



# **The views of NHS Greater Glasgow and Clyde Staff and Patients on Improving Access to Services Through Interpreting Provision**

## **Summary Report**

**Nuzhat Mirza**

**Corporate Inequalities Team January 2012**

## **1. Introduction**

Language and communication barriers have been shown to reduce access to NHS services and pose a risk to the health of Black and Minority Ethnic (BME) groups and others. According to NHS research, language is a significant barrier to people being able to access services, with a lack of trust in interpreters (both in terms of confidentiality and competence) a significant issue. Research also confirms that a lack of access to interpreters leads to poor communication with health professionals, for example between GPs and their patients.

This paper presents the views of NHS Glasgow and Clyde (NHSGGC) staff on improving access to services by addressing these issues through improvements to our interpreting provision.

## **2. Background**

The NHSGGC Equality Scheme 2010-2013 includes the implementation of a Communication Support and Language Plan. The plan describes activities and resources developed to remove barriers for people who have communication needs. This includes guidance for staff on using interpreters for those service users who do not have English as a first language. The NHSGGC Accessible Information Policy 2010, states that there is a legal requirement to produce information in accessible formats.

In response to the issues raised in relation to interpreting and improving access to services, NHSGGC undertook research with patients and staff.

The purpose of the research was to:

- understand patient perspectives
  - explore the knowledge of the staff on issues relating to interpreters
- Make recommendations to improve NHS services in relation to provision of translation, interpretation and communication support needs of Black and Minority Ethnic (BME) communities in particular.

## **3. Findings - NHS Staff**

The general theme from the responses was that most of those interviewed had little knowledge of the Communication Support and Language Plan or could not remember the policy. Less than half of those who were interviewed knew that patients were entitled to an interpreter.

It was felt that the services needed to know about the level of corporate support available and the priorities around information requirements. Planners were concerned about failure to comply with legislative requirements.

## **Procedures**

While most respondents did not initially know about the interpreting procedure, when prompted with the booking system for interpreters/communicator poster chart, they recalled that they had found this to be either on a wall around their work place or had been delegated to administrative staff. They knew that interpreting support for patients was available and could easily identify where to find the support and interpreting service from the poster. There was, however, some confusion around why the support and interpreting service was not available out of hours, and the booking choices on the poster.

Generally the NHS staff found the interpreting procedure to be helpful. However many found there were issues around booking interpreters for hospital appointments, due to their working hours not coinciding with the interpreting agency. Acute services were dependent on general practitioners' referral letters otherwise it resulted in wasted appointments and it was time consuming. Some were concerned with the cost implications and others found that correct interpreters were not available at appointment times or only available for a limited period. Currently, interpreting services from elsewhere have little accountability as GP referrals use an electronic system which leads no paper trail after their use. Also there are no uniformities across Acute services regarding paper trails. Competing demands for staff training on core services made it difficult to release staff for other courses.

## **Flexibility**

Acute services staff raised concerns over the inflexibility of the interpreters during patient visits as some theatre operations can take longer and affects those waiting to go to theatre. The interpreters were only booked in for limited times. Therefore they would like to see changes in booking interpreters to be flexible in their timings during patient appointments. Planners raised concerns on legislated guidance on alternative languages which are linked to the accessible information policy, ensuring there are robust corporate approaches in place to support compliance at an operational level (e.g around equality data recording systems and information transfer across services, technological solutions to address communication support needs). General practitioner would like feedback from

patient experiences of their visits at the practice but raised concerns over the gender issues where female patients would be interpreted by male interpreters, therefore there are limitations to their answers and could be potentially sensitive and embarrassing for the patient.

### **Use of Interpreters**

The demand for interpreters is greater than the supply especially for Slovakian and Romanian interpreters. Depending on the service location/type, there could be up to 10 interpreter requests per day.

There is difficulty booking interpreters at short notice, and cancellations are common. One of the practice managers reported a high number of cancellations and interpreters arriving at the wrong surgery. Approximately 50% of the interpreters for primary care do not turn up for the assignment. The various contractors have different levels of consistency, confirmation and rates of cancellation

There are also difficulties in dealing with distressed patients who turn up at surgeries with no appointments. It was highlighted in the focus group that access to telephone interpreting would be helpful in these cases.

### **Telephone interpreting**

The group discussed the possibility of using telephone interpreting. There could be problems with tying up one phone line for this purpose if the consultation is lengthy.

This could be good in certain cases e.g.

- emergency appointments
- dealing with interpreter cancellations
- calling with results
- changing appointment times
- maintaining patient confidentiality

The possible use of telephone interpreting was discussed and many of the participants agreed that it would be a more cost effective way of using interpreting services especially at immunisation and review clinics.

## **4. Findings - Patients**

Three themes emerged from interviews with patients; that first appointments are problematic; that patients needed interpreter's support for more than interpreting e.g. to negotiate their way round the health system; and that patients had problems with the quality of interpreters.

## **First Appointment**

It was apparent that people found their first appointments to be problematic due to difficulty in not understanding the language. Patients did not know who to contact or how the system worked. Making appointments with the general practitioner was difficult over the telephone, as it was almost impossible to explain or understand the conversation, whereas with face to face contact sign language or expression could be used to convey their message. Patients also said there were difficulties in accessing interpreters in an emergency situation.

All those who were interviewed knew that interpreting was free, although no-one had explained this to them from the outset. It was only after using the service that they realized that no cost was involved and also over a period of time when they received no bills.

## **Interpreter Support and Problems**

All the interviewees had used the interpreting services in primary care and acute services on one or more occasion. One in particular used the interpreter for additional support when they first arrived into the United Kingdom as they could not understand the NHS system.

Some of the patients found the interpreters helpful and for others it gave a psychological boost and support. In one case an interpreter investigated a particular English word and reported its meaning (back to the patient) by telephone. Interpreters vary in the degree of support that they provide to their clients and some were found lacking in the standard of service they provided.

These poor standards are apparent when interpreters inaccurately translate the health professional's advice to the patient. In some cases it is so inaccurate that this leads to misdiagnosis of the patient's health problem. This may be because the terminology used by health professionals is difficult to translate or that the interpreter does not understand what is really meant. An Arabic speaking person said "it is better if they do exam for interpreters to make them more qualified rather than to take someone who is not fluent in their language". The qualifications of interpreters comes into question as many of those interviewed pointed out that interpreters should not only be selected because they can verbally speak the language but should possess some certification through a qualified body. Some complained that the interpreters sent by the agencies were not of their language such as in the case of the Arabic speakers. The Arabic speaking interviewee pointed out that different dialects are spoken in different Arabic countries and therefore spoken Arabic is not all the same, therefore they found the interpreters words very difficult to understand. This adds to frustration and confusion for the patient. In one particular case study the patient was told not to ask questions about their medical condition by the interpreter as they could not

translate with the correct words. This also gives the interpreter a sense of power and command over what they can translate and dictate to the patient. In some cases this is abused. The patient confidence suffers when this happens, and there is a general mistrust developed between the patient and the interpreter. Sometimes it is attached to stigma, because the interpreters are known in the community and may discuss patients' problems with others in the community. Some interpreters sent by the agencies arrive at appointment late or leave early and don't translate accurately.

## **System Issues**

Entering the United Kingdom and trying to access NHS services for the first time it can be a bewildering experience. There is confusion as to where, when, how and who to approach for services. The system is confusing and difficult to understand, getting appointments are daunting, understanding appointment letters which are written in English and finding help to understand the content of these letters impossible. Patients do not know where to find the interpreting services and when they do, there are all sorts of problems like delays in getting interpreters especially in emergency situations, appropriate interpreters, dealing with interpreting agencies and interpreters not fully committing their time to their appointments.

## **5. Recommendations**

- Interpreting system and administration system for booking interpreters can be improved if the NHS were to have an in house interpreting service.
- Policies have to be familiar to staff in a way that becomes second nature and implemented as part of their daily routine.
- There should be basic cover for interpreting services when required in urgent cases and not having to rely on external based appointment systems.
- There was a definite need for ongoing training for interpreters and an induction process for new interpreters.
- There should be support for interpreters e.g. through a support group where problems for the interpreters can be aired for future improvements.
- A short briefing for interpreters to get a patient's background before the consultation is required to give a better understanding of the patient's case.
- At least two sessions per year should be organised for interpreters and staff, one for updating and one for social networking and support.

- It would be good practice to have regular evaluation for interpreters.
- Interpreters need to be employed on the basis that they have a good command of both languages.
- A process of quality control for interpreting service is needed to be in place and be monitored.
- Community volunteers can be used to promote the interpreting service in different communities.
- Use of plasma screen in the surgeries can promote interpreting service.
- There is a need for clinicians to undertake training, to make them understand why there is good reason for using interpreters.
- NHS staff would benefit from interpreting “awareness days” on regular basis.
- A glossary of medical terms for service users and interpreters is needed.
- Posters and leaflets should be available in doctor’s surgeries in promoting interpreting.
- If appointments with GPs are a problem it would be a good idea to have direct communication a few mornings a week to having access to interpreters.
- Different communication strategies needed to be used to promote the entitlement and use of interpreters through advertisement on community radio and TV.
- Organise a health day for the Polish community, promote interpreting service through the Polish website.
- It is recommended that the clinician who is directly involved in the use of the interpreter signs off the interpreting paperwork.
- A minimum notice period of 24 hours should be given to interpreters and clinicians when either party has to cancel.
- A feedback card for staff to complete following the consultation through interpreters should be provided for monitoring purposes.

## 6. Other health related recommendations

- A telephone helpline for Polish community could be useful - the idea has been used in TSB bank with success.
- Organising specific days for Polish/Slovak communities in the clinics and surgeries can be cost effective (Citizen Advice Bureau used this method and found it to be useful).
- Information leaflets for illnesses in appropriate languages can also be very useful.
- Complaints procedure has to be displayed in different languages and followed through when a complaint is made.
- The NHS staff/ receptionist in surgeries and hospitals should go on customer service training to understand different cultures and backgrounds of the community they are serving.
- A proactive rather than a reactive approach should be taken when working with equalities groups.
- Due to limited resources and time for training, courses need to be innovative around making staff aware and promoting mainstream approaches on how NHS staff members look at equality issues.

## Conclusion/Action taken

Although the legislation and policies are there for making equality for all, in practice there are still barriers for patients to access services. This research showed a lack of coordination between the patient, health professionals and interpreting agencies, and a lack of standards in interpreting. However there had been progress in terms of funding for interpreting services, and there was a greater awareness amongst service providers regarding the communication support and language plan and accessible information policy.

Since the publication of this research, action has been taken on many of the recommendations made by staff and patients. In particular, NHSGGC now has its own in-house interpreting service. This new service hopes to eradicate many of the problems highlighted in this report. For example, induction and training mechanisms for interpreters have been put in place and awareness campaigns for both staff and patients are underway. The service will continue to be

developed in light of feedback from staff and patients and ongoing monitoring and evaluation.