

## Briefing on Improving the Quality of Interpreting and Translation Services (ITS) in Primary Care (Community Languages and British Sign Language)

Briefing Number 2: March 2015

### **In this briefing**

This second briefing for March provides an update on the progress we have made so far, outlines next steps and gives an outline of emerging themes.

In the February briefing we explained why we need to improve the quality of interpreting and translation services; what will happen; how the improvements will be made, and how you can get involved. You can request a copy of this briefing by emailing [interpreting@nhs.net](mailto:interpreting@nhs.net).

### **Secondary research**

The project team have identified a large number of research papers that outline some of the challenges to providing good quality interpreting and translation services and also capture details on which standards are being used. The research extends to the US of America, Canada, Australia and Europe. The University of Manchester Social Research with Deaf people team (SORD) have also collated information on the needs of Deaf people to access healthcare services using interpreters.

We have found 22 reports produced by Local Healthwatch organisations on their engagements with Deaf people, and understand a further five are expected. It is clear that there are many grievances around access to services and the lack of quality interpreting is one of them.

### **Database preparations**

A database is under development which will hold basic information on a large number of interpreting and translation services. This database will be the first of its type. It will enable a search to be made by provision type and locality and will be of use to commissioners. So far over 100 generic interpreting and translations services and 78 British Sign Language interpreting services have been identified.

### **Engagements to date, and to come**

#### With clinicians:

WebEx sessions have taken place with opticians, dentists and pharmacists. The main areas of concern were around the lack of knowledge of who holds contracts for the provision of interpreting services as well as what models are best to use in healthcare settings, especially when a 10 minute dental appointment would be costly to have a face to face interpreter present. The idea of video relay interpreting for community language users as opposed to telephone interpreting was considered to be a beneficial approach.

A questionnaire survey will be released for GPs, practice nurses and practice managers in the next week or so.

#### With service users:

Focus Groups have taken place for the following groups:

- Elderly (mainly individuals with long term health issues and disabilities) South East Asian Men in Bradford (Urdu, Punjabi, Gujarati and Pushto speakers), 25 February 2015
- Pattan women (mixed age) in Bradford. (Pushto speakers), 30 February 2015

- Indian Women in Leicester (Gujarati and Hindi speakers), 28 February 2015
- Polish (mixed gender and age) in Leicester (Polish speakers), 28 February 2015
- Chinese Elderly group in Newcastle (Hakka speakers), 1 March 2015
- Slovakian Roma group in Bradford (mixed gender and age), 7 March 2015
- Bangladeshi group in Rochdale (mixed gender), 10 March 2015
- Punjabi speaking women (group interviews) in Birmingham, 11 and 12 March 2015

Other community engagement groups are planned for:

- Two London groups, tbc
- Refugee group in the North West region, 18 March 2015.

University of Manchester (SORD) have launched the following focus groups with Deaf people at the following venues:

- Manchester Conference Centre on 11 March 2015
- Gloucestershire Deaf Association on 13 March 2015
- Community House, Bromley (London) on 17 March 2015
- Derby Deaf Club on 18 March 2015

These focus groups are for Deaf people only. If you wish to take part please contact [interpreting@nhs.net](mailto:interpreting@nhs.net) in advance.

SORD has released a questionnaire survey to providers of British Sign Language interpreting services to ask them about their experiences of current arrangements, and their views on what makes a 'good' interpreting assignment in healthcare settings. If you have any queries please contact [interpreting@nhs.net](mailto:interpreting@nhs.net).

### **Preparing the quality standards and specification**

A quality standard for interpreting and translation services is being co-produced as a part of this project and the engagement we are doing is informing these standards. It will be available for comments from mid-May.

### **Regional events**

Regional events for commissioners and patient representative organisations are being set up. The provisional venues and dates are:

- Leeds on 13 May
- Manchester on 14 May
- Birmingham on 19 May
- Reading or Bristol on 20 May
- London on 21 May

All events 12noon to 4pm. Bookings will be made via an NHS England on-line booking system.

**Some emerging themes from the consultation so far are summarised below. More information will follow.**

- Seamless services - A need for a streamlined, easy to access, flexible and cost-effective ITS
- Knowing how to use - A need for more clarity on how the ITS provision works and how to book assignments
- Quality Standards – need to address issues such as:
  - Confidentiality in the client – interpreter relationship
  - Understanding by the interpreter of the confidential relationship between client and patient
  - Understanding the Ethics and standards of the Health Sector
  - Use of Qualified Interpreters rather than members of family and friends
  - Professional qualifications for interpreters, sector-specific training, Continuous Professional training /Continuous Professional Development
- Contracting arrangements – a need for Contracts /Service Level Agreements with providers to explicitly describe sub-contracting arrangements, payment schedules, management fees and fair rates of pay for interpreters
- Training - a need for awareness and training for professional, practice staff and clinician on the ITS
- Training on health benefits - Overall a need for improved awareness of the potential impact on the patient’s health if ITS is not used as necessary