

Item:8.6

Report to:	Primary Care Commissioning Committee
Date of Meeting:	25 th February 2022
Title of Report:	Translation Service Engagement
Presented by:	Sue Lee, Associated Director Communications and Engagement
Author:	Colin Hurst, Head of Engagement

STATUS OF THE REPORT:

To approve	<input type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input checked="" type="checkbox"/>		

PURPOSE OF REPORT:

To update the committee on engagement undertaken with communities who were likely to require the support of translation services to access health services.

RECOMMENDATIONS:

- a To note the findings of the engagement
- b To note the future considerations of the engagement

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE *(See guidance notes on page 4)*

4. Successfully and effectively commissioning health services to meet the reasonable health needs of the people of Hull.

8. Delivery of Statutory Duties

This work ensures NHS Hull CCG deliveries its statutory duties relating to patient and public involvement; as well as support the organisations requirement to give due regard to groups with protected characteristics when commissioning and developing services. The findings may also be used to inform the work to reduce health inequalities.

IMPLICATIONS: *(summary of key implications, including risks, associated with the paper),*

Finance	None
HR	None
Quality	None
Safety	None

ENGAGEMENT: *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

NHS Hull CCG has undertaken engagement regarding translation services as part of the commissioning cycle and has supported the current provider in collecting service user experience monitoring.

LEGAL ISSUES: *(Summarise key legal issues / legislation relevant to the report)*

The CCG statutory duty to involve patients and the public.

EQUALITY AND DIVERSITY ISSUES: *(summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or CCG strategies / policies must have a valid EIA and will not be received by the Committee if this is not appended to the report)*

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	X
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: *(How the report supports the NHS Constitution)*

This paper supports the following NHS Constitution principles:

4. The patient will be at the heart of everything the NHS does
7. The NHS is accountable to the public, communities and patients that it serves

And the NHS Constitution values:

- Working together for patients.
- Commitment to quality of care.
- Improving lives

Translation Service Engagement Update Report

1. Introduction

The purpose of this report is to update the committee on the informal engagement with communities regarding their experience and views of translation services.

2. Background

NHS Hull CCG Engagement team were asked to reach out to communities to determine views and experiences of translation services, outside of the existing service provider's patient experience programme. It was felt that the current service providers patient experience programme was functioning well and was gaining insight to improve the service. This engagement was developed for two reasons:

- To overcome survivorship bias, i.e. to speak to those who would of benefitted from the service but did not, or were unable to, access it.
- To gain an understanding of issues or perceptions of the service that may be unknown, and need to be considered as part of future service improvement or commissioning.

3. Approach

Members of NHS Hull CCG Hull Community Champions Programme who work with those most likely to require translation support were approached initially. Additional groups that aligned with people with protected characteristics were also approached; this was to determine if diversity intersections, i.e. someone who has more than one protected characteristic, had an impact on experience or perception that had not been previously considered.

It should be noted that this was a speculative engagement exercise and it was anticipated that this engagement would inform a more formal exercise to support the commissioning cycle in the future.

The groups that took part in this engagement:

- HANA
- Hull CVS
- Iranian Community
- Hon Lok
- Refugee Council
- Open Doors
- Deaf Community
- Sight Support
- Rainbow Children's Centre
- MESMAC
- HEY LGBT+ Forum

An informal open discussion approach was taken to encourage participants to consider all aspects of their translation needs and experiences. A semi structured interview approach was not taken to ensure the focus came from participants. Three broad questions were used to keep the discussion focussed on translation support; these were:

1. Do you use translation services or work with people who use them – what is your/their experience?
2. What do you feel are the barriers that people may experience when using translation services?
3. Are translation services provided at the right time?
4. What is the best way for us to engage with your groups? E.g. discussion group, questionnaire etc?

4. Findings

Do you use translation services or work with people who use them – what is your/their experience?

The majority of the groups taking part identified poor experience of translation services. Concerns were raised regarding the quality of service offered and the monitoring of services. It should be noted that these may not have been specific to the service commissioned by the CCG; however there seems to be a general perception that:

- Translators aren't properly vetted or trained, with a few groups highlighting that they don't have the correct vocabulary to support health conversations
- Have made crucial errors in the past with prescriptions and doses given as examples.
- Translators don't turn up or are late, resulting in appointments being delayed or cancelled.

There was a feeling that this poor perception leads to communities relying on community volunteers, friends, family or children to act as translator. Several of the groups support members with informal volunteer translation support, as translation support cost can be prohibitive, this can offer a wider range of languages and dialects, but their ability to help is variable and volunteers are not always trained.

Conversely participants could also identify individual interpreters who were excellent but stated that there are not enough.

Examples were given of translators sharing information with others, breaching confidentiality which then has great impact on the trust of individuals within a community.

It was highlighted that those who develop sensory impairment as they get older unlikely to know sign language or read braille and require other means of communication support.

A number of service areas were referred to in discussions of poor experience, these included GPs, Dentists, Social Care and urgent situations, not necessarily urgent or emergency care, but unplanned visits to services.

What do you feel are the barriers that people may experience when using translation services?

Groups reported that poor perception of translation services may discourage people to ask for support and leads them to seek less qualified support from elsewhere.

Knowledge of what support is available was raised as a barrier. This applied to service staff as well as patients and the public. Concern was raised that staff were unsure how to book translation support, whose responsibility it is to book the support, and unclear who would have to pay for the support. This sometimes resulted in no support being arranged. This was mirrored by patients and the public not knowing that support was available or who or when to request it.

One example demonstrating this was Video Link Interpreting Service within hospitals. This is where health professionals can log into an app and access an interpreter, real time, on an iPad without the need to book. There are 16 iPads for use like this. However there seem to be problems getting staff to use them which groups found “incredibly frustrating”.

There was also concern that staff did not know how best to use a translator as part of the consultation process, with examples being given of the member of staff not feeling able to interact with the translator as they are not the patient, even though they may be advocating for them.

It was acknowledged that there is a lack of qualified translators, and the length of time it takes to train translators, and that this is an obvious limiting factor. One of the participants has friends who work for translation services, and they felt that they are not well treated and don't feel valued, which may give insight into difficulty recruiting and retaining translators.

Accessibility of communication from services, and the physical accessing of services were highlighted as issues. Reliance on the telephone to change or cancel appointments is difficult for those where English is not their primary language, this equally impacts those with sensory impairment. Intercoms also are difficult for these groups to operate as it relies on them being able to hear and understand the instructions given. Letters for hospital or medical appointments do not state that an interpreter can be provided, and it is not always clear if alternative formats are available or possible to provide.

Groups reported that it is easy to get large print from gas, electric, water, bank companies but seems difficult to get same option from NHS. Even letters from Eye Hospital don't come as large print.

Lack of confidentiality is a fear across a number of groups, and was raised as a barrier to asking for translation or communication support, and in some cases access services. Reluctance in some groups to use interpreters because of a distrust about sharing of information, lack of confidentiality within a community group. There is a particular fear within the LGBTQ+ communities that their families would get to know, as it is hard to be openly LGBTQ+ in some cultures.

If the nature of the issue is an intimate health concern people will not ask for interpreter. Religion too, can lead to specific translation support needs, Muslim women do not want to use male translation services e.g. patients going to Gynaecologist appointment. They are not always told they can have a choice, so make the decision not to use translation support and struggle through.

Often family members will interpret but this is difficult if the health issue is sensitive, or it is difficult if the issue is a serious diagnosis. It was felt family members need to be there to support, and to take the information on board themselves not to act as interpreter.

Are translation services provided at the right time?

There were no specific comments relating to the timeliness of support, but comments did relate to the identification of possible need for support; which would impact of the timeliness of provision.

An example was given where someone who needed translation support recently when in labour using maternity services. There were no interpreters available at the time of her going into labour, so a friend had to go into theatre to help translate as it was an emergency.

It was felt that the logistics of organising translation support could be improved. It was felt that when regular or a series of appointments are being set up, translation should be organised at this point; particularly if the need is identified at the first appointment, or if a diagnosis leads to the need for support.

What is the best way for us to engage with your groups?

All the groups felt face to face interaction was better as this reduced the communication barriers that are known to exist. The preference was to go through groups people already attend as they already have a trusted relationship. The LGBTQ+ groups were happy to engage through existing trusted groups and questionnaires.

5. Conclusions and Future Considerations

Conclusions

- The issues being experienced are not limited to people whose first language isn't English, but span across all those who may need support communicating.
- Staff aren't always aware of how to identify the communication or language needs of a patient, and they are not sure how to obtain support, or how to use the support in a clinical setting.
- Logistics seem to be the issue in many circumstances – simply the process of understanding how to book interpreters, or the systems to do this.
- Although work has been undertaken to improve accessibility of communication and procedures, there is more work to be done to make services fully accessible.
- Trust is paramount, and is often the deciding factor in accepting or asking for communication support.

Future Considerations

- To ask people what their preferences for support are, e.g. method of interpretation – telephone, face to face etc. and the ability to stipulate a male or female translator.
- The ability for people to know who their translator will be prior to the appointment to maintain confidentiality and confidence.

- Promotion of support available to staff, and support for those who use translators as part of their consultation.
- How confidence in the translation or communication support offer is improved.
- How future commissioning of services could go further in assuring that services and communications are accessible, this might be something that could be co-produced with communities.
- How to ensure that family members and children receive the right support if they are translating or advocating for a patient, and if this infers other support that may be required.
- Further engagement regarding the issues raised to understand possible solutions.

6. Recommendations

It is recommended that the committee notes:

- To note the findings of the engagement
- To note the future considerations of the engagement.