



NHS Liverpool Clinical Commissioning Group

# Interpreters, Translation and Accessible Information Engagement Report

## **In Memory of Phil Taylor**

NHS Liverpool CCG would like to honour the tremendous work and the kind and thoughtful spirit of our friend and colleague Phil Taylor, who has sadly passed away since working with us on this report. We had the pleasure of working with Phil on so many projects in the last 6 years and he brought integrity, insight, care and humour to every one. His skills and commitment, and how he shared them, truly supported community led health improvement and enabled us to learn so much. Our thanks for all of this, and much missed.

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# Communication Services Engagement

Autumn 2020

## 1 Introduction

### 1.1 Content & Purpose

This report describes the feedback received during autumn 2020 regarding translation and interpreter services in Liverpool and Sefton. It includes the responses of local stakeholders such as service users, interpreters, health professionals and voluntary, community and social enterprise organisations (VCSE) regarding their experiences of providing and using interpretation and translation services.

The feedback will be used to inform the service specification in the re-procurement of interpretation and translation services for the Liverpool and Sefton region in 2021. This would include an enhanced specification which responds to service user and stakeholder feedback and a broadened range of services, for example to include digital service offers. The service scope proposed is: -

A) Translation of information from English to

- Community languages
- Easy Read
- English into Braille
- BSL video
- Audio

B) Interpreter services for

- Community languages
- BSL
- Lip speakers
- Deafblind

C) Note takers for clinical consultations to support patients.

Interpreter services will include face to face, telephone, remote and 3-way video options.

## 1.2 Background

NHS Liverpool Clinical commissioning Group (LCCG) is reviewing interpretation and translation services in Liverpool. At present, Liverpool CCG commissions interpreter and translation services for GPs in the city. The current contract expires at the end of November 2020. As a result of COVID-19 LCCG has agreed to an extension of this contract until 31st August 2021. Each NHS Trust also procures their own services although some have no contracts and make bookings via ad hoc arrangements.

In 2018, Liverpool CCG invited members of the D/deaf community, their advocates, and a range of local healthcare organisations to a meeting, to share their experiences. The Liverpool NHS action plan regarding D/deaf access to health care included reviewing the potential to collectively procure services for the local system in order to raise standards. Positive discussions among local NHS partners have taken place about a collaborative approach to interpreter and translation services.

Sefton CCGs have delegated responsibility for commissioning general practice and hence have taken responsibility for interpreter services contracts from NHS England.

Liverpool City Council has indicated it is likely to continue its arrangement but is interested in working with Liverpool NHS partners in this proposal and may wish to use the framework. More recently other Cheshire and Mersey health partners have indicated interest in utilising joint procurement approaches.

## 1.3 Engagement Objectives

The following objectives were agreed at the start of the project in order to frame the engagement activity: -

Refine understanding of what is important to patient service users in language services, particularly adding to knowledge regarding community languages as more detail has been gathered to date regarding D/deaf service users.

Refine understanding of what is important to professional service users in language services e.g., GPs, hospital staff

Understand issues regarding language services access, quality and need in VCSE stakeholders

Refine understanding of what is important to interpreters/translators particularly freelancers

Understand social value opportunities and priorities of stakeholders

Understand potential / response from language services providers to proposals including scope structure specification and social value goals

Gather feedback on service specification from users and providers

Engage group of service users to support detail of spec development / procurement.

## 1.4 Engagement Approach and Methodology

The activity to seek views ran from 6 October 2020 – 2 November 2020.

LCCG set out to engage with:

- Service Users and VCSE organisations, who help service users where English is not their first language or require translated information.
- Interpreters
- Health Professionals - Clinicians and Administration Staff
- VCSE organisations, from their own experiences

To address the objectives set out above, LCCG created online information and four surveys aimed at engaging the above stakeholder groups to gather both qualitative and quantitative views. Information about the language services engagement was made available on the LCCG Website, it contained a promotional video with Dr Monica Khuraijam who is the lead GP supporting the work, and the webpage had 473 views as of January 2021. The video was also uploaded to YouTube and had 252 views as of January 2021. This was circulated by email through community partners and known contacts across the NHS.

517 responses were received via separate online surveys for each of the four stakeholder groups stated above. This response includes service user survey responses gathered by VCSE organisations and the survey results from Targeted Health Professional engagement where LCCG volunteers conducted telephone-based surveys.

A link to complete the service user / VCSE surveys was sent to all those who are subscribed to our public mailing list, as well as a separate email to a group of our VCSE partners.

Email	Date	Sent to	Opens	Link clicks
Language services email to VCSEs	14/10/2020	758	30%	10%
Language services email to all	06/10/2020	4134	35%	14%

### Social Media Impact

Ten information posts were shared via Liverpool CCG Facebook and twitter accounts, together there were 6575 impressions, 13 likes, 27 retweets, 3 shares, 4 comments/replies and 19 link clicks.

#### 1.4.1 Mechanisms for each stakeholder group

##### Service Users

**Community Engagement** - LCCG invited local VCSE organisations' working with people whose first language is not English, to gather views from service users and communities in which they work. In total, five community organisations were commissioned to carry out a range of activities including discussion groups, telephone and face to face contacts where feasible. Two organisations engaged their communities in discussions via online social media platforms such as Zoom, WhatsApp and conference calls. All organisations assisted in the completion of service user surveys via telephone interviews or face to face contacts. This approach produced both qualitative and quantitative results.

The organisations involved were:

Chinese Wellbeing – is a small charity working mainly with the Chinese community in Liverpool. For this engagement staff and volunteers engaged with 40 older adults from the Chinese community in Liverpool who use interpreter and translation services for community languages. Staff and volunteers supported community members to complete the service users' survey.

This is My Story (TIMS) - offers a personal development programme of support for young people. For this engagement staff and volunteers engaged with 280 community members who either require support for translation of English into community languages or require an interpreter for a spoken language where English is not their first language. Participants were engaged through social media, one to one discussion and by telephone to gather responses to the service user survey.

Women Reach Women (WRW) empowers women to be physically active, emotionally sound and lead a healthy lifestyle. For this engagement staff and volunteers engaged with 52 (40 women) of their community members through several virtual discussion groups or one to one on the telephone. All WRW community members participating require an interpreter for a spoken language where English is not their first language or require translated information.

Refugee Women Connect – provide emotional and practical support and activities to refugee and asylum-seeking women. For this engagement staff and volunteers engaged with 20 women who were either refugees or asylum seekers, requiring translation or interpreters for spoken language where English is not their first language. Participants were engaged on the telephone using the service user survey to gather information and views.

PSS, a Liverpool social enterprise, held an online focus group with a small number of community members to gather thoughts and views on the service user survey.

In addition to the above, the survey was circulated electronically. 384 responses were received to the service user survey and most responses were gathered via the community organisations. The service user survey was also made available in Chinese, Arabic, Romanian, Polish, Farsi, Kurdish and BSL.

## Health Professionals

The survey for health professionals was shared electronically to known contacts by email and promoted using CCG and partner communication mechanisms including websites, social media, newsletters and professional networks.

As part of the targeted engagement, the health professional's survey was circulated via the GP intranet, newsletter and email. Dr Monica Khuraijam wrote to all Liverpool GPs to raise awareness of the engagement and encourage participation from GPs and practice staff.

Information was included in the weekly GP newsletter which is sent to all primary care staff in Liverpool with a @livgp.nhs.uk email address. The information was also shared with CCG staff, and to other NHS partner communications teams, to cascade to staff via their own internal communications channels.

As part of the targeted engagement approach, a small number of volunteers were recruited to support health professional engagement. Volunteers conducted telephone-based surveys with health care professionals responsible for booking and using interpreters and translators. GP practices were identified by using and reviewing primary care interpretation and translation booking and usage data for the financial year 2019/20. GP selection was made based on high and low users of interpretation and translation services from a geographic spread across the city. Volunteers contacted 29 GP practices and spoke to clinicians and administration staff, to conduct telephone-based surveys. These responses are included in survey respondent numbers and analysis.

A news article was shared with GP practices in Liverpool via a web tool; the article on the survey received 227 views across 50 GP practice websites as of January 2021.

## Interpreters

The survey for interpreters was shared via the LCCG database, direct emails and networks, to raise awareness and encourage participation. 38 responses were received for the interpreter survey.

## 2 Summary of Key Findings from all Stakeholder Groups

Feedback from all stakeholder groups demonstrated difficulties with the current language and interpreter arrangements for the local NHS. Key findings that should be incorporated into the new service specification and used to improve practice amongst local NHS organisations are described below. More detailed discussion of the findings is presented in the subsequent sections of this report.

### 2.1 Access to health care

The feedback gathered makes it clear that the difficulties facing service users in accessing access to local NHS services are persistent.

**In this engagement, more than 70% of service users said they had not sought healthcare because they felt they wouldn't be understood / or wouldn't understand.**

**An emphatic 91.7% of responding VCSE organisations indicated that they had experience of community members not seeking healthcare because of communication difficulties.**

**Nearly 90% of service users who responded said they needed help to make health appointments, therefore being unable to access healthcare independently.**

It was clear from service users and community organisations that issues identified in previous engagement to identify barriers and address them, were still pertinent. It was also clear that there is a lot of frustration at the failure to make a concerted effort to address those problems and make progress; this was particularly true for the D/deaf community.

There was considerable feedback from all service users about low confidence in accessing healthcare because of previously poor experiences. In particular, there were real concerns arising from bookings with the following issues highlighted: -

- service users not being offered an interpreter for every appointment
- service users not receiving notification or receiving late notification that the interpreter would be present for the appointment
- not being allocated enough appointment time for a three-way conversation
- professionalism/confidentiality of the interpreter with service user data

### 2.2 Support needs and the pandemic

The situation for service users of language and interpreter services has been exacerbated during the global pandemic with considerable feedback demonstrating that access has been harder due to increased demand for NHS services, the long wait times to talk to someone or get help, and the lack of face-to-face appointments.

### 2.3 Recording and acting on communication needs

Feedback from service users and community organisations demonstrates that whilst almost 72% of service user survey respondents thought that healthcare settings have a record of their communication needs, **80% had experienced receiving a communication that they couldn't understand.**

Furthermore over 90% of 358 service user survey respondents said that when in contact with the local NHS they had to repeat their communication needs some or all of the time.

### 2.4 Booking interpreters

Community organisations and service user survey respondents were clear in telling their experiences of getting interpreters booked for local NHS health appointments. **Nearly 90% of service user respondents reported that they had had a health appointment delayed or cancelled because they couldn't get an interpreter booked.** The commentary mainly focused on the difficulties of getting the right support in good time for appointments. The negative effects of this appeared to be exacerbated by the pandemic.

### 2.5 What is important to you?

Community organisations and service user respondents were broadly in agreement about their priorities for what is important in getting interpreter help in local NHS settings. In summary, the top preferences were: -

- to be able to request specific named interpreter
- ability to ask for male/female interpreter
- confidentiality
- availability at short notice
- reliability
- confirmation of booking in advance
- support for booking an appointment
- long enough appointment times
- professional interpreter qualifications

The interpreter and translator survey respondents suggested the following.

- Use only professional, qualified interpreters with experience in healthcare settings
- Consider awarding contracts to reputable agencies that know the local demographics and won't drive down standards, fees and working conditions
- NHS staff training on the booking process for language services and awareness training on client communication and cultural needs
- Full information on bookings to be passed to the interpreter/translator in good time, prior to the appointment

- A clear point of contact if things go wrong and the client/patient wants to complain

For professionals – clinicians and administrative survey respondents had the following suggestions to improve the booking process for BSL interpreters.

- Difficult to book and get confirmation as it is a long process with lots of form filling and a myriad of different options.
- There were some concerns that there was a finite number of good professional interpreters and this was a particular pressure for rapid access in acute settings.

Professional survey respondents also highlighted areas for improvement with the telephone interpreter service which can be summarised as follows: -

- Seldom requested languages or dialects difficult to access
- Booking confirmation queries
- Technical problems can hinder service delivery
- Difficult to determine over the phone if information has been communicated correctly particularly in lengthy clinical consultations

## **2.6 Informal interpreters**

The reports and feedback gathered from service users and community organisations illustrated their understanding of the drawbacks of using family and friends as health care interpreters. Indeed, the majority would prefer professional interpreters if they could be reassured of the availability of the professional. However, for certain circumstances, such as emergencies or personal preference some service users would like to retain the option of using family/friends to interpret for them.

## **2.7 Qualifications and volunteers**

There was consensus in the survey respondents' feedback for clinical appointments that BSL interpreters/notetakers/translators must be on the National Registers. There was however discord when it came to considering BSL interpreters, notetakers, translators at lower levels, for example carrying out administration tasks or patient support in a hospital setting with lesser qualifications. To protect patient outcomes feedback suggested that the administration and patient support roles should be clearly defined, monitored, and managed. For spoken community languages feedback from survey respondents was similar to BSL feedback in that there was clear support for interpreters, notetakers, translators to be on a national communication register for clinical appointments; however, there was apprehension about less qualified individuals supporting people in hospital and the frustrations this may cause to patients.

## **2.8 Splitting the Services into Separate Lots**

Feedback from service user survey respondents was overwhelmingly in favour of splitting the contract into lots. Making use of specialist providers was most attractive

for BSL service users and there was consensus on this point with strength of feeling from interpreter and translator survey respondents. Also, there was broad agreement from responding VCSE organisations on splitting the contract into lots. However, responding VCSE organisations wanted to ensure that the specialist providers were rooted in the community and had the trust of the communities they were to serve. It was felt to be important that the quality of the service was monitored closely with regular reviews.

## **2.9 Social value**

Feedback from all stakeholder groups and community organisations widely supported the principle of social value, the priorities proposed and the benefits it would bring to people and place.

## **2.10 Experience of GP registration**

Feedback from the majority of service user survey respondents was that registering with a GP happened such a long time ago they didn't have any current insights about how to improve the process. Commentary from professionals proposed the following to improve the process: -

- Use a variety of formats to engage with patients and ensure technology is utilised
- Establish communication needs early and review regularly
- Develop links with organisations that support refugees to ensure smooth registration and flow of information
- Ensure that the process for getting language services support for patients is promoted across the local NHS so that providers who seldom access services can easily offer support

## **2.11 Barriers to good service**

Feedback from interpreters and translators who responded to the survey suggested the following as barriers to a good service: -

- NHS staff training and awareness in booking system
- NHS staff should record, review and refer to patient communication needs before providing a healthcare service/appointment.
- Make sure the new providers of language services supply suitably qualified, registered and insured interpreters/translators that are correctly remunerated for their profession

Feedback from professional survey respondents suggested the following improvements to the booking process for interpreters as follows.

- continuity of interpreter,
- ability for patients to request male or female interpreter,
- access to all relevant information to help plan for the appointment,

- best practice examples for clinicians to carry out an effective consultation using language services

## **2.12 Joined up Approach**

There was unanimous support in the survey respondents' judgement for a more joined up approach to language services across the local NHS. It was felt that such an approach would improve consistency and smooth out the booking process.

## **2.13 Impact**

There was cautionary approval in the feedback from interpreter and translator survey respondents about the impact of the proposed new approach to language services. Welcoming the prospect of a more seamless approach to language services, they believed this to be dependent on the provider chosen to be a specialist agency and using registered interpreters.

# **3 Service User Feedback**

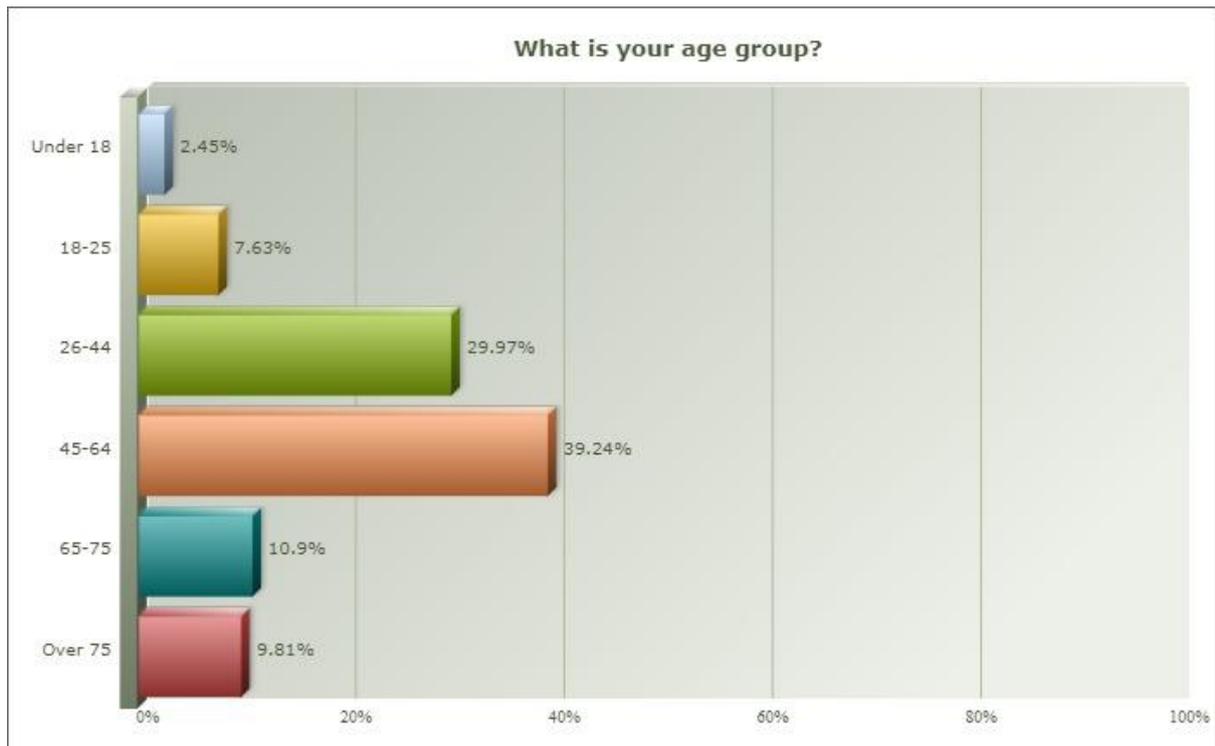
## **3.1 Service User Respondents' Demographics**

In total, 384 users of language and interpreter services responded to the survey: 74% (285 individual respondents) through the community organisations.

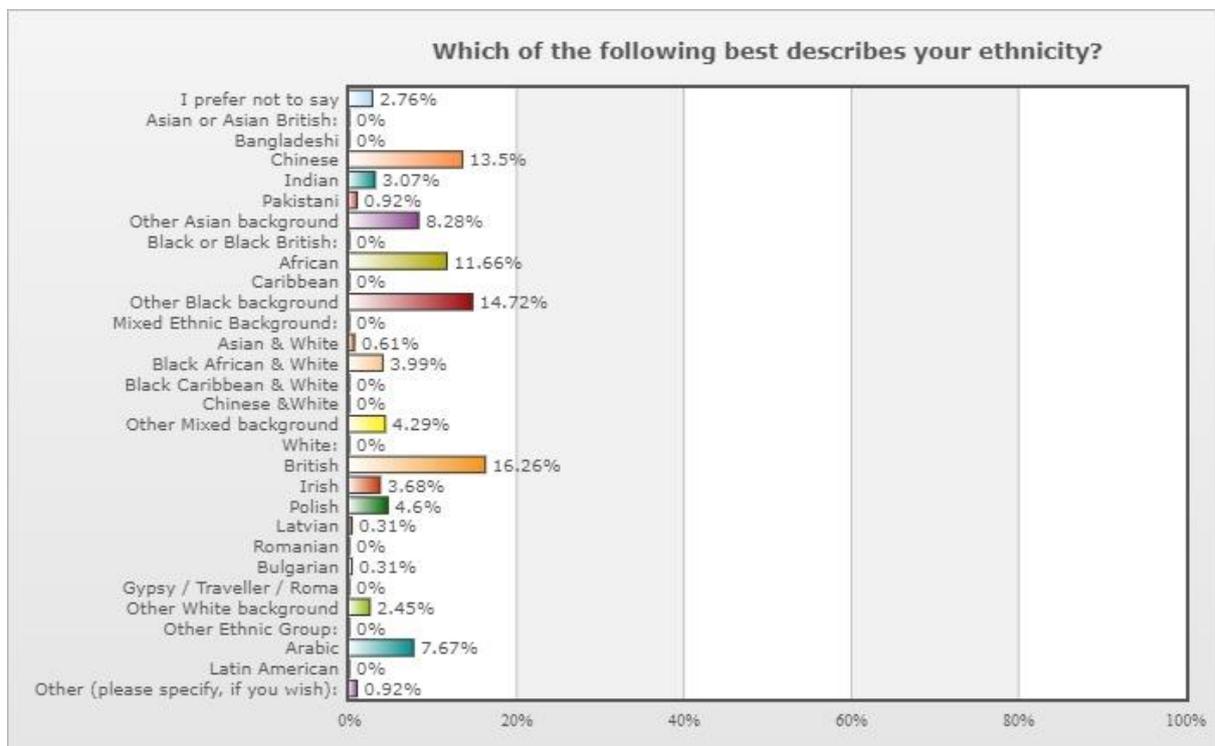
An objective of the engagement exercise was to include a diverse range of stakeholders in the conversation. To record this, demographic information was invited from survey respondents. For the demographic section (all questions were optional) 367 users of language and interpreter services responded.

The sex of respondents to this question were 54.85% female and 44.55% male

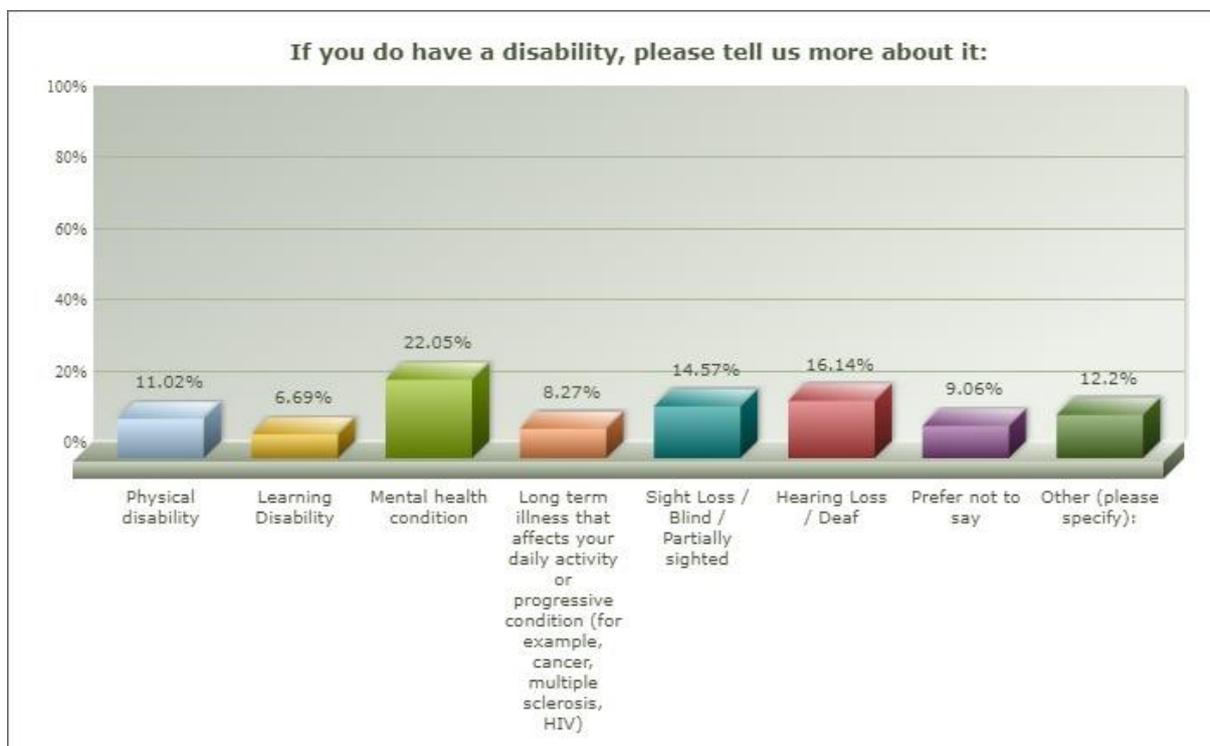
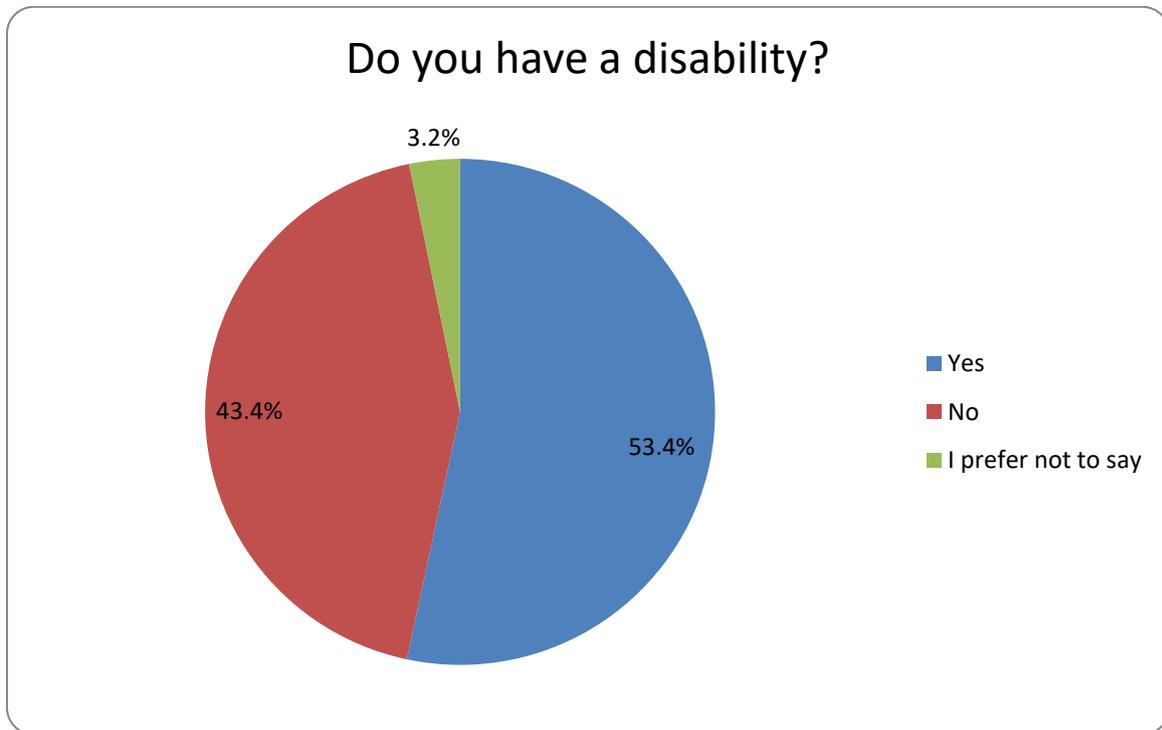
And ages of those who responded to this question were distributed as follows:



Respondents were asked to describe their ethnicity from a multiple-choice format with the following results among those who answered this question.



Service users were asked 'do you have a disability which can be described as any physical or a mental condition which has a substantial and long-term impact on your ability to do normal day to day activities.' Of those who answered 53.4% said yes.



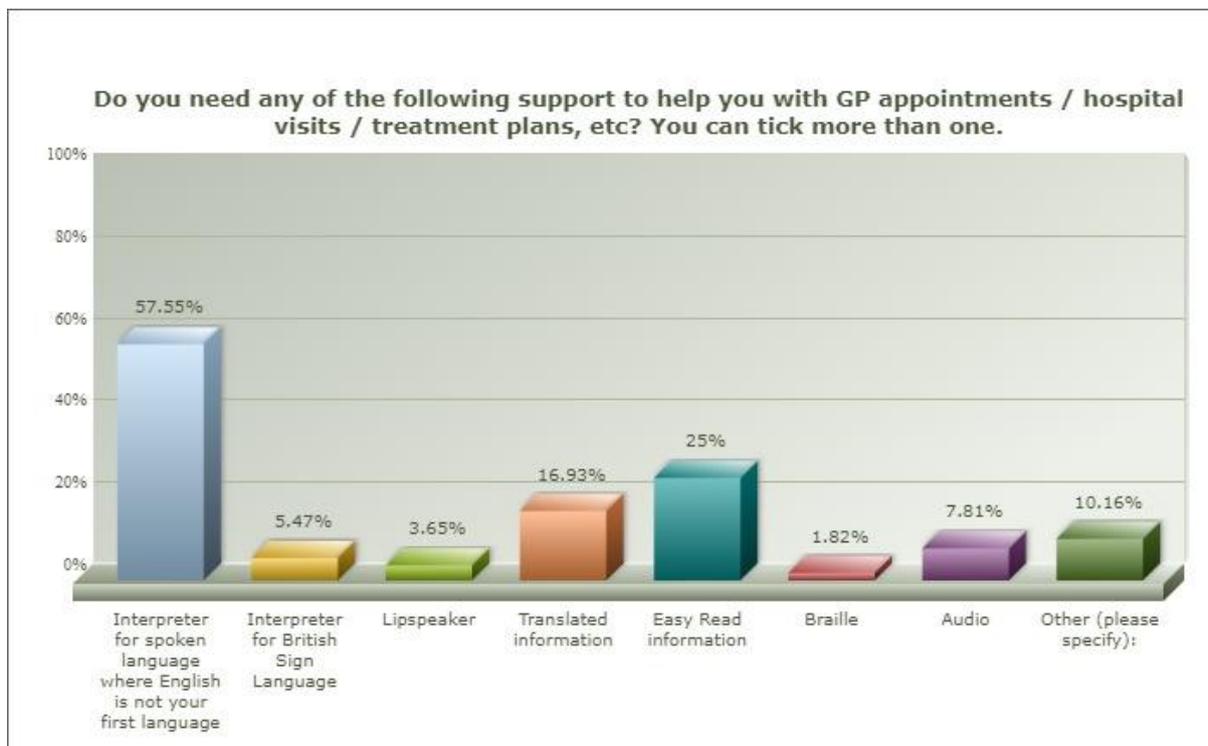
## 3.2 Findings of Service User Engagement

### 3.2.1 Introduction

This section describes service user surveys gathered online, by telephone, face to face and at virtual meetings. Where relevant to the conversation, feedback from discussion groups held by VCSE organisations is used to delve deeper into topic areas. Any source of further information is always clearly identified. The survey asked respondents core questions to gather quantitative responses and most questions allowed for further comment in order to gather qualitative feedback and further clarity. The survey questions can be found in Appendix 2.

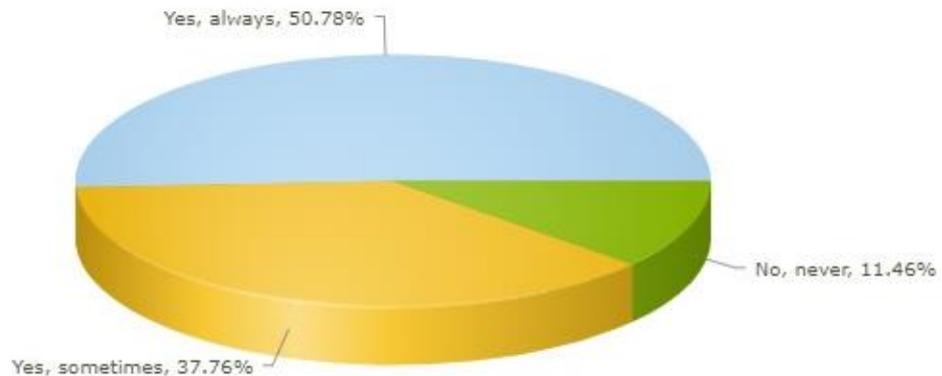
### 3.2.2 Service Users Support Needs

To gain an understanding of survey respondents support needs, a question was asked where service users could indicate more than one response for their needs. The majority: 57.6% (221) of respondents stated that they required an interpreter for spoken language where English is not their first language.



Furthermore, in a follow up question nearly 90% of all service users responding to the survey said that they needed help (e.g., from family, friend, support worker) to make health appointments either some of the time (145 respondents) or all of the time (195 respondents).

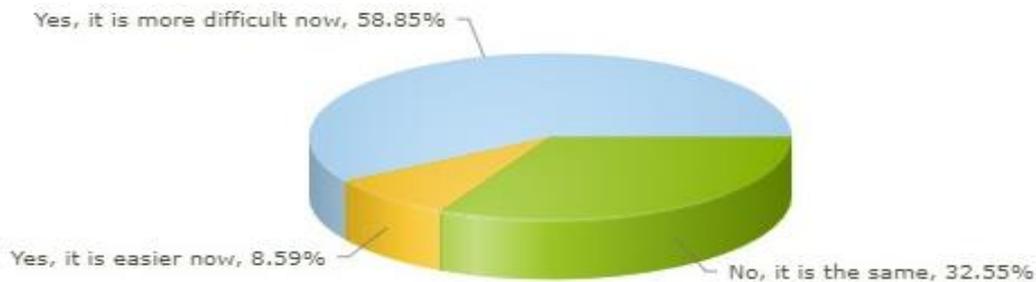
**Do you usually need to ask someone to help you make a health appointment, such as a friend or family member or community worker?**



ALM (Asylum Link Merseyside) in consideration of their clients' experiences from a caseworker point of view, described how it would be helpful to have a welcome pack which included standardised translation texts and Easy Read formatted information at NHS gateway points such as reception areas and in clinical settings.

### 3.2.3 Experience during the Pandemic

**Has this changed at all since coronavirus?**



This question aimed to understand if access to healthcare had changed for service users of language and interpreter services since the pandemic; 58.9% (226) of respondents answered **“Yes, it is more difficult now to access healthcare.”** From the qualitative survey responses, it is evident that respondents' experiences of accessing healthcare are more difficult during the pandemic because of the following: -

- Increased demand for NHS services

- Long wait times to talk to someone or get help
- Lack of face-to-face appointments

**58.9% of respondents explained how since the pandemic it has become more difficult to access healthcare**

“Too much pressure on NHS and routine appointments is getting cancelled.”

“Long time to get through and not many appointments available”

“Very hard to get appointments that are suitable. No times are given for phone consultations with GP.”

“It is no longer a face-to-face appointment and difficult to do this via telephone consultation.”

“I need to see doctors, nurses face to face.”

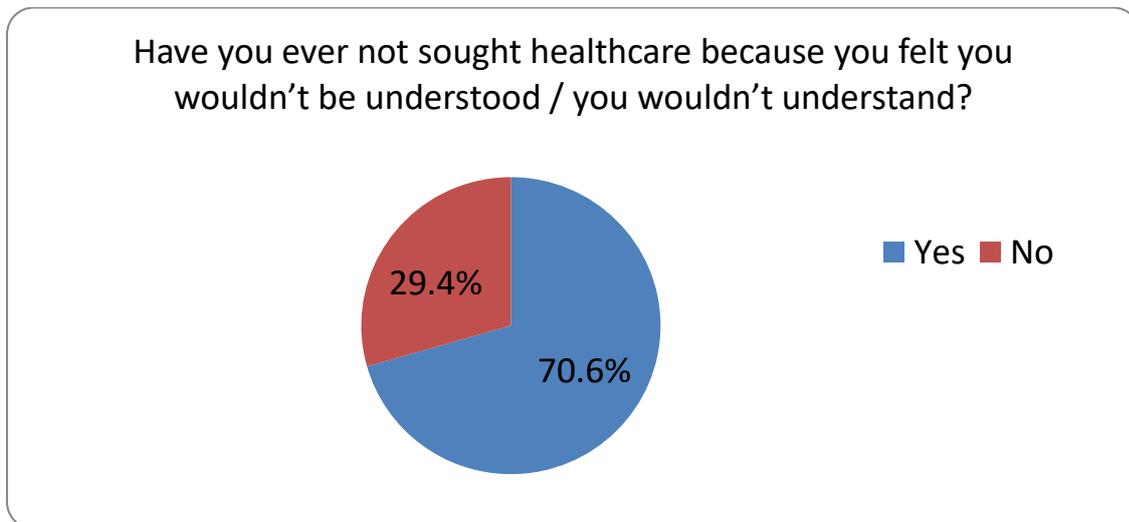
“Not able to lip read because people are wearing masks!”

Service Users’ qualitative feedback was split on the merits of telephone appointments to improve access during the pandemic: **“I struggle on the phone and very few appointments are face to face now.”** However, for others it was a benefit: **“telephone consultations are much better for me.”** In addition, the online booking system for appointments was generally seen as a good thing: **“You can book appointments online which is really good and helpful.”**

Women Reach Women engaged with 52 of their community members as one of four community organisations commissioned to carry out a range of activities to gather views on local NHS language and interpreter services. For this engagement, all WRW community members’ participating required an interpreter for a spoken language where English is not their first language or require translated information.

Participants in the Women Reach Women discussion groups highlighted the practical issues of accessing hospital appointments during the pandemic when relying on an interpreter for community languages. **“Usually, my son takes me to the place (hospital department) and then the interpreter is usually there to help me, but this time there was no one to meet, she was just speaking on the phone with me, I felt lonely and scared. “**

### 3.2.4 Have you ever NOT sought healthcare?



**All 384 respondents answered the question “Have you ever not sought healthcare because you felt you wouldn't be understood / you wouldn't understand?” with 70.6% (271) individual respondents answering “Yes”.**

Of those responding “Yes” the highest proportion identified their ethnic origin as black, not African or Caribbean (44 out of 48 respondents) with no substantial difference between male (72%) and female (64%) respondents.

From the qualitative analysis it is noted that this was primarily because of a lack of service user confidence in accessing services based on previous experience of not having their communication needs met. Concerns noted about the interpreter service focused on the following booking concerns: -

- service users not being offered an interpreter for every appointment
- service users not receiving notification or receiving late notification that the interpreter would be present for the appointment
- not being allocated enough appointment time for a three-way conversation
- professionalism/confidentiality of the interpreter with service user data

#### **70.6% had not sought healthcare because they felt they wouldn't be understood / wouldn't understand?”**

“I do worry I might not get the help I need; I only use NHS for emergencies.”

“Worried I won't get the support I need”

“I can't see my GP without interpreter being booked for me.”

“I do worry in case I can't get interpreter in time for my appointment.”

“Didn't ask for the help as knew I would not receive it, or it would be difficult to get.”

ALM (Asylum Link Merseyside), from an organisational point of view working closely with Asylum Seekers and understanding some of their issues, suggested that consideration be given to NHS 'gateways' when trying to access NHS services. The NHS gateways are described as physical reception areas, telephone and e-consult, therefore any access point that a service user of language services would have to pass through to get a clinical appointment. They note that a bad experience when trying to access services can have a detrimental effect on community members, reducing confidence and deterring them from seeking help in the future.

### 3.2.5 Recording and Acting on Communication Needs

Just under 72% of respondents felt that healthcare settings had a record of their communication needs and **80% had experienced receiving a communication that they couldn't understand.**

Furthermore over 90% of 358 respondents said that when in contact with the local NHS they had to repeat their communication needs some of the time or all the time.

#### Examples from Community Engagement

A participant in the Women Reach Women CIC discussion groups reported that she had received a letter from the NHS translated into Bengali and it was a waste of time and effort as the language didn't make sense. The participant thought they (NHS) might have used Google translate instead of a qualified translator.

A caseworker for ALM (Asylum Link Merseyside) rang a Liverpool hospital to arrange an interpreter for a client's appointment and was told. "We don't book an interpreter for ultrasounds." The caseworker was concerned by this reply and didn't want the appointment to be delayed or cancelled so arranged for a bi-lingual speaking adult friend to accompany the client to the appointment.

Does your GP or other health care professional have a record of the support you need so your language / communication needs are automatically met? For example, booking an interpreter, having information in Easy Read, using the telephone, not writing a letter, etc.			Response Percent	Response Total
1	Yes		71.88%	276
2	No		12.24%	47
3	Don't know		15.89%	61

Do you find you have to repeat your communication needs when you are in contact with the NHS?			Response Percent	Response Total
1	Yes		48.88%	175
2	No		8.38%	30
3	Sometimes		42.74%	153

Have you ever received a letter / telephone call about healthcare that you couldn't understand without getting help from someone else? For example, because it wasn't in the language / format you need?			Response Percent	Response Total
1	Yes		80.47%	309
2	No		19.53%	75

### 3.2.6 Interpreter bookings to access NHS appointments

The engagement asked about delays and cancellations of appointments. Service users made it clear that poor access to interpreters is also a barrier to diagnosis and treatment. **89% of respondents who need interpreters reported having an appointment delayed or cancelled because an interpreter wasn't arranged** (190 of the 214 service users that the question was applicable to).

Of those responding "Yes" the highest proportion identified their ethnic background as Black, not African or Caribbean (41 out of 48 respondents) with no difference between male (88%) and female (87%) respondents.

The community engagement provided further feedback on this issue.

The majority of participants from Women Reach Women discussion groups reported that they had some experiences of cancelled appointments, or appointments being delayed. One participant talked about how her appointment was changed three times due to no interpreter being available and resulted in her treatment being delayed, causing distress:

**“It was frustrating that they (NHS) kept changing the dates, it happened three times, and it is not like they get back to you within a few days or weeks, it was after a few months, which over a few cancelled appointments, was a long time for me to wait. I was getting worried, worried if things get worse for me, and if it's something bad, it might be too late for me.”**

The engagement also asked about the ease of the experience of getting interpreters.

What is your experience of getting an interpreter booked to support you with health appointments?				
			Response Percent	Response Total
1	Usually easy		28.95%	110
2	Usually difficult		27.11%	103
3	Not applicable		43.95%	167

For service users for whom this question was applicable, responses were evenly split between how easy or difficult getting an interpreter booked was for health appointments. The commentary mainly focused on the difficulties of getting the right support in good time for appointments. Although some highlighted low awareness among NHS staff of requirements to provide good support: -

**“When I was pregnant, I asked for an interpreter, so they arranged one for my appointment, but when the doctors heard me speak in broken English with the interpreter, they said that I shouldn’t ask for an interpreter if I don’t need one, because it costs £xx per hour. Only because I have some English, it doesn't mean that I understood everything or that I can explain everything clearly about myself, but since then I don’t ask for one, I use my little bit of English, that I know,”** discussion group participant, Women Reach Women CIC.

The negative effects on bookings appear to be exacerbated by the pandemic; **“harder to book suitable appointments and no face-to-face contact unless emergency, all routine appointments are getting cancelled.”**

ALM (Asylum Link Merseyside) reflected on the experiences of their community members which were positive using telephone services, but less so with face-to-face interpreter appointments (different agencies are used).

The engagement also asked service users what was important to them in getting interpreter help.

What is important to you in getting interpreter help? In order of priority	What is important to you in getting interpreter help? In order of priority
Public Survey	Women Reach Women CIC
<ul style="list-style-type: none"> <li>• Availability at short notice</li> <li>• Reliability</li> <li>• Confirmation of booking in advance</li> <li>• Support for booking an interpreter</li> <li>• Long enough appointment times (5<sup>th</sup>)</li> <li>• Confidentiality (5<sup>TH</sup>)</li> <li>• Ability to ask for male/female interpreter</li> <li>• Able to request specific named interpreter</li> <li>• Professional interpreter - qualifications</li> </ul>	<ul style="list-style-type: none"> <li>• Able to request specific named interpreter (1<sup>st</sup>)</li> <li>• Ability to ask for male/female interpreter (1<sup>st</sup>)</li> <li>• Confidentiality (1<sup>st</sup>)</li> <li>• Professional interpreter - qualifications</li> <li>• Support for booking an interpreter</li> <li>• Confirmation of booking in advance</li> <li>• Reliability</li> <li>• Long enough appointment times</li> <li>• Availability at short notice</li> </ul>

Participants from the Women Reach Women CIC discussion groups suggested that it would be helpful for health care providers to confirm in advance of their appointment, the name and sex of the allocated interpreter. One participant reported how she had to leave a doctor's appointment when she discovered on arrival that it was a male member of her in-laws extended family:

"I was embarrassed, when I saw him, in our culture we need to maintain respect for our in-laws, especially older members. It was not a situation that was right for me and I'm sure for him it would've been very awkward, it's not the way we do things, and I couldn't sit there with him and talk about my health issues or concerns."

ALM (Asylum Link Merseyside) noted that they would like interpreters to introduce themselves to the client/patient and give a brief explanation of how they will interpret for them during the appointment.

PSS held a small online focus group in early November 2020 with community members and agreed that confidentiality was important. **"Interpreters shouldn't be asking questions about someone's background when it is not relevant. They should have to be professional."**

The engagement also explored patient's preferences for the means of interpretation.

Do you prefer an interpreter:			Response Percent	Response Total
1	To be present in the room with you		34.47%	131
2	To be on the telephone		15.26%	58
3	To be on video		9.21%	35
4	Not applicable		41.05%	156

Service users responding to this question preferred face to face appointments as this gives them more confidence and a better understanding of what was being discussed, commenting **“face to face is easier to follow and understand.”**

**The response was strong for service users who require an interpreter for spoken language with nearly 50% wanting the interpreter to be present in the room. The response was higher still for service users who require an interpreter for BSL with 65% wanting the interpreter in the room, it should be noted that the size of the BSL group is relatively small.**

When preferences were split by age group the following table shows the results with all adult age groups over 18 years preferring an interpreter to be present in the room compared to on the telephone or video.

	To be present in the room with you	To be on the telephone	To be on video
Under 18	1	1	1
18-25	11	3	4
26-44	31	15	15
45-64	55	27	11
65-75	11	5	2
Over 75	18	1	0
<b>Column Totals</b>	127	52	33

### 3.2.7 Informal, Volunteer and Trainee Interpreters

LCCG had previously had feedback about known interpreters and wanted to understand this issue more. The survey asked “It is not good practice for family / friends to be asked to act as health care interpreters unless under emergency / exceptional circumstances. In the past people have said they don’t want a spoken language interpreter who is known to them. Do you have any understanding / experience of this you can share so we can understand this issue more? In particular, does this apply to professional interpreters or only informal interpreters?”

The majority of service users who provided further information would prefer professional interpreters because they give: -

- direct translation
- confidence
- impartiality
- full access to information

**“I want professional interpreters who can directly tell me what the doctors say.”** Service users understood the intent of the question but would like to have the option of using family and friends to interpret for them if that were their preference, adding that if language professionals were more readily available, they would consider that over using family/friends. **“I rely on a family member to come to appointments with me. I know people who have had difficulty in getting an interpreter and this has led to cancelled appointments.”**

The engagement also explored the potential for increasing support to inpatients.

If you have been in hospital or are ever in hospital in future, would you want a volunteer / trainee interpreter to help you with non-medical needs? This can be checking you have essential supplies, ordering lunch, provide conversation, etc.			Response Percent	Response Total
1	Yes		77.86%	299
2	No		22.14%	85

The majority 77.6% (299) of respondents felt it would be a good idea to use volunteers in the way described. However, noting that volunteers should have a minimum skill set, be properly supported/supervised and not brought into clinical conversations just because they are there, and it is convenient in the moment to use them. **“It is a good idea if it is just for company, but definitely not for anything medical based. It is so easy to rely on someone who is in the room at the time to make things happen quicker.”**

However, concerns were expressed (22.14% or 85 service users) about this approach. BSL service user respondents were within this minority view and did not support this suggestion stating only professional interpreters should be used in hospital settings. BSL service users were concerned for the supervision of volunteers, personal data protection issues, confidentiality, poor translation leading to errors, misinformation and communication breakdowns. According to BSL service users who responded to the survey, poor quality communication is frustrating and misleading, and the wrong information is often worse than no information at all. **“It is crucial to use experienced and qualified interpreters in health settings as mistakes have been made in the past and cutting corners does not necessarily save money.”**

Most participants from the Women Reach Women CIC discussion groups, particularly the older adults, liked the idea of a volunteer to help them with the non-essential element of their care/stay in hospital. However, they felt it was important to get the cultural match right, to make it culturally appropriate. For example, having a young girl helping an older Asian Muslim male would not be appropriate.

### 3.2.8 Separate Lots for Procurement

We are thinking of splitting the new contract into lots to enable specialist providers to bid for different parts. So, for example an organisation that specialises in providing patients with BSL (British Sign Language) support could just bid for the lots that will provide BSL services. What do you think of this arrangement?

			Response Percent	Response Total
1	I agree with this arrangement		96.35%	370
2	I disagree with this arrangement		3.65%	14

There was overwhelming support from service users in the survey for the idea of specialist providers. This was most noticeable with the BSL respondents: **“Agencies that are not specialists do not understand Deafness and the fact it is also a disability/culture. Our cultural, disability and communication needs need to be met.”**

### 3.2.9 Social Value

We would like to increase the wider benefits (social value) we gain from this work. Would you support any of the following? (please tick all that apply)

			Response Percent	Response Total
1	Using interpreters from Liverpool where possible		70.57%	271
2	Using translators from Liverpool where possible		66.93%	257
3	Volunteer/trainee interpreters to support in-patients with non-medical needs (e.g., someone to talk to, ordering food, etc.)		68.75%	264

We would like to increase the wider benefits (social value) we gain from this work. Would you support any of the following? (please tick all that apply)				
			Response Percent	Response Total
4	Training local people as interpreters		65.63%	252
5	Training local people as translators		63.54%	244
6	Supporting patients to gain/improve English skills		46.61%	179
7	Support for NHS staff on working with interpreters		49.48%	190
8	Cultural awareness training for NHS staff		67.45%	259
9	Other (please specify):		3.91%	15

Many, participants from the Women Reach Women CIC discussion groups especially liked the idea of supporting patients to gain/improve their English skills, as this would help the participants to feel more confident and therefore reduce their reliance on others.

### 3.2.10 Experiences of GP Registration

What was your experience of registering with a GP?				
			Response Percent	Response Total
1	It was fairly easy		18.49%	71
2	It was difficult		6.77%	26

What was your experience of registering with a GP?				
			Response Percent	Response Total
3	Don't know - I'm not registered at a GP		1.30%	5
4	Don't know - It was a long time ago / I don't remember		57.29%	220
5	I managed but I needed help (please tell us who helped you, e.g., family member, support worker, etc.):		16.15%	62

From the service user survey, the majority of respondents couldn't recall their experience of registering with a GP as it was such a long time ago. For those service users that could recall the experience and found it easy or fairly easy, quite a significant proportion had the support of family/friends to complete the process. For those service users who found it difficult, they mentioned 'lots of form filling' and language and cultural barriers between themselves and NHS staff.

### 3.2.11 Additional Comments

All respondents were asked at the end of the survey if they wished to add any extra comments.

Service users of language and interpreter services responding to the online survey have reported that they would like the communication needs of patients in the local NHS to be recorded and acted upon without the patient having to repeat their communication needs.

Service user respondents thought it would be beneficial to have NHS staff undertake cultural awareness training and, when the new contract arrangement is agreed; clear and easy to follow training in the booking process for all NHS sites that it would be relevant for.

In addition, splitting the contract into lots and having specialist agencies supporting the different communities, for example a BSL agency supporting patients from the BSL community with interpreter/translation requirements in local NHS settings was seen as advantageous.

## Additional Comments

“I have not always been happy with interpreters. I have at times been given male interpreters when I have been clear that I wanted female.”

“GP services must request clarity on what dialect is required by the patient.”

“I think it is important to use an interpreter who has a cultural understanding on the person’s needs who will be able to convey the individuals needs better.”

“They (NHS staff) have no Deaf awareness or understanding of a Deaf person’s communication needs, cultural needs.”

“Use Deaf specialist agencies, only send RSLI interpreters and local.”

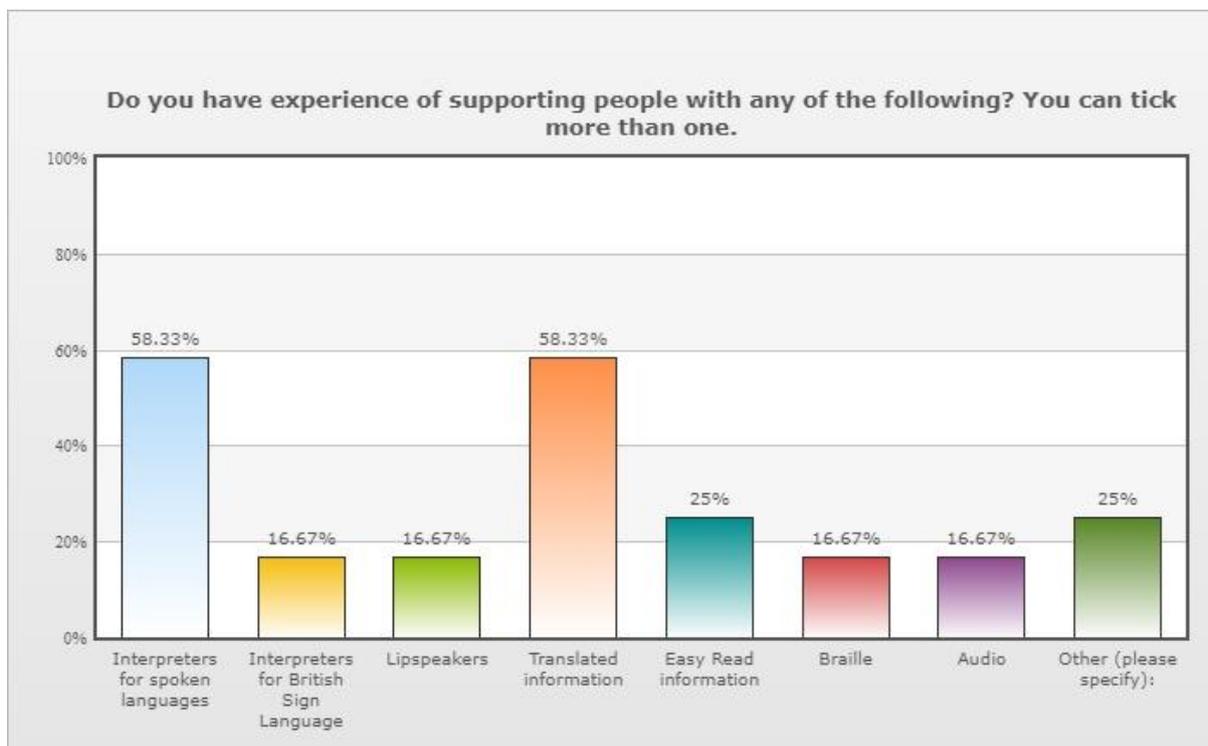
## 4 Feedback from VCSEs

### 4.1 Introduction

The voluntary, community, and social enterprise (VCSE) sector were invited to complete a survey from an organisational point of view, sharing their experiences of NHS language services in Liverpool and Sefton where they support community members who use those services. The following describes responses to the surveys including responses to multiple choice questions and qualitative feedback provided in additional commentary to questions. In total 12 VCSE organisations replied, with the majority 58.33% (7) identifying themselves as a charity.

### 4.2 Supporting People

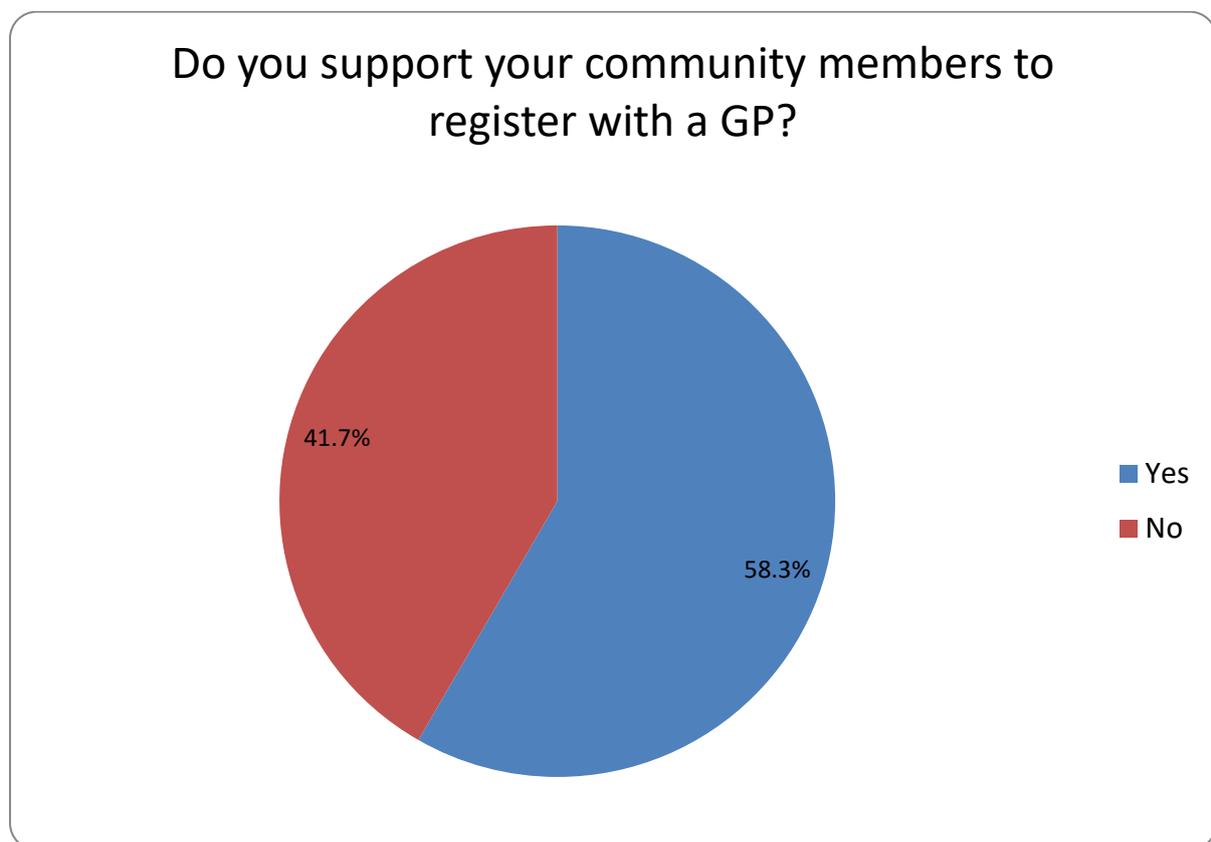
VCSEs described their experience as follows:



'Other' support experience described included befriending and cultural groups and activities.

### 4.3 GP Registration

Most VCSE organisations responding – 58.3% (7) – had supported their community members to register with a GP. Comments indicate that the issues encountered were due to cultural and language barriers, varying on the location of the GP practice in the city. Feedback suggests practices in the north of the city were not as familiar with the support available to help people, where English was not their first language. Some of the sector who responded to the survey had their own support workers to help people get settled into the local community; still they reported that the process of registering with a GP was time consuming with a lot of form filling.



#### GP Registration

"Most of my clients need support because they don't have much knowledge about the system. "

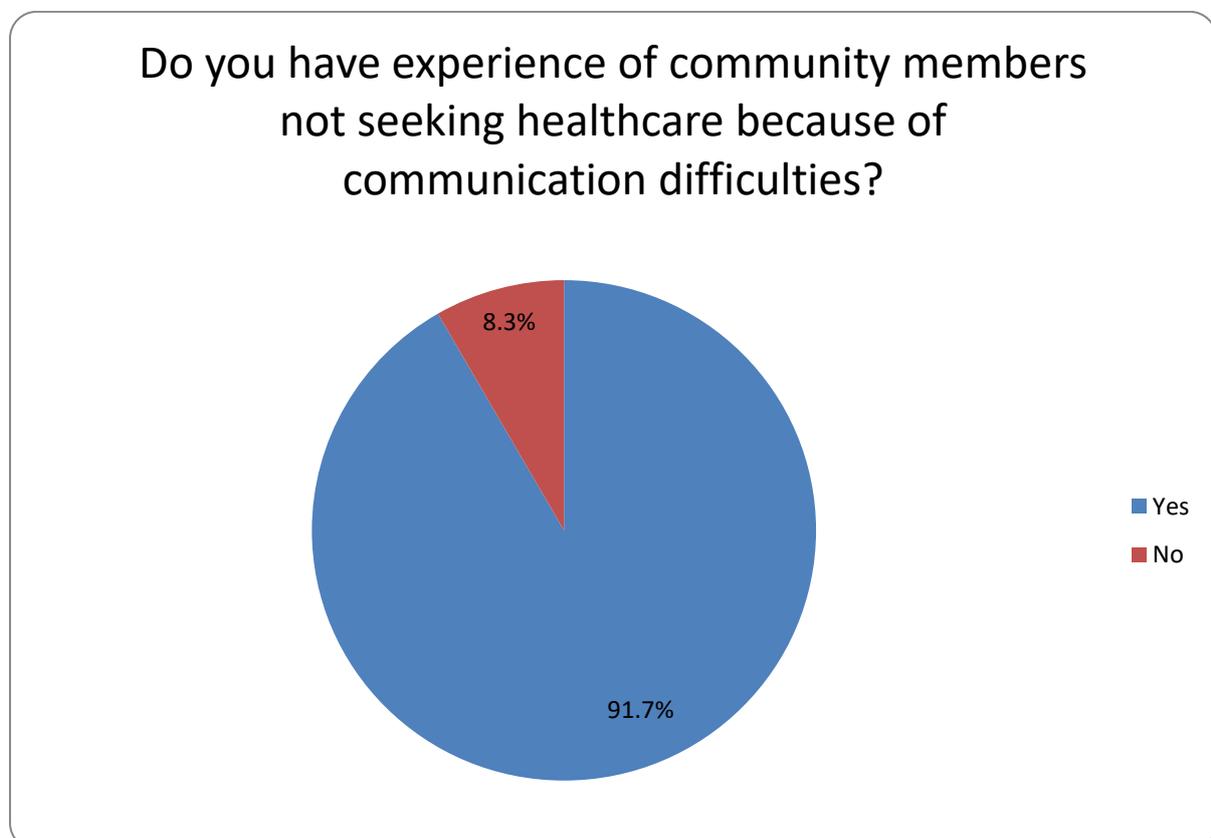
"intimidating for service users who have a background of adverse experiences with official services"

"It varies at GP practices. I have been in other GP surgeries in the north of the city that have been a lot less hands on."

#### 4.4 Experiences of Not Seeking Healthcare because of Communication Difficulties

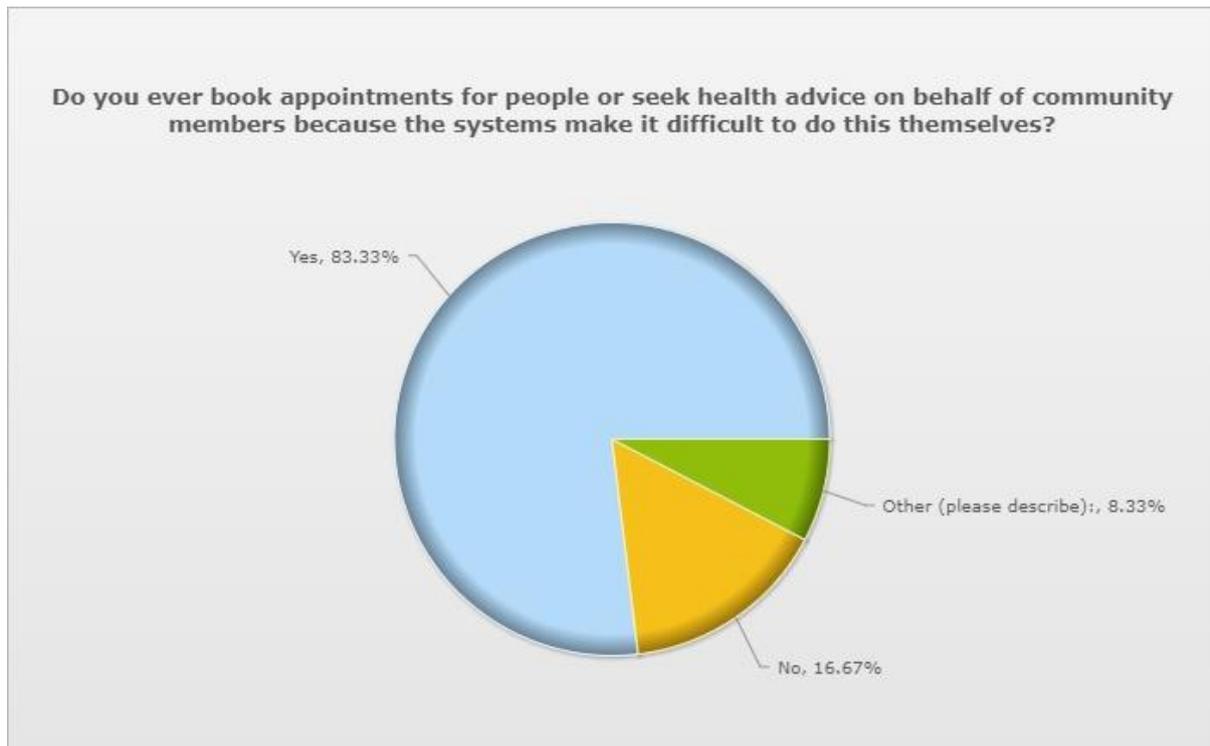
An emphatic 91.7% of responding VCSE organisations indicated that they had experience of community members not seeking healthcare because of communication difficulties. From the commentary, there is a reported lack of confidence to access services among people for whom English is not their first language. **“Community members with low or no literacy rely on others. The language used by GPs and other doctors can be unfamiliar and/or intimidating.”** The increasing use of telephone consultations were identified as adding an extra barrier for community members where English is not their first language. This was particularly highlighted for elderly people: **“Most of the time, the Chinese elderly feel embarrassed to be engaged in the conversation with healthcare and telephone interpreter because they might have hearing problem and their dialect usage might not be clear for the interpreter to understand. The frequency of using telephone consultations might become a new obstacle to discourage the Chinese elderly to seek healthcare service promptly.”**

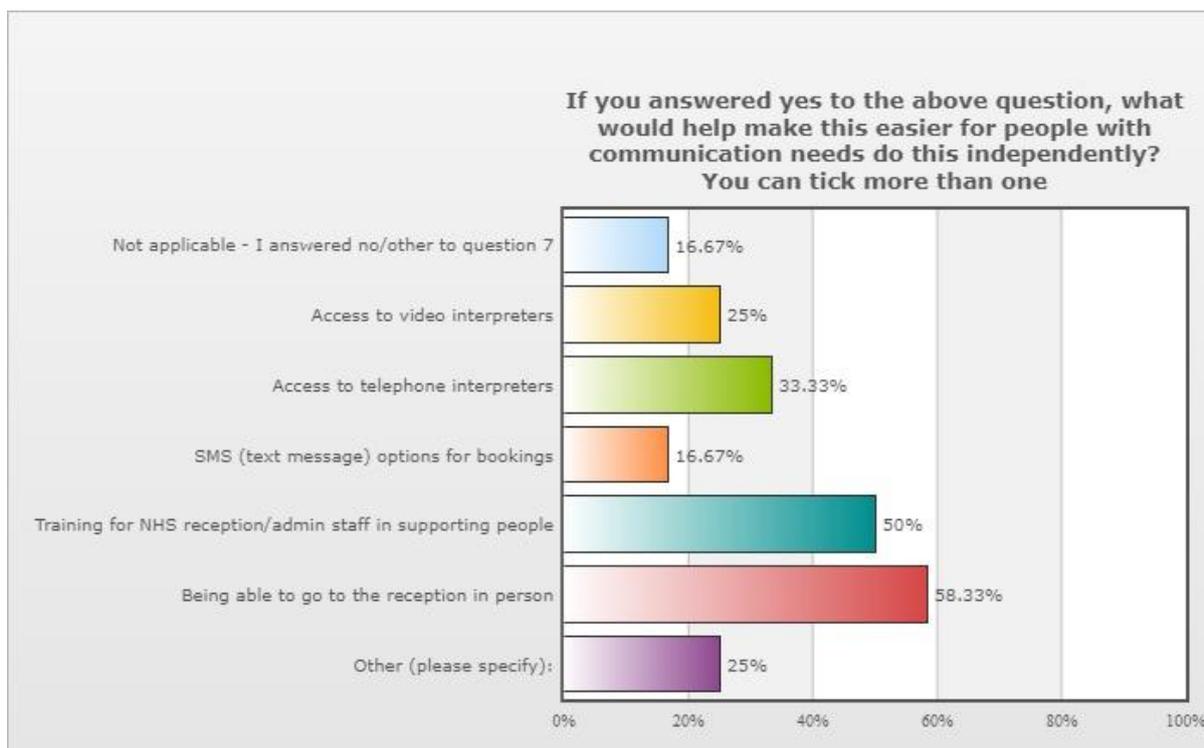
For the blind and partially sighted community, respondents felt a better understanding of their needs is required; from how they should be physically supported at face-to-face appointments, to improvements in accessible information along their health and care pathway – from appointment letters to information leaflets.



#### 4.5 Supporting Community Members

The majority 83.3% (10) of responding organisations answered yes to booking appointments on behalf of community members because the system made it difficult for the 'members' to do this themselves. The most popular responses for how to make this situation better was to allow people to go to the reception area in person and secondly to provide cultural/awareness training to NHS reception/administration staff in how best to support people with communication needs.





#### **Other suggestions included**

“Database of community people who can offer help.”

“Use community interpreters, people who identify with the sick person.”

“Audio messages e.g., through WhatsApp; a dedicated receptionist/support worker for those with low literacy levels.”

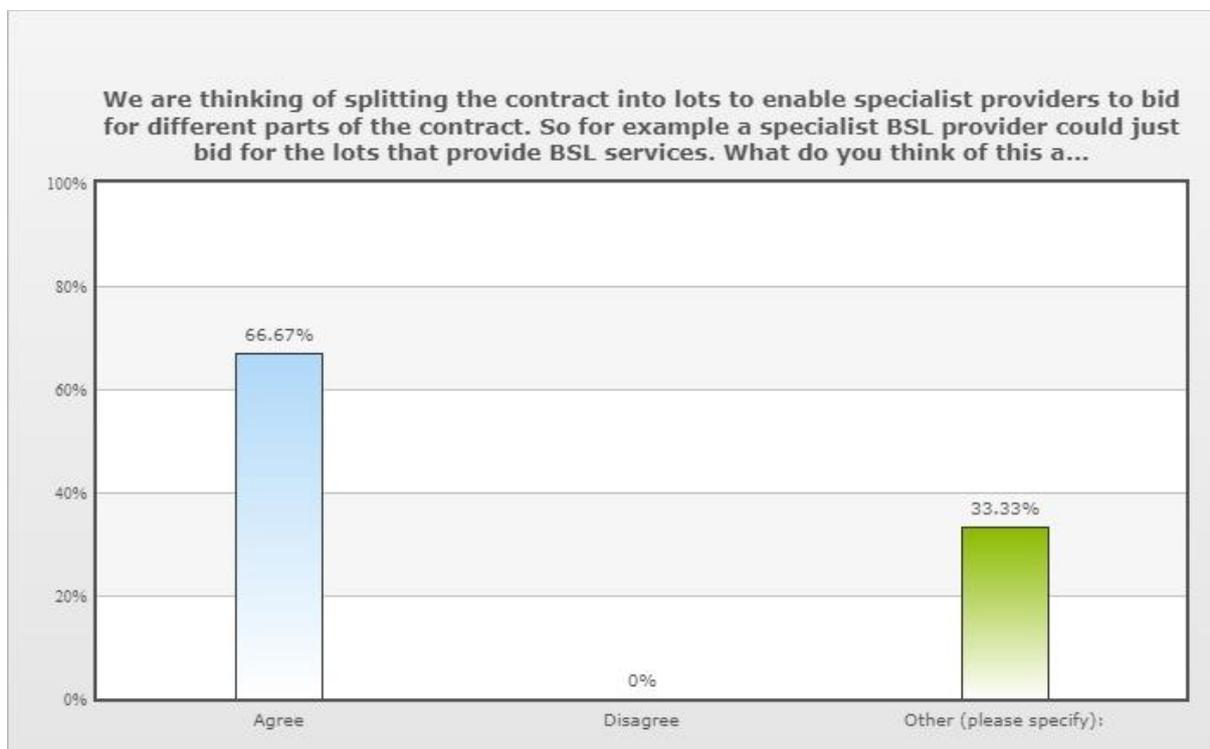
#### **4.6 Informal Interpreters**

Nearly all the VCSE organisations indicated agreement that it is not good practice for family and friends to be asked to act as interpreters unless under emergency/exceptional circumstances. The responses from the analysis broadly fell into three categories. Firstly, agreement those informal interpreters often have close community involvement which may prevent the patient from talking freely: **“often these communities share very close interaction with the other members of their community which makes it difficult (for the patient) to speak about their issue and concerns openly”**. It was noted that a family member acting as an informal interpreter may not tell the whole truth to a patient at a consultation to avoid an emotional reaction. **“The family might intend to keep the bad news from their relatives or friends because they don’t want to upset them.”** Secondly it was agreed by respondents that a professional interpreter was the better option in most circumstances, and this would be enhanced with continuity – so that the community members supported didn’t have to repeat their story. Finally, it was suggested that

informal interpreters would be best at a lower level, perhaps signposting people to services.

#### 4.7 Separate Lots for Procurement

There was broad agreement, 66.67% of responding organisations, to splitting the contract into lots. From the free text analysis responding VCSE organisation wanted to ensure that the specialist providers were rooted in the community and had the trust of the communities they were to serve. It was felt important that the quality of the service was monitored closely with regular reviews and that language and cultural awareness were part of any regular training for the providers. Finally, there was a plea to make NHS reception areas more accessible for community members that rely on language services. **“Ensuring access to an interpreter/translator at reception is accessible.”**



#### 4.8 Social Value

“All of these would be excellent initiatives and would encourage trust and empowerment for patients and staff alike.”

We would like to increase the wider benefits (social value) we gain from the communication support services. Would you support any of the following? (please tick all that apply)

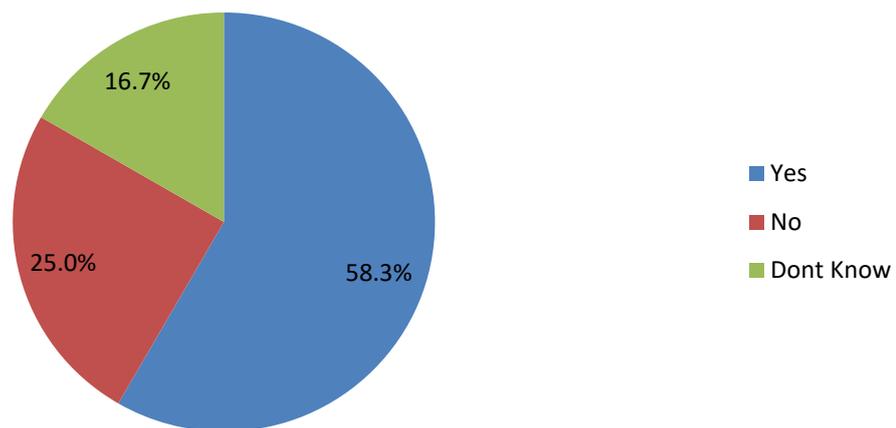
			Response Percent	Response Total
1	Using interpreters from Liverpool where possible		91.67%	11
2	Using translators from Liverpool where possible		75.00%	9
3	Volunteer/trainee interpreter scheme to support inpatients with non-medical needs, e.g., someone to talk to / ordering food etc.		58.33%	7
4	Training local people as interpreters		75.00%	9
5	Training local people as translators		66.67%	8
6	Supporting patients to gain/improve English skills		66.67%	8
7	Support for NHS staff on working with interpreters		75.00%	9
8	Cultural awareness training for NHS staff		75.00%	9
9	Other (please specify):		25.00%	3
			answered	12

“The provision of support and communication in alternative formats is also important in all healthcare settings for blind and partially sighted people.”

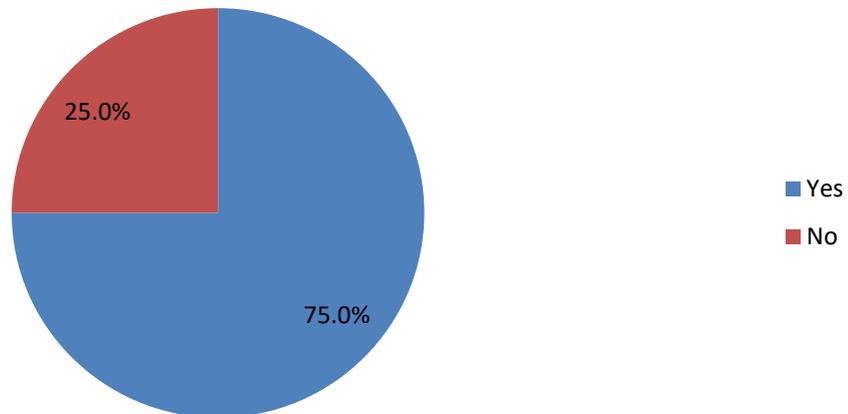
#### 4.9 Volunteers/trainees to Support Communication Needs

Almost 60% of responding VCSE organisations agreed that it is difficult for patients staying in hospital to get communication support outside of consultations (e.g., everyday needs/ordering food). With 75% of VCSE survey respondents having provided such support to community members in hospital.

We have been told it is difficult for patients staying in hospital to get communication support outside of consultations (e.g. with everyday needs/ordering food). Is this your experience?

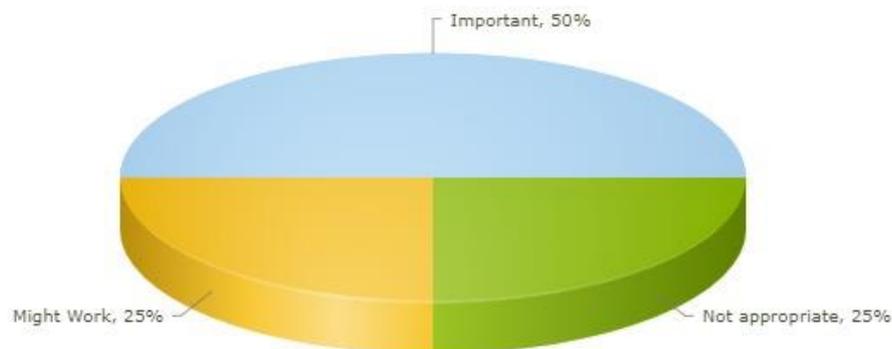


## Have you ever provided such support to community members in hospital?



In consideration of the volunteer/trainee scheme for day-to-day support in hospital; 50% of the responders to the survey believed it to be an important idea and 25% thought it might work. With the final quarter of responding organisations declaring that it was not appropriate.

**We are considering a volunteer/trainee interpreter scheme for such day to day support in hospitals. Fully qualified interpreters would still be required for all clinical consultations. What do you think of this idea?**

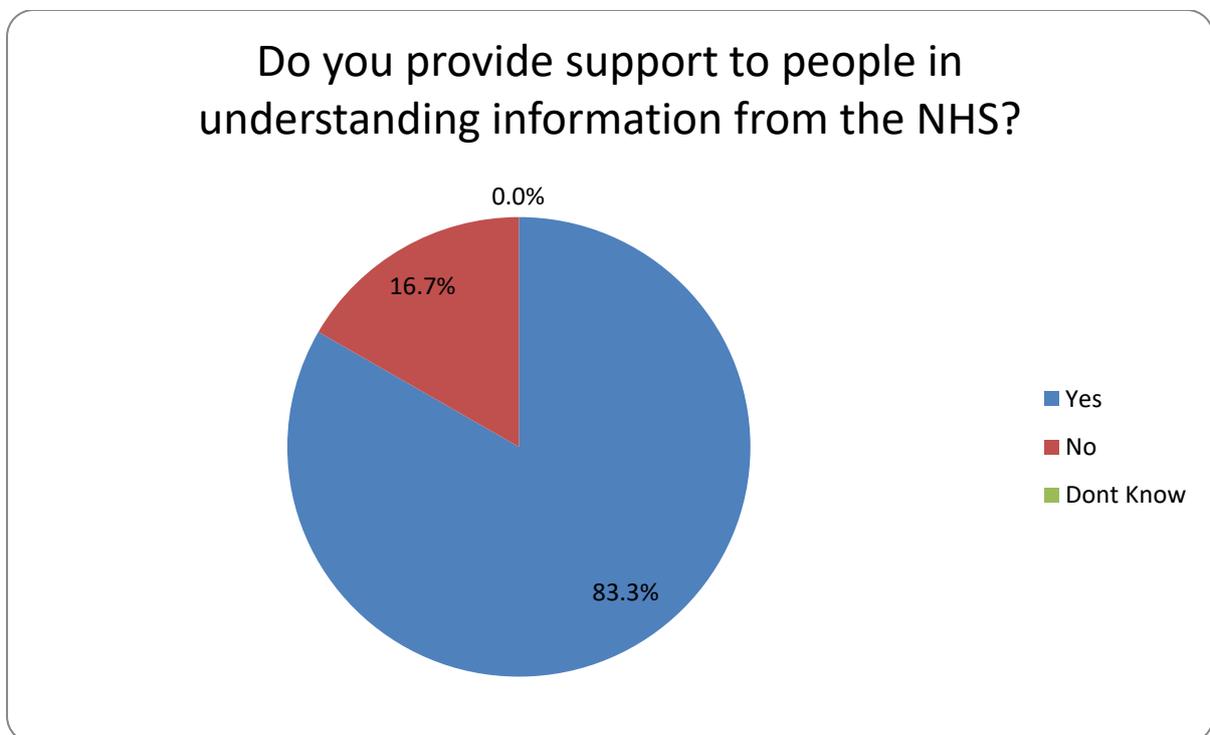


For the 25% who responded to say the idea was not appropriate they reported concerns about how volunteers were to be supported in such a role. **“I don't think a totally voluntary scheme is the answer, many people can offer help and support but must be reimbursed.”** In addition, it was noted that there was real

concern from respondents on behalf of the deaf community that the proposed volunteer role in hospitals would frustrate deaf patients rather than providing the anticipated support as the skill level of the volunteer would be too low. **“Depends on their communication skills and what level of sign language they have.”**; **“I am aware of Deaf people who are often frustrated by the fact that the interpreter provided is not at a high a level as they expect.”**

#### 4.10 Translation and other Formats

Over 80% (10) of VCSE organisations that responded to the survey provided support to community members in understanding information from the NHS. In consideration of whether their community members’ language/communication needs are automatically met by the NHS; 66.6% (8) of responding VCSE organisations answered ‘sometimes’.



Healthcare professionals should - under the Accessible Information Standard - keep a record of patient's language/communication needs so they are automatically met. For example, booking an interpreter/info in Easy Read/using telephone not writing a letter. In your experience is this happening?

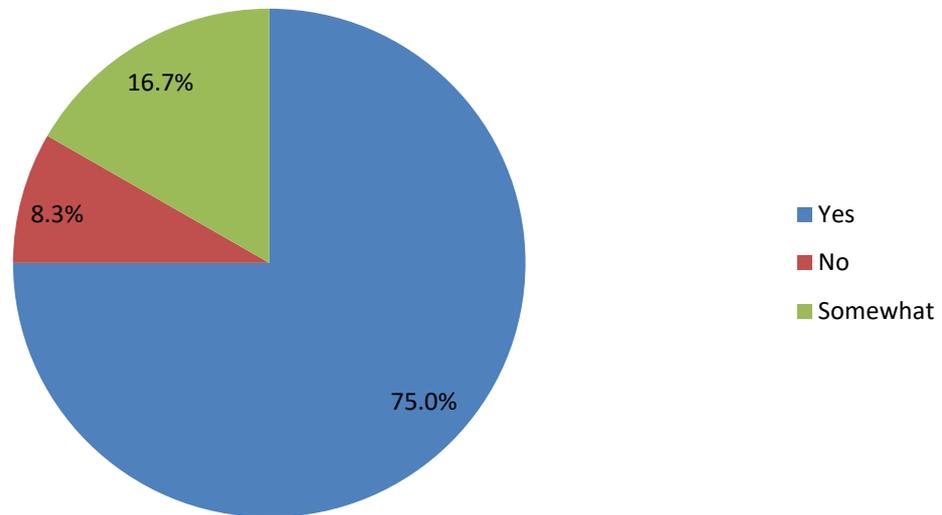
			Response Percent	Response Total
1	Yes		8.33%	1
2	Never		8.33%	1
3	Sometimes		66.67%	8
4	Don't Know		16.67%	2
			answered	12
			skipped	0

#### 4.11 Joined up Approach

When considering at a more joined up approach to language services 9 out of 12 of the responding organisations supported this approach. However, the VCSE organisations that responded wished for the following to be considered: -

- Monitor & quality review providers to ensure fair treatment of interpreters and translators
- Ensure that a patient's communication needs are recorded, understood and acted on
- Consider and include relevant previous engagements and findings into the new language services contract
- Don't lose diversity in a joined-up approach

Do you support the proposal to have a more joined up approach to language services across the local NHS?



#### 4.12 Additional Comments

##### Additional Comments

“Many people with literacy issues do not ask for help and may avoid engagement. Relatively simple/cheap suggestions e.g., opting into audio messaging; having a dedicated literacy support worker in practice to assist with explaining diagnostic letters, how to take medication, what happens at screenings etc.”

“Liverpool has a rich cultural and diverse community all the skills and experiences are here to be mobilized but warning not reliance on just volunteers without rewards.”

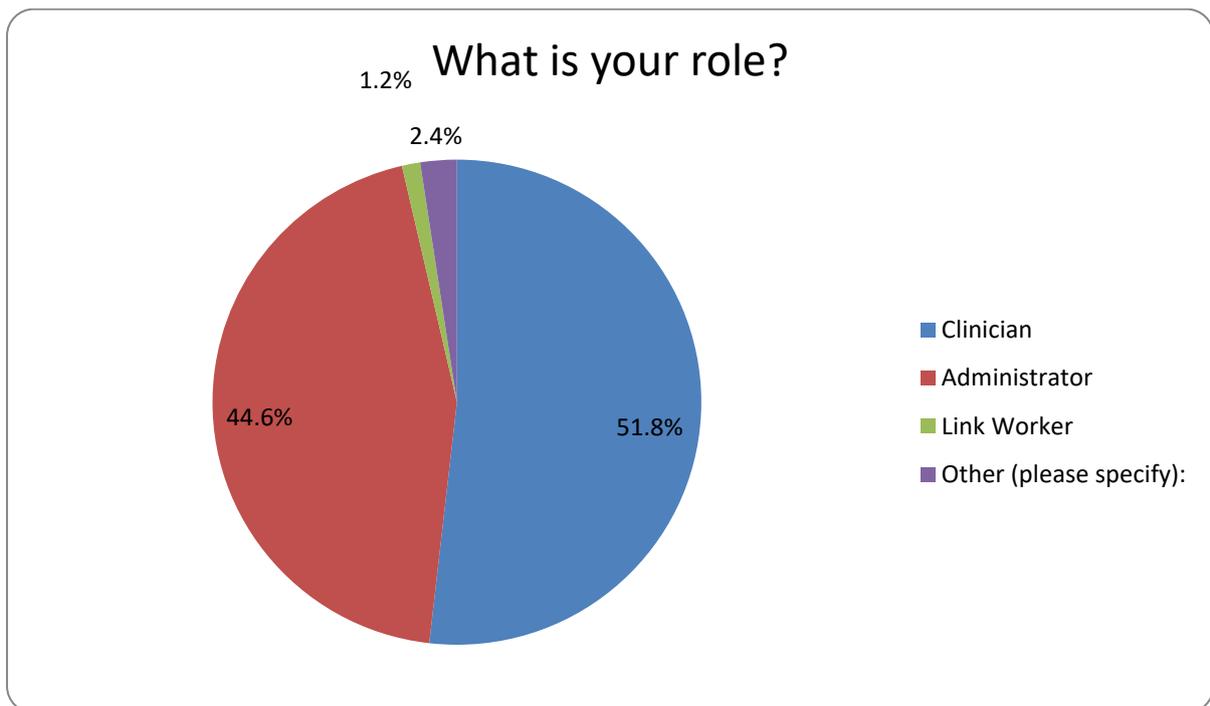
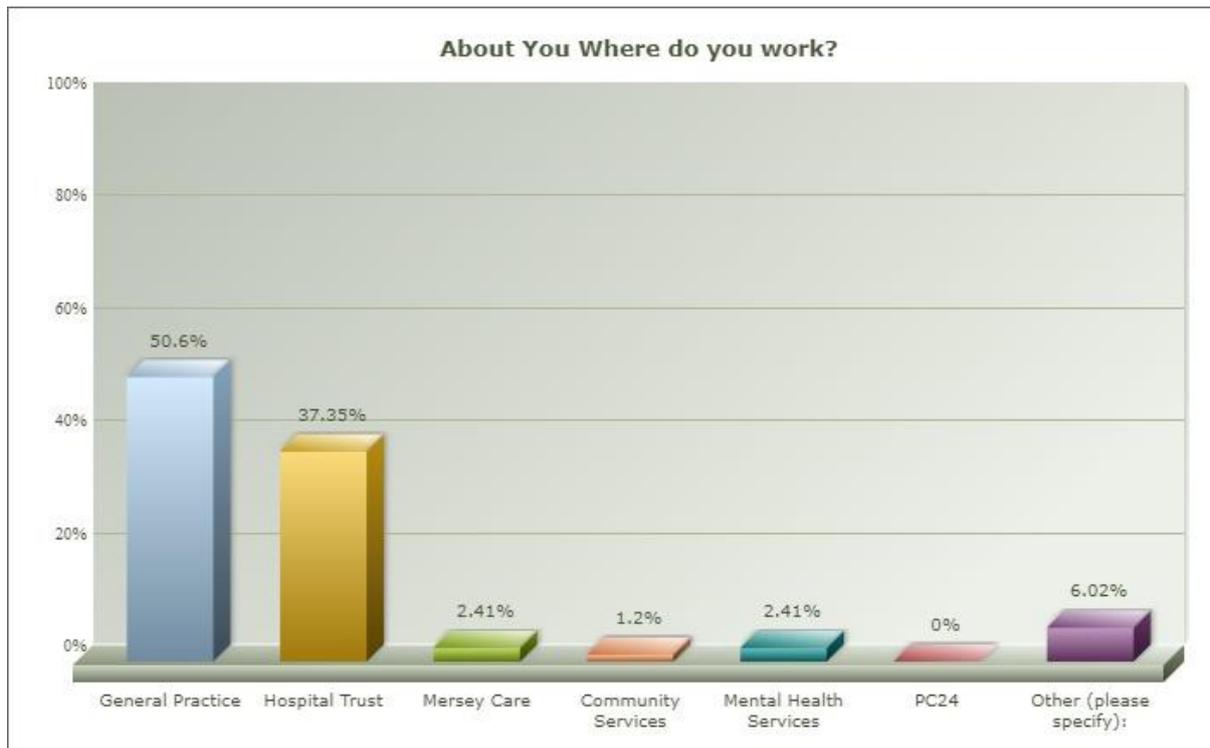
“Keep it local for the Interpreting service to manage and use local BSL Interpreters.”

## 5 Health Professionals Feedback

### 5.1 Introduction

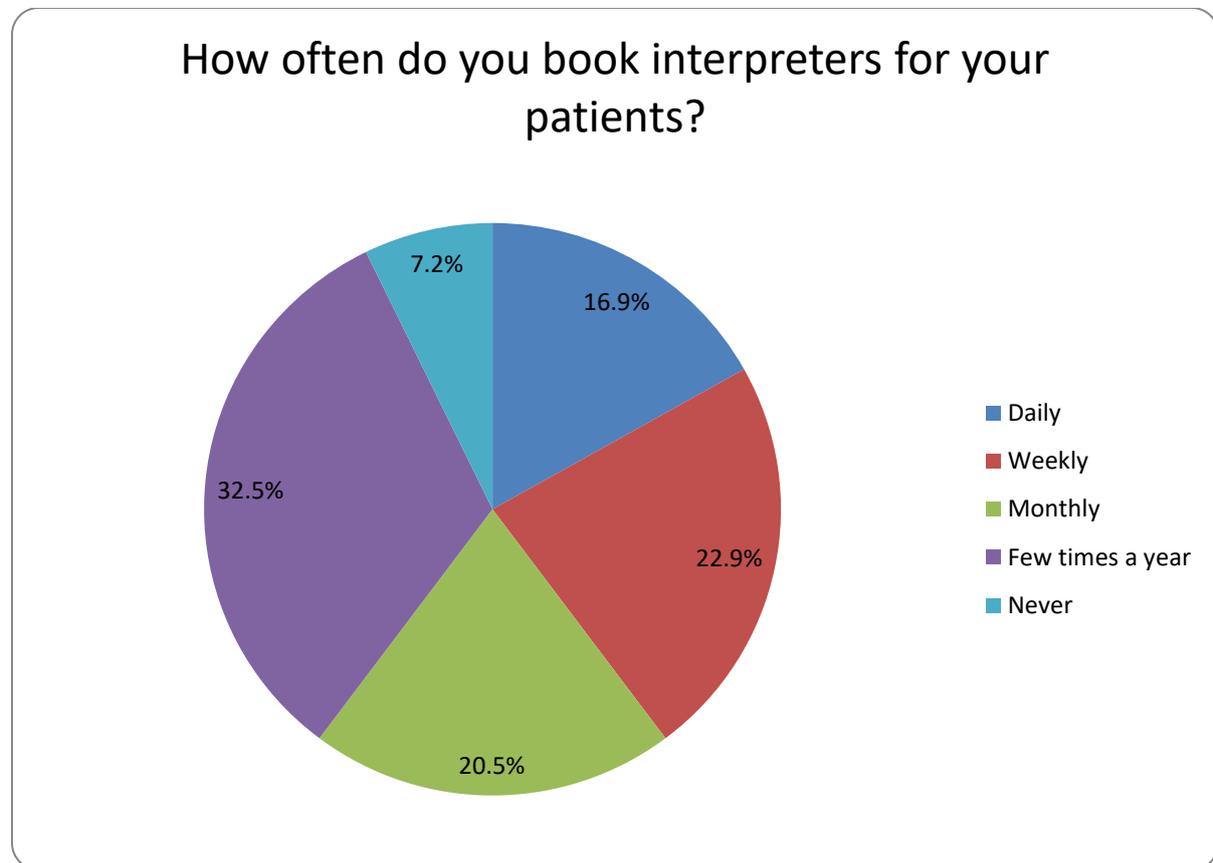
For the survey for Professionals – Clinicians and Administration Staff provided 83 individual responses from nine identified local health sectors/organisations. Nearly 90% of all respondents worked in either general practice or hospital trusts. Half of the total individual responses identified themselves as working in general practice 50.60% (42 responses); with hospital trusts at 37.35% (31 individual responses).

The split for job role showed respondents identifying as clinicians at 51.8 % (43) and administrator at 44.6% or 37 individual respondents out of 83. There was an even split of clinicians responding from general practice (20 out of 43 respondents) and hospital trusts (19 out of 43 respondents). However, for administrators there was a greater number responding to the survey working in general practice (22 out of 37 respondents) compared to hospital trusts (12 out of 37).

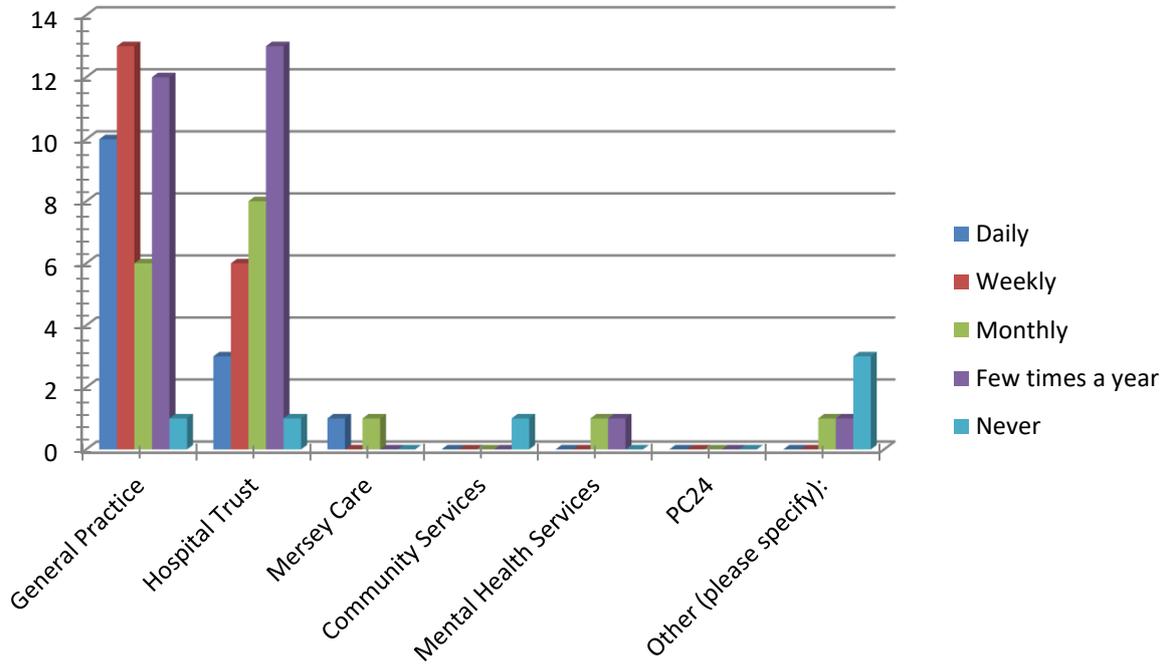


## 5.2 Frequency of booking Interpreters for Patients

Of 42 general practice respondents 69% booked interpreters for patients daily, weekly or monthly compared to 54% of the 31 hospital trust responders. Conversely 31% of the general practice responders booked interpreters only a few times a year or never compared to the hospital trusts at 45% of 31 responders.

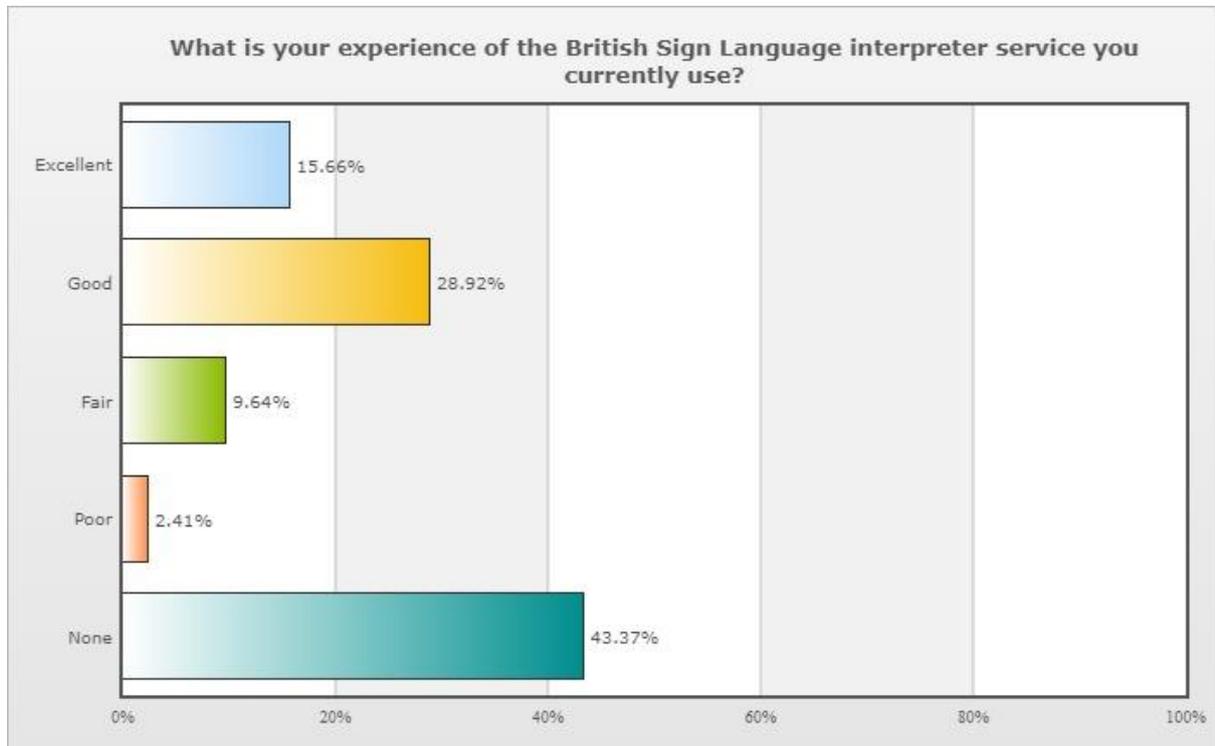


## Comparison



### 5.3 Experiences of BSL Interpreter Service

Different BSL interpreter services may be used by GP and hospital respondents.



45% rated **British Sign Language interpreter service** as good or excellent highlighting how easy it was to book and use the service and the professional standards of the interpreter

“It is very easy to use, and I can book interpreters easily”

“We don’t really have any issues the service is brilliant”

“very good but too few of them”

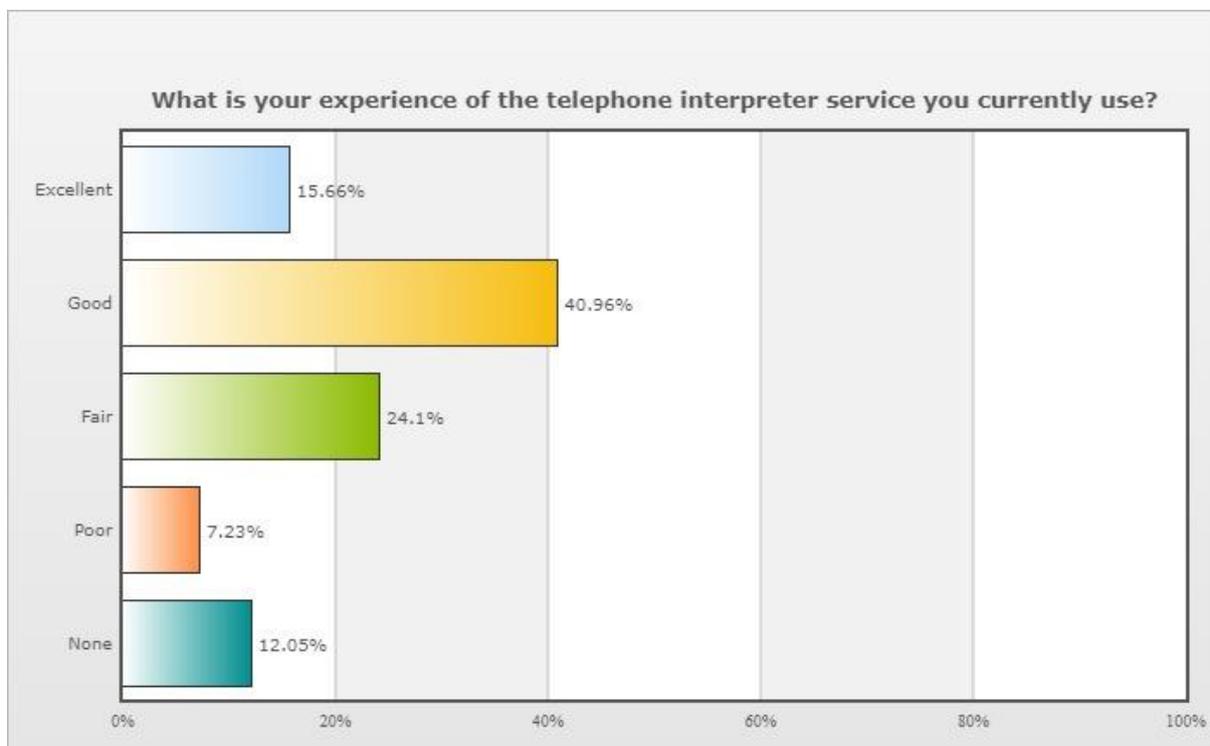
“The interpreter was amazing. Clearly very experienced at being in a clinical setting. She was very professional.”

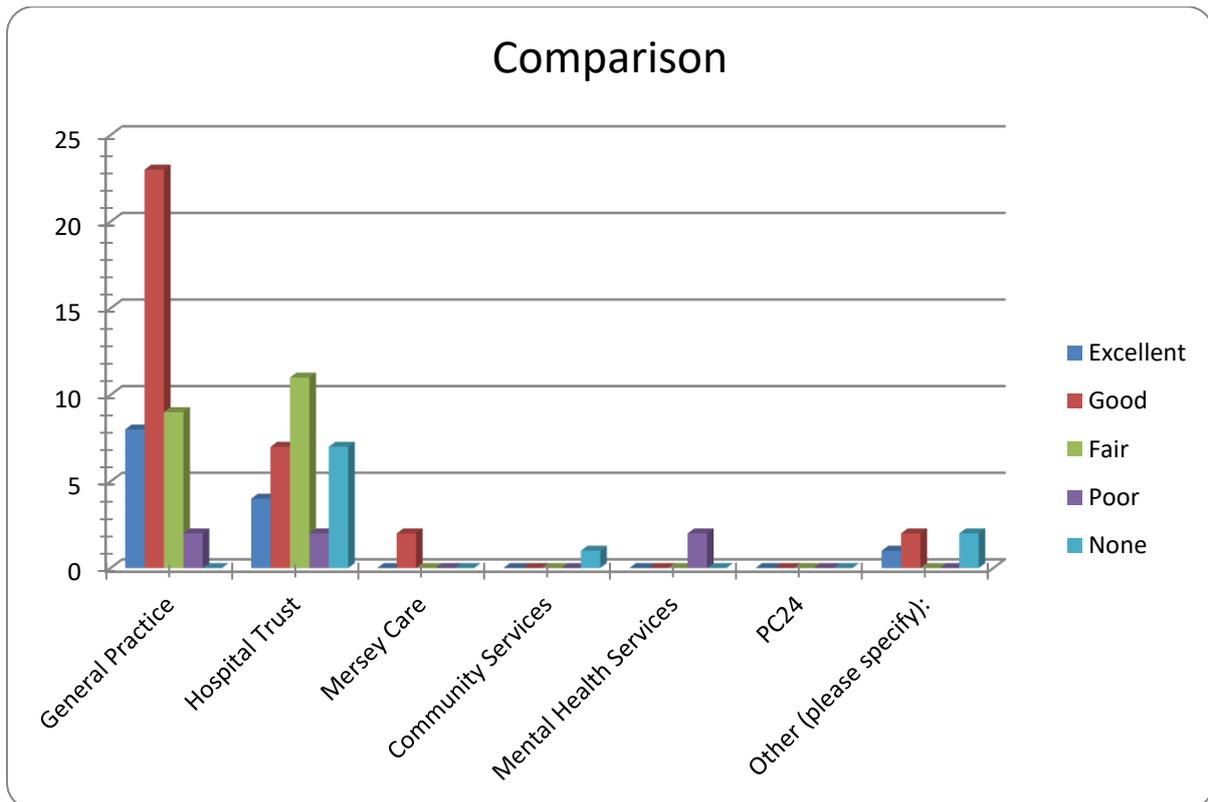
However, there were several negative comments about British Sign Language interpreter services which can be summarised as follows.

- Difficult to book and get confirmation as it is a long process with lots of form filling and a myriad of different options. “We need to print off and fill out form then scan it and fax, could do with an electronic version”; “Sometimes we have to wait for confirmation that someone will be available”
- There were some concerns that there were a finite number of good professional interpreters and this was a particular pressure for rapid access in acute settings. **“It is good when the service is activated, and the interpreter is present, not as good for acute problems.”**

#### 5.4 Experiences of telephone Interpreter service

Again, different providers of telephone interpreter services may be used by GP and hospital respondents.





Over 50% of all responders to the professionals' survey rated the telephone interpreter service as good or excellent. In comparison the strongest positive response came from general practice with 74% rating the service as good or excellent compared to 35% at hospital trusts.

Over 50% of all responders to the professional survey rated the telephone interpreter service as good or excellent. Good service with a range of languages, easy to access and use.

“Don't know what we would do without this service, I've used this service a lot recently”

“efficient quick simple to use and they are very professional and helpful”

“The telephone interpreter service is 95% good we get them on the phone, only sometimes we have to wait in the line for a while and that takes GP waiting time.”

“Easy to use, can still use with patient either in person or at home.”

However, there were several negative comments about the telephone interpreter service which can be summarised as follows.

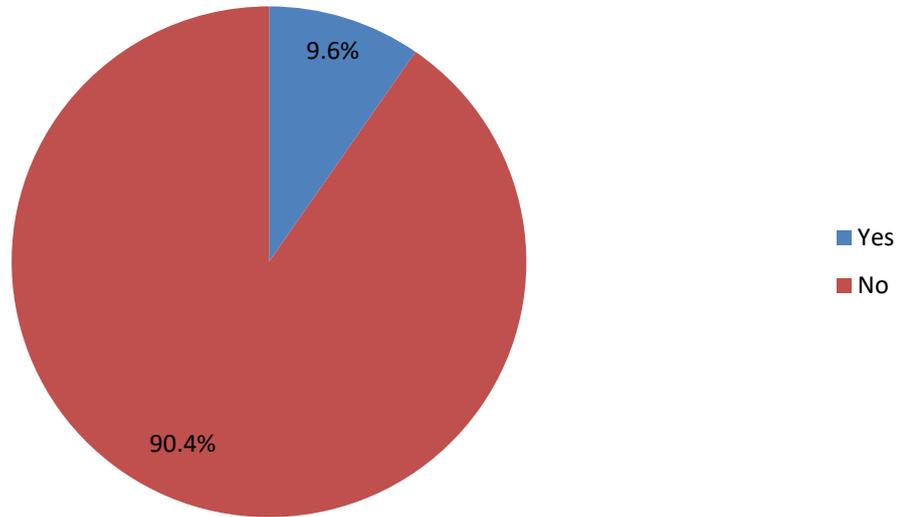
- Seldom requested languages or dialects difficult to access. “There is sometimes a long wait for a less common language e.g., Kurdish Sorani and on occasions, no interpreter has been available.”

- Booking confirmation queries. “When booking an interpreter, they send confirmation that they have the booking then on the day send an email to state that they could not fulfil a booking. This then means that we have to cancel appointments at short notice. Due to the number of emails, it can sometimes not be noticed until after a family have already left for the hospital incurring costs.”
- Technical problems can hinder service delivery. “On two occasions the call was disconnected halfway through the consultation. This has meant the consultation has to continue with a different interpreter which isn't satisfactory for patient or clinician.” And “Can sometimes be quite difficult to hear the interpreters over the phone and older patients can have a problem with this in particular.”
- Difficult to determine over the phone if information has been communicated correctly particularly in lengthy clinical consultations. **“It’s difficult to assess a level of understanding sometimes. Not always certain that the information given is correctly interpreted for the patient. In my role a conversation can be long, a lot of information has to be exchanged and this can take over an hour at least.”**

## 5.5 Video Interpreters

Of the 83 respondents to the professional survey 90.36% (75) had not used video systems for interpreters. When considering the experiences of using video systems insight is therefore limited. However, from those who had used video systems, their experiences focused on frustrations with technology such as the lack of consistent internet access to have a successful consultation.

## Have you used any video systems for interpreters?

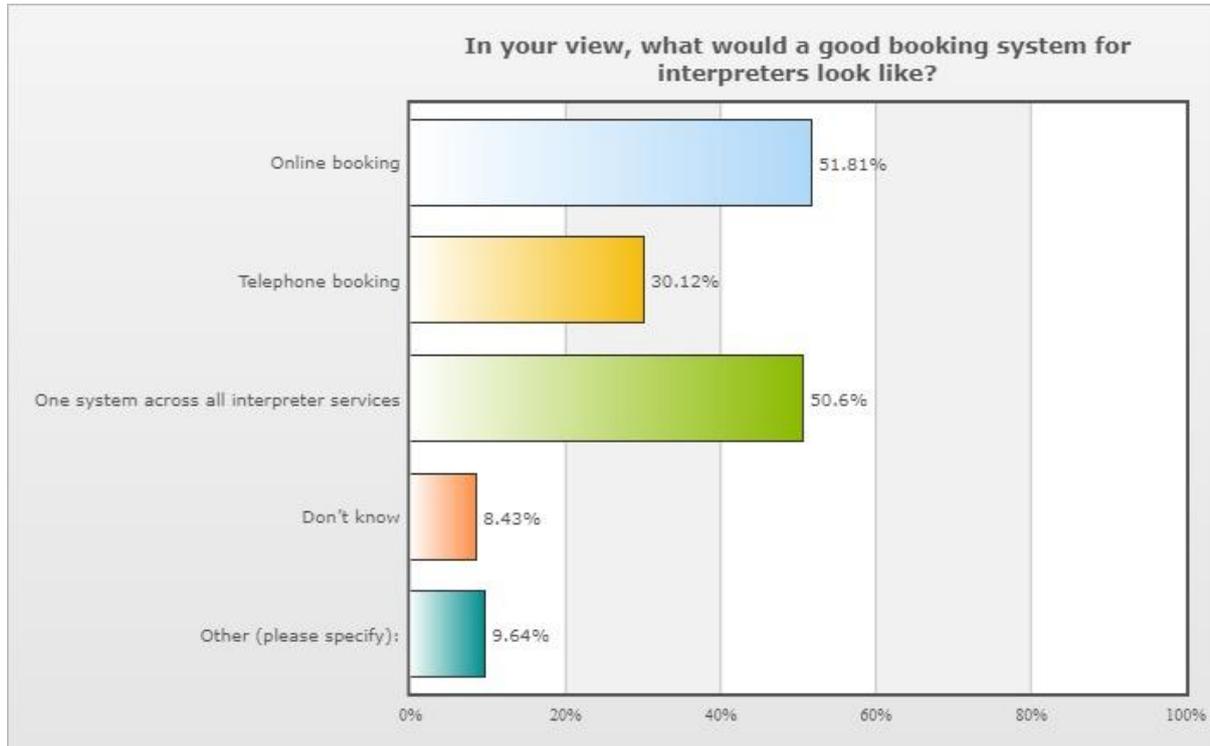


### What was your experience of this video system?

		Response Percent	Response Total
1	Excellent	3.61%	3
2	Good	3.61%	3
3	Fair	1.20%	1
4	Poor	1.20%	1
5	Not applicable – I haven't used video systems	90.36%	75
		answered	83

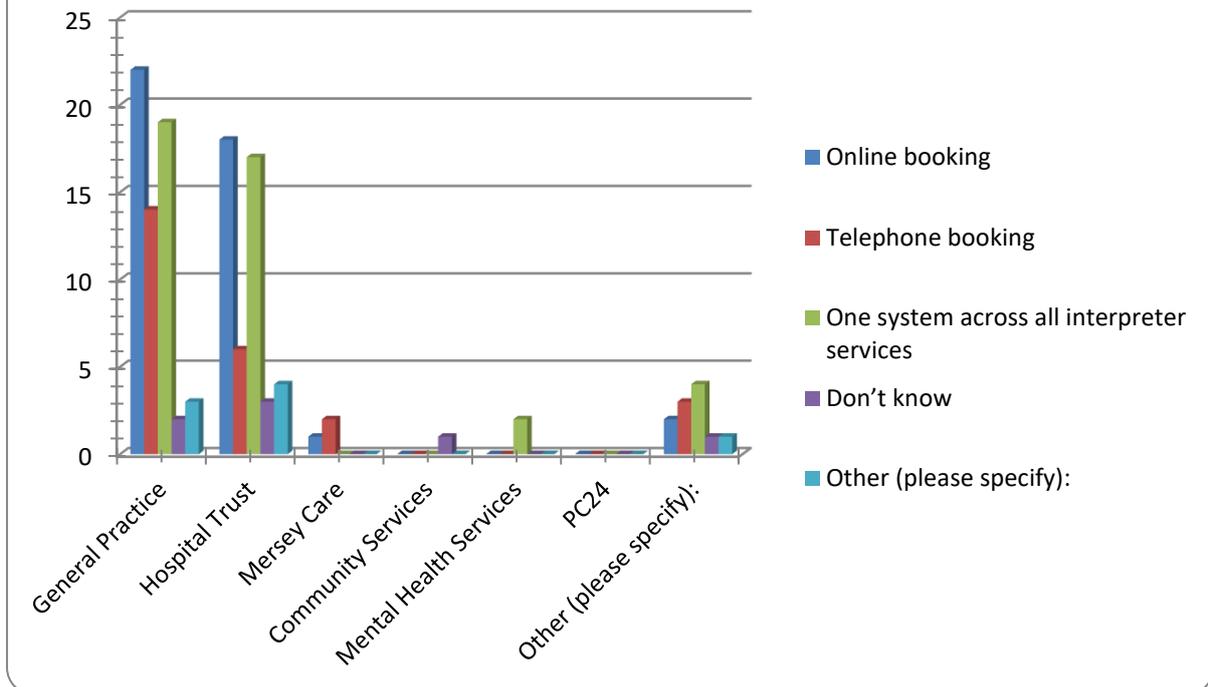
## 5.6 Describe a good booking system for Interpreters

The 83 respondents to the professional survey prioritised online booking – 51.1% (43) – and one system across all interpreter services – 50.6% (42) – with telephone booking ranked in third place: 30.12% (25). Respondents could select multiple answers.



The comparison across respondents from the two largest groups – general practice and hospital trusts – falls in line with the overall picture with online booking and one system across all interpreter services coming out first and second in priority order, respectively. However, for respondents from Mersey Care the situation is different with telephone booking having the most votes (the number of responders for Mersey Care is very low and therefore has had minimal impact on the overall figure).

## Comparison



Further information was provided by 47 respondents who suggested improvements to the booking process for interpreters as follows: -

- continuity of interpreter,
- ability for patients to request male or female interpreter,
- access to all relevant information to help plan for the appointment,
- best practice examples for clinicians to carry out an effective consultation using language services

The respondents would like of professional interpreters: -

- preference for face to face if circumstances allow
- it would be beneficial if the interpreters were medically literate
- awareness training in mental health issues.

For written materials, it was considered important to have easier and quicker access to standardised text. For technology, having the right number of devices to be able to provide services efficiently and quickly was considered important. Finally, the telephone interpreter services mainly received positive reviews, however there were some limitations. For example, discussions involving complex case histories and elderly/hearing impaired patients who require a spoken community language is often further impacted by background noise.

“Standard advice for clinicians on best practice and how to use interpreters to get best experience for our patients”

“Greater ease of asking for a particular interpreter, or one with specific skills.”

“Easy access to translation of documents. This is very expensive and should be centralised for standard leaflets and information.”

“Just to have the tools to be able to provide a service quickly.”

“Need something for hearing impaired patients who don't speak English.”

## 5.7 Translations

The charts below demonstrate respondents' frequency of putting information into Easy Read format, other languages and other formats such as large print, braille and audio for patients. Nearly 50% of respondents have never had to do this for Easy Read, just over 40% for other languages and over 60% for other formats, such as large print, braille and audio, within their job role.

How often do you put information into Easy Read format for your patients?			Response Percent	Response Total
1	Daily		2.41%	2
2	Weekly		9.64%	8
3	Monthly		10.84%	9
4	Few times a year		30.12%	25
5	Never		46.99%	39
			answered	83
			skipped	0

How often do you translate information into other languages for your patients?  
E.g., Chinese

			Response Percent	Response Total
1	Daily		1.20%	1
2	Weekly		7.23%	6
3	Monthly		19.28%	16
4	Few times a year		30.12%	25
5	Never		42.17%	35
			answered	83
			skipped	0

How often do you put information into other formats e.g., large print/braille/audio for your patients?

			Response Percent	Response Total
1	Daily		0.00%	0
2	Weekly		2.41%	2
3	Monthly		6.02%	5
4	Few times a year		30.12%	25
5	Never		61.45%	51
			answered	83
			skipped	0

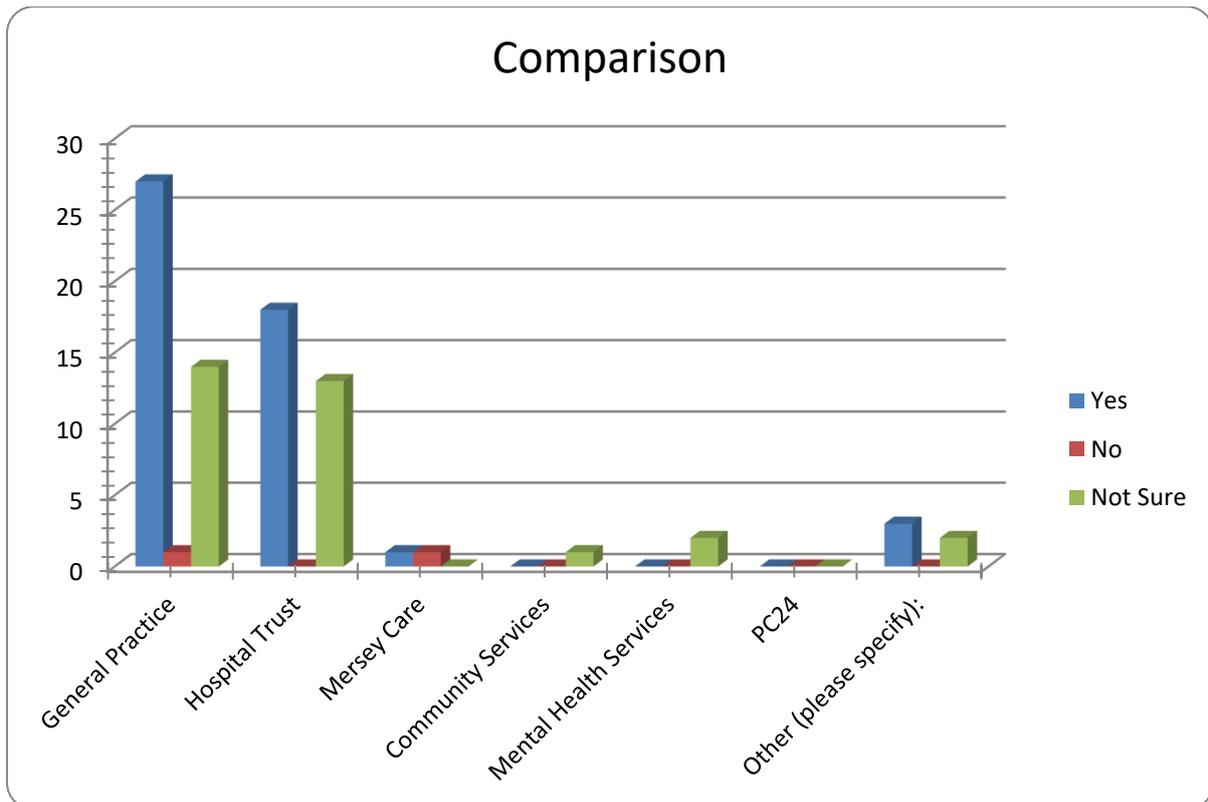
When the respondents were asked how they currently arrange for information to be translated or put into other formats at present, they fell into the following categories.

- An NHS team (internal or external to organisation) arranges translation
- Use internet tools such as google translate
- For singular items may use an external organisation: “Single request under quotation”; “It just takes a long time.”

From the qualitative analysis it would appear that translation is something that is seldom requested and can therefore take time to organise and be expensive to administer as usually one-off items are purchased. **“Have previously tried to arrange to have leaflet translated into another language however due to the cost for a one off unfortunately I was told that it wasn't feasible.”** This suggests it may be beneficial to pool resources and have a more joined up approach to some translated material.

Respondents were asked if they would like translation to be part of the new contract. Of the total nearly 60% answered yes whilst nearly 40% were not sure. In comparison between general practice and hospital trusts the split between yes and not sure was broadly similar. With general practice slightly more in favour with a 64%/33% split compared to hospital trusts at 58%/41% not sure.

Would you like translation / other formats to be part of the new contract arrangements?				
			Response Percent	Response Total
1	Yes		59.04%	49
2	No		2.41%	2
3	Not Sure		38.55%	32
			answered	83



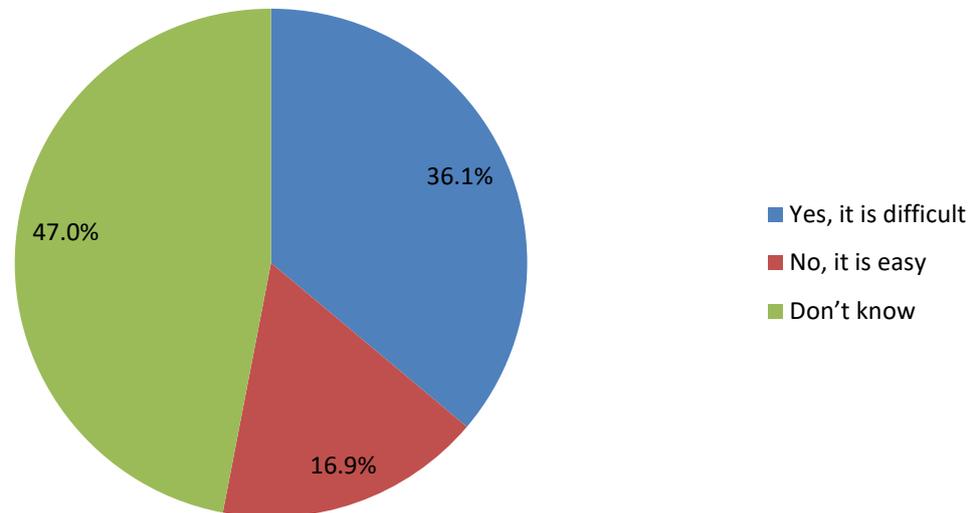
## 5.8 Registering with a GP

Wanting to understand better the processes of registering with general practice, respondents were asked whether they were aware of any difficulties in registering at a GP practice for patients with communication/language support needs. Of the total 36.1% said yes, it is difficult, 16.9% no it is easy and 46% didn't know.

The following suggestions were made for how the process of registering with a general practice might be improved.

- Use a variety of formats to engage with patients. **“Additional sheets in different languages to support them in registering.”** And ensure technology is utilised
- Establish communication needs early and review regularly. “Could patients have a 'communication passport' detailing what level of support they may need.”
- Develop links with organisations that support refugees to ensure smooth registration and flow of information
- Ensure that the process for getting language services support for patients is promoted across the local NHS so that providers who seldom access services are able to easily offer support

## Are you aware of any difficulties in registering at a GP practice for patients with communication/language support needs?



### 5.9 Making Appointments

When asked 'where you work, are there any systems in place to help people contact you / make appointments if for spoken language they don't have English as a first language' there was a fairly even split in responders: 49.4% responded yes and 50.6% no. In comparison there was a greater negative response from hospital trusts compared to general practice; with hospital trust yes 35% (11) and no 64% (20) out of 31 respondents, and general practice 54% (23) yes and 45% (19) out of 42.

The systems that were described to support people when English is not their first language can be summarised as follows: -

- Communications information on all patient correspondence. "Yes, and there is a language box on all our patient information to instruct patients how to do this." And "All screening and recall letters have links to different languages."

For the question 'Where you work, are there any systems in place to help people make appointments / contact you if they are D/deaf?' In reply 46 (55%) out of 83 respondents answered yes.

The systems that were described to support people who are D/deaf can be summarised as follows: -

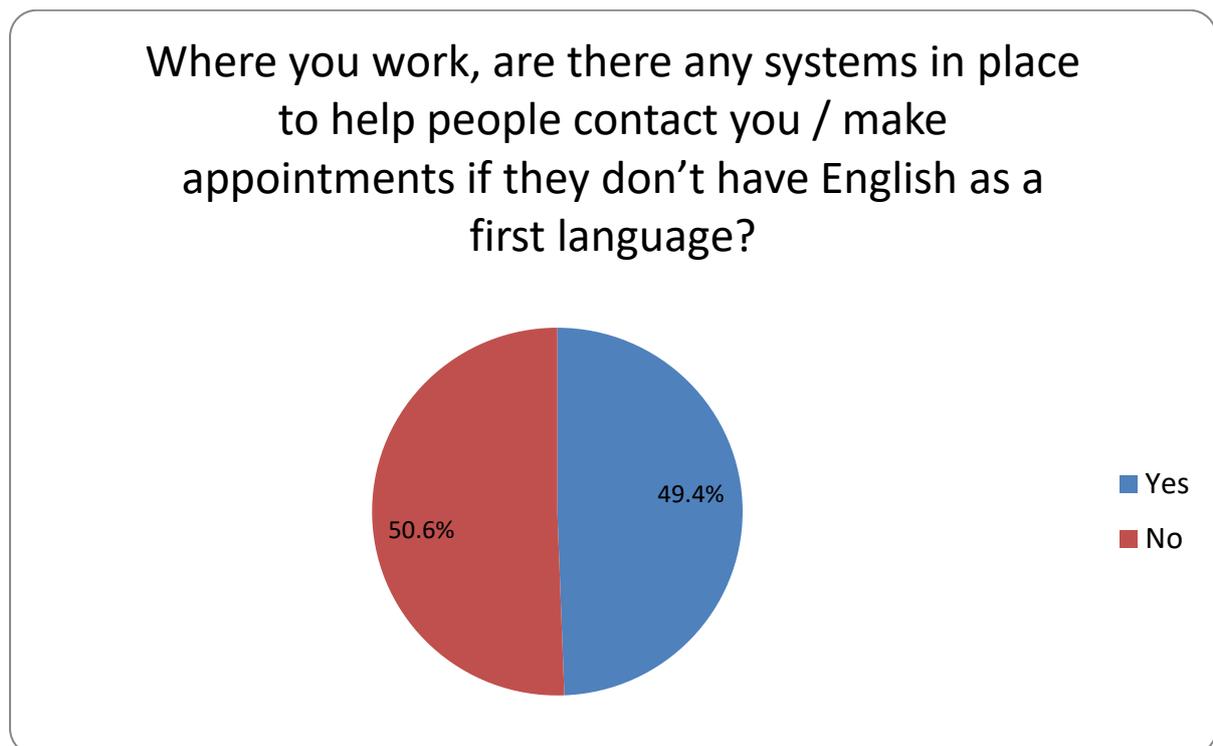
- E-Consult or Email: "could use e-consultation or email the practice."

- Text Services: “there is a text phone number on the patient information leaflets”
- Access to Typetalk
- Hearing loop: “we have a hearing loop for people who are hard of hearing rather than deaf”

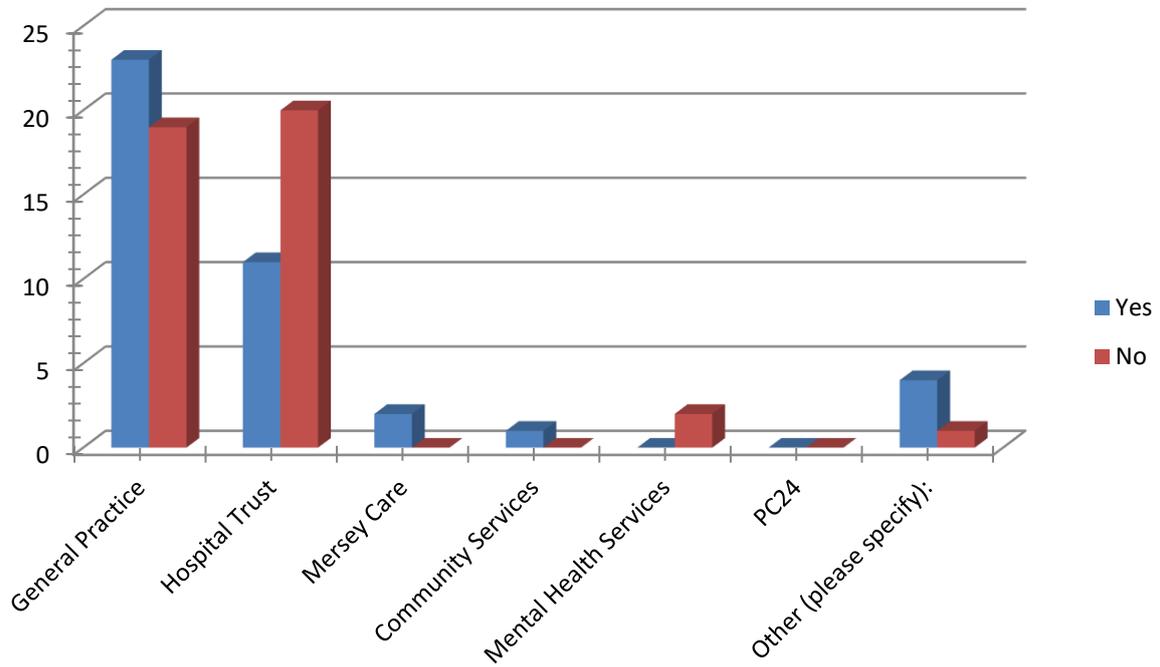
For the question ‘Where you work, are there any systems in place to help people with other communication needs make appointments / contact you?’ In reply 39 (47%) out of 83 respondents answered yes.

The systems described to support people with other communication needs can be summarised as follows: -

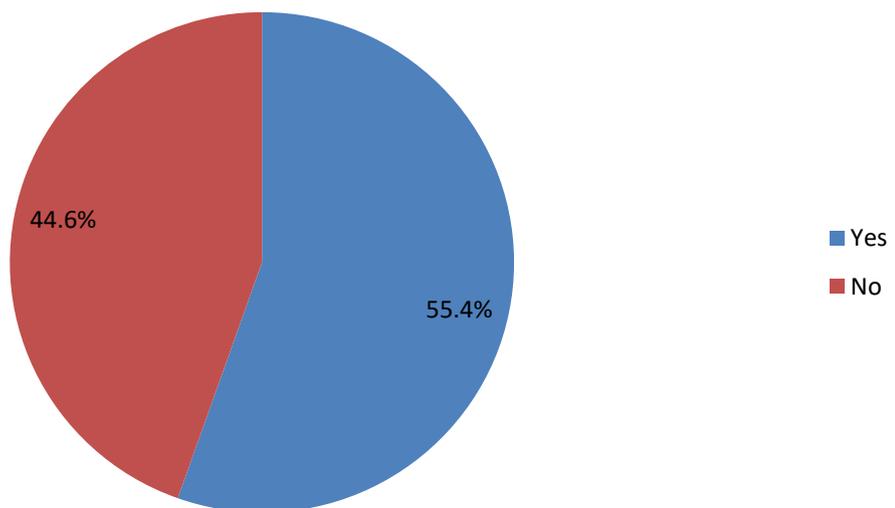
- Online, email and e- consult: “this need improving as limited to either telephone, in person, online”
- Individual communications plan: “can also agree individual communication plans if patients wish to communicate in a preferred method.”
- Support worker or family and friends with consent



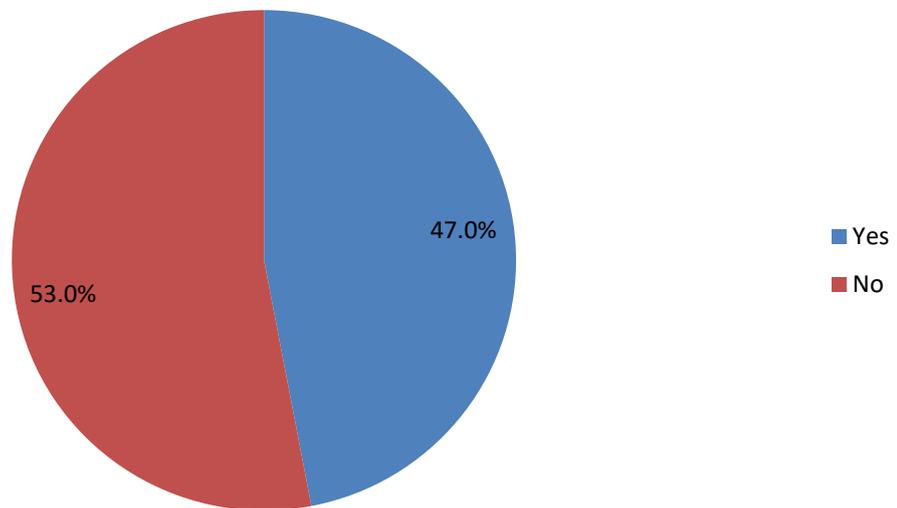
### Comparison



Where you work, are there any systems in place to help people make appointments / contact you if they are D/deaf?



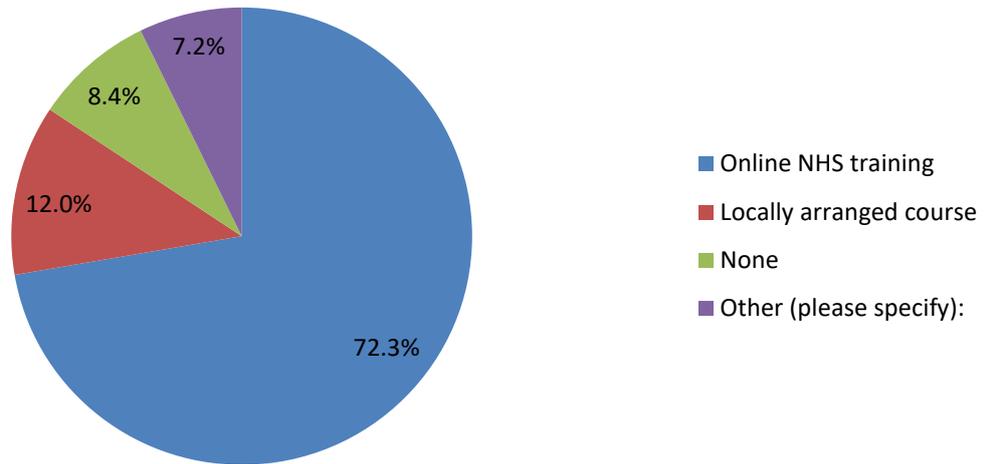
Where you work, are there any systems in place to help people with other communication needs make appointments / contact you?



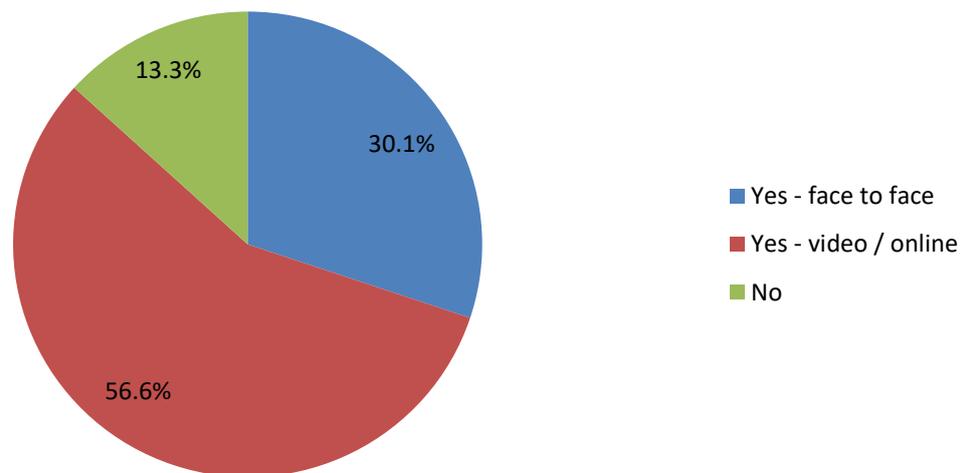
### 5.10 Cultural Awareness/Training

The majority of respondent, 72.3% had taken part in online NHS cultural awareness training to help them understand patients' different needs and how the NHS must support them. For the NHS in Liverpool the preferred training approach was to keep it online as this would allow greater flexibility in terms of access.

What cultural awareness/diversity training have you had to help you understand patient's different needs and how the NHS must support them?

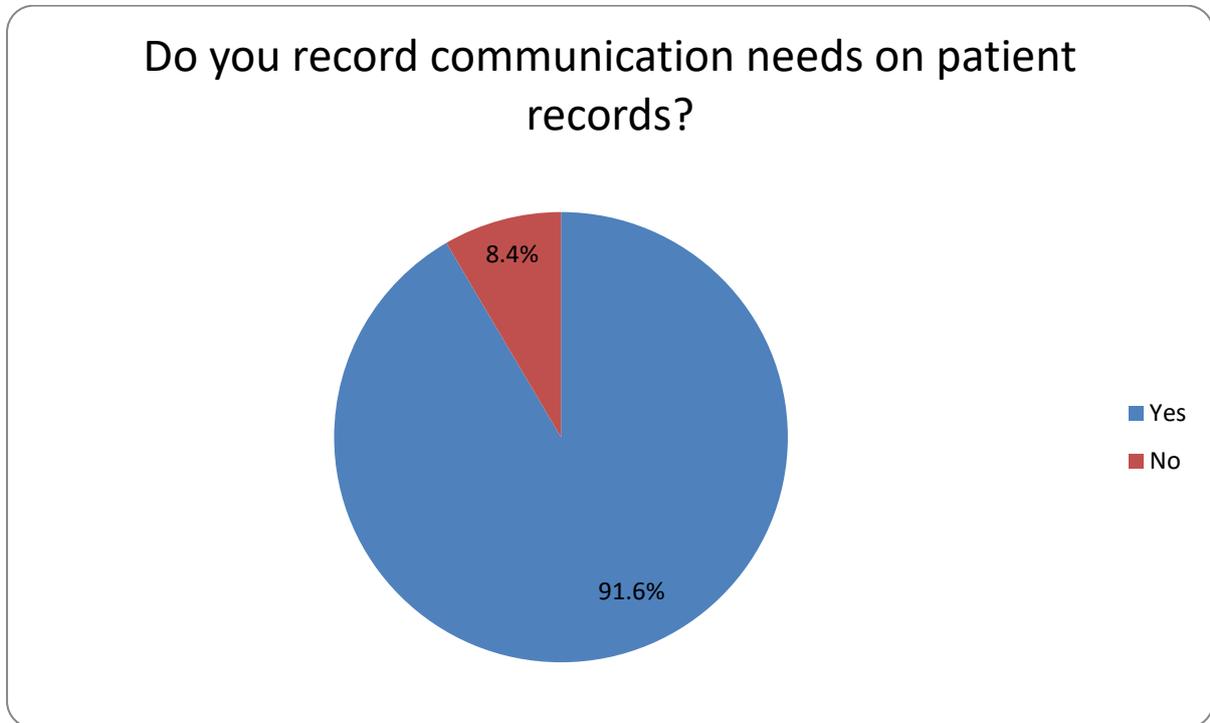


Do you think a specific training approach about these issues would be useful for the NHS in Liverpool?



### 5.11 Communication Needs

Over 90% of respondents recorded the communication needs of their patients, with 80% or 67 out of 83 respondents referring to those communication needs before contacting a patient.



Do you refer to communication needs when contacting patients?				
			Response Percent	Response Total
1	Yes		80.72%	67
2	No		19.28%	16
			answered	83
			skipped	0

This does seem to differ from the service users' experiences reported earlier.

## 5.12 Social Value

We would like to increase the wider benefits (social value) we gain from language and communication services. Would you support any of the following? (please tick all that apply)

		Response Percent	Response Total
1	Using interpreters from Liverpool where possible		78.31% 65
2	Using translators from Liverpool where possible		71.08% 59
3	Training local people as interpreters		73.49% 61
4	Volunteer/trainee interpreters to support inpatients with non-medical needs (e.g., someone to talk to/ordering food, etc.)		69.88% 58
5	Training local people as translators		63.86% 53
6	Supporting patients to gain/improve English skills		81.93% 68
7	Support for NHS staff on working with interpreters		77.11% 64
8	Cultural awareness training for NHS staff		73.49% 61
9	Other (please specify):		12.05% 10
		answered	83

### Social Value – Further suggestions

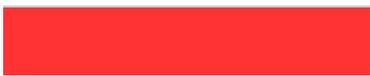
“Establish local NHS staff support network & utilise staff talent “to enable the sharing of good practice and learning”

“Establish links to the local voluntary sector and develop relationships.”

“Support patients to access information online.”

### 5.13 Joined up Approach

The majority of respondents, 85.37% (70 out of 82) supported the proposal to have a more joined up approach to language services across the local NHS. Some commented that **“A standardised approach would improve consistency and share learning. However, we would need to consider the cost implications in comparison to the current contractual arrangements.”** Furthermore, it was suggested that the availability and continuity of interpreters at appointments and prioritising patient needs would improve language services: **“I believe effective communication is the key to quality of care for our patients.”** There was also a call under the new joined up approach to smooth out the booking process: **“Because I think it will great when we have one central system that we can get all our bookings rather than as it is now.”**

Do you support the proposal to have a more joined up approach to language services across the local NHS?				
			Response Percent	Response Total
1	Yes		85.37%	70
2	Somewhat		12.20%	10
3	No		2.44%	2
			answered	82
			skipped	1

### 5.14 Additional Comments

#### Additional Comments

- Invest in our greatest asset our NHS staff teams
- “It is essential to be culturally aware so we have a greater understanding which will enable quality holistic care.”

- Accessible written materials in a variety of formats for standard NHS information and an online resource
- “accessible material for basic sentences and an online site for us to direct patients too”
- Improve the process of cancelled appointments for all parties
  - Engage and involve the community
- “It's great to see this - we have been thinking about it in-house and I'm pleased it's being thought about on a bigger scale.”

## 6 Interpreter and Translator Feedback

### 6.1 Introduction

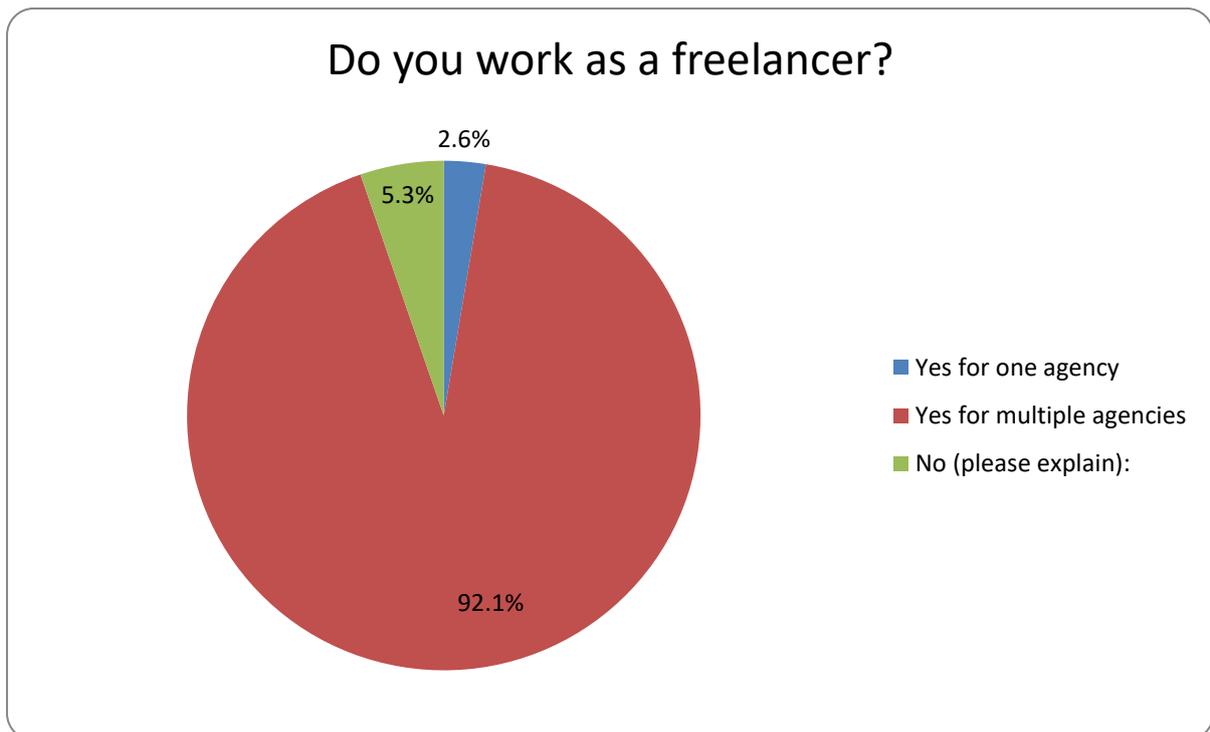
The survey for interpreters and translators in Liverpool and Sefton had 38 individual responses. Half of the group (19 out of 38 individual responses) described their role as an interpreter for British Sign Language (BSL) with the second largest group describing their role as an interpreter for community languages (17 out of 38 responses). The two areas that didn't receive any response were translator to Easy Read and braille.

The overwhelming majority of interpreters and translators responding (35 out of 38 individual responses) across all disciplines worked freelance with multiple agencies.

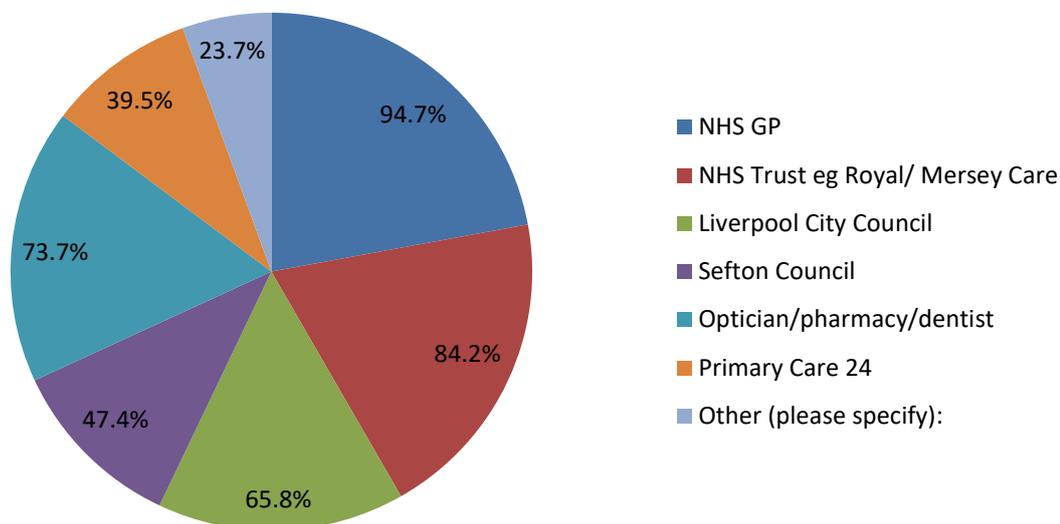
The respondents have experience of providing services to the local health and social care economy across Liverpool and Sefton. The top four areas that respondents have provided services for were NHS general practices (94.7% of individual respondents had experience of providing services to general practices), NHS Trusts (84.2%), optician/pharmacy/dentist (73.7%), and Liverpool City Council (65.8%).

About You What is your role? Please tick all that apply				
			Response Percent	Response Total
1	Interpreter – BSL		50.00%	19
2	Interpreter - community languages		44.74%	17
3	Interpreter - Deafblind		13.16%	5
4	Interpreter - Lipspeaker		5.26%	2
5	Translator – Easy read		0.00%	0

About You What is your role? Please tick all that apply				
			Response Percent	Response Total
6	Translator - Community languages		21.05%	8
7	Translator - Braille		0.00%	0
8	Translator - BSL		7.89%	3
9	Translator - video		10.53%	4
10	Translator - Audio		7.89%	3
11	Other (please specify):		5.26%	2
			answered	38
			skipped	0



Have you provided services for any of the following (please tick all that apply)?



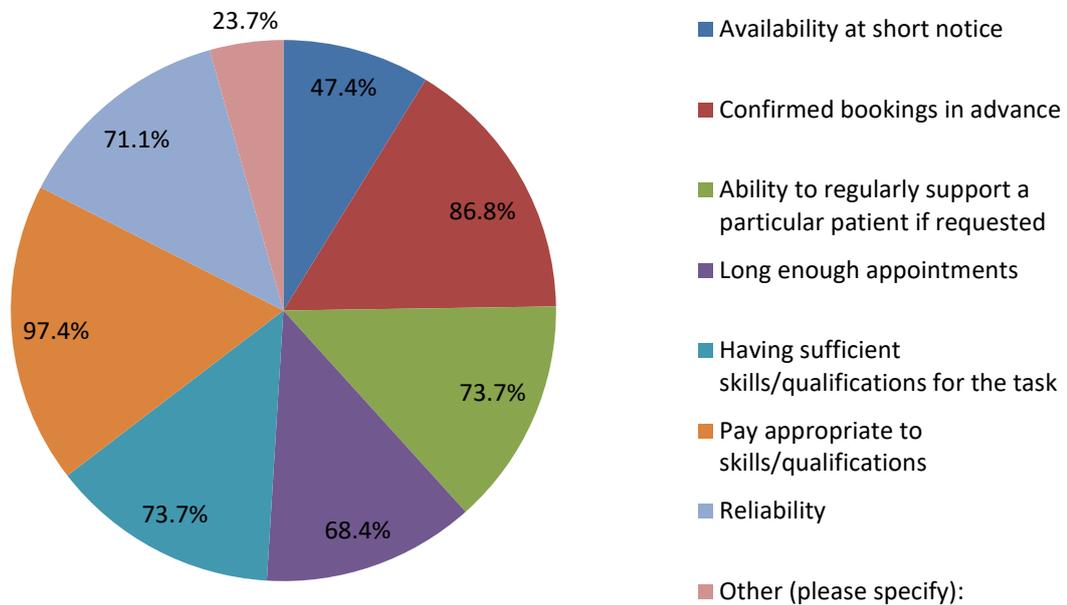
## 6.2 What is Important to you

Respondents were asked 'what is important to you in how you can provide your service'. The most popular responses were: - pay appropriate to skills/qualifications (97.4%), confirmed bookings in advance (86.8%) and having sufficient skills/qualifications for the task (73.7%).

From the analysis respondents have also suggested the following.

- Use only professional qualified Interpreters with experience in healthcare setting
- Consider awarding contracts to reputable agencies that know the local demographics and wont drive down standards, fees and working conditions
- NHS staff training on the booking process for language services and awareness training on client communication and cultural needs
- Full information on bookings to be passed to the interpreter/translator in good time, prior to the appointment
- A clear point of contact if things go wrong and the client/patient wants to complain. "A clear point of contact for deaf patients to make complaints if NHS services fail to provider BSL interpreters."

What is important to you in how you can provide your service? (You can tick more than one).



### 6.3 Qualifications

#### Deaf/Deafblind

Qualifications: We are considering making the following qualifications a requirement for providing interpreter services. Please indicate your thoughts on the following: a) Deaf / Deafblind I. For clinical appointments, interpreters/notetakers/translators must be on the National Registers of Communication Professionals working with Deaf and Deafblind People or SASLI, the Scottish Association of Sign Language Interpreters and RBSLI, the Regulatory Body of Sign Language Interpreters., and if this is impossible, ensuring BSL level 6 standard.

			Response Percent	Response Total
1	Agree		87.88%	29
2	Disagree		12.12%	4

“Absolutely! Access to professionally qualified interpreters is vital to ensure that Deaf people have equal access to health services and to comply with the equality act.”

At nearly 90% there was overwhelming agreement that interpreters and translators for clinical appointments should have met a certain professional standard. However, there were some nuances to the consensus as follows.

- Registered professionals only

“I do not advocate the use of anyone not on the register (NRCPD or RBSLI); this will cover all registered qualified Interpreters and trainees too. This is the only way to ensure that the person coming in is DBS checked, competent and insured.”

- Level 6 qualification on its own is not enough

“Having level 6 in BSL does not mean the individual has the required skills or training to interpret”

- If at short notice and a qualified face to face interpreter is not available, make use of different formats e.g., video interpreter

“It is a very high level for some appointments and agencies are not always willing to pay for the speciality. But it is very hard to know when an appointment will need a more qualified interpreter.”

ii. For non-clinical/administrative support (e.g., to support an inpatient at hospital with ordering food), a Level 3 certificate in BSL would be acceptable in order to increase access and provide a development pathway for new language professionals.

			Response Percent	Response Total
1	Agree		41.38%	12
2	Disagree		58.62%	17
			answered	29

For non-clinical support, the majority 58.62% (17 respondents) agreed compared to 41.38% (12 respondents) who disagreed with the proposal that a level 3 qualification would be acceptable.

- Qualified and registered interpreters only

“Only a qualified language professional should be used. Level 3 is akin to A level in foreign language. At that stage without any additional training those people are still acquiring language fluency.”

- Define, manage and support the Level 3 role as non-clinical

“This would need to be carefully managed and supported as exposing learners to these environments could easily lead to them being pressured into formal interpreting activities, despite being unqualified and ill-equipped.”

- Poor patient outcomes

“The frustration of low-level communication whilst being ill would exacerbate mental well-being & delay healing.”

iii. For patient support (e.g., while patients stay in hospital), volunteers/trainee language professionals would be acceptable to improve communication and provide a development pathway for volunteers/trainees.

			Response Percent	Response Total
1	Agree		37.50%	12
2	Disagree		62.50%	20
			answered	32

For patient support 62.5% (20 respondents out of 32) disagreed with the proposal that it would be an acceptable way to improve communication and provide a development pathway for volunteers/trainees.

- Qualified and registered interpreters only

“It is imperative that the deaf patient is given access to a qualified interpreter.”

- Define the volunteer/trainee role as non-clinical and provide careful supervision of the role

“Under a strictly managed system where all volunteers were clearly identifiable to NHS staff, who knew those volunteers were not to be used for patient consultations, discussions about treatment and medication or to relay test results and medical information.”

## Qualifications – Community Languages

Community Languages I. For clinical appointments, interpreters/notetakers/translators must be on the National Register of Public Service Interpreters.

			Response Percent	Response Total
1	Agree		78.38%	29
2	Disagree		21.62%	8

However, there was variation in comments regarding use of other registers and suitable qualifications.

- Yes registered, qualified community language professionals

“Community Interpreters should be suitably qualified transparent & accountable to provide a professional service.”

- Consider other suitable national registers for professional community language interpreters

“I get my professional accreditation by qualified membership of the Institute of Translation & Interpreting”

- Registration can be an expensive process

“Some level of quality requirement would have the dual benefit of ensuring some quality control, and also pushing the agencies to pay qualified professionals fees that are more commensurate with the skill/qualification level”

ii. For non-clinical/administrative appointments, interpreters/notetakers/translators must have an appropriate Level 3 qualification or relevant experience.

			Response Percent	Response Total
1	Agree		62.86%	22
2	Disagree		37.14%	13

62.86% agree that for non-clinical/administrative appointments interpreters/notetakers/translators must have an appropriate Level 3 qualification or relevant experience.

However

“I fail to see how this delineation of tasks can work. Clear communication is always important no matter the topic.”

“I would have real concerns as to what would constitute non-clinical work and who would define this.”

iii. For patient support (e.g., while patients stay in hospital), volunteers/trainee language professionals would be acceptable to improve communication and provide a development pathway for volunteers/trainees.

			Response Percent	Response Total
1	Agree		34.29%	12
2	Disagree		65.71%	23
			answered	35
			skipped	3

65.71% disagree for patient support (e.g., while patients stay in hospital) volunteers/trainee language professionals would be acceptable to improve communication and provide a development pathway for volunteers/trainees.

“Patient support sounds like a devised work to indicate unimportant things, however often a very straightforward conversation can lead to very important information needing to be discussed”

“Volunteers with language skills may well be helpful, but it’s not really a development pathway - proper interpreting training is.”

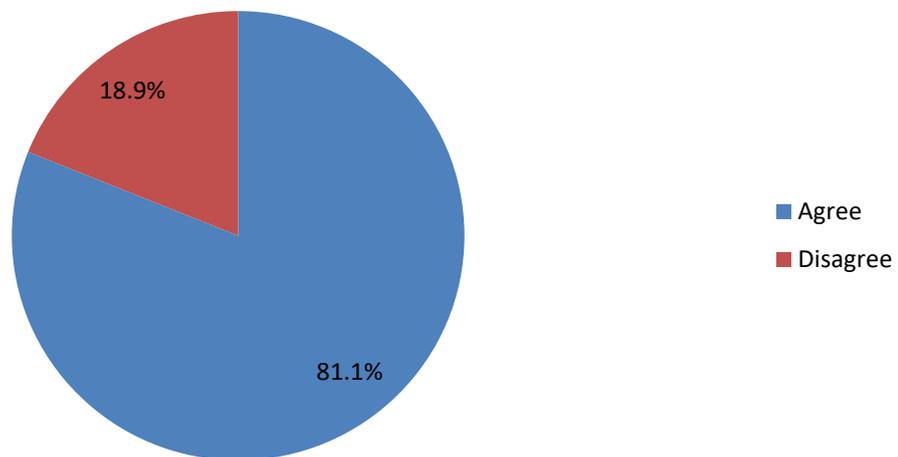
“I would be concerned about what role such volunteers/trainee language professionals would have in hospitals. However, it would be useful for certain staff on wards having the ability to communicate such concepts to ascertain pain levels etc.”

## 6.4 Separate Lots for Procurement

There was strong support with over 80% (33 individual responses) in agreement of splitting the contract into lots to enable specialist providers to bid for different parts of the contract. From the analysis there was consensus that matching a BSL provider with a BSL interpreter was a good idea: **“This is how all contracts should be awarded.”** And **“Many BSL interpreters prefer to work with Specialist BSL**

**specific agencies due to the fact that they understand completely the issues faced within our profession.”** There was a strong voice amongst BSL interpreters who wished to see specialist providers when splitting the contract into lots. **“This is essential to ensuring effective BSL interpreting provision.”** Whilst cautioning against over reliance. **“I strongly agree that BSL services should be specialist, but the danger with picking one provider is a creating a monopoly and lack of choice.”**

We are thinking of splitting the contract into lots to enable specialist providers to bid for different parts of the contract. What do you think of this arrangement?



## 6.5 Social Value

To increase the wider benefits gained from these services respondents were most in favour of support for NHS staff on working with interpreters (33 individual responses out of 38) and secondly cultural awareness training for NHS staff (30 individual responses out of 38).

We would like to increase the wider benefits/social value we gain from these services. Would you support any of the following? (please tick all that apply)

			Response Percent	Response Total
1	Using interpreters from Liverpool where possible		73.68%	28
2	Using translators from Liverpool where possible		60.53%	23
3	Training local people as interpreters		36.84%	14
4	Volunteer/trainee interpreters to support inpatients with non-medical needs, e.g., someone to talk to / ordering food etc.		31.58%	12
5	Training local people as interpreters		23.68%	9
6	Training local people as translators		21.05%	8
7	Supporting patients to gain/improve English skills		23.68%	9
8	Support for NHS staff on working with interpreters		86.84%	33
9	Cultural awareness training for NHS staff		78.95%	30
10	Other (please specify):		23.68%	9
			answered	38

We would like to increase the wider benefits/social value we gain from these services. Would you support any of the following? (please tick all that apply)

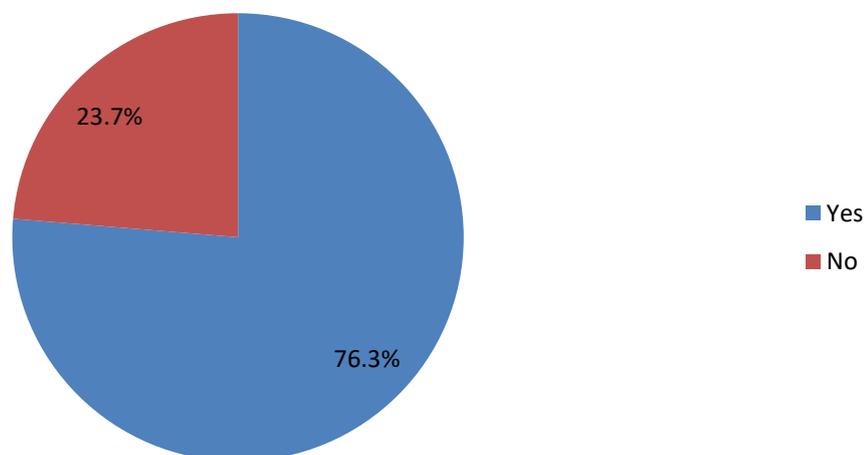
	Response Percent	Response Total
	skipped	0

## 6.6 Barriers to providing a good service

Respondents to the survey were asked to highlight from their own experiences' barriers to a good service they had encountered that could be avoided in the new contract.

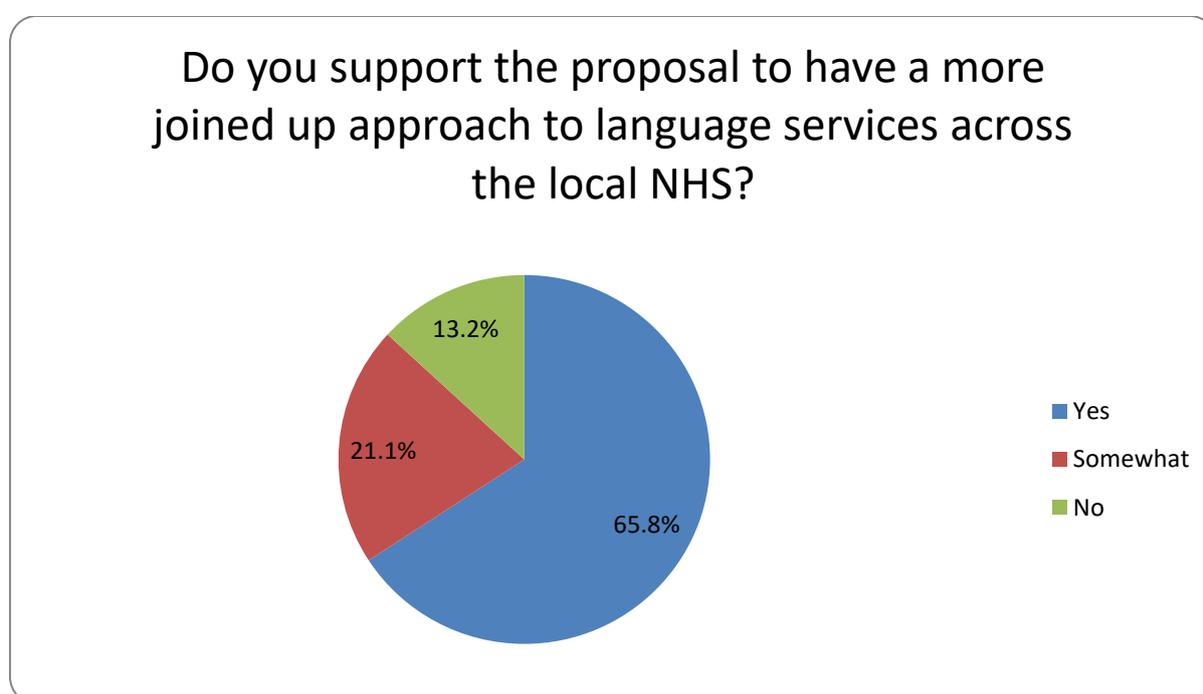
- NHS staff training and awareness in booking system and culture of service users of language services. "Providing information in advance such as patient names/ brief of assignment" and "NHS staff being aware of cultural differences and respecting patients need to have interpreters support."
- NHS staff should record, review and refer to patient communication needs before providing a healthcare service/appointment. In addition, review website content to ensure there is accessible support for all
- Make sure the new providers of language services supply suitable qualified, registered and insured interpreters/translators that are correctly remunerated for their profession

Are there any barriers in providing a good service which you have experienced which we could avoid?



## 6.7 Joined up Approach

The majority of respondents supported the proposal to have a more joined up approach to language services across the local NHS. **“Deaf people access services right across these areas and so a joined-up approach would be more helpful.”** There was a call from BSL interpreters answering the question to keep BSL separate from community languages and have a specialist provider contracted to provide BSL services across the local NHS. **“BSL should be separate from spoken languages.”** In addition, a small number suggested a central booking point for NHS interpreter services **“There has to be a central point that deals with communication, bookings, service delivery, complaints, feedback and standards.”**



## 6.8 Impact

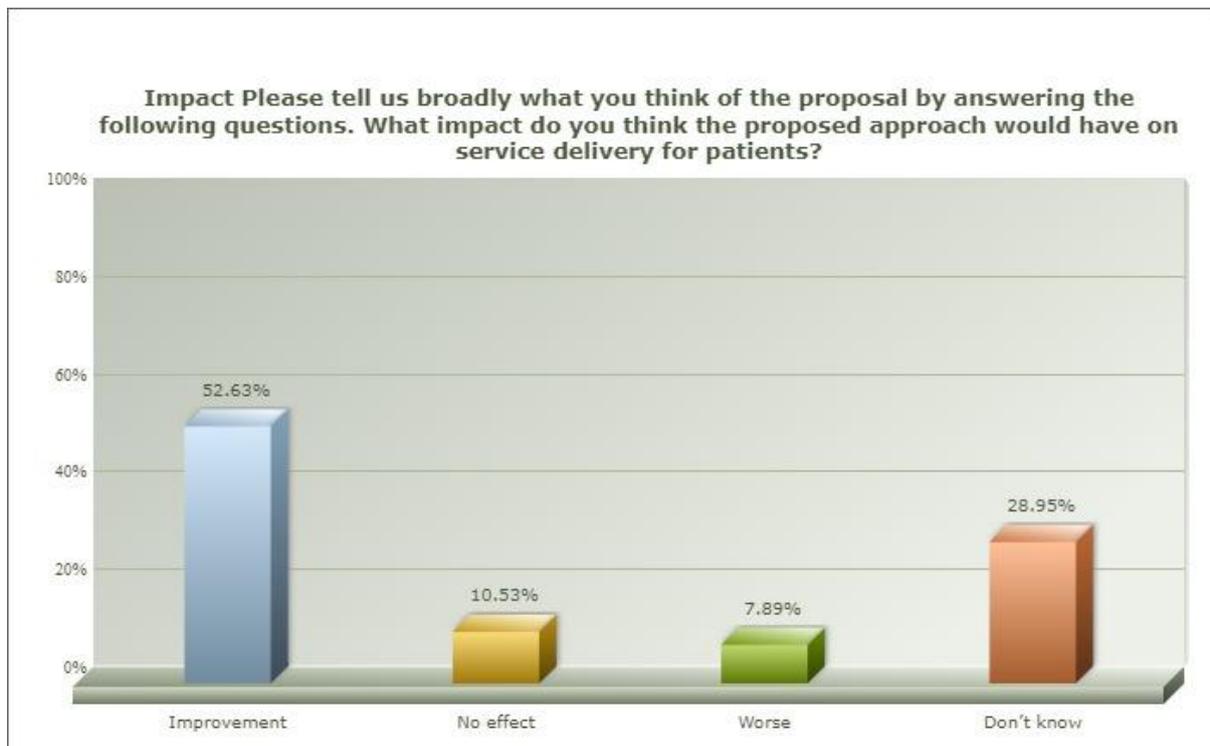
With regards to service delivery just over half of all respondents believed that the proposed approach would make an improvement. This is supported in the commentary with the expectation that the proposed approach will create a more seamless service for language service users in the future. There was a cautionary note of approval with the proposal which would be dependent on the provider chosen being a specialist agency and using registered interpreters. **“Ready access to appropriately trained and qualified Interpreters will greatly improve service delivery for Deaf patients.”**

The opinion of respondents was broadly split when they were asked to consider what impact the proposed approach would have on them as a professional. In consideration 36.8% thought that the proposed approach would be an improvement

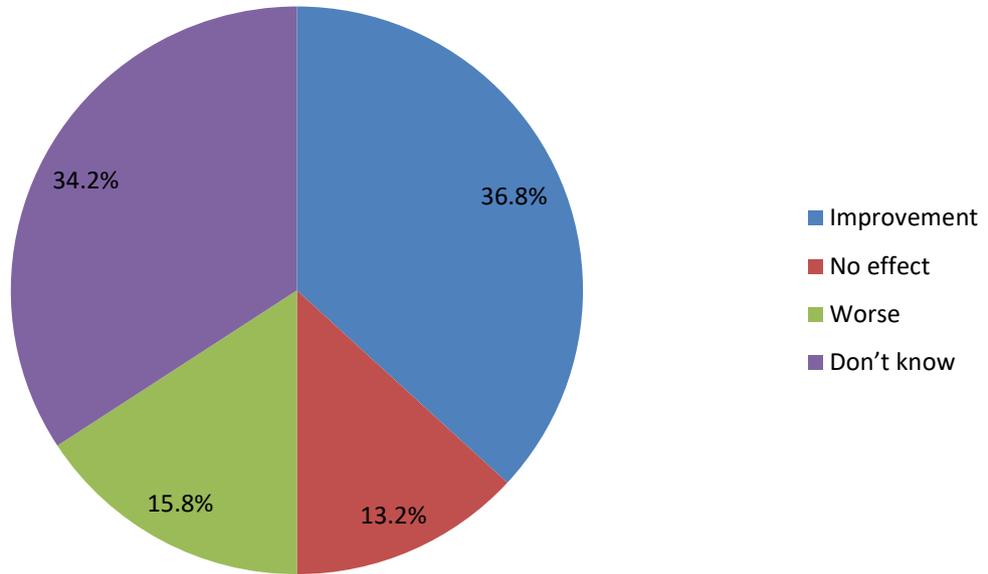
if the right agency were chosen for the different specialities. **“I suppose it depends on the service provider chosen.”** And that the agency that wins the contract has pay and terms and conditions suitable for a professional. **“As a professional, I would expect suitable, acceptable remuneration for a professional service.”** In addition, respondents suggested that the proposed approach would be an improvement if NHS staff were to receive cultural awareness training. **“NHS staff having Deaf awareness skills would allow them to work effectively as a team with BSL interpreters for the benefit of the patient.”**

Respondents explained that the proposed approach may have a negative impact on the profession if the use of volunteers and trainee interpreters in hospitals is not properly monitored and supervised. **“Would have to repair the work done by misinterpreted information. Currently do this when family members have been involved in the simplest of tasks.”** Finally, there was apprehension but understanding from professionals in the increasing use of digital consultations particularly during the pandemic. **“I think under the circumstances using remote interpreting i.e., Teams, Attend etc. are ok for the interim.”**

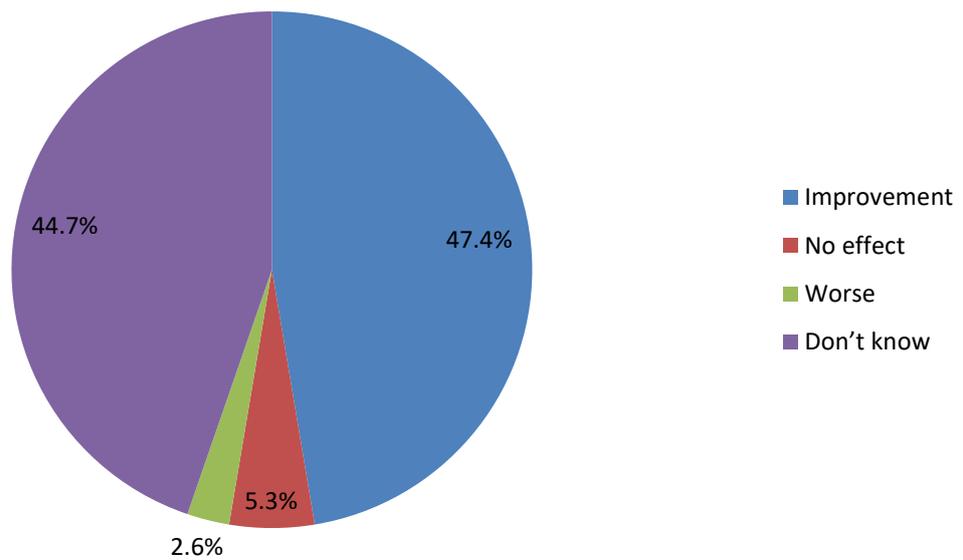
At 47.4% nearly half of all respondents thought that the proposed approach would have an improvement on efficiency of delivery. From the analysis on these respondents there was a focus on specialist agencies and knowing how and where to book interpreters. However, 44.7% didn't know if the approach proposed would create efficiency such as improvements to the booking system. This result may be because several respondents were not clear on what the future proposal would look like.



What impact do you think the proposed approach would have on you as a professional?



What impact do you think the proposed approach would have on efficiency of delivery e.g. booking systems?



## 6.9 Additional Comments

### Additional Information

- Specialist agencies and registered qualified professionals will provide a better service

“If you put qualification requirement at the centre of your plan then you cannot go wrong.”

- Continuous engagement with communities of interest as language services develops
- NHS staff training in the agreed booking process and cultural awareness

“The staffs need to know a little about the culture of the patient and the country they come from.”

## 7 Appendices

Please follow the link to view <https://www.liverpoolccg.nhs.uk/media/4841/language-services-engagement-appendices.pdf>

### Acknowledgements & Report Authors

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