to be unlawfully discriminated against because of your age, disability, gender reassignment, marriage, civil partnership,**

**pregnancy, maternity, race, religion or belief, sex, or sexual orientation.”**

This is not about respect but equality as these are all protected characteristics under the Equality Act 2010 and is already in the Charter.

**“You can expect your right to privacy to be respected when receiving health care.”**

Except in all the circumstances given, so it is not an absolute right and it may not be a right at all depending on the circumstances. Therefore where is the respect?

**Page 17:**

**“You should treat NHS staff, and other patients, their carers and family members with dignity and respect.**

- You must not be violent or aggressive towards NHS staff or other patients, their carers and family members. Violence includes verbal or written abuse and threats, as well as physical assaults.

- Racial, sexual or any other kind of harassment or abuse is unacceptable.”

If this is here as a responsibility, then if the section on “respect” is kept the same statement must be made about the patient i.e. no member of NHS staff or other patients, their carers and family members will be violent or aggressive towards you...Racial, sexual or any other kind of harassment or abuse is unacceptable.”

**Page 18: Safety**

**“You have the right to expect that any care and treatment you receive is provided by properly qualified and experienced staff.”**

Does this mean that the patient will never be treated by a student doctor or nurse? Will never receive their medication in their local chemist from a trainee pharmacist? If not, then this needs to be changed to reflect this.

“You can expect that everyone working in the NHS in Scotland has the appropriate skills and training for their job.”

Does this include communication skills training? Does it include disability awareness training including Deaf, Deafblind, Deafened and BSL awareness that is accredited?

**Page 19:**

**“You should help to prevent the spread of infection in places where you or someone you are visiting receive NHS care in Scotland.”**

Separate out the “hospital visitor” as this is about patient right’s not visitor responsibilities.

**Page 20: Comments and Complaints**

**“You have the right to give feedback, make comments, or raise concerns or complaints about the health care you receive.**

- Your relatives or carers may also give feedback or comments, or raise concerns

or complaints.”

This statement should be the last one in the list, not the first one as the patient has the right first and foremost to comment or complain.

“You may ask to have an independent advocate to help you give your views.”

Is the NHS in Scotland investing in independent advocacy in order that this can actually happen in all Health Board areas in Scotland, as there are not generic independent advocacy organisations in all parts of Scotland.

What provision have local Health Boards made for the provision of appropriate professional registered communication support for independent advocacy organisations in their area to ensure deaf people have the same access to independent advocacy as their hearing peers?

What support are local Health Boards giving to the deaf people in their local areas to set up independent advocacy provision that is organised and run by Deaf BSL users, Deafblind people and Deafened people?

**“You have the right to independent advice and support in making a complaint.**

- The independent Patient Advice and Support Service (PASS) can help you with this.”

When the PASS was set up, how much of a budget was designated for providing appropriate professional registered communication support as necessary for deaf people?

CAB/CAS services in Scotland are not accessible for deaf people and without such a budget, neither will the PASS be. If no budget has been put in place, what measures will the Scottish Government and the NHS in Scotland take to make sure PASS is fully accessible for all Deaf, Deafblind and Deafened patients in Scotland?

**Page 21:**

“information about specialist solicitors who handle negligence claims.”

Will this also include information about “accessible” specialist solicitors as many solicitors are not deaf aware and so do not provide appropriate professional registered communication support for meetings. If a deaf patient has to find a way of contacting a specialist solicitor who only has a postal address and a telephone number, and then has to try to negotiate the appropriate professional registered communication support for meetings, the deaf patient is immediately at a disadvantage to their hearing peers.

**“You should give positive or negative feedback about the care and treatment you have received or about the health service generally. This helps to improve services for everyone.”**

What responsibility is there on the NHS to ensure that their surveys, etc are fully accessible to all their patients? Does feedback have to be given in written English or could a Deaf BSL user give feedback in BSL?

“use **the Better Together** website”

The Patient Opinion Website Administrators in Scotland are looking to make their website more accessible for deaf people, including Deaf and Deafblind people. But although SCoD made contact with [content removed] Better Together in 2011, there does not appear to have been much progress made on accessibility of the Better Together website and the Toolkit is still missing any reference to how to make materials fully accessible to all in Scotland – by following the SAIF guidance.

Better Together Surveys – “If you would prefer, you can give your answers over the phone instead, by calling the FREEPHONE helpline. The phone number is on the front of your survey. The person on the phone will need you to tell them the number that is on the front of the letter sent to you.”

“If you do not want to receive any more reminders about the survey, please call our FREEPHONE helpline number.”

<http://www.bettertogetherscotland.com/bettertogetherscotland/581.html> What has been put in place to help deaf people complete the survey? And for them to contact the helpline?

The Survey for 2012 does not have any questions about communication support needs and whether or not they were met. The only question in the survey that mentions deafness is Question 34 on the monitoring part of the survey where it asks whether or not the person has experienced “deafness or partial hearing loss” in the past 12 months.

So how will the NHS in Scotland know if they are actually upholding the rights of deaf patients when the surveys that are carried out completely exclude deaf people from taking part.

The leaflet states “call the helpline number above if you need the survey on audio tape or in large print”. Nothing about emailing the helpline to get the survey in BSL.

## **General**

### **Question 6**

Do you have any additional comments to make about the Charter of Patient Rights and Responsibilities?

### **Question 6 Answer**

**Part 3** – how much of the information leaflets/websites are fully accessible for all citizens/patients in Scotland? Or is the “waiver” on page 26 sufficient to cover the lack of accessibility on contact details, etc? Is the “waiver” covered by the Equality Act 2010?

Has the Charter been subject to an Equality Impact Assessment? If so, was this published?