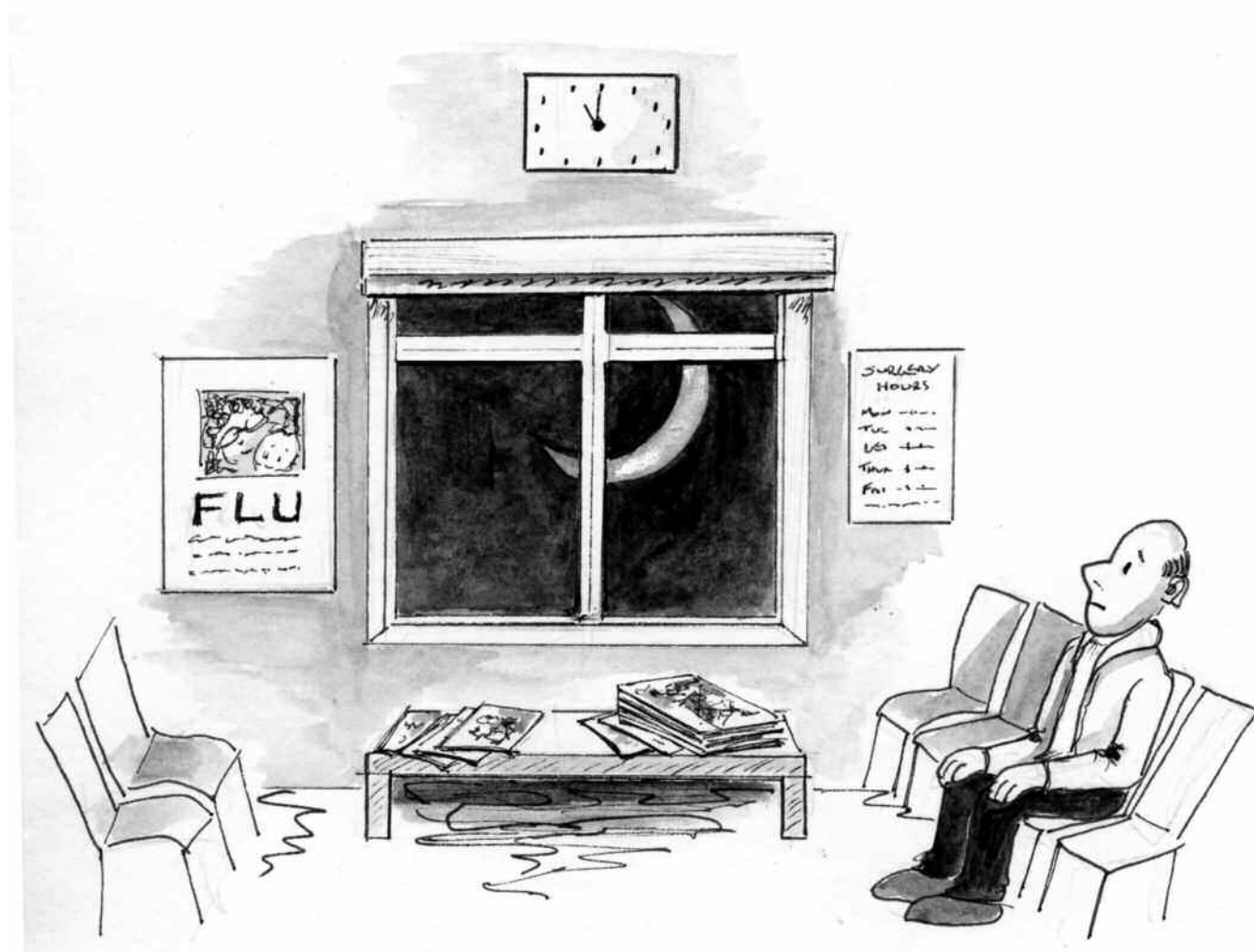


# WHY DO YOU KEEP MISSING ME?

A report into Deaf people's access to primary health care



Published in response to the GP Patient Survey 2008

Further details can be found at [signhealth.org.uk](http://signhealth.org.uk)

December 2008

**SIGN  
HEALTH**

THE HEALTHCARE CHARITY FOR DEAF PEOPLE



## FOREWORD

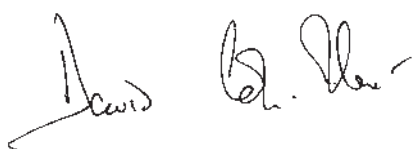
by **David Colin-Thomé,**  
**National Clinical Director for Primary Care**

The National Improvement Team for Primary Care Access and Responsiveness is committed to primary care being accessible to everyone. Ethnic background, sexual orientation and disability should not prevent anyone receiving healthcare. This applies equally to Deaf people, a group that is often overlooked.

I am glad the 2008 GP Patient Survey included a question on deafness and provided, for the first time, some real evidence of Deaf people's experience of primary care. As this report highlights, it is inappropriate to make too much of the results as they need to be put in context. However, the results certainly highlight important areas of difference in the experience of hearing and Deaf people. Are Deaf people being denied access to interpreters? Are Deaf people more likely to be ill? These are important questions and ones which I hope every Primary Care Trust will ask.

Having gathered this data the obvious question is "What do we do now?" I am glad this report makes some sensible recommendations which are easily achievable. Little changes will make a big difference. Primary Care Trusts should use the report as a starting point from which they examine their commissioning. I would hope that each PCT will identify someone to take forward this report and make sure Deaf access is embedded in the Trust. The Department of Health's GP Access Programme will encourage and support the implementation of the recommendations outlined within the report as part of its work on wider access and responsiveness.

Future GP Patient Surveys will gather additional data on Deaf people's access to health services and I hope health trusts will use this to ask questions of themselves. We will continue to work with SignHealth and other Deaf organisations to improve access for Deaf people. I hope Primary Care Trusts, where they have not done so already, will develop their partnership with Deaf organisations to improve services. Together we can ensure that the opinions and choices of Deaf people are fully taken into account.



**David Colin-Thomé**





## INTRODUCTION

This report is being published in response to the GP Patient Survey of 2008. While the survey results were published almost unnoticed, it heralded an important milestone for deaf health care. For this was the first time that data had been collected nationally by the NHS which recorded whether a patient was deaf.

The significance of this cannot be over-estimated. Until now, it has been very difficult to influence health care providers. There are countless anecdotes about deaf people seeing their doctor, invariably receiving a poor service. But, until now, there have been no figures to support the arguments. Indeed, no Health Trust that we are aware of routinely records whether a patient is deaf and, if so, whether they sign (communicate in British Sign Language (BSL)).

This lack of data makes it difficult for deaf people to convince health providers that changes need to be made. Health providers in the past were brave if they did decide to introduce changes to benefit deaf people.

This report is being published as the 2009 GP Patient Survey is about to be issued. Not only will more people be surveyed this year, but the survey will specifically ask whether the respondent is a British Sign Language user. SignHealth has worked closely with the Department of Health and is delighted they recognise the importance of asking such a question. SignHealth will produce a further report when the 2009 survey results are available.



## WHAT CAN THE SURVEY TELL US?

The GP Patient Survey was answered by nearly 2 million people in England. Question 21a of the survey asked:

*"Do you have any of the following long-standing conditions? Include problems which are due to old age. Please tick all the boxes which apply: Deafness or severe hearing impairment."*

Inclusion of this question for the first time was an extremely welcome step and we applaud officials at the Department of Health for it. SignHealth had in the past questioned the inequity of ethnicity data being collected but 'disability' data being ignored.

The survey data has been presented in an extremely open and transparent way. Again we welcome the raw data being made available to patients so they can compare their practice, PCT, or SHA with others. It also allows patients to profile the responses: so you can just look at answers for a particular age group, region or for all people who answered a particular way to a question.

SignHealth has used this facility to analyse the data in two respects:

- a) Looking at the responses of all people who said they were "Deaf or severely hearing impaired". This group would represent a wide range of conditions and methods of communication.
- b) Looking at the responses of all 18-34 year-olds who said they were "Deaf or severely hearing impaired". This second analysis is an attempt to profile people who we know are more likely to be Deaf with a capital "D", that is, those people who see themselves as part of the Deaf community and who use BSL.

## WHAT DO THE RESULTS SHOW?

Deaf people are less happy with certain aspects of primary care. Deaf people are also significantly less healthy than hearing peers. These are the two crucial conclusions from looking at the data.

We have had anecdotal evidence for years of poor experiences for deaf people in the health service. However, we have never had any quantitative data to support this. While it would be wrong to read too much into these figures, they certainly do lend support to many commonly held beliefs.

### TELEPHONE ACCESS

There is clear dissatisfaction amongst deaf patients in relation to telephone access. This is unsurprising - indeed, it's surprising that many deaf people were satisfied with telephone access. We know that expectations among deaf people are often low and this may be manifested here. Generally, a lot of deaf people "put up" with a poorer service and do not consider it bad. They will often get someone else to make the appointment for them.

*In general, are you satisfied with how easy it is to get through to someone on the phone at your doctor's surgery?*

Dissatisfaction among Deaf respondents (18-34) was far higher than for hearing respondents (21.7% compared to 16.9%)

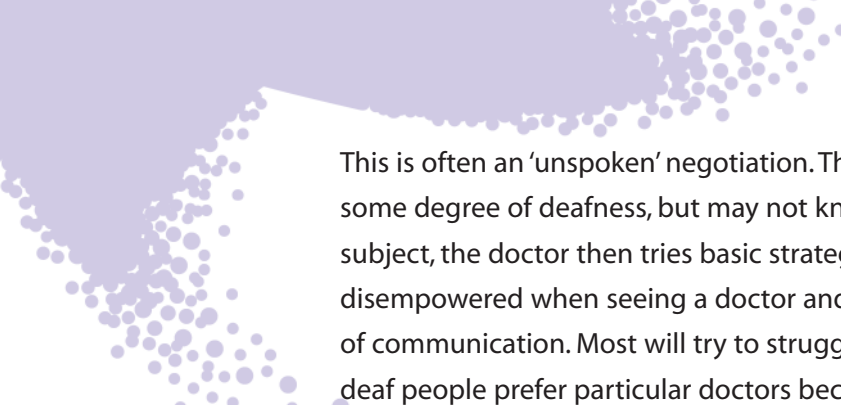
With the technology available to even the smallest GP practice, deaf people should face no difficulty contacting the surgery. The Disability Discrimination Act now applies to the health service and it would be very difficult for a practice to argue that there was only one way for a patient to contact the surgery. Some deaf people will use a textphone (minicom) or fax, but increasingly SMS (text messaging on a mobile) or e-mail will be preferable. The key action is for the practice staff to discuss the means of communication with the patient to see what will work best for them.

### PREFERENCE FOR A PARTICULAR DOCTOR

There are many reasons for patients wanting to see a particular clinician. However, it is interesting to note that deaf respondents were more likely to want to see a particular doctor and this is essentially because of communication. Once a patient establishes some system of communication with a doctor, however poor it may be, they will be reluctant to see someone different. Many deaf people have reported problems when seeing a locum or different doctor as setting up a system of communication has to begin again.

*In the last 6 months, have you ever wanted to make an appointment with a particular doctor at your GP surgery?*

Over half of Deaf patients (50.1%) compared to 41.9% of hearing patients wanted to see a particular GP. We imagine that if Deaf patients across a wider age range were asked, this difference may be even more pronounced. Deaf people may prefer doctor A because they can lip-read her more easily, or they explain things more clearly than doctor B.



This is often an ‘unspoken’ negotiation. The doctor may quickly realise that the patient has some degree of deafness, but may not know how to respond. Rather than broach the subject, the doctor then tries basic strategies (e.g. raising their voice). Most patients feel disempowered when seeing a doctor and few will want to start by addressing the question of communication. Most will try to struggle through in response to the doctor’s lead. Many deaf people prefer particular doctors because they are easier to lip-read, e.g. a doctor who does not have a beard and has a clear mouth pattern.

With the changes in primary care there is an obvious concern that the link between GP and patient may not be as strong in the future. If this is the case then the need for establishing and recording the means to achieve good communication in a consultation will be more important than ever.

Basic training for clinical (and non-clinical) staff would address this concern quite simply.

### **REFERRAL RATES TO SPECIALISTS**

The results suggest poorer health among deaf people. The proportion of people referred to a specialist in the last six months was 36.6% among deaf people compared to 26% for hearing people. A small part of this disparity can probably be attributed to audiology referrals, but it suggests that – for some reason – deaf patients are experiencing more illness requiring specialist input.

*In the last 6 months, has your doctor referred you to see a specialist? By specialist we mean someone like a hospital doctor who you would see for treatment or further examination.*

Among 18-34 year-olds this revealed a higher referral rate, 34% compared to 22.1%. This suggests poorer health among the Deaf population. Among the wider deaf population there is also a marked preference for seeing a particular doctor.

### **THE NUMBER OF APPOINTMENTS**

The data provided by the Survey is extremely valuable but, in this case, raises more questions than it answers. Why are deaf patients seeing their GP more frequently than hearing patients? This is obviously an important question, both in terms of the health of deaf people but also in terms of demand on the NHS. Doctors are providing more appointments to deaf people than their hearing patients.

*How many appointments have you made with a doctor at your GP surgery in the last 12 months?*

Responses to this question were perhaps most worrying of all. The distribution of Deaf patients was skewed towards the higher end when compared to the hearing population. As soon as you looked at those people who had more than seven appointments, there was a far higher proportion of Deaf people. For instance, only 0.6% of hearing patients had over 26 appointments in the past six months. Among Deaf respondents the figure was 2%. Among the wider deaf population the figure was 1%.

Obviously the results do not tell us why Deaf people are making more appointments than expected. However, other evidence can help provide some of the answers.

Based on anecdotal evidence, there are likely to be three main reasons for the higher number of appointments.

- a) Missed appointments – The RNID’s report *A Simple Cure* [2004] provided data which suggested that 24% of deaf people had missed appointments because of poor communication, such as being ‘called’ when it was their turn. A shocking 19% had missed more than five appointments because of communication difficulties.
- b) Repeat appointments – Consultations are often wasted because of poor communication. Frequently, the Deaf person leaves the appointment unsure of what has been discussed, what might be ‘wrong’ with them, and what happens next.

*Research from Manchester University* [Reeves 2004] supports this:

*About half the people without communication support could not understand the doctor and did not ask all their questions. The experience of Deaf people supported by a relative was only slightly better, usually because family members*

*were selective in what they passed on. About one in three thought the doctor had not tried very hard to communicate, and some thought the doctor just wanted to be rid of them. Most doctors, however, did make a good effort to communicate and people often praised doctors who followed the basic rules of Deaf Awareness. However, when doctors tried to communicate in writing, the Deaf person often could not read the doctors’ handwriting or understand the medical words.*

*“She replied that the nurse had called out my name several times but I did not respond. I was so angry and wrote on the pad that I was deaf and couldn’t hear people calling out my name!” Deaf patient who found herself still in the waiting room when everyone else had been seen.*

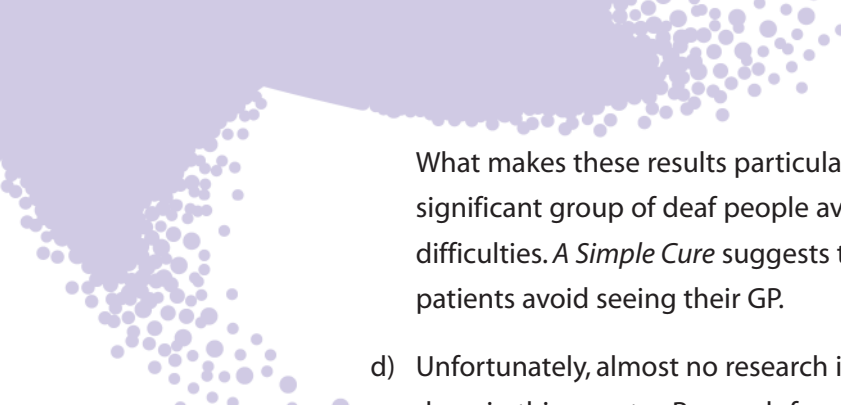
Similarly, *A Simple Cure* found 35% of deaf patients were unclear about their condition because of communication problems. This extended to not being able to follow instructions for taking medication.

This poor communication often leads to repeat appointments. The patient may want to try again in the hope that they will understand more. If the initial advice is not followed, the patient is more likely to still be suffering.

- c) Poorer health among deaf people – There are serious public health concerns about deaf health. We know from research that deaf people are more likely to experience mental health problems, perhaps even twice as likely as hearing people.

*“The problem with that is that I have to phone that morning at 8.30am for an appointment with the GP if am unwell and not book in advance with an interpreter. I could see the GP later in that day if they can find an interpreter that is available. Otherwise I am forced to write things down, and I feel they are not bothered. Thus in the end, I try to avoid the GP all together because I can not be bothered if they are not making effort.” (Reeves, et al)*





What makes these results particularly disturbing is that we know that an additional, significant group of deaf people avoid seeing their doctor because of communication difficulties. *A Simple Cure* suggests that 15% of deaf patients and 30% of Deaf (signing) patients avoid seeing their GP.

- d) Unfortunately, almost no research into the physical health of deaf people has been done in this country. Research from Austria suggests that the incidence of many diseases and illness (such as cancer and hypertension) is far higher among Deaf people.

Research in Sandwell from Dr Jeetesh Patel, as yet unpublished, indicates poorer health among Deaf participants than the wider community. The reasons for this disparity will vary. We know that health promotion information is rarely accessible to Deaf people so we can assume that health 'knowledge' is very low among some Deaf people. SignHealth has run a series of workshops around the country for Deaf people and the level of knowledge was worryingly low.

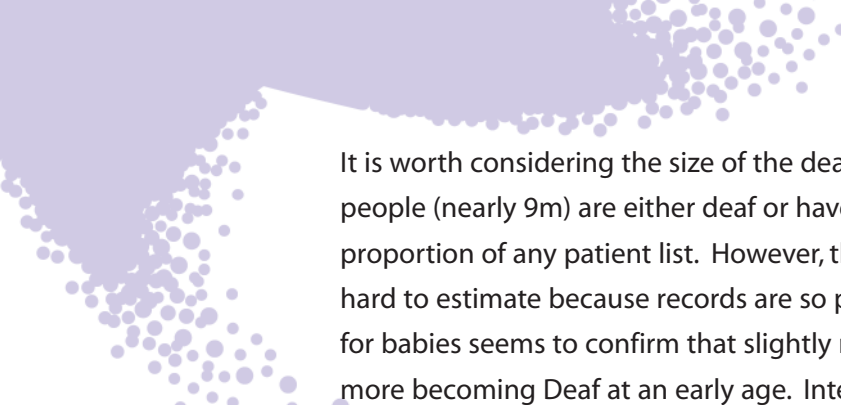
There may also be higher incidence rates for some conditions because they are associated with the cause of deafness, e.g. an illness that led to deafness may have resulted in a particular condition, such as Schilder's disease.

- e) The GP Patient Survey results show a higher incidence of 'illness' among deaf respondents. 2.5% of deaf respondents had a learning disability compared to 1% of the hearing population. Similarly, 9.4% of deaf respondents were blind (or severely visually impaired) compared to 1.3% of hearing people. The different incidence rates are even more pronounced when comparing Deaf respondents (18-34) with their hearing counterparts. In response to the question on "a condition that substantially limits one or more basic physical activities..." 3% of hearing respondents ticked "yes" compared to 13.3% of Deaf respondents.

The fact that currently nobody can offer any real answers for this health disparity is alarming. The health of deaf people has continually been overlooked and most people are unaware of the significant problems that exist within the system. SignHealth will shortly be leading a commissioning group carrying out a large scale piece of research into this area and the charity will continue to lobby for improved health services and access to health services for deaf people.

#### **AND THE COST OF IMPROVING SERVICES?**

Staff throughout the NHS should review their practice to see whether improvements can be made for deaf people. This will often have a positive effect on patient care generally. If a service is working well for deaf patients then it is probably working well for all patients. Deaf Awareness training for staff will give them an understanding of the care pathway [the patient's journey through the system] and demonstrate the barriers deaf people face.



It is worth considering the size of the deaf population. The RNID estimates that one-in-seven people (nearly 9m) are either deaf or have a hearing impairment which is clearly a sizeable proportion of any patient list. However, the exact number of Deaf people in the country is hard to estimate because records are so poor. The national audiology screening programme for babies seems to confirm that slightly more than 1 in 1,000 people are born Deaf, with more becoming Deaf at an early age. Interestingly, the GP Patient Survey suggests that approximately 1% of the population is Deaf (based on respondents' answers from an age range that precluded age-related deafness). With deafness so commonplace, there are no practices in the country who can say deaf health is not an issue for them.

The cost to deaf people in terms of poorer health is not something we can even begin to calculate. But we know from many case histories that the human cost of poor healthcare can be significant. We also know that the problems that do arise are normally preventable.

In addition to the personal cost, the NHS is also spending inefficiently in this area of care. When it does have contact with deaf people it does not always do so in a cost-effective way as we have already identified in this report. Added to which, services often do not reach deaf people until problems and illnesses have become more serious and may require more frequent and costly interventions.

If we look at the Survey results for the number of appointments made, then there are approximately 625,000 more appointments made by deaf people than would be expected in a hearing population. If we assume an average appointment costs £25, then that is a cost every year of £15.6m. If just a fraction of that money was spent on making services more accessible and addressing health inequalities, the NHS would see a net gain each year.

Similarly, in 2004, *A Simple Cure* estimated that missed appointments for deaf and hard of hearing patients costs the health service £20m every year and it's reasonable to assume that a sizeable proportion of this would be in primary care.

## WHAT CAN BE DONE?

Action can be taken at all levels of the health service. Fortunately, nothing that is recommended here is difficult or expensive. It just requires a commitment to tackle each area of health inequality faced by deaf people.

### AT GP PRACTICE LEVEL

- Review patient lists to identify which patients are deaf. In partnership with these patients, agree and record a communication strategy that follows the patient's path from making an appointment to getting a prescription. Patients whose first language is BSL should have this recorded under "Language" in their notes/patient record system. A new Directed Enhanced Service (DES) payment will incentivise this.
- The frontline importance of receptionists is often unrecognised by policy makers, but they play a crucial role for patients. Their attitude and responsiveness can make a huge difference for deaf patients and can influence the work of colleagues. At least one receptionist in each practice should undertake Deaf Awareness training and promote good practice within their teams.
- All practices currently have free access to SignTranslate (a subsidiary of SignHealth). This is a website which provides commonly asked medical questions in BSL. It also allows clinicians to connect to a remote interpreter. See [www.signtranslate.com](http://www.signtranslate.com) for more details.

### GP PRACTICES AND PRIMARY CARE TRUSTS (PCTs)

- Co-ordination with other practices and the PCT will mean that some services may be best delivered in partnership e.g. screening days, health information, etc.

### PCTs

- If the PCT has a contract for BSL interpreting then this needs to be publicised to both patients and staff, including the details of how to book an interpreter. This should be scheduled to happen every year as a reminder to staff and to allow for staff rotation and trainees moving to new placements.
- All PCTs should have made contact with local Deaf organisations before writing their Disability Equality Scheme. It is important to involve Deaf people in all consultations, not just those that focus on disability in general.
- Regularly evaluate the commissioning framework to ensure deaf people receive an equitable service. This is particularly important with World Class Commissioning and the move to prevention. PCTs must have processes for monitoring whether deaf people are receiving an equitable service and this needs to be built into the monitoring of all services.

- Use future Patient Surveys to analyse deaf patient responses and formulate action plans.
- Promote the commissioning of SignTranslate in all GP practices in the area.

#### **STRATEGIC HEALTH AUTHORITIES (SHAs)**

- Performance management of PCTs should include their role in commissioning and monitoring deaf health care. If PCTs can demonstrate they are making progress for deaf patients that will be a good indicator that services for the wider public are improving.

#### **NATIONAL - THE DEPARTMENT OF HEALTH**

- The health of Deaf people goes far beyond primary care. Unfortunately, there is no one individual within the Department of Health or the NHS who has responsibility for considering services for Deaf people. Every new initiative affects deaf people and yet there seems to be little thought given to what the impact will be on this group. If the DH consulted and involved Deaf people and groups that would certainly be welcomed. However, change is far more likely to happen by having a named individual within the Department whose role includes responsibility for ensuring that the Deaf perspective is considered.
- The DH should recognise that they have a role in encouraging local action for scattered 'minority' groups. There will always be a tendency for practices and PCTs to focus on the main issues of the whole practice and area populations. This leaves smaller groups marginalised. The DH has a role in ensuring these minority groups are not overlooked and this could be done by including the views of deaf people in other health initiatives. Many of the *No Patient Left Behind* recommendations could be extended to include Deaf patients: such as ensuring compliance with the DDA, working with the Royal College of General Practitioners on accreditation and developing 'patient navigators'. Likewise, training programmes based on communication with patients who have a learning disability could also be extended to include Deaf people.

## FINALLY

The GP Patient Survey results confirm what has been suspected for a long time. Deaf people are less satisfied with access to primary care, and are probably less healthy as well. The lack of reliable and useful data up until now is surprising but the survey results offer an opportunity to start to address the health inequalities faced by deaf people. The 2009 GP Patient survey is planned to cover a larger sample (around 6m people) and will include additional questions which will highlight deaf patients' access. The Healthcare Commission is also gathering data from deaf patients about their experience of primary care. We hope this data will be made public to benefit both health services and deaf people.

The GP Patient Survey carried out in 2007 provided interesting data on satisfaction levels among Black and Minority Ethnic (BME) respondents. Indeed, the Secretary of State for Health was concerned enough to ask Prof. Lakhani CBE to investigate and write a report. The subsequent publication, *No Patient Left Behind* [2008] looked at some of the reasons for dissatisfaction among BME groups. We believe that it would have been possible to substitute the word "Deaf" for "BME" throughout the report – the same issues and solutions apply to both.

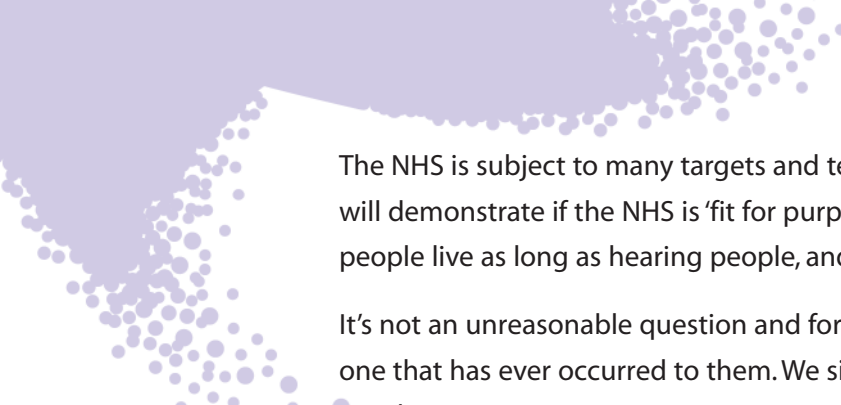
And it can be done well....

*"I have to say my experiences with the NHS have generally been positive, I believe it's just about using your common sense and pointing the health service towards the right direction in terms of access. I was always offered an interpreter for my chemo sessions and appointments with the cancer doctors." (Reeves, et al)*

We have also seen recognition that people with mental health problems are generally less healthy. The Disability Rights Commission report *Equal Treatment: closing the gap* highlighted many issues that are applicable to Deaf people, e.g. diagnostic overshadowing, where a health problem is considered part of being deaf. The reverse is also often the case where diagnosis is made with no appreciation of the deaf context. The recent *Healthcare for All* report by Sir Jonathan Michael also shows that the Government takes seriously the health needs of people with a learning disability. We hope this will be followed by official recognition that deaf people also receive a poor service.

What is now clear is that primary care services need to change. Not in any dramatic way but one which brings about a change in attitude, which in turn brings about improvements to deaf peoples' health experience.

Changes of this kind would not be costly and indeed, the long term would see some significant cost savings. More importantly, deaf people would be able to access health services on an equal footing with hearing patients. They would no longer feel and be treated like second-class citizens.



The NHS is subject to many targets and tests. We also have a simple test which when applied will demonstrate if the NHS is 'fit for purpose' in respect of the deaf community: can deaf people live as long as hearing people, and with the same quality of health?

It's not an unreasonable question and for most people working in the NHS it's probably not one that has ever occurred to them. We sincerely hope it's a question people will now begin to ask.

#### **REFERENCES AND USEFUL PUBLICATIONS**

*Access to health services for Deaf people*, Reeves et al, 2004

*A Simple Cure*, RNID, 2004

*Deaf Mental Health Charter*, Mental Health Foundation and Sign, 2005

*Equal Treatment: closing the gap*, Disability Rights Commission

*Forging New Channels*, HAS, 1998

*Mental health and deafness: towards equity and access*, DH, 2005

*Sign of the Times*, DH, 2002

*No Patient Left Behind*, DH, 2008

*Healthcare for All*, The Report of the Independent Inquiry into access for healthcare for people with learning disabilities, 2008



## APPENDIX

	General national pop	Gen nat %	All deaf	All deaf %	General hearing	Hearing %	All 18-34	All 18-34%	Deaf 18-34	Deaf 18-34 %	Hearing 18-34	Hearing 18-34%
Q1	1999523		140449	7.0	1859074	93.0	307819	15.4	3176	1.0	304643	99.0
	<b>When was the last time you made an appointment with a doctor at your GP Surgery?</b>											
	Less than 3 months ago	963644	52.9	77390	61.9	886254	52.2	141726	49.2	1599	140127	49.1
	Between 3 and 6 months ago	400530	22.0	25670	20.5	374860	22.1	68338	23.7	653	67685	23.7
	More than 6 months ago	459112	25.2	22010	17.6	437102	25.7	78105	27.1	683	77422	27.1
Q2	<b>In general, are you satisfied with how easy it is to get through to someone on the phone at your doctor's surgery?</b>											
	Yes	1708294	87.4	120596	88.5	1587698	87.3	252044	83.0	2439	249605	83.1
	No	246953	12.6	15721	11.5	231232	12.7	51610	17.0	674	50936	16.9
Q3	<b>In the last 6 months, have you tried to get an appointment with a doctor fairly quickly about any matter?</b>											
	Yes . . . . .Please answer Q4	1207441	62.9	87732	66.4	1119709	62.6	195466	64.8	2113	193353	64.8
	No . . . . . Please go to Q5	712780	37.1	44338	33.6	668442	37.4	106230	35.2	969	105261	35.2
Q4	<b>Think about the last time you tried to get an appointment with a doctor fairly quickly. Were you able to get the appointment on the same day or the next 2 days the surgery was open?</b>											
	Yes	1028478	86.2	76803	89.0	951675	86.0	158104	81.5	1706	156398	81.5
	No	164823	13.8	9504	11.0	155319	14.0	35865	18.5	382	35483	18.5
Q5	<b>In the last 6 months, have you wanted to book ahead for an appointment with a doctor?</b>											
	Yes . . . . .Please answer Q6	898910	46.7	65207	49.4	833703	46.5	135380	44.7	1519	133861	44.7
	No . . . . . Please go to Q7	1027492	53.3	66701	50.6	960791	53.5	167302	55.3	1589	165713	55.3
Q6	<b>Last time you wanted to, were you able to get an appointment with a doctor more than 2 full days in advance?</b>											
	Yes	671516	76.0	50802	80.1	620714	75.6	93387	69.7	1016	92371	69.7
	No	212522	24.0	12659	19.9	199863	24.4	40635	30.3	487	40148	30.3
Q7	<b>In the last 6 months, have you ever wanted to make an appointment with a particular doctor at your GP surgery?</b>											
	Yes . . . . .Please answer Q8	981785	51.0	78619	59.5	903166	50.3	127185	42.0	1565	125620	41.9
	No . . . . . Please go to Q9	945002	49.0	53497	40.5	891505	49.7	175699	58.0	1556	174143	58.1
Q8	<b>Last time you wanted to, were you able to make an appointment with a particular doctor - even if it meant waiting longer?</b>											
	Yes	840943	86.7	68638	89.0	772305	86.5	100539	79.7	1181	99358	79.8
	No	128701	13.3	8515	11.0	120186	13.5	25567	20.3	368	25199	20.2
Q9	<b>Over the last six months or so, were you satisfied with the hours your GP surgery was open?</b>											
	Yes . . . . .Please go to Q11	1602492	82.3	117893	87.2	1484599	82.0	228748	75.4	2370	226378	75.4
	No . . . . . Please answer Q10	343526	17.7	17355	12.8	326171	18.0	74487	24.6	740	73747	24.6

Q10	General national pop	Gen nat %	All deaf	All deaf %	General hearing	Hearing %	All 18-34	All 18-34%	Deaf 18-34	Deaf 18-34 %	Hearing 18-34	Hearing 18-34%		
Q10	<b>I was dissatisfied because the surgery...</b>													
	was not open early enough in the morning	15524	6.2	456	3.9	15068	6.4	4226	7.6	42	4184	7.6		
	was not open around lunchtime	23387	9.4	1196	10.2	22191	9.4	5986	10.8	56	5930	10.8		
	was not open late enough in the evening	77729	31.3	1963	16.8	75766	32.0	22785	41.2	194	22591	41.3		
	was not open on a Saturday	109385	44.0	6766	57.9	102619	43.3	16909	30.6	168	16741	30.6		
Q11	was not open on a Sunday	3632	1.5	226	1.9	3406	1.4	970	1.8	16	954	1.7		
	some other reason	18847	7.6	1077	9.2	17770	7.5	4378	7.9	66	4312	7.9		
Q11	<b>In the last 6 months, has your doctor referred you to see a specialist? By specialist we mean someone like a hospital doctor who you would see for treatment or further examination.</b>													
	Yes . . . . . Please answer Q12	514722	26.8	48512	36.8	466210	26.0	67154	22.2	1051	66103	22.1		
Q12	No . . . . . Please go to Section C	1409456	73.2	83198	63.2	1326258	74.0	235149	77.8	2043	233106	77.9		
	<b>Think about the last time your doctor referred you to see a specialist. Did your doctor talk with you about a choice of hospital for your appointment?</b>													
Q13	Yes	261944	51.8	23651	50.0	238193	5	31532	47.5	481	31051	47.5		
	No	243402	48.2	23669	50.0	219733	48.0	34890	52.5	549	34341	52.5		
Q14	<b>Are you male or female?</b>													
	Male	848023	42.9	73056	52.8	774967	42.1	116557	38.1	1481	115076	38.0		
Q14	Female	1130675	57.1	65334	47.2	1065341	57.9	189497	61.9	1666	187831	62.0		
	<b>How old are you?</b>													
Q15	Under 18													
	18-19	20761	1.0	203	0.1	20558	1.1		0.0		0	0.0		
	20-24	75996	3.8	801	0.6	75195	4.1	20761	6.7	203	20558	6.7		
	25-34	211062	10.6	2172	1.6	208890	11.3	75996	24.7	801	75195	24.7		
	35-44	314764	15.9	4553	3.3	310211	16.8	211062	68.6	2172	208890	68.6		
	45-54	352688	17.8	8979	6.5	343709	18.6		0.0		0	0.0		
	55-59	193653	9.8	8221	5.9	185432	10.0		0.0		0	0.0		
	60-64	214034	10.8	13328	9.6	200706	10.9		0.0		0	0.0		
	65-74	323997	16.3	34924	25.2	289073	15.7		0.0		0	0.0		
	75-84	213115	10.7	42449	30.6	170666	9.2		0.0		0	0.0		
	85 or over	64969	3.3	23226	16.7	41743	2.3		0.0		0	0.0		
	Q15	<b>How many appointments have you made with a doctor at your GP surgery in the last 12 months?</b>												
		None	241921	12.4	12185	9.0	229736	12.6	36037	11.9	303	35734	11.9	
		1	279196	14.3	13647	10.1	265549	14.6	45465	15.0	353	45112	15.0	
		2	345144	17.7	19851	14.7	325293	17.9	56242	18.5	499	55743	18.5	
3		292747	15.0	19558	14.5	273189	15.0	47957	15.8	456	47501	15.8		
4		234854	12.0	18265	13.6	216589	11.9	34025	11.2	317	33708	11.2		
5		137424	7.0	10292	7.6	127132	7.0	24823	8.2	263	24560	8.2		
6		156821	8.0	14614	10.8	142207	7.8	19253	6.3	215	19038	6.3		
7 to 10		167990	8.6	15792	11.7	152198	8.4	25522	8.4	367	25155	8.4		
11 to 15		59838	3.1	6159	4.6	53679	3.0	8886	2.9	161	8725	2.9		
16-25		25544	1.3	3008	2.2	22536	1.2	3940	1.3	95	3845	1.3		
26 or more		11588	0.6	1389	1.0	10199	0.6	1826	0.6	61	1765	0.6		

	General national pop	Gen nat %	All deaf	All deaf %	General hearing	Hearing %	All 18-34	All 18-34%	Deaf 18-34	Deaf 18-34 %	Hearing 18-34	Hearing 18-34%	
Q16	<b>Are you a parent or a legal guardian for any children aged under 16 currently living in your household?</b>												
	Yes	423758	21.8	6738	5.1	417020	23.0	103279	33.9	946	102333	33.9	
	No	1519024	78.2	126515	94.9	1392509	77.0	201582	66.1	2182	199400	66.1	
Q21	<b>Do you have any of the following long-standing conditions? Include problems which are due to old age. Please tick all the boxes which apply.</b>												
Q21a	Deafness or severe hearing impairment												
	Yes	140449	7.0	140449	100.0	0	0.0	3176	1.0	3176	0	0.0	
	No					0					0		
Q21b	Blindness or severe visual impairment												
	Yes	36781	1.8	13209	9.4	23572	1.3	1564	0.5	285	1279	0.4	
	No					0					0		
Q21c	A condition that substantially limits one or more basic physical activities such as walking climbing stairs, lifting or carrying												
	Yes	355480	17.8	58675	41.8	296805	16.0	9605	3.1	423	9182	3.0	
	No					0					0		
Q21d	A learning difficulty												
	Yes	22659	1.1	3479	2.5	19180	1.0	7466	2.4	473	6993	2.3	
	No					0					0		
Q21e	A long-standing psychological or emotional condition												
	Yes	80757	4.0	7535	5.4	73222	3.9	11711	3.8	336	11375	3.7	
	No					0					0		
Q21f	Other, including any long-standing illness												
	Yes	412482	20.6	42391	30.2	370091	19.9	26071	8.5	478	25593	8.4	
	No					0					0		
Q21g	No, I do not have a long-standing condition												
	Yes	1054776	52.8	12708	9.0	1042068	56.1	235062	76.4	349	234713	77.0	
	No					0					0		
Q22	<b>Does your long-standing health problem or disability mean you have substantial difficulties doing day-to-day activities? Include problems which are due to old age.</b>												
	Yes	357960	44.5	57780	48.9	300180	43.7	16472	29.0	844	15628	28.9	
	No	446571	55.5	60263	51.1	386308	56.3	40259	71.0	1864	36395	71.1	
Q23	<b>Do you have carer responsibilities for anyone in your household with a long-standing health problems or disability?</b>												
	Yes	170419	9.1	17519	13.6	152900	8.7	12623	4.3	256	12367	4.2	
	No	1708517	90.9	111512	86.4	1597005	91.3	284196	95.7	2807	281389	95.8	

Q24

**What is your ethnic group?**

	General national pop	Gen nat %	All deaf	All deaf %	General hearing	Hearing %	All 18-34	All 18-34%	Deaf 18-34	Deaf 18-34 %	Hearing 18-34	Hearing 18-34%
White British	1566210	83.9	118215	90.5	1447995	83.4	204948	71.6	2152	75.2	202796	71.6
White Irish	27541	1.5	2471	1.9	25070	1.4	1800	0.6	21	0.7	1779	0.6
Mixed White and Black Caribbean	92226	4.9	5035	3.9	87191	5.0	22542	7.9	174	6.1	22368	7.9
Mixed White and Black African	3890	0.2	85	0.1	3805	0.2	1647	0.6	15	0.5	1632	0.6
Mixed White and Asian	2592	0.1	46	0.0	2546	0.1	928	0.3		0.0	928	0.3
Any other Mixed background	3738	0.2	83	0.1	3655	0.2	1445	0.5	14	0.5	1431	0.5
Indian	4889	0.3	135	0.1	4754	0.3	1717	0.6	15	0.5	1702	0.6
Pakistani	50656	2.7	1822	1.4	48834	2.8	14191	5.0	109	3.8	14082	5.0
Bangladeshi	29784	1.6	905	0.7	28879	1.7	12146	4.2	135	4.7	12011	4.2
Caribbean	9554	0.5	214	0.2	9340	0.5	4574	1.6	49	1.7	4525	1.6
African	21805	1.2	544	0.4	21261	1.2	6876	2.4	72	2.5	6804	2.4
Any other Black background	23114	1.2	702	0.5	22412	1.3	3545	1.2	29	1.0	3516	1.2
Chinese	26413	1.4	297	0.2	26116	1.5	8737	3.1	64	2.2	8673	3.1
Any other background	4019	0.2	108	0.1	3911	0.2	1027	0.4	14	0.5	1013	0.4

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