Version	4.0	28/03/2019

Review of the primary care Interpreting and Translation Service across Lambeth, Southwark and Lewisham

Report of findings from NHS Lambeth Clinical Commissioning Group

Contents

1. Executive Summary

1.1. Introduction / Background

Lambeth, Southwark and Lewisham (LSL) CCGs currently commission an interpreting and translation service (ITS) to deliver interpreting and translation support to general practice across the three boroughs. In addition the service also offers ITS to dentists, optometrists, BPAS and Marie Stopes providers who are based in LSL.

The management and administration of ITS was transferred to Lewisham CCG on 1 July 2015 from NHS England. It was agreed at the time of the transfer that Lewisham CCG, who had historically always led for interpreting services, would take over the function. Lewisham CCG has since been the lead commissioner for the current service and manages it on behalf of all three CCGs.

The current service offers a mixture of Face to Face (F2F), Face to Face British Sign Language (BSL), Telephone, Health Promotion clinics and written translation services. The service is delivered by multiple providers (including directly employed staff) each with their own contractual arrangements in place which are variable.

1.2. Proposals for change and rationale

Current arrangements are not sustainable either financially, operationally and contractually due to the multiple contracts in place therefore there is a need to review the existing service arrangements to help inform of long term commissioning arrangements to ensure that they meet the needs of the local population.

In September 2018, NHS England issued guidance[1] for commissioners when reviewing or commissioning interpreting and translation services. The aim of the guidance is to help commissioners see gaps in existing provision so that they can consider how best to address them to drive improvements in services. An analysis against the NHSE recommendations identified that there are a number of gaps with the existing service delivered across LSL.

An initial equality analysis screening indicated that the existing service currently negatively impacts on a proportion of the population for who do not speak English as a first language or are sensory impaired therefore there is a need to ensure that the service meets the needs of this population when delivering primary care.

[1] NHS England Guidance https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf

LSL commissioners have outlined in their 2018/19 commissioning intentions the intent to review the existing LSL ITS service. As part of the review, an LSL engagement process commenced in October 2018 with an aim to gain an understanding experience of current services in place from a service user perspective in order to shape how the service will look in the future.

The purpose of this document is to outline;

- Engagement approach
- Engagement findings
- Next steps and recommendations

1.3. Summary of key findings

Patients, both survey respondents and participants in face to face engagement, who had used interpreting and translation services were generally satisfied with the quality of services, with particular praise given for the professionalism and support offered by face to face interpreters. Practice staff also particularly valued face to face interpreters and those who had built trust and close working relationships with staff, patients and communities.

Those service users who had been dissatisfied had most frequently had experience of difficulties with telephone interpreting, and the majority of these difficulties reported by patients and staff were directly due to poor quality audio, poor connectivity and operating issues with equipment.

The majority of Lambeth patients completing the survey had used interpreting and translation services to attend GP appointments. In comparison with feedback from face to face engagement, more people completing the on-line survey reported using these services at dentists. Participants in face to face engagement had either not been offered interpreters for dentist appointments or had found this difficult to arrange.

Patients who need face to face interpreting usually wait up to 1 to 2 weeks for a booked interpreter, with the exception of those requesting face to face BSL interpreting who could wait significantly longer. In contrast, those who used telephone interpreting usually do not have to wait and are seen on the same day. Over the last 12 months, almost all (95%) of practice staff responding to the survey had requested telephone interpreting and over half (62%) had requested face to face interpreting. In comparison, only 3% of practice staff had requested written translation, detail of these requests, for example if these are for appointment letters or patient leaflets would help provide an overall picture of how services are made more accessible for users of languages other than English..

British Sign Language – BSL interpreting had been requested by a third (35%) of practice staff. Taking into account feedback from face to face engagement with BSL users and interpreters referring to delays and difficulty accessing BSL interpretation, although a small number of individual requests this remains a considerable proportion of practice staff requests.

Practice staff, patients and community and voluntary sector workers highlighted that telephone interpreting is not ideal for appointments requiring physical examination or procedures due to practical constraints of equipment and room layout.

Lambeth practice staff described aspirations for a future service where interpreters could be booked more quickly and with shorter notice, allowing staff to only book an interpreter when the patient signed in on the day and avoiding wasted time slots for interpreters.

Practice staff also suggested a specific service and contact number for urgent and same day bookings linking in with comments about improving services for unplanned appointments. However, it should be noted that practices did not want to completely remove advance booking as this is needed to allow for patients wanting to see a particular GP or nurse (booking their appointment in advance) and to co-ordinate booking interpreters and follow-up appointments in advance.

Lambeth practices' self-reported training needs, around familiarity with BSL, closely matched feedback collected during face to face engagement. BSL users felt that generally, most practice staff had low awareness of Deaf people's communication needs and that familiarity with and or use of a small number of basic BSL signs would greatly improve and enhance patients' experience of using GP services.

Patients, both survey respondents and participants in face to face engagement, described aspirations for a future service where the need for an interpreter or translation did not become a barrier to accessing health services and ITS services would be more flexible and equally available for urgent and same day appointments.

2. Engagement approach

LSL CCGs adopted a co-ordinated approach as part of the development and implementation of the engagement process. This included;

- Development of an LSL working engagement group responsible for the development, delivery and evaluation of the process. Weekly meetings held to ensure delivery of key objectives and monitor progress against the engagement plan

- Development of an LSL engagement plan and individual CCG engagement activity plans and engagement logs to outline the requirements and engagement undertaken.

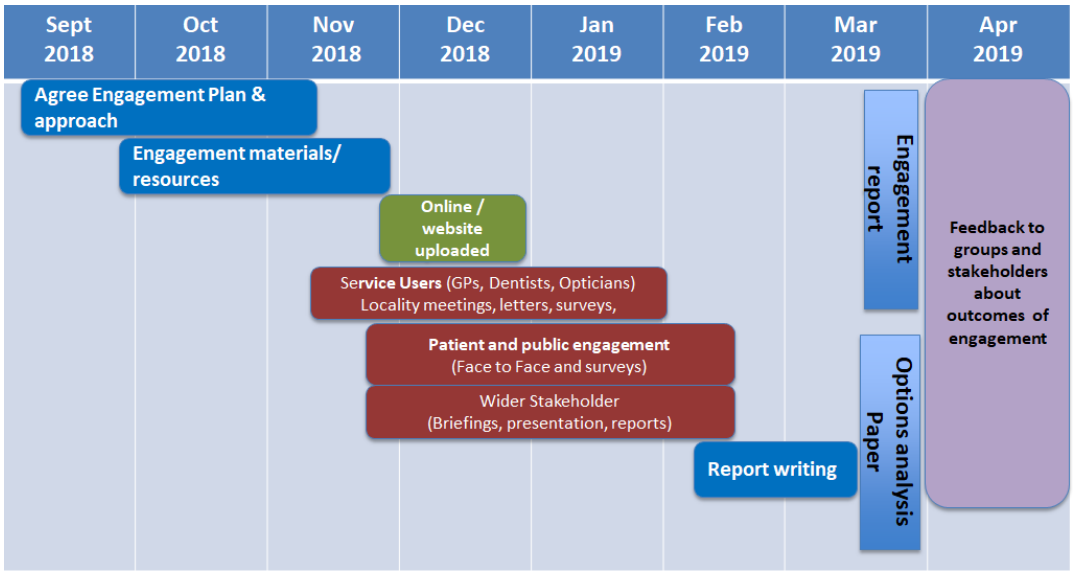
- Agreement of core key messages and content for online surveys, webpages, presentations and report briefings for all LSL CCGs to use to ensure consistent messaging to service users and wider stakeholders.

- Using available resources to assist in focusing priority areas and key population groups to engage with such as;

    - Intelligence from Healthwatch organisations across LSL with regards to patients accessing primary care services and interpreting
    - Equality impact assessment outcome to focus on key community groups.
    - Interpreting activity: by booking type and languages requested across each CCG and LSL collectively
    - Identified examples of best practice at a local and national level

- Sourcing interpreting support from an external provider to avoid conflict of interest with existing providers. Each interpreter was required to sign a declaration of conflict, interest and confidentiality form.

- Commissioners agreed the following timeframes for delivery;



- This document outlines the findings for NHS Lambeth CCG and will contribute to the development of an overarching LSL Evaluation Report.

In Lambeth engagement activity was co-ordinated by a virtual group that scheduled weekly teleconferences. Sharing updates on on-going engagement in the Lambeth – Southwark – Lewisham area and feedback collected allowed Lambeth staff to refine

potential contacts and contributed to preparing opening questions to be used at community group sessions.

The principal engagement approach adopted in Lambeth consisted of three strands of interlinked engagement activity: broad outreach, partnered activity and outreach orientated to speakers of the most frequently requested languages.

In Lambeth these languages were Spanish, Portuguese, Cantonese, Arabic and Somali. Broad outreach activity included sharing information about the review and links to the on-line patient survey with voluntary and community sector groups and organisations in contact with speakers of the most frequently requested languages. Broad outreach activity extended beyond Lambeth CCG boundaries where organisations provided services to Lambeth residents. Partnered activity involved volunteers, service provider colleagues and community group members distributing paper copies of the patient survey, in some situation supporting people to complete the survey and collecting narrative feedback, both on the review and experiences of using interpretation and translation services. Outreach to speakers of the most frequently spoken languages overlapped with both of the other strands of engagement activity. In addition, outreach to community groups included staff attending sessions and community venues, supporting people to complete paper copies of the patient survey, involving people in small group discussions and re-framing some of the key questions from the patient survey.

2.1. Engagement with clinical colleagues

Information about the interpretation and translation service review and links to the on-line primary care survey were shared with the CCG membership via routes such as NHS Lambeth CCG's practice bulletin.

Staff from NHS Lambeth CCG's primary care team attended three area primary care locality meetings, health promotion clinics at four practices and replied to queries from individual GP practices. Primary care team staff shared surveys and received feedback from Lambeth Access Hubs. Following updates at weekly virtual group teleconferences practices were sent follow-up e-mail. In addition staff called practice managers where an on-line primary care survey had not been received.

Lambeth has longstanding 'health promotion clinics'. These are sessions that are run by 4 GP practices in the Borough to support access to primary care for established local communities, whose first language is not English. These sessions are for patients who speak Cantonese, Portuguese or Spanish. Patients can book an appointment at these times knowing that interpreters will be present. Patients attending these clinics attend for routine, pre-booked primary care appointments. Primary care staff attended all 4 'health promotion clinics' to raise awareness of the service review and capture views.

2.2. Other stakeholders and representatives from community groups

NHS Lambeth CCG convenes regular [quarterly] Engagement and Equalities Committee meetings attended by representatives from the PPG Network, lay members, Healthwatch and the local authority. Staff verbally presented an outline of the interpretation and translation services review at the November meeting, enlisting support for engagement activity and ensuring distribution of the link to the on-line patient survey. Engagement and Primary Care staff are in regular contact with colleagues from Healthwatch Lambeth. At the time of conducting the LSL service review Healthwatch Lambeth is not carrying out any community work focussing on interpreting and translation services. However, Healthwatch Lambeth regularly include specific focus groups for people whose first language is not English as part of their theme and health and social care service focussed work. Patient experience from these community groups is considered in Healthwatch Lambeth's ongoing engagement activities.

Information about the review and the link to the on-line patient survey were shared with Lambeth Council to cascade.

Initial contact with local churches, small businesses and community and voluntary groups resulted in locations and groups being added to the engagement activity plan once engagement activity had begun. Community identification of engagement opportunities continued throughout the period of the review. This signposting included individual speakers of the most frequently requested languages who, in face-to-face engagement with staff, indicated that they knew other people in their wider communities used interpretation and translation services and would want to complete the survey. Both paper copy and details of the on-line patient survey were requested in these situations.

2.3. Patient engagement events

In Lambeth, staff attended scheduled community groups and events occurring within the timeframe of the interpreting and translation services review. Contacts made in the course of this activity were used to facilitate further engagement opportunities, particularly with seldom heard groups such as recent migrants.

2.4. On-line survey

Distribution of the on-line surveys included posting on Lambeth CCG website and sharing survey links with stakeholders and new contacts. Due to outreach activities specifically orientated towards speakers of the most frequently requested languages and, within these communities, those people who use or may need to use

interpretation and translation services on-line surveys were provided in a the top ten languages, with these links shared alongside general service review information.

To complement and promote use of these materials staff accessed and showed materials using mobile phones, both to play materials and to demonstrate access via the survey links. A number of people also wrote down or took mobile phone photos of the survey links to share within their communities.

3. Respondent profile

3.1 patient survey respondent profile

Patient survey respondents were predominantly heterosexual (86%) women (74%) aged 30-50 (55%).

Linguistically, Lambeth patients who responded to the survey were predominantly Spanish speakers. In total, including European and Latin American Spanish, over 35 per cent of patients completing the survey spoke Spanish.

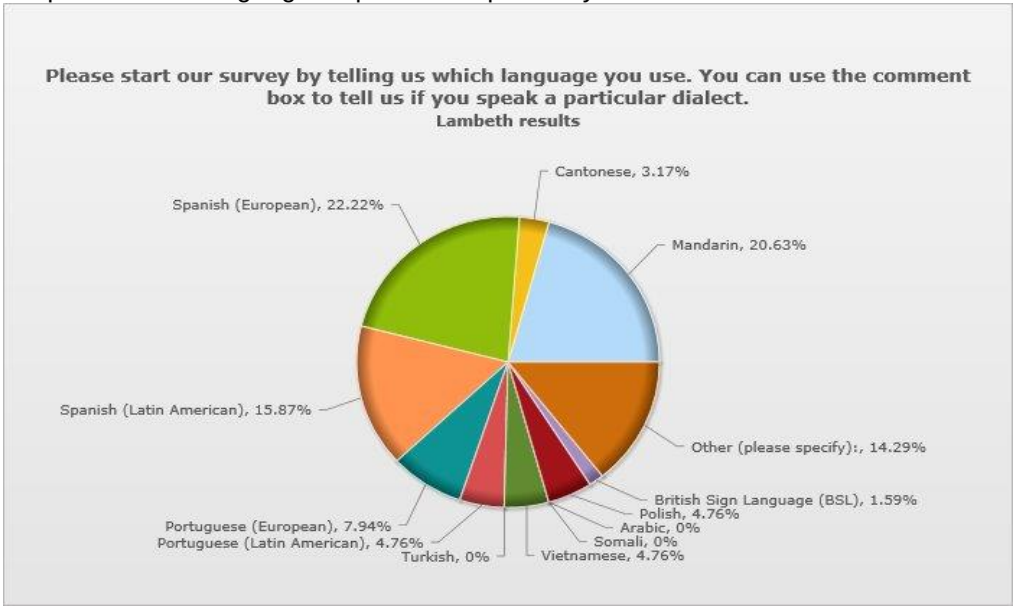
language spoken	percentage of respondents
Spanish (European)	22
Mandarin	21
Spanish (Latin American)	16
Portuguese (European)	8
Polish	5
Cantonese	3
BSL	2
Other language	14

Table 1 – shows languages spoken

An equivalent proportion was also observed during face to face engagement activity, where groups and services described as Latin American or Latino were attended predominantly by Spanish speakers. There were no responses from people who speak Turkish, Arabic or Somali. The fourteen per cent of respondents who spoke another language did not consistently give further information, with the exception of one Russian speaker and one patient using this option to show that they were also spoke English.

These results are shown in a graph below.

Graph 1. Shows languages reported as spoken by ITS service users



Combining patients who described their ethnicity as White Portuguese, White Spanish and Latin American and those who selected Other, adding Latin American, over 30 per cent of respondents were from the most requested language groups or communities

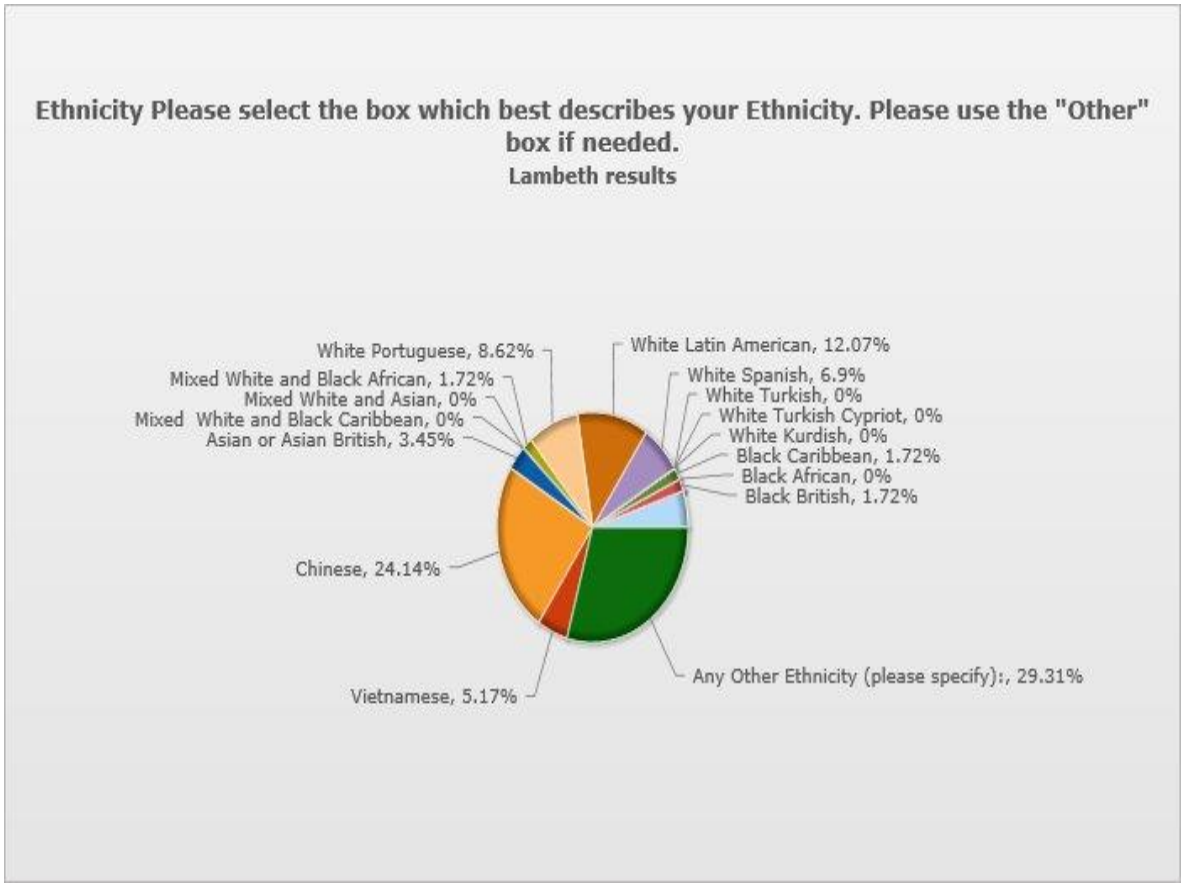
ethnicity	percentage of respondents
Chinese	24
White Latin American	12
White Portuguese	9
White Spanish	7
{White English	5
{Vietnamese	5
Other	29

Table 2 – shows reported ethnicity

A similar proportion of patients (24%) reported their ethnicity as Chinese and it should be emphasised that as with Latin American communities, this group includes Mandarin and Cantonese speakers.

These results are shown in a graph below.

Graph 2. Shows ethnicity reported by ITS service users



3.2 practice survey respondent profile

Ninety per cent (90%) of Lambeth practices took part in the survey. This is a high response rate for a survey on a specific topic.

In Lambeth 17 practice managers responded to the survey: 41 GPs and 13 other staff members (Health Care Assistants -HCAs, CCG staff, admin/reception/team leader staff, nurse, physician associate and a retired practice manager.
.

4. Who we heard from

4.1 groups we reached and numbers of contacts

In total, our engagement and primary care staff gave out close to a thousand surveys and directly reached 193 people during ITS review engagement activity. In addition sharing the survey via electronic channels widened potential audiences and a total of 151 on-line survey responses were received form patients, public and practices.

group	number of people directly reached
Chinese Community	60
Deaf Club	8
Latino Legal Advice drop-in	18
local Spanish churches	80
Children's Centres	10
paper surveys - dentist	2
CCG groups	15
total	193

Table 3 – shows numbers of people directly reached

4.2 initial contacts with no further involvement

With a view to extending the breadth of outreach, initial contact was made with Spanish-language schools outside the Lewisham – Southwark –Lambeth area, known to draw pupils from Lambeth, Lambeth – based voluntary and community sector organisations providing services directly to people who are homeless or at risk or homelessness and smaller, Out-of –Borough voluntary and community sector organisations providing services directly to migrant communities, a Somali group and diverse faith groups. Having shared ITS review materials electronically no further requests for additional information, paper surveys or staff visits were received and there was no further involvement with these groups within the timeframe of the review. Engagement staff were also made aware of Deaf Club activities at which they would be welcomed which were scheduled after the survey deadline and review ended.

5. Findings from engagement

5.1. Issues raised and actions identified

A - Issues raised through face to face engagement:

- In face-to-face engagement none of those people who spoke with us, including community workers and volunteers, were aware of or had been offered interpretation or translation services for what they referred to as an "eye appointment".
- Barriers to accessing interpretation and translation at dentists was identified as a frequently raised issue by a PPG member [with reference to Cantonese and Mandarin], members of a peer support group [with reference to BSL] and Healthwatch representatives.

- Overall access to BSL interpreters was the most frequently raised concern and Deaf people gave recent examples of missing and delaying GP appointments due to issues with interpreter availability.
- While people reported that they did use interpretation and translation services in their GP practice for booked appointments, although clear that this was not included in the review, a majority of people involved in small group discussions reported that they had difficulty accessing interpreters for planned hospital appointments, including screening appointments.
- All groups raised the issue of provision of interpreters for urgent and emergency care, this included appointments at Lambeth's four primary care access hubs.

A strong theme around use of informal interpretation emerged from face-to-face engagement. This informal interpretation can be further divided into interpretation by family members, by a member of the community accompanying a person to a health care appointment and improvised interpretation by provider's staff or using hand-held devices

Notably, a number of people who, to some extent, spoke one of the most frequently requested languages told staff that they didn't need to use interpretation and translation service but they were aware of people in their extended families and or communities that did use services. Several people, primarily Spanish speakers, clarified feedback from family members, stating that although their family member didn't use interpretation and translation services this was because they usually interpreted informally. Reception staff at a dentist which Polish-speakers indicated was often used by their community supported this finding, reporting that they did see Polish-speaking patients but they usually brought someone with them.

Community workers also indicated that across a large Spanish and Portuguese speaking client group, those people who attended health care appointments with someone who could translate were not offered formal interpretation and translation services and this led to them delaying or cancelling appointments until an informal or family translator was available.

A strong theme around barriers to accessing BSL interpreters was apparent. In comparison to provision of interpretation and translation services, awareness of individual's communication needs and perceived willingness to arrange interpreters, feedback from users of BSL was far more negative than for Spanish, Portuguese and Cantonese speakers. Deaf people reported longer delays, less awareness of their need for an interpreter, greater reliance on improvised alternative communication and some individuals had been refused an interpreter after they requested one be booked.

B – Issues raised through primary care survey

- Two reported observations: the low availability of BSL interpreters and BSL users bringing someone with them to interpret informally at appointments agree with feedback from face to face engagement in Lambeth. BSL users commented that they usually bring someone with them because there are long waits for a BSL interpreter. All BSL users and interpreters who participated in face to face engagement emphasised that using information written down between GPs and BSL users is not an effective alternative to BSL interpreting as many BSL users do not use written English comfortably. Also noted, BSL users found that using written information, referred to as "writing or passing notes" was much slower than using an interpreter and they felt that they ran out of time in appointments.

- Staff at some practices reported that generally a poor telephone interpreting service. Issues reported could be grouped into two main issues, illustrated by examples of each:
  1. Technical difficulties and poor audio quality.

  "*Poor phone lines even with maximum volume. Interpreters tell the practice that the line cuts out and we are not audible to them and the interpreters are not audible to us*."

  "*Getting cut off can be frustrating particularly if there has been a long wait for assistance or to find interpreter*"
  2. A long and complicated initial identification process at the start of calls

  "*Not easily accessible. Lengthy identification process at start of call with a poor phone line so details need repeating numerous times*"

  "*It would be useful to be able to surpass the administration which takes about 2-3 minutes of a 10 minute appointment*"
- Patients often don't understand the interpreter due to different dialects. In conversation with voluntary and community sector groups and Lambeth residents who use English and an additional language or languages this issue was also raised, most frequently in relation to regional differences for Latin American Spanish speakers and between European and Latin American Spanish and Portuguese.
- With reference to use of video interpreting In some practice staff felt that current IT is not yet reliable, slow, in that the basics for day to day running are not right and are not convinced that video linking would be supported. Concerns were raised reflecting the level of change to ways of working and a feeling that video linking would not be welcomed by all patients and so was

not appropriate for those needing interpretation and translation. Issues can be divided into two main themes:

1.Technical issues

2. Disruption to the patient-health professional relationship and practical difficulties in the consultation.

In relation to the technical practicalities of using alternatives to face-to-face interpreting, Lambeth practice responses to questions 12, 13 and 16 [see Appendix 2] were significant.

Q12 Please indicate what equipment your practice has to access telephone interpreting services?

equipment for telephone interpreting	number practice staff equipped
telephone speaker	61
manual speaker	8
dual handsets	none

Table 4 – shows equipment for telephone interpreting

Comparing these practice staff descriptions of equipment available to facilitate telephone interpreting to issues raised by the on-line patient survey confirms common concerns. These concerns relate to the practical difficulties in using telephone interpreting during examinations and some issues with sound quality. However, there is a contrast with issues raised during face-to-face engagement where, when commenting on using telephone interpreting the majority of participants spoke about, “being given the telephone”, and “ passing the telephone back and forwards with the doctor”, implying that few

Q13 Would you consider using a video interpreting service, if it was available? This would enable access to an interpreter via a video link using IT equipment such as your computer or an iPad.

would consider using video	number practice staff
Yes	33
No	14
Unsure	26

Table 5 shows practice staff responses to the use of video interpreting

Interpreting these practice staff responses to the use of video interpreting, considering the issues raised that some of those staff who are unsure about video interpreting are unsure due to concerns about the equipment and facilities necessary.

Q16 Please indicate whether your practice has access to the following equipment?

equipment for telephone interpreting	number practice staff equipped
iPad	9
tablet, smart phones, laptop	5

Table 6 shows practice equipment with newer technologies

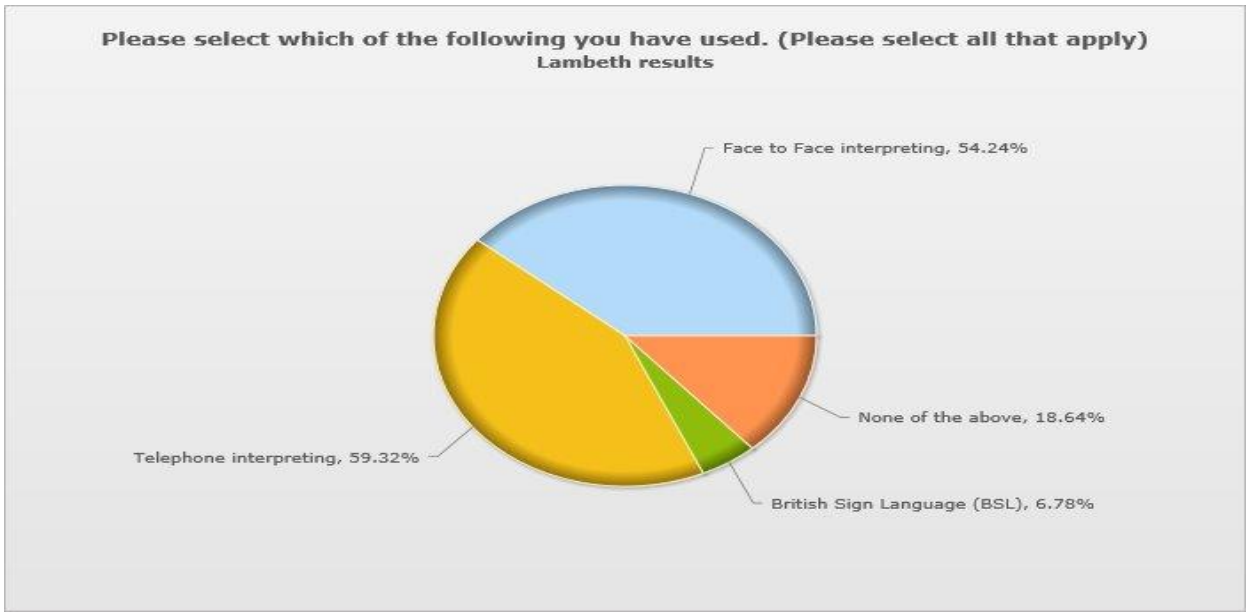
It is important to note that In Lambeth the majority of practices have a computer with a web camera.

There was uncertainty around reporting equipment available to facilitate using newer technology-based alterative to face-to-face and or telephone interpreting. Although the majority of Lambeth practices have computers with web cameras, half felt this equipment would need updating, and more than 10 respondents were unsure if they had access to an iPad. Where practices were certain they had computers with web cameras, these weren't in every consulting room and this would either present a barrier to offering video interpreting to all patients, or additional equipment would be required.

Issues raised at 'health promotion clinics' reflect the practise of block booking, often the same, interpreters for the duration of the clinic. Consequently practice staff and patients have developed long-term and close working relationships with interpreters. This familiarity both with individual patients and the procedures at these practices is shown in narrative comments received. These 4 Lambeth GP practices value their face to face, personalised and enhanced interpreting services. However, observation suggests that attendance at these clinics varies.

- *"the practice would not be able to function and people may be at risk if there was no interpreter*
- *"feels like to the practice these clinics are not enough; not enough appointment slots"*
- *"the known interpreter speeds up the process"*
- *"telephone is offered as a last resort"*
- *"we use interpreters to phone patients to book appointments; chase hard to reach patients and vulnerable patients, offer flu jabs and other tasks that aren't recorded*

C – Issues raised through patient surveys



Graph 3 shows types of interpreting and translation services used in Lambeth

Interpreting and translation service use in Lambeth primarily balance use of face to face and telephone interpreting, as shown in the graph above. This balance is reflected in narrative comments received both in the on-line patient survey and in face to face and community engagement and the comments received referring to both predominant services..

- 29 per cent of patient respondents using face to face interpreting and 15 per cent using telephone interpreting said they have been asked to bring a family member or friend to an appointment instead of an interpreter being booked.
- Difficulty booking an interpreter on the day of an appointment.
- Interpreters must have knowledge of the medical terminology.
- Not hearing or understanding what was said on the phone
- Requesting an interpreter but being encouraged to “try to understand”
- Not understanding, generally, possibly the process of booking an interpreter or reception staff.

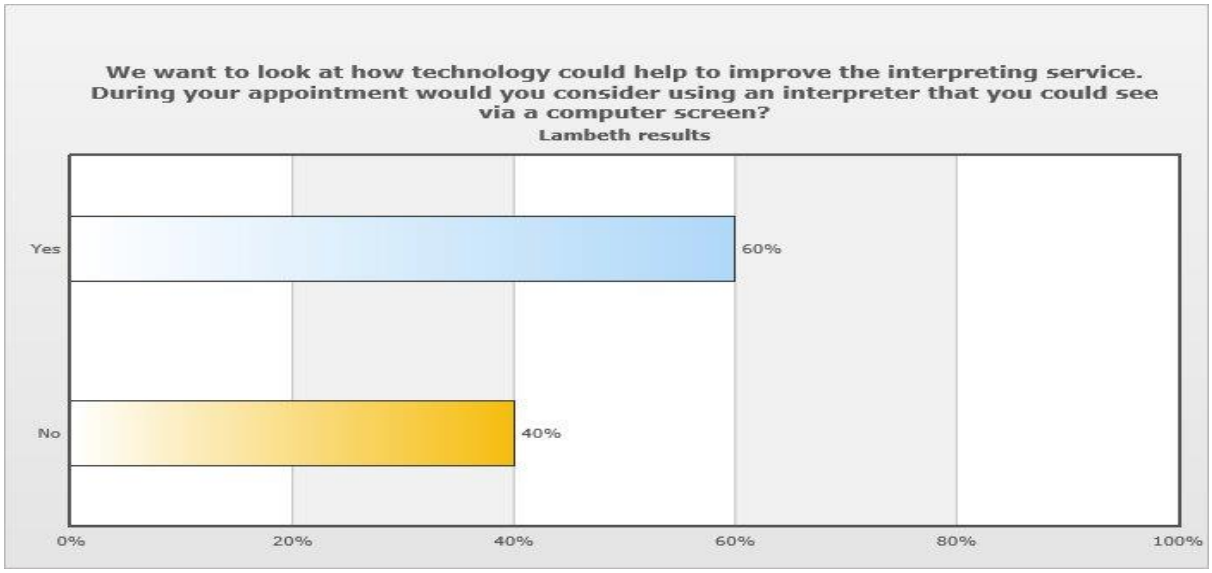
"*Smoother process to book an interpreter. So many times I have been cut off after I have passed all the security questions - only to recall them again to be asked the same questions*" comment on-line patient survey

" *Hard to build a relationship with a video link interpreter*", comment on-line patient survey

"*There are many questions on the telephone and then, to see the doctor the time is finished" comment, face to face engagement.*

"When they have to pass the telephone to you and back, to listen, it is OK to understand but not to ask questions.", comment face to face engagement.

Notably, survey respondents responded positively to the idea of using video translation, and the support for this idea is clearly shown in the graph below. In conversation, participants in face to face engagement and some community workers showed interest in and support for using translation Apps. A number of Spanish speakers demonstrated that they personally use Apps, as an addition to informal, family translation and booked interpreters; showing their smart phones to engagements staff.



Graph 4 shows support for using video or computer screen based translation.

5.2. Details of consideration given to suggestions made by respondents

In addition to answering and discussing survey questions, ITS review participants made suggestions for how future services could innovate and or improve. These suggestions will be shared with Lambeth CCG commissioners for further consideration. All feedback from the ITS service review will contribute to the next stages of service review and all decision-making processes.

Participating CCGs, Lambeth, Southwark and Lewisham, met to review their Borough specific findings and contributed to the drafting of an initial LSL report.

suggestions
Streamline telephone interpreter booking system and call or session registration to use simple dial-in codes.
Explore use of a translation App
Develop separate interpreter booking processes for advance (planned) and same day and or emergency, practice-based appointments
Improve equipment set-up and lay-out of areas where telephone interpreting may be used.
Improve and or standardise sound quality and technical reliability of telephone interpreting.
Explore a system allowing patients to book an interpreter or interpreting service.
Offer training in Deaf Awareness and basic BSL to public facing practice staff.
More attached interpreters for areas where there are known accumulations of specific language groups.
More access to interpreters, including face to face interpreters throughout practice opening hours and into evenings.
Continue to ensure patient choice including access to face to face interpretation.

Table 7 – shows suggestions received from ITS review

6. Next Steps

Our ITS review engagement report will contribute to the preparation of a Lewisham-Southwark-Lambeth service review report to commissioners which will assist them in formulating options for next steps.

All three CCGs who have carried out the ITS service review will publish engagement findings on their individual CCG webpages and add to newsletters and other communications shared with wider stakeholders.

Lambeth CCG will also give feedback to service users, community groups and committees to share findings and inform them of any next steps in the service review process and actions resulting from consideration of the engagement findings.

Any specific issues and negative experiences shared during the review will be followed up through appropriate channels and included in equalities assessment of future services.

Appendix one: Narrative responses received

Lambeth CCG narrative responses t

Appendix two: Copy of primary care survey

GP Practice Survey_LSL ITS Rx_F

Appendix three: Copy of patient survey

Patient survey FINAL_English_18111

Appendix four: Copy of Smart Survey analysis of responses (graphs/visuals)

LamCCG ITS Practice Survey responses.pd

LamCCG ITS Patient Survey responses.do

Engagement Activity Comms-LambethCCG.