

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

June 2015

Why do we need to improve the quality of interpretation and translation services?

Providing high quality interpretation and translation services is an important part of ensuring that patients receive the right care, with informed consent, and have improved health outcomes.

NHS service providers are responsible for ensuring that reasonable adaptations are made to meet the needs of patients with protected characteristics. Commissioners have a duty to ensure that they themselves take account of the need to reduce health inequalities when commissioning services.

What have we been doing?

Draft Principles for High Quality Interpreting and Translation Services

A: Consultation Process

The consultation was led by North of England Commissioning Support unit (NECS) along with two delivery partners: University of Manchester (Social Research with Deaf People) and Education Partnerships UK (for community languages) to develop a high quality, cost effective interpreting and translation service for patients.

Focus groups with service users and community stakeholders were held from mid-February to mid-March.

Clinicians were also consulted asking them what they want from a good interpreting and translation service for their patients and themselves. This engagement helped the understanding of what should be included in the Draft Principles for High Quality Interpreting and Translation Services.

Spoken languages

The consultation process reached;

- 128 spoken language users (59% women, 31% men, including individuals from all ages over 18, people with disabilities and elderly living in sheltered accommodation)
- 12 consultation groups and face-to-face interviews in 4 regions
- These consultation groups covered:
 - 12 ethnic backgrounds
 - 8 religions
 - 22 languages, including Punjabi, Hakka, Polish, Bangla/Bengali, Gujarati, Somali, Pushto, Turkish and Arabic.

The key issues that were captured during this consultation have been captured on a series of Word Clouds – please refer to the **'Word Clouds'** document.

**Community Languages refer to spoken languages other than English, for example Polish, Urdu, Chinese.*

Deaf sign language users

The consultation process reached;

- 35 Deaf sign language users
- In depth focus groups at
 - Manchester
 - Gloucester
 - Bromley (London)
 - Derby
- 147 online questionnaires were returned by those providing British Sign Language interpreting services (individuals and agencies)
- 13 follow-up telephone interviews

Primary care Staff and healthcare professionals

The consultation process included;

- Publications via InTouch and NHS England website
- WebEx sessions with pharmacists, dentists and opticians
- Online survey with Primary Care clinicians
- Feedback from Primary Care Nursing Group
- In depth feedback from Stakeholders Group and Race Equality Foundation
- In depth discussions with individual GPs

B: Regional Event Workshops:

Having developed the Draft Principles we held four regional events that took place in May 2015

- Leeds
- Manchester
- Birmingham
- London

These events were attended by existing and potential commissioners and stakeholder organisations with the feedback being used to amend the quality standards.

The feedback from these regional events has led change to the content of the Quality Standards. Examples of these changes can be found in the separate **'Impact of Regional Meeting Feedback'** document.

C: Draft Principles for High Quality Interpreting and Translation Services. Document

A summary of the topics/issues contained in the Draft Principles for High Quality Interpreting and Translation Services document can be found in the separate '**Principles Summary**' document.

D: Next Steps

The following event was organised:

Primary Care Interpretation and Translation Service - Provider Organisation Event

This event took place on

1st July 2015 at the King's House Conference Centre, Manchester.

This daylong event highlighted the project work that has been carried out so far by commissioners and patient representative groups to inform the content of the draft Principles for the service. The event allowed an opportunity for potential provider organisations to discuss and feedback views that were used to refine the draft Principles.