

GP Interpreting Services **in** **Barnet**



June 2019

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EXECUTIVE SUMMARY

Limited English proficiency is linked to health inequalities. Research has demonstrated that speaking English as a second language influences a patient's health outcomes. In a study conducted by the ONS, 88% of people who could speak English 'well' were in good health compared to only 65% of those who were not-proficient in English. Communication barriers has been attributed to this inequality.

All Barnet GP practices have access to language interpreters through Language Line Solutions; an over the phone interpreting service. However, Healthwatch Barnet has received anecdotal feedback that this interpreting service is not widely used by GPs or known in the local community or amongst practices.

Healthwatch Barnet has examined the awareness and use of interpreting services in Barnet's GP practices and within the local community who speak English as a second language. A team of Healthwatch Barnet staff and volunteers conducted mystery shopping of all GPs in the borough to identify whether they offer and promote the service. In addition, the team engaged with patients, practices and community organisations to hear their views about the service.

Key Findings

We found that while most surgeries said they offer the service, not all are actively promoting it to their patients. Consequently, most patients we engaged with were not aware of interpreting services and, therefore, only a small number had used the service.

A concerning finding emerged that over a third of the patients did not understand their GP during appointments.

It is particularly important that all local GPs offer interpreting services to their patients. It's not acceptable for patients who require interpreters to rely on relatives for informal interpretation or have to travel to other GPs further away where the staff speak their community language. This expectation distorts the patient lists, does not provide patient choice and risks ghettoization as patients' choice is restricted to certain areas.

Recommendations

Based on the findings of this project, Healthwatch Barnet recommends the following:

- **All GP staff to be trained to use language line.** Consider inviting a representative from Language Line to train members from each practice who

can then train their members of staff, from GPs to reception staff, to ensure that all are aware of the service and can effectively use it. This would also include instructions on the process, guidance on how to check requirements and engage with patients with no/limited English.

- Practices to **update their websites to include clear information** about interpreting services. Consider publishing the CCG ‘Did you know?’ poster on pages where new patients and non-English speakers are directed to.
- GP practices to **clearly display the ‘Did you know?’ poster in reception and waiting areas.**
- Practices to **follow good practice** when using interpreting services:
 - Practices to offer **double appointments** for those who require the service.
 - All practices to ensure that patients’ **need for an interpreter are consistently recorded** in patient records, acted upon and passed to other professionals.
 - **Avoid the use of informal interpreters** such as family members, other staff members and Google translate in accordance with good safeguarding practices and the NHS Guidance on GP interpreting and translation services.
- **Use face to face interpreters for complex conditions or consultations** (in response to the GPs’ concerns that Language Line was too impersonal).
- Barnet CCG to **update the ‘Did you know?’ poster** to include the most relevant languages spoken in the borough and **redistribute** to the 53 practices to display.
- The CCG to **monitor the use of Language Line** amongst practices and provide support to those practices who are not using the service or using it infrequently.
- The CCG to **maintain a good working relationship with practices** by consulting and informing them about upcoming changes to policy and practice.
- Healthwatch Barnet to **continue to raise awareness** about interpreting services offered in GPs to local patients through our engagement activities.

ACKNOWLEDGEMENTS

Healthwatch Barnet would like to acknowledge all those who have contributed to this project. To whom we thank:

Healthwatch Barnet's team of volunteers who dedicated their time to this project.

The participating GP practices who took time to share their perspectives and insights.

The patients of Barnet who shared their experiences with the team, as well as the community groups who took the time to engage with us.

INTRODUCTION

Healthwatch Barnet is part of a national network led by Healthwatch England, which was established through the Health and Social Care Act in 2012, to give service users of health and social care services a powerful voice both locally and nationally. We are the independent voice for people's views on Barnet services, both good and bad. We listen to local people and feedback patient experience and liaise with local commissioners and decision makers, in order to improve services.

Language barriers in healthcare is great cause of concern. Existing evidence points to the negative implications resulting from poor communication spanning the whole system; poorer health outcomes for patients whose first language is not English, increased frequency of missed appointments and safeguarding concerns around the use of informal interpreters in consultations.

All GP practices in Barnet have access to interpreting services through *Language Line Solutions* as of April 2018. Through engagement with the local community about their experiences with GPs, it was revealed to Healthwatch Barnet that patients were not always offered or aware of the interpreting services available to them.

Healthwatch Barnet aimed to explore the reality of use and awareness of this service from a patient and provider perspective. Using a three-fold approach, the following questions were examined:

1. Do all GP practices offer interpreting services for patients with no/limited English?
2. Do practices advertise the interpreting service to patients?
3. What are practices' experiences of using the service?
4. Do patients in Barnet know about, have been offered and use the service?

5. What are patients' experiences with the service?

BACKGROUND

According to the 2011 Census, approximately 1 million people could not speak English well or at all¹. In most local authorities this constitutes an estimated 1% of the local population. Barnet has an above average number of people who cannot speak English well or at all, making up 4% of the borough's population. The greatest numbers of BAME communities are concentrated in Colindale, Burnt Oak and West Hendon² indicating that these areas in particular are linguistically diverse.

The borough is predicted to continuously diversify in the coming years. By 2030, the borough's BAME community is expected, overall, to increase by 18%³ suggesting the community will further diversify linguistically. Figure 1 presents the main languages spoken in the borough. While the percentages of main languages spoken appear low, the population of Barnet is over 394,000 indicating that, for example, approximately 8,000 people speak Farsi as their first language. This amounts to a significant number of Barnet patients in need of language support.

76.6% of people living in Barnet speak English. The other top languages spoken are 2.3% Polish, 2.1% Gujarati, 2.0% Persian/Farsi, 1.2% Romanian, 1.0% Arabic, 0.8% Portuguese, 0.7% All other Chinese, 0.7% Japanese, 0.6% French.

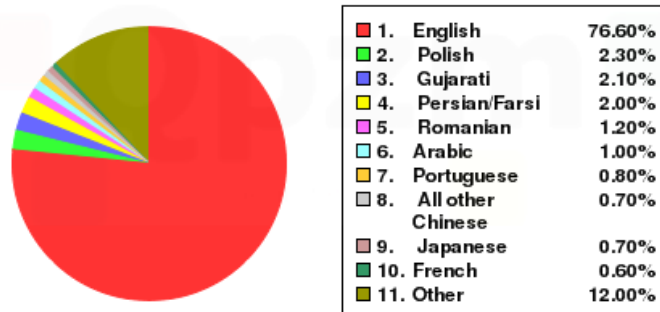


Figure 1. Data extracted from [ONS Census 2011](#)

Language as a barrier to healthcare

Limited proficiency in English has been linked to poor health outcomes. Research conducted by the ONS found 88% of people who could speak English well were in

¹ Office for National Statistics (2011) 2011 Census, Proficiency in English. http://www.nomisweb.co.uk/census/2011/QS205EW/view/1946157261?rows=c_mainlangprf11&cols=rural_urban

² Greater London Authority (2014) Ward Profiles and Atlas based on Census data for percentage of BAME from the Office for National Statistics (2011) <https://data.london.gov.uk/dataset/london-borough-profiles>

³ Joint Strategic Needs Assessment (2019) Demography <https://jsna.barnet.gov.uk/1-demography>

good health compared to only 65% of those who were not-proficient in English⁴. Furthermore, the report claimed a rapid decline of good health by age among people less proficient in English. This inequality has been attributed to communication barriers where patients experience difficulties in accessing suitable healthcare and where GPs are unable to effectively communicate the best advice to their patients. In turn, this can have a longer impact on patients' future health.

The implications of poor communication between patients and healthcare staff reach beyond that of the patient. Research has revealed that language barriers increase the frequency of missed appointments and decrease effectiveness of consultations⁵. Neither patients nor healthcare providers can be assured that accurate and effective communication is taking place.

Informal interpreters are often used to bridge the gap in communication. Relatives and friends of the patient, support workers and even healthcare staff adopt the role of an interpreter during GP appointments to aid with communication and this is often the preferred means of interpretation by the patient⁶. Technology, such as Google Translate, has also been embraced to communicate during appointments. NHS England warns against such practice, suggesting "the error rate of untrained interpreters (including family and friends) may make their use more high risk than having no interpreter at all"⁷.

Numerous concerns arise using these informal methods. It is well evidenced that that the use of informal interpretation has complex consequences including:

- Inadequate medical interpretation resulting in adverse health outcomes⁸
- Interpreters may advocate for the patient, revising or omitting information or may impose their own agenda⁹
- Children under the age of 16 interpreting poses a safeguarding concern

The use of professional, accredited interpreters, on the other hand, offers an effective way of bridging the gap in communication and helps ensure the correct

⁴ Office for National Statistics (2015) People who cannot speak English well are more likely to be in poor health <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/language/articles/peoplewhocannotspeakenglishwellaremorelikelytobeinpoorhealth/2015-07-09>

⁵ Ali, P.A., Watson, R. (2018) Language barriers and their impact on provision of care to patients with limited English proficiency: Nurses' perspectives. *Journal of Clinical Nursing*, 27 (5-6). http://eprints.whiterose.ac.uk/136009/1/Ali_et_al-2017-Journal_of_Clinical_Nursing.pdf

⁶ Zendedel, R. Schouten, B.C. van Weert, J.C.M. van den Putte, B. (2018) Informal interpreting in the general practice: the migrant patient's voice. *Ethnicity and Health*, 23, 2: 158-173. <https://www.ncbi.nlm.nih.gov/pubmed/27764953>

⁷ NHS England (2015) Principles for High Quality Interpreting and Translation Services https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/it_principles.pdf

⁸ NHS England (2018) Guidance for commissioners: interpreting and translation services in Primary Care <https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf>

⁹ Rosenberg, E., Y. Leanza, and R. Seller. (2007) Doctor-patient Communication in Primary Care with an Interpreter: Physician Perceptions of Professional and Family Interpreters. *Patient Education and Counseling* 67 (3): 286–292. <https://www.ncbi.nlm.nih.gov/pubmed/17448622>

medical language is used. The use of professionals is associated with improved clinical care compared to the use of impromptu interpreters¹⁰.

Good Practice for Interpreting Services

It is essential that GPs abide by NHS England guidance for interpreting. The NHS England '*Guidance for commissioners: interpreting and translation services in Primary Care*' (2018) document outlines 6 principles for delivering high quality interpreting and translation services. Some of the key outcomes from the guidance are documented below, the full list of principles is available in Appendix II.

“Patients should be able to access primary care services in a way that ensures their language and communication requirements do not prevent them receiving the same quality of healthcare as others”.

Additional time is needed for appointments with an interpreter.

Communication support needs should be recorded on patient records and made explicit if referred to a secondary service.

“Patients requiring an interpreter should not be disadvantaged in terms of the timeliness of their access”.

On registration, patients requiring language support should be made aware of the different types of interpreter services available to them.

Patients should expect a personalised approach to their language and communication requirements recognising that one size does not fit all (including the gender and cultural identity of the interpreter).

When special circumstances arise, provide the patient with a face to face interpreter.

“Reliance on family, friends or unqualified interpreters is strongly discouraged and would not be considered good practice”.

Under 16s should not interpret on behalf of patients.

Primary care staff should not take on the role of an interpreter unless defined in the job role and are qualified to do so.

Automated online translating systems or services such as “Google Translate” should be avoided as there is no assurance of the quality of the translations.

Interpreters must be registered with regulator, suitably qualified and have skills and training to work in health care settings.

Patients should be able to request a translation of their summary care record into their preferred language

¹⁰ Karliner, L.S. Jacobs, E.A. Chen, A.H. Mutha, S. (2007) Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature. *Health Services Research*, 42, 2: 727-754. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1955368/>

and format in accordance with
Accessible Information Standards.

Interpretation in Barnet GP Practices

Barnet CCG commissioned a phone interpretation service for all GP practices in the borough through *Language Line Solutions* in April 2018. Language Line provides healthcare interpretation over the phone 24 hours a day, 7 days a week from a free-toll number. GP staff are able to connect to one of the 6000 professional interpreters for 240 languages without prior booking and without cost to the patient or practice.

Each GP practice in Barnet received a 'Did You Know' poster (Appendix III) from Barnet CCG upon the roll out of Language Line. The poster informs patients that they are entitled to the services of an interpreter to help with their consultation in several languages. Unfortunately, the poster created by Islington CCG was distributed to some Barnet practices which included their logo and did not include Farsi, one of the more widely spoken languages in Barnet.

METHODOLOGY

To determine whether practices and patients were aware of, and using, the Language Line interpreting services, Healthwatch Barnet took a three-fold approach:

Mystery Shopping

Telephone calls mystery shopping

During January 2019, a team of Healthwatch staff and trained volunteers telephoned every GP in the borough. We called to inquire whether the practice offered interpreting services. If the practice offered it, they were asked further details about the service including the method of interpretation (phone or face to face), whether the patient could request the gender of interpreter and whether letters could be translated.

Website Review

To see whether the practices were actively advertising the service, the team explored all practice website's home, registration, 'new patients', 'non-English speakers' pages and searched for key terms such as 'language', 'interpret' and 'translate' in the search bars (if available) to look for information about interpreting services.

In the cases where we were unable to locate information, it is not conclusive that these practices did not have information on their websites, but rather that the Healthwatch Barnet team were unable to find it with ease.

GP visits

The Healthwatch Barnet team visited all GP practices to look for the CCG/Language Line 'Did You Know' poster. The purpose of the visit was to see whether the poster was displayed clearly in either the reception or waiting areas. Where the team were unable to locate a poster, the receptionist was asked whether they did have one and if not, they were provided with one to display.

The findings from this exercise produced a snapshot of the experience Healthwatch Barnet had on the day of contacting the specific practices. It is possible that the results may differ if we had called or visited on a different day.

Patient Engagement

Healthwatch Barnet engaged with 59 patients through three community groups; Barnet Refugee Service, Somali Women's Group and Farsophone Counselling Service.

Using a questionnaire designed by Healthwatch Barnet, patients from these community groups were asked a series of questions related to their awareness and experience of interpreting services at their GP practice. A copy of the questionnaire is at Appendix I. The questionnaire was distributed using a variety of methods to meet the needs of the participating groups such as translating the questionnaire into other languages or offering assistance with completion.

Healthwatch Barnet aimed to identify the following:

- Were patients aware of interpreting services at their GP?
- Had patients been offered the service by their GP?
- Have they used the service?
- Do they understand the information given by their GP?

Engagement with GP Staff

Healthwatch Barnet consulted staff members from GP practices. Four practices were asked about their experiences of using interpreting services through semi-structured interviews and focus groups. Their insights were used to create case studies for this report.

Engagement with Community Organisations

In addition to gathering the perspectives of patients and GP staff, Healthwatch Barnet engaged with two community organisations to understand how the impact of interpreting, or rather lack of interpreting services, extends to other sectors of the

health service including the voluntary sector. These insights were used in the case studies in this report.

FINDINGS

1. Mystery Shopping Data

Healthwatch Barnet conducted a review of interpreting services in all 53 GP practices in the borough. The aim was to find out whether interpreting services were being offered and actively advertised to patients, and in addition, to understand practices' awareness about interpreting services.

The review included three mystery shop exercises; mystery shopping calls, website checking and visits to the surgeries. This enabled a conclusive understanding of whether the surgeries were actively offering and advertising Language Line or other interpreting services.

1.1. Mystery Shopping Telephone Calls

Healthwatch Barnet's trained volunteers and staff conducted the mystery shopping calls to all practices in January 2019.

83% of practices reported to provide interpreting services (44 practices)

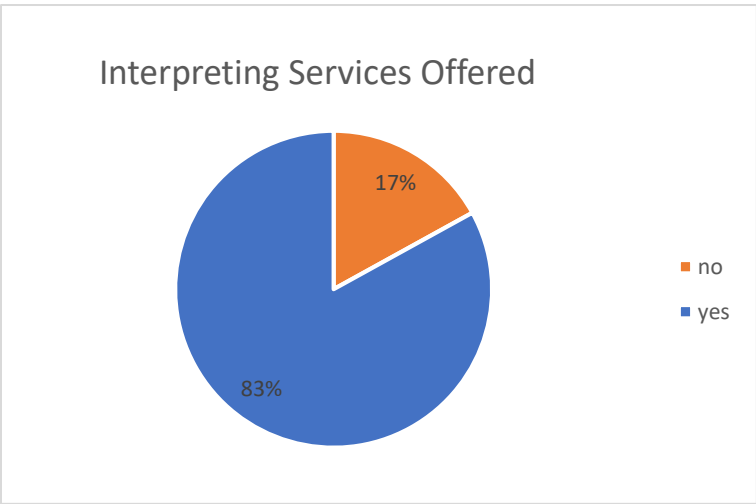


Chart 1. Percentage of practices offering interpreting services

- 44 practices (83%) offered interpreting services when Healthwatch Barnet inquired over the phone.

- 9 practices (17%) said they do not offer interpretation services when Healthwatch Barnet phoned.

The following feedback was received from some of the 9 practices who reported they do not offer interpreting.

- In one practice, they advised the patient to bring someone with them to appointments to interpret for them.
- Staff at two practices were not familiar with interpreting services at their surgery.
- One practice advised the caller to try another practice.

Comments were as follows:

“We are a small practice so no translation services are provided”

“All services have stopped” but the patient was advised to take a registration form home to have assistance filling it in but was told they don’t offer interpreting services

The patient was told that the doctors speak their language so communication would be easy

Method of interpretation

Of the 44 practices that said they offered interpreting services:

- 32 practices (73%) said the service was via a telephone call.
- 5 practices (11%) said it was face to face interpretation.
- 7 practices (16%) who said they offered the service did not specify how the interpretation would occur.

Gender of interpreter

As patients can request the gender of their GP, it seemed relevant that the gender of the interpreter (whether over the phone or in person) could also be requested to comply with patients’ wishes. Patients being able to request the gender of interpreters is outlined in the NHS principles for commissioners. Through enabling patients to request the gender of the interpreter, another potential barrier to effective communication can be overcome. For example, certain faith groups may not want to express sexual health to an interpreter of another gender.

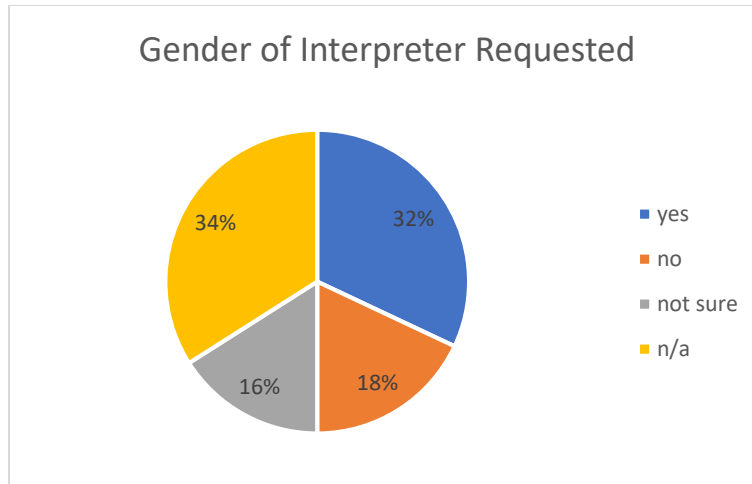


Chart 2. Percentage of practices who were aware patients could request the gender of interpreters

Of the 44 practices that reported to offer interpretation services:

- 14 practices (32%) said that they could request a female or male interpreter.
- 8 practices (18%) said patients could not request this.
- 7 practices (16%) were not sure whether this could be requested.
- 15 practices (34%) were not asked due to the manner of the conversation during our inquiry.

Translation of medical letters

NHS England recommends documents which are usually available free to patients within practices that may help them to take more control of their health and wellbeing, including a translation of their summary care record, should be available on request in community languages. Consideration should also be given to the best way to contact patients with an identified need for language or communication support. For some people, a letter in English will not be an effective way to communicate. Translation of documents can include reading information to the patient in the language required by them; known as sight translation¹¹.

While the CCG has not outlined translation of documents as a requirement of Language Line, feedback from patients indicates that offering translation of medical letters will be beneficial for both patients and health professionals.

- 3 practices (6%) said they could offer assistance with translation of medical letters.

¹¹ NHS England (2018) Guidance for commissioners: interpreting and translation services in Primary Care <https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf>

- 27 patients we spoke to (46%) said they struggle to read medical letters and often need support from family members:

“My husband or any other member of the family tells me”

“our children help us to read”

Key points on telephone information

It is encouraging to see that there is a large percentage of Barnet’s GPs offering the service to patients. Analysis from Language Line indicates an increase in the number of GPs using the service in the first 5 months of its roll out by 55% (11 practices in April to 20 in August 2018). This number has further increased to 83% (44 practices) in January 2019. However, greater examination of the use and awareness of interpreting services in Barnet GPs suggests that improvements to the use of the service and raising awareness is required.

1.2. Website Review

Healthwatch Barnet examined all 53 websites to see if information about interpreting services was available and easy to access. It must be noted that where our team could not find information on the websites, it is not conclusive that there was no information; rather that the information was not easy to find. On average, around 5-10 minutes were spent on each website searching extensively for information about interpreting services.

36% of practices advertised the interpreting services on their website (19 practices)

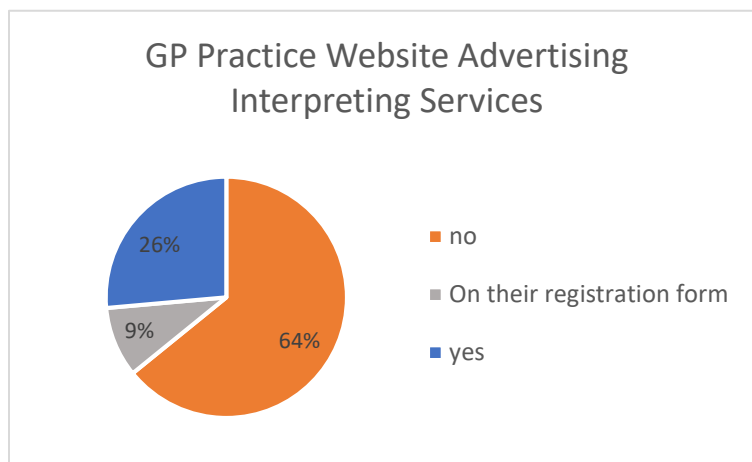


Chart 3. Percentage of practices which advertised interpreting services on their website

Many of the practice websites were accessible to patients with limited English proficiency as the page provided Google Translate. Therefore, patients who are not confident with English may look on the practices website to see if their consultations can be interpreted.

The results from this inquiry vary:

- 34 practice websites (64%) did not show that they offer interpreting services.
- 14 practice websites (26%) explicitly stated that they offered interpreting services.
- 5 practice websites (9%) included information about interpreting services on their online registration forms.

While it is encouraging to see that these practices who included information on their registration forms have made some attempt to inform registering patients about their entitlement to an interpreter, this information should be readily available to patients before they reach the registration process on the website.

25 practices (47% of all practices) had a link to the NHS Factsheet explaining the role of UK health services and the NHS to newly-arrived individuals in 21 languages. This factsheet states:

*'If you need an interpreter you must tell the receptionist when you make the appointment. Tell the staff which language you speak and they will book an interpreter for you or get an interpreter on the phone. It is important that you and the doctor understand each other so that he/she can make an accurate diagnosis of your problem.'*¹²

The review of GP websites showed there were inconsistencies with online 'signposting':

- 53% of the practices which did not directly advertise the service on their website had the factsheet on their site (18 practices).
- 36% of the practices that directly advertised the services had the factsheet too (5 practices).

It may be misleading for practices to advertise this statement but not offer interpreting services. Similarly, not all that had information on their website had the link to the factsheet and not all who had the factsheet had direct information on their website.

1.3. GP visits and information displays

¹²<https://www.nhs.uk/Services/UserControls/UploadHandlers/MediaServerHandler.ashx?id=5512&t=636960703983956250>

The team of Healthwatch Barnet volunteers and staff visited every GP in the borough to offer them the CCG/Language Line commissioned 'Did you know' poster for Language Line. If the GP practice did not already have the poster clearly on display, the practice staff at the front desk were asked if they had a copy and if not, were asked if they could they display it on their notice boards. This was generally welcomed by practice staff.

25% of practices displayed the 'Did You Know' CCG Barnet/Language Line Poster (13 practices)

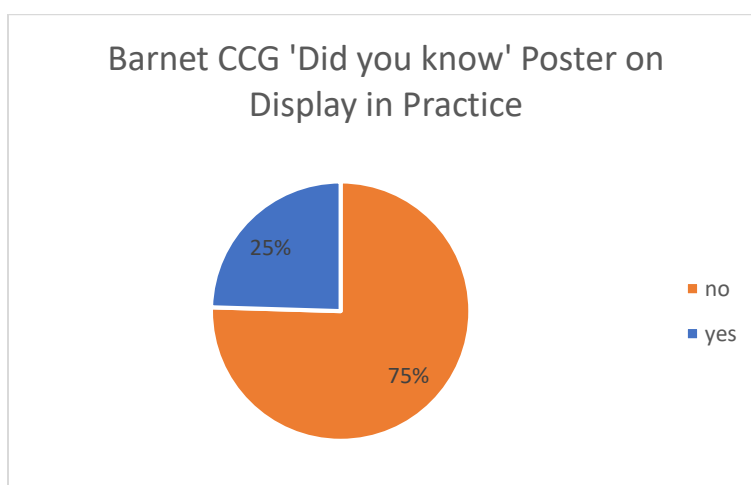


Chart 4. Percentage of practices that displayed the CCG/Language Line poster

- 13 practices (25%) had the poster on display.
- In 4 of these 13 practices, the poster was not considered to be clearly visible. For example, the Healthwatch Barnet team found that the posters were not in the reception or waiting area but were told they were in the consultation rooms.
- 40 practices (75%) did not have the poster and were therefore given copies to display.

In some practices, other notices about patient interpretation was observed by our team:

- 9 practices did not display the Barnet CCG/Language Line poster but had other information about interpreting services:
 - 2 of these 9 practices displayed Language Line posters not affiliated with Barnet CCG.
 - 1 practice displayed their own information about interpreting.
 - 2 practices displayed the Islington CCG 'Did you know' poster (rather than the poster with the Barnet CCG logo).

- 6 practices that displayed the CCG/Language Line poster also had information about interpreting services such as another language line poster or information on digital screens in the waiting rooms:
 - 1 practice had information in three different languages about bringing in a chaperone despite having the Language Line poster on display.

While it is assuring that these practices have some information about interpreting services available, the posters could cause confusion for patients by stating differing information.

Practices that did not display the poster were offered copies by the Healthwatch Barnet team. This was well received by most practices. Staff in 2 practices were not receptive to the poster being displayed when offered by the Healthwatch Barnet team, commenting:

“we would not put that up in the waiting area”

“[The practice] would need to be registered with [Language Line] first”

1.4. Consistency of information about interpreting services

Healthwatch Barnet examined how consistent the information shared with patients is through comparing the information provided by practice staff, information on the practice websites and information available in the surgery (posters/leaflets).

Information from telephone call and practice website

- 12 practices (23%) provided clear information that they offered interpreting services when we phoned and online.
- 28 practices (53%) said that they offered interpreting services when we phoned but did not advertise this on their website.
- 6 practices (11%) had no information online and said that they didn't offer interpreting services when we phoned.
- 2 practices (4%) who said they do not offer interpreting services when we phoned directly advertised the service on their website.

Information from telephone call and poster displayed

- 11 practices (21%) who said they offer interpreting services when we phoned also had the BCCG poster displayed in the surgery.

- 2 practices (4%) who said they do not offer interpretation services had the Barnet CCG poster displayed in the surgery (one of these surgeries also had information on their website stating they have this service at their practice):
 - 1 practice displayed the poster on the partition glass at reception
 - 1 practice displayed an A3 laminated poster in reception.
- 7 practices (13%) who said they do not offer the service did not display the poster.

It is concerning to see the discrepancies in information provided to patients who may already have difficulty navigating the system that is not in their first language. It is also concerning that the frontline staff who are the first point of contact for patients are not aware of the services offered in their surgery despite posters being on display leading to contradictory information.

Information from practice website and poster displayed

- 8 practices (15%) who displayed the poster in the surgery did not have information about the service on their website.
- 10 practices (19%) who did not display the poster in the surgery had information about the service on their website.

Information from telephone call, practice website and poster displayed

- 5 practices (9%) had no information at all about interpreting services; no information on their website or on display in the surgery and patients are told they do not offer the services when inquiring over the phone.
- 3 practices (6%) had clear information on their website, in the surgery and over the phone.

The 3 GP practices that provided consistent information about interpreting services are highlighted as good practice. Ensuring that patients are aware of the services using all available means and demonstrating a clear understanding of the service is crucial when offering it to those who require it.

2. Engagement with partners in health

Healthwatch Barnet hosted semi-structured interviews and focus groups with health professionals in the borough to gather their views and experiences of interpreting services in GP practices. Representatives from three GP practices and staff members from two community organisations gave their feedback between January and March 2019.

The experiences of using Language Line, and perceptions of interpreting services in general, varied across the different partners. The key message among most of the

experiences provided is the need for staff training to raise awareness about the service and use it effectively.

2.1. Engagement with Community Organisations

Case Study A.

This case study portrays the views about GP interpreting services from a local voluntary organisation. The voluntary organisation offers support, counselling and therapy, in their mother tongue, for patients of Barnet with limited English, or English as a second language. They found that their clients “have had an ongoing issue with interpreting at their local GP”, the implications of which are stemming beyond the surgery walls.

The organisation reports that residents are “relying on the voluntary sector to support them when GPs cannot”. Some of their clients’ GP staff speak the same language as the patient yet others rely on relatives to interpret their appointment for them. Their clients have called the organisation to provide interpretation over the phone during their GP appointments and translate medical letters afterwards.

The organisation reflects on the dissatisfaction felt by their clients as a result of poor interpretation suggesting that they don’t feel understood by their GP, feeling the GP doesn’t believe them, that they are not given adequate time to explain their conditions, all of which they suggest results from the lack of communication and understanding from the language barrier.

This language barrier “is a huge problem that lead to the patient’s condition worsening both mentally and physically” while also presenting a safeguarding issue. “We feel since the GP is usually the first point of call for most people suffering from any health issues, it is crucial that they offer this service without any problems”. If the “proper interpreting services were provided it would lessen the pressure on all health-related services”

Case Study B.

“Our experience at Barnet Refugee Service when we talk to our client group regarding interpreting service is really worrying. Most of them mentioned that they could not get access to interpreting service or even when they provide one, is not the right one. For example, for Afghans who speak Dari they provide Iranian interpreter who speaks Farsi.

We believe that access to interpreters for those who can't speak English is very important. It can help reduce barriers between the health practitioners and patients and ensure safety when they diagnosis or provide them with prescriptions.

Language barriers can cause great concern and misunderstanding among refugees and asylum seekers. We urge the NHS to offer a professional interpreter rather than using family or friends. It is particularly inappropriate to use children as interpreters for adults”.

2.2. Engagement with GP Staff

Case Study C.

A GP practice in the borough gave their feedback to Healthwatch Barnet about their experience using interpreting services. They reported a positive experience using the Language Line system for both their patients and staff.

The practice received an email from Barnet CCG informing them that Language Line was commissioned which included posters and user instructions for the system. The practiced described a step-by-step guide on how they use the system. The practice states they are aware of whether the patient needs an interpreter prior to the appointment as it is included in the patient notes and therefore they ask the patient to come in earlier while the doctor connects to language line. The call is given a reference number so it can be traced for future references. The practice also uses the system outside of consultations suggesting that they contact language line if a patient calls the surgery and is struggling to communicate.

The practice states the “new system has been incredible at saving time for the GP and the patient” and is a good alternative for face-to-face interpreters who did not always attend appointments. They claim the service is a ‘fantastic solution’ which meets the needs of the patients in a quick and efficient way. They ensure all their staff are trained in using the service and are aware of Language Line.

Case Study D.

This case study reports the experiences of interpreting services in a Barnet GP Practice. They suggest 50-60% of their patients need assistance with language interpretation and do not find Language Line a useful alternative to face-to-face interpreting services. The practice reported negative feedback when using the service and reported that they were not informed about the change in commissioning.

The practice claimed they received no consultation about the change in service from face-to-face to phone interpretation and feel little effort has been made to raise awareness about the new service. They reported that they were not clear about the full range of services offered by Language Line such as its use in reception. They found using Language Line time consuming for both patients and staff and find it reduces the personal approach face-to-face interpretation offers. Therefore, the surgery does not encourage the use of Language Line and instead opts for their own staff members to translate between patient and GP. They were aware of the safeguarding implications for patient relatives interpreting for them and therefore do not actively encourage this. However, they admitted on occasion they feel there is no alternative to communicate with the patient.

The practice suggested the Language Line poster should be updated to include the languages they felt were most spoken in the borough such as Farsi and Romanian. Overall, they would like more engagement from Barnet CCG in areas where policy change directly impacts staff and patients.

Case Study E.

A GP practice in Barnet gave their experience of interpreting services commissioned in the borough. They presented a mix of opinions and experiences of using the service, some positive and some negative.

The practice acknowledged that they are not actively advertising the Language Line service. They attributed this to a number of reasons; they claimed that in the first few weeks of the service being implemented, they were not aware of how to log onto to the system and were not provided with guidance or information about the service. They had not displayed the poster as they had not received one. While the practice reported that they experienced problems with face-to-face interpreters, such as cancelled or missed appointments, they regarded face-to-face as beneficial for the patient. From their experience Language Line was neither efficient nor quick to use. The practice claimed that on occasion they would use Google Translate with the patient as it was faster than connecting to the service or, alternatively, relatives of the patient would interpret. There is some regard for offering external interpretation when patients register as patients are asked then if an interpreter is required. However, patients are also asked whether they would prefer a family member to interpret for them.

The practice is aware of the benefits of using Language Line stating one case in particular where a patient who would normally attend appointments with a relative, used Language Line and had a three-way conversation with the GP. The patient was able to speak for themselves through the interpreter and found this such an empowering

experience that they brought in a box of chocolates for the GP as a thank you for enabling independence. The practice views Language Line as a complementary service to face-to-face interpreting but believes it should not be the only option.

3. Patient Feedback

Healthwatch Barnet engaged with 59 patients in the local community to find out about their awareness of Language Line interpreting services in Barnet GP practices and to hear their experiences of being offered and using it. Their views were collected through two methods of questionnaires; a face-to-face set of questions which the Healthwatch Barnet team helped the respondents complete, and a tick box questionnaire displayed in A3 in Farsi for people who are less confident speaking English. Using the latter method of data collection has its inevitable limitations in that the richness of responses was not collected, and only quantitative findings were collected. However, speaking to the 35 respondents who completed the lengthier questionnaire, with the help of the Healthwatch Barnet team, meant that a range of patient experiences were gathered and used to provide a snapshot of experience of interpretation services in the borough. Healthwatch Barnet engaged with:

- 35 patients from Barnet Refugee Service
- 17 patients attending a Somali Women's Group
- 7 users of Farsophone Counselling Service

93% of the respondents (55 patients) had visited their GP in the last 6 months.

61% of the 59 patients were not aware that their GP offered language interpretation (36 patients)

- 19 patients (32%) said they were aware of interpretation services offered by their GP practice
 - 10 of these patients said they had not used an interpreter, rather using relatives or friends to translate for them.
 - 1 resident had used the service with their GP and reported a positive experience:

“Yes, we were told and offered by the receptionist that we can have an interpreter”

- 36 patients (61%) were not aware of such services (4 patients did not answer this question). One resident reported:

“I was never told. My 10-year-old son interprets for me. Or my husband does if my son isn't available”

There was a consensus among one group we engaged with that their GPs didn't offer interpreting services, or rather that they were not informed of Language Line replacing face-to-face services:

“our GP stopped interpreting services”

The practice told the patient their ‘English was good enough to manage without one’ (even when the patient asked for an interpreter)

1 patient reported that, if they could not get an appointment with their GP where a relative could not attend, they would go to A&E instead.

39% of patients did not understand their GP during their appointment (23 patients)

- 23 patients (39%) said they did not understand their GP when they attend their appointment alone (or with another non-English speaker).
- 15 patients said that they do understand their GP, however, when questioned further 8 patients said they only understood their GP if a relative or friend attended the appointment with them, suggesting only 7 people (12%) we spoke to understand their GP when attending alone.

In some cases, respondents were not able to proceed with their appointment despite having an interpreter provided, as the wrong language had been supplied (for example Kurdish instead of Farsi):

“I asked twice for an interpreter but got wrong language interpreter”

The GP “booked the wrong interpreter, my daughters and grandchildren help”

CONCLUSIONS

Barnet CCG commissioned Language Line to provide interpreting services to Barnet patients in GP practices in April 2018. One year later, Healthwatch Barnet has conducted a review of patient and GP awareness and use of language interpretation.

Through a collection of mystery shopping exercises, patient engagement and gathering insights from professionals in primary care, we have found that the general awareness of interpreting services for GP appointments is poor.

While it is encouraging that most practices said that they offer the service when Healthwatch Barnet inquired, it is evident that good practice is not widespread across the borough. GP practices have reported problems with using the services and some are not advertising it to patients. Additionally, patients have reported problems with accessing the service and continue to use informal interpreters during appointments. Overall, there is a predominant lack of awareness about the use and impact of interpreting services.

Implications

It is necessary that effective interpretation occurs during patients experience with their GP. Effective interpretation contributes to patients' recognition that they have a choice about services and helps them feel in control and, therefore, are able to take responsibility for their health. One case to highlight from this project is the experience of a patient using Language Line in their appointment. They brought in a box of chocolates to the next appointment because they were thankful to be able to speak independently in their own words with the aid of a professional interpreter.

The health service too can benefit from good practice using interpreting services. Studies have shown that the use of these services reduces the number of 'no shows' at GP appointments and increases patient health outcomes significantly. By ensuring patients are treated with the right services at the right time, preventative action can be taken, and pressures on other acute services, like overstretched accident and emergency departments, start to alleviate. In addition, with GP practices following good practice with the use of interpreting services, potential safeguarding concerns can be avoided.

It is particularly important that all local GPs offer the services to their patients. It's not acceptable for patients who require interpreters to rely on family members to interpret for them or have to travel to other GPs further away where the staff speak their community language. This distorts the patient lists, does not provide patient choice and risks ghettoization in which patients' choice is restricted to certain areas.

RECOMMENDATIONS

Healthwatch Barnet recommends the following to improve awareness and use of interpreters in GP practices:

GP Practice Actions

- **All GP staff to be trained to use language line.** Consider inviting a representative from Language Line to train members from each practice who can then train their members of staff, from GPs to reception staff to ensure all are aware of the services and can effectively use it. This would also include instructions on the process and guidance on how to check requirements and engage with patients with no/limited English.
- Practices to **update their websites to include clear information** about interpreting services. Consider publishing the CCG ‘Did you know?’ poster on pages where new patients and non-English speakers are directed to.
- GP practices to **clearly display the ‘Did you know?’ poster in reception and waiting areas.**
- Practices to **follow good practice** when using interpreting services:
 - Practices to offer **double appointments** for those who require the service.
 - All practices to ensure that patients’ **need for an interpreter are consistently recorded** in patient records, acted upon and passed to other professionals.
 - **Avoid the use of informal interpreters** such as family members, other staff members and Google translate in accordance with good safeguarding practices and the NHS Guidance on GP interpreting and translation services¹³
- **Use face to face interpreters for complex conditions or consultations** (in response to the GPs concerns that language line was too impersonal).

Barnet CCG Actions

¹³ NHS England (2018) Guidance for commissioners: interpreting and translation services in Primary Care <https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf>

- Barnet CCG to **update the ‘Did you know?’ poster** to include the most relevant languages spoken in the borough and **redistribute** to the 53 practices to display.
- The CCG to **monitor the use of Language Line** amongst practices and provide support to those practices who are not using the service or using it infrequently.
- The CCG to **maintain a good working relationship with practices** by consulting and informing them about upcoming changes to policy and practice.

Healthwatch Barnet Actions

- Healthwatch Barnet to **continue to raise awareness** about interpreting services offered in GPs to local patients through our engagement activities.

Response from Barnet Clinical Commissioning Group

Thank you for sharing your report regarding the awareness of the CCG commissioned interpreting service across all (52) Barnet CCG GP practices. The report is very insightful and makes recommendations that are pragmatic and that will support registered patients who require an interpreter when accessing primary care services.

The following responds to each recommended action within the Healthwatch report.

Healthwatch Report Barnet CCG Recommended Actions

Healthwatch Report Recommendation	CCG Response / Action
<p>Revise 'Did you know?' promotional material to reflect the need of the local residents.</p>	<p>The CCG has identified that from January 2019 to present, the following languages are amongst the highest requests of language interpreters:</p> <ul style="list-style-type: none"> • Farsi • Arabic • Romanian • Polish • Turkish • Portuguese • Albanian • Mandarin • Italian • Pashto • Spanish • Russian • Somali <p>The CCG is working with Language Line to revise promotional material to reflect the above list.</p> <p>This revised promotional material will be shared with practices and Healthwatch.</p> <ul style="list-style-type: none"> • It is also recommended that a similar language review exercise is conducted in one years' time to ensure the most requested languages are used in promotional material.
<p>Work alongside Healthwatch and other local services i.e. Barnet Refugee Service, Somali Women's Group, and Farsophone Counselling Service to raise awareness to promote the service and invite Language Line to attend/support.</p>	<p>This recommendation is welcomed. A member of the primary care team will be in contact to discuss how this can be arranged.</p>
<p>Regularly monitor the usage for Barnet practices.</p>	<p>The CCG will monitor usage on a bi-annual basis. The CCG will continue to engage with practices that appear to be low</p>

	users of the commissioned service. We also publicise the service on a regular basis to practices.
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Healthwatch Report GP Practice Recommended Actions

Healthwatch Report Recommendation	CCG Response / Action
Language Line to train practices on how to access and use the commissioned service.	The CCG will work with Language Line to provide further training for practices on how to access and use the commissioned service. This training will take place over the coming months during pan-Barnet GP events and Practice Managers Forums. Furthermore, webinar training sessions aimed at all practice members will be scheduled to take place August and September.
Practices to offer extended appointments for patients requiring interpreting services.	<p>The CCG will encourage practices to consider offering extended appointments for patients requiring interpreting services.</p> <p>The CCG will support practices in setting up a clinical system auto prompt which will notify practice members that an interpreter is required when attending their practice appointment.</p>
Advertise promotional material on digital boards and within the practice.	<p>The CCG will work with GP practices to display promotional material in practice waiting rooms and in consultation rooms. Where practices have a digital noticeboard, there will be encouragement for promotional material to be displayed electronically.</p> <p>Practices will be encouraged to promote that an interpreting service is available on their practice website. It is also recommended that all practice websites have a 'translate this page' functionality on the practice website homepage.</p>
Practices to follow NHS guidance on avoiding the use of informal interpreters.	Embedding the commissioned service provided by Language Line will reduce the use of informal interpreters such as friends and family. This will be achieved by recommendations stated within report, i.e. increased awareness/training/service provision across all Barnet CCG GP practices.

APPENDICIES

Appendix I

Patient Questionnaires



Translation Survey at BRS - Friday December 21st

Healthwatch Barnet is looking at patients' awareness of interpreting services at their GPs. The questionnaire will contribute towards a Healthwatch Barnet report. All information is confidential.

When did you last see a GP	Did you know you can have an interpreter, were you told you can	Do you fully understand the information / diagnosis given to you by your GP	Have you ever struggled to read your medical letters

GP Practice Visit Questionnaire



Information about Interpreting Services in GP Surgeries Mystery Shopper Guidance Sheet

Dear all,

Thank you for your help with this important project on the availability of information in GP surgeries about interpreting services for patients.

We are looking to find out whether the practice has information about interpreting services displayed in the reception area. Here are some brief guidance questions on what to look for when visiting the practices. The 'Did You Know' poster is attached.

We kindly ask for all feedback responses by 29/2/2019

Name of Practice: _____

1.) Does the practice have the Barnet CCG/ Language Line Solutions '**Did You Know**' poster/leaflet on display?

YES

NO

2.) Is the poster/leaflet clearly visible? (for example, is it large enough, did you have trouble finding it, any comments welcome)

3.) Where is the poster/leaflet displayed?

4.) Is the poster/leaflet printed in colour or black and white?

5.) Is there any other information about interpreting services on display?

6.) Additional comments:

Appendix II

Principles for high quality interpreting and translation services:

Details of each principle are available in NHS England (2018) Guidance for Commissioners: Interpreting and Translation Services in Primary Care <https://www.england.nhs.uk/primary-care/primary-care-commissioning/interpreting/>

Principle 1. Access to Services

Principle 2. Booking of Interpreters

Principle 3. Timeliness of Interpreters

Principle 4. Personalised Approach

Principle 5. Professionalism and Safeguarding

Principle 6. Compliments, Comments, Concerns and Complaints

Principle 7. Translation of Documents

Appendix III

CCG/ Language Line 'Did you know?' poster

Did You Know?

Did you know that you are entitled to the services of an interpreter to help you with your consultation?

If you would like assistance, please inform reception.

Biliyor muydunuz?

Turkish

Danışmalarınız konusunda size yardımcı olması için bir tercüman hizmeti kullanma hakkınızın olduğunu biliyor muydunuz?

Yardım isterseniz, lütfen resepsiyonu bilgilendirin.

আপনি কি জানতেন?

Bengali

আপনি কি জানতেন যে আপনার পরামর্শের ক্ষেত্রে আপনাকে সাহায্য করার জন্য আপনার একজন দোতায়ীর পরিষেবা পাওয়ার অধিকার আছে

আপনি সহায়তা পেতে চাইলে, অনুগ্রহ করে রিসেপশনকে জানান

Ma ogtahay?

Somali

Ma ogtahay inaad xaq u leedahay adeegyada turjubaanka si uu kaaga caawiyo la tashigaaga?

Haddii aad jeclaan lahayd caawimo, fadlan ku wargeli qaybta soo dhowaynta

您知道吗?

Chinese

您知道吗? 您有权获得口译员的服务, 以帮助您完成咨询。如果您需要协助, 请告知接待处。

¿Sabía que...?

Spanish

¿Sabía que tiene derecho a los servicios de un intérprete para ayudarle con su consulta?

Informe a recepción si requiere asistencia.

ትፋልጡዎ?

Tigrinya

ኢብ ናይ ማዕዳ ጉዳይኩም ገሊጻይኩም ተርጓሚ ከምዚበልኩም መስልኩም ከምዘኾነ ትፋልጡዎ ደግሞ ትፋልፍ ኢንተርፕራይትም ብኸብሊጥኩም ንቶም ተገኝቲ፡ ኢጋይሽ ኢናልጡም

هل كنت تعلم؟

Arabic

هل تعلم أنه يحق لك الحصول على خدمات مترجم فوري لمساعدتك في استشارتك؟

إذا كنت ترغب في المساعدة، يرجى إبلاغ مكتب الاستقبال.

Ξέρατε ότι;

Greek

Ξέρατε ότι δικαιούστε να λάβετε τη βοήθεια διαμετρήτρια στο πλαίσιο της συμβουλευτικής σας υποστήριξης;

Εάν θέλετε βοήθεια, παρακαλούμε να ενημερώσετε το γραφείο

ئايا زانيوتە؟

Kurdish

ئايا زانيوتە كە تۆ مافی خزمەتگوزاری وەرگێڕێکت مەبە بۆ پارمەتدانت لە راونێزكارێكت ئەگەر پارمەتدەكت دەوێت، تكلێه ناگاداری پرسگه بكموه

Sabia que?

Portuguese

Sabia que tem direito aos serviços de um intérprete para o/a ajudar com a consulta?

Caso deseje assistência, informe a receção.

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