



## Improving BSL users' access to GP Practice care in South West London

*A report by Healthwatch Croydon, Kingston, Merton, Richmond, Sutton, and Wandsworth*



# Contents

Executive summary .....	1
Background .....	3
Methods.....	5
Findings and recommendations .....	6
Limitations .....	11
Summary.....	12
About the authors.....	12
Acknowledgments .....	12
Bibliography .....	13

# Executive summary

This project builds on our South West London Accessible Information Standard [engagement](#). Shortly after our engagement concluded in September 2024, a new interpretation service, DAL (formerly known as DA Languages) was rolled out across South West London GP practices. We reached out to BSL users and to GP practices again to see if this service change addressed the concerns we had heard.

Our engagement with BSL users and GP practice staff did not demonstrate a consistent preference for DAL versus Language Line, the former provider. Instead, patients and carers emphasised that genuine accessibility requires more than changes to interpretation services. Participants highlighted the need for consistent, high-quality interpretation alongside broader improvements across the entire patient journey – from booking appointments to receiving information after consultations – in line with the NHS England’s [Accessible Information Standard](#). [1]

These findings echo the concerns raised in our earlier engagement and are reinforced by national research. **Patients and carers stressed that the same issues have been raised for over a decade, with little meaningful progress.** This lack of improvement continues to drive health inequalities for d/Deaf and deafblind people.

Drawing on local insights and national evidence, we have developed recommendations for South West London GP practice staff to support them in meeting the accessibility needs of BSL users. **Of note, the lessons are highly relevant to other ICBs and NHS services across the country, and across service providers.** We are also publishing a related report specifically for South West London ICB commissioners.

This report complements the long-anticipated updates to the [Accessible Information Standard](#) (published 30 June 2025) [1] as well as health and social care [guidance](#) from the UK government’s BSL Advisory Board (published 27 November 2025). [2] It is critical that in South West London we add to the national momentum to drive improvements to accessibility and care for BSL users.

## ***A note about scope***

Our recommendations focus on improving BSL interpretation, but many d/Deaf, deafblind, and hard of hearing patients rely on other forms of communication support, including hearing loops, speech-to-text reporters, notetakers, lipspeakers, and communicator guides. NHS England’s AIS Implementation Guidance (section ‘Support for people who are d/Deaf or have some hearing

loss' [here](#)) and RNID's accessibility guidance, available [here](#) and [here](#) are valuable resources.

## Terminology [3] [4] [5]

This report primarily uses the term 'BSL users,' to be consistent with service user preferences.

There are also references to 'd/Deaf and hard of hearing people' throughout. The first group is a subset of the second.

The term 'deaf' (lower case 'd') refers to people who have hearing loss, either at birth or acquired later through injury, disease, or with aging. They may communicate orally or use sign language.

'Deaf people' (upper case 'D') are deaf individuals who belong to the Deaf community and are fluent in its culture and communicate almost exclusively in sign language. Many Deaf people are not proficient in written English communication.

'Deafblind people' are those with a degree of both hearing and vision loss that affect communication, mobility, and ability; one or both sensory conditions may be congenital or acquired over time, and it includes people within and outside of the Deaf community.

'Hard of hearing people' are those who have lost some, but not all, hearing.

# Background

## **d/Deaf, deafblind, and hard of hearing people's access to health services**

### *National context*

An estimated 87,000 people in England and Wales use British Sign Language (BSL) as their first or preferred language. [6] Their right to equitable access to health care is protected by law. The **Equality Act 2010** requires organisations to make "reasonable adjustments," [7] while **NHS England's Accessible Information Standard (AIS)**, first published in 2016 and updated in June 2025, sets out six clear steps for providers of NHS and publicly funded social care to meet people's information and communication needs. [1] These include identifying, recording, flagging, sharing, meeting, and reviewing communication needs so they are consistently addressed.

Despite these protections, BSL users continue to face significant barriers to healthcare. Research by South West London Healthwatch, alongside national studies by charities, academics, and the UK government's BSL Advisory Board, shows that patients who use BSL encounter obstacles at every stage of the journey: from booking an appointment, to registration and knowing when they are being called from the waiting room, to the consultation itself and follow-up care. [2] [6] [8] [9] [10] These barriers contribute to missed or delayed appointments, misdiagnosis, poor treatment, and distrust of services, which collectively worsen health outcomes. [2] [6] [11] [12] Of note, deafblind people, who have combined hearing and sight loss, are at especially high risk for social isolation and exclusion. [2]

The scale of the problem is stark: nationally, **84% of d/Deaf, deafblind, and hard of hearing people report difficulties accessing healthcare.** [8] In 2014, health economists at the University of East Anglia estimated that misdiagnosis and poor treatment of d/Deaf patients cost the NHS £30 million annually. [11] Adjusted for inflation and wider associated costs, the figure today is likely between £80 – 100 million each year. [12]

### **South West London context**

While there are no census estimates of the number of BSL users in South West London – and demographic findings from NHS England's GP Patient Surveys are likely to underestimate this population of d/Deaf patients– the ICB has collected data that show that they received 878 requests for BSL interpretation provision from GP practices between October 2025 and June 2025 (multiple requests may have come from the same individual). Of these requests, most came from

Wandsworth (n=466), followed by Croydon (n=185), Sutton (n=72), Merton (n=68), Kingston (n=61), and Richmond (n=26). Wandsworth has a higher per capita d/Deaf population in its borough in part due to the presence of two Achieving Together care homes (Harding House and Huguenot Place) that serve d/Deaf residents as well as the Oak Lodge School, a specialist day school with residential provision for students aged 0-19 with hearing, speech, language, and communication needs.

## **Our previous work**

This project builds on our South West London-wide engagement on the implementation of the AIS in GP practices, conducted in partnership with local charities of/for Disabled people. [10] Through surveys, interviews, and focus groups with 144 d/Deaf BSL users and other people with a range of disabilities that affect communication, we found that awareness of the AIS was very low – 73% of patient and carers had never heard of it.

BSL users expressed deep dissatisfaction with Language Line, the BSL interpretation provider commissioned at the time in GP practices. Patients reported frequent cancellations, long waits of up to two weeks, and poor communication about service changes. One participant also raised privacy concerns, noting that a small pool of interpreters served this relatively small community, though we do not know of any breaches of confidentiality.

Importantly, patients also identified accessibility challenges beyond interpretation services. These included practices failing to communicate in patients' preferred formats (for example, ringing a patient rather than using SMS or email), not providing information in plain English, and inconsistent adjustments in waiting rooms to alert patients when they were being called to be seen by the health provider (for example, some practices have a screen that display patients' names when it is their turn – which works well – while other practice verbally call in a patient without visual cues, which does not meet d/Deaf people's needs).

## **New BSL interpretation provider in South West London GP practices**

Our 2024 engagement with BSL users concluded in September. The following month, South West London Integrated Care Board (ICB) rolled out DAL (formerly DA Languages) as the new provider of both BSL and foreign language interpretation across GP practices.

DAL's subcontractor, Sign Solutions, provides patients and carers with the following service (this is their routine offer and is not specific to South West London):

- pre-booked in-person interpretation

- on-demand video interpretation
- a video relay service to contact GP practices
- translation of documents into BSL.

Notably, on-demand video interpretation was not readily available under Language Line, though GP practices have been equipped with the technology to use video interpreting since the pandemic.

# Methods

## Patient and Carer Engagement

We used a mixed-methods approach – combining surveys, focus groups, and an interview – to capture the experiences of BSL users and their carers.

### *Survey*

To maximise accessibility, the survey was available in both written English and BSL video formats. Information about the change in interpretation provider and the purpose of the study was uploaded to local Healthwatch websites (see an example [here](#)) and promoted through charities, local councils, and other organisations that serve d/Deaf, deafblind, and hard of hearing people in South West London.

Participants were invited to share their experiences of the new service, either by completing a short online form or by submitting a video response in BSL. The survey ran from April to June 2025, 6–8 months after the rollout of the new interpreter provider. All respondents were asked to confirm that they were BSL users, or the carers of BSL users, who had accessed interpretation support through their GP practice since 1 October 2024. To encourage participation, eligible respondents were entered into a prize draw for a £50 gift card.

### *Focus Groups*

We held two focus groups to gather more in-depth perspectives:

*Achieving Together's Harding House (Wandsworth), 4 April 2025:* A virtual session was conducted with staff from a specialist residential care home supporting 10 d/Deaf adults with a wide range of health needs. The group included both hearing and d/Deaf staff, with interpretation provided by a member of the care home team. While participation was not limited to those who had used the new interpretation service, the session focused on staff members' personal experiences of DAL's provision and their recent experiences supporting residents to access GP care.

*Croydon, 4 June 2025:* A community focus group was organised and promoted by the Royal Association for Deaf People (RAD). This group was specifically promoted to BSL users who had accessed the new interpretation service since October 2024. Consent forms were distributed by South West London Healthwatch staff, and interpreters worked with participants to ensure understanding. Participants each received a £15 gift card in recognition of their time. In line with agreed conditions, the session was not recorded.

### *Interview*

We had a single patient interview with a person referred to us from a charity partner.

## **GP Practice Staff Engagement**

To capture the perspectives of GP practice staff, we circulated a short survey across South West London GP practices, open from April – June 2025. The survey invited staff to reflect on their experiences of arranging or using BSL interpretation services through DAL.

In addition, we gathered feedback directly from practice managers through existing professional forums, including July and August 2025 manager meetings in Wandsworth and Sutton, respectively. Engagement also took place at the South West London Training Hub's "Hot Topics" GP Update event on 23 April 2025, where Healthwatch hosted a booth for GP practice staff to provide feedback.

# Findings and recommendations

## **Overview**

In total, we heard from **39 people** with relevant experience of using BSL interpretation in South West London GP practices. These included:

- **21 patients and carers** through focus groups (We did not have any responses to the patient and carer survey)
- **17 GP staff** through surveys, practice manager meetings, and a training event
- **1 patient from North West London** whose story, though outside our target area, provided useful lessons for commissioning and service improvement (see case study 1)

## *Key Messages from Patients and Carers*

Patients and carers did not express a strong preference between DAL versus Language Line. **Instead, they repeatedly emphasised their frustration with persistent language and communication barriers that they have been raising for years.** Many said that progress feels “stuck,” highlighting that while improvements to interpretation are necessary, they must be matched by training and cultural change among GP practice staff to ensure consistent adherence to the AIS.

Compared with our 2024 engagement, there was **less focus on long delays** for interpreter appointments, possibly reflecting DAL’s introduction of an on-demand video option. However, patients continued to report problems with:

- the reliability of interpreters,
- lack of notification when interpreters cancel,
- interpretation needs not being carried forward into referrals to secondary and tertiary care, and
- broader concerns about lack of compliance with AIS, including the need to constantly repeat communication needs and these needs not being met.

## *GP Staff Perspectives*

GP practice staff gave mixed views of DAL compared with Language Line. Some valued DAL’s simpler booking system, while others raised concerns about reliability, especially for in-person interpreting. One staff member highlighted DAL’s flexibility in enabling a patient to see the same interpreter consistently, which was seen as good practice.

## **Developing our recommendations**

From these insights, combined with patient-centred evidence from national research and guidance, we developed recommendations for commissioners and GP practices. A separate report captures recommendations for commissioners.

## Case study 1

A charity partner connected us with a woman seeking support accessing an in-person BSL interpreter at her GP practice, which is located within the North West London ICB footprint. **While her experience occurred at a practice outside the South West London ICB**, we include her story as it illustrates the importance of allowing **patient choice** in accessing in-person or remote interpreting, even though NHS England guidelines do not require commissioners to provide both options. It also illustrates the importance of **double appointments** regardless of whether an interpreter is providing an in-person or remote service (this already explicit within NHS England guidance, but not always done for remote provision according to our research). [1]

The patient told us that half the appointment was taken up just setting up for the interpretation call.

She was seeking care whilst wearing a splint on her arm, forcing her to sign one-handed and reducing her confidence that the interpreter, and therefore, her doctor, understood her. These communication challenges were compounded by internet connectivity issues.

She left the appointment understanding that she should take her tablets for two days. However, the instructions from her pharmacist differed – she was in fact prescribed the pills for one month – confirming her fears that there was miscommunication during the appointment.

**She told us that she would have felt more confident that she had been understood, offered proper treatment, and was appropriately managing her own care if she could have accessed an in-person interpreter.** The GP practice has listened to her concerns, but have said they are limited in what they can do as the North West London ICB only commissions online BSL interpretation.

## Recommendations for GP practice staff

GP practices play a critical role in ensuring equitable access to care for BSL users. Our engagement highlights several key areas where practice-level actions can make a meaningful difference to patient experience and safety. We have included some practical steps GP practices can take, or can continue to take.

### 1. Book Professional Interpreters

Some patients and carers in South West London reported being told by reception staff that it was the patient's responsibility to arrange interpreters, despite NHS services being legally responsible for booking and paying for these services [13]. Nationally, 54% of d/Deaf and hard of hearing people have been forced to use untrained interpreters, creating privacy, safeguarding, and other safety risks, as well as undermining patient autonomy and dignity. [8] Consistent interpreter provision is an AIS requirement, and patients should not need to repeat their communication preferences at each visit. [1]

Practices should ensure that professional interpreters are booked for every appointment, avoiding reliance on lipreading, handwritten notes, or family members, unless patients express a preference for these options. Carers told us that patients are sometimes asked if they can 'get by' with these options where they have not specifically requested them and emphasised that patients often agree so as not to be a burden, even when it makes their overall experience of care worse.

Staff training can help clarify the role of staff to book interpreters and the rationale for using professional, registered interpreters unless otherwise requested.

### 2. Ensure Accessible Communication Between Visits

Many BSL users are not fully proficient in written English [8], and some patients told us that they struggle to navigate online triage portals. Practices should provide accessible communication options, including email, text messaging, and video relay services where available. According to the Accessible Information Standard, patients should also be informed that health information, including patient leaflets, can be provided in BSL upon request (though these do not have to be saved 'on hand' at GP practice offices ahead of time – they can be sourced when requested by patients).

### 3. Train in the Updated Accessible Information Standard (June 2025)

Patients and carers continued to report concerns captured in our earlier research: needing to repeat communication needs, inconsistent interpreter provision, and receiving written communications in formats that are not in

plain English [10]. This highlights the need for robust AIS implementation. The 2025 update to the AIS introduces a sixth step requiring NHS organisations to review patients and carers' communication needs regularly [1]. The updated AIS also states that practices should ensure that records are up to date, appoint a responsible lead for AIS implementation, and utilise the [self-assessment framework](#) to monitor compliance. [NHS England training modules](#) are available.

#### 4. Continue to Provide Routine d/Deaf and Deafblind Awareness Training

We are aware that the South West London Training Hub have recently offered d/Deaf accessibility training to GP practice staff (we also attended), and suggest that this type of training continue to be offered at regular intervals. Drawing on learnings from our focus group participants, one way such training can be improved is through increased focus on intersecting disabilities, including deafblindness and learning disabilities.

#### 5. Accessible Communication and Information Policy

Our research [10], as well as national engagement [8], shows that patients often lack awareness of their rights under the AIS. Practices should publish an accessible communication policy detailing the range of contact methods, availability of BSL interpreters and other communication support services, and mechanisms for providing feedback. Such feedback channels should include options for patients to provide comments in BSL or audio.

Recommendations from our focus groups include visible posters in plain English and the use of symbols like the one below indicating interpreter availability.



#### 6. Provide Double Appointments for Interpreted Consultations

Practices should routinely offer double appointments for both in-person and virtual consultations requiring an interpreter. While our engagement suggests this is already routine for in-person interpreter appointments, this may not be offered consistently for remote interpreting. Patients and GP practice staff reported that significant portions of short appointments can be spent setting up video interpreting equipment, reducing clinical time and effectiveness.

## 7. Confirm and Send Updates for Interpreter Bookings

Patients raised concerns about needing to follow up to confirm that their interpreters had in fact been booked and many had experiences of arriving at appointments with no prior notification of the interpreter's cancellation. They suggested that practices provide confirmation of interpreter bookings alongside appointment notifications to update patients promptly if any changes occur.

We understand from conversations with practice managers that communication between DAL and the practice about cancellations is often sub-optimal. The ICB has suggested that providers give DAL a generic practice email address that any staff member can access – rather than the email of the staff making the booking – to facilitate quicker alerts to patients when their interpreter cancels.

## 8. Consult with d/Deaf and Deafblind Patients

One of our focus groups highlighted that even practices with significant d/Deaf patient populations often struggle to meet communication needs, and participants suggested that practices consult regularly with d/Deaf patients and carers to ensure accessibility measures are effective. For as long as we continue to operate, Healthwatch and other local charity groups can provide support in making these consultations accessible.

# Limitations

Our sample size was relatively small, especially for deafblind people (n=2), and thus may not reflect the range of experiences of BSL users in South West London. Our findings, however, are corroborated by national research and guidance that lend confidence to our results.

The focus of this project was on the experience of the BSL interpreter service, concentrating our insights on a narrow part of the patient journey. While we have contextualised our findings with broader patient experience data from our previous AIS work and national studies, our recommendations may not fully address all the challenges that d/Deaf and deafblind BSL users encounter when accessing GP care. As noted in the 'Executive Summary' section of this report, BSL interpretation is just one adjustment that d/Deaf, deafblind, and hard of hearing people might require.

# Summary

This report captures the continued frustrations and communication barriers that BSL users face when accessing GP practice care in South West London, despite the change in BSL interpreter service provision. By implementing the resulting recommendations arising from patient, carer, and provider insights, GP practice staff can create a safer, more equitable experience and better align with the requirements set out in the AIS. Moreover, they can collectively begin to address the health inequalities long experienced by d/Deaf, deafblind people, and hard of hearing people.

While the government announcement that Healthwatch will be closing, firm timelines have yet to be announced, and we hope to be a continued partner in implementing these improvements, linking the ICB and practices with experts by experience for continued consultation and support with co-designing service improvements.

## About the authors

South West London Healthwatch is a collaborative of six local independent Healthwatch organisations (Healthwatch Croydon, Merton, Kingston, Richmond, Sutton, and Wandsworth). Since 2022, they have collaborated to gather insights across the Integrated Care System's footprint in South West London, to ensure that people have a voice in NHS decision-making. The lead officers of each of these organisations played a consultative role on this project.

Alyssa Chase-Vilchez, South West London Executive Officer, was the project lead, wrote this report, and conducted the engagement with carers and GP practice staff. Questions can be sent to Alyssa at [info@healthwatchesutton.org.uk](mailto:info@healthwatchesutton.org.uk).

Iyinoluwa Oshinowo, South West London Engagement Officer, created the patient and carer survey. Andrew McDonald, Healthwatch Sutton Health Engagement Project Officer and Jeet Sandhu, Healthwatch Croydon Communications Lead, co-facilitated the Croydon focus group.

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