Policy Vs Reality: Interpreting In Health And Social Care Services

INSIGHTS FROM REFUGEES IN NORTH YORKSHIRE

healthwatch North Yorkshire

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Executive summary

This project report aims to highlight the difficulties in access to interpreter services within healthcare systems in North Yorkshire. Our findings are based on insights we heard from more than 40 refugees in North Yorkshire. We also carried out our own mystery shopping exercise at 25 pharmacies across the region.

- We found that access to interpreters was limited to just 20% of the stories we heard.
- Some are being refused access to interpreters. Some are being refused access to services unless interpreters are present, yet they are not provided by the service.
- When there is access to an interpreter it is likely to improve patient experience. Similarly, if there is no interpreter or provision is inconsistent, patient experience will be impacted negatively.
- 'Google Translate' is often being used, despite its inaccuracy and often without space for patients to type in their own language.
- Telephone interpreters can be unclear and difficult to understand, which can be made worse by differences in accent or dialect.
- While face-to-face is favoured, the use of phone interpreters was still preferred over having no provision.
- People are not actively being given a choice of gender-appropriate interpreters.
- There is a lack of explanation of treatment, but also a lack of explanation of expectations from the healthcare system and procedures as a whole.
- Booking systems are not clear and not conducive to ensuring interpretive services are in place.
- We found no pharmacies in the area offer verbal interpretation.
- Staff and patients alike are not sufficiently aware of interpreter provision, guidance and responsibilities.

Without the confidence to understand the system and go down routes to make an official complaint, it seems the situation is likely to go without resolution for individuals. Therefore, Healthwatch North Yorkshire feels something needs to be changed at a strategic level in order to improve access and patient experience for this cohort.

Who are Healthwatch?

Healthwatch North Yorkshire

There is a local Healthwatch in every area of England. We are the independent champion for people using local health and social care services across North Yorkshire (county council boundaries). We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also share them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

In summary - Local Healthwatch is here to:

- help people find out about local health and social care services
- listen to what people think of services
- help improve the quality of services by letting those running services and the government know what people want from care
- encourage people running services to involve people in changes to care.

Healthwatch England

We are the independent national champion for people who use health and social care services. We're here to make sure that those running services, and the government, put people at the heart of care.

We support local Healthwatch to find out what people want and to advocate for services that meet local communities' needs. Healthwatch around the country act as our eyes and ears on the ground, letting us know how people's care could be improved.

Our sole purpose is to help make care better for people. We have the power to make sure their voices are heard.

In summary - Healthwatch England is here to:

- help local Healthwatch do their job – to listen to people, and to make people's views of services heard
- help improve the quality of services by letting the government and those running services know what people want from care
- encourage people running services to involve people in changes to care

Background

Through our outreach and engagement with people from across North Yorkshire, we noticed recurring stories from refugees who were struggling to access primary care services. Healthwatch found that people who don't speak English as their first language often face similar issues to the general public such as long waits for appointments, difficulties with transport in rural areas and lack of communication between services. However, we heard about additional barriers that participants experienced, mainly lack of interpreters.

We continued to do more outreach with refugee groups to explore how prevalent these issues are and what the impact is on their healthcare. We have reviewed all our findings and collated them into key themes as part of this report. In addition, we thought more work was required to further explore and understand what the situation is like when accessing services. Knowing that the NHS is driving the "Stay Well" campaign to encourage people to visit their local pharmacy team first for clinical advice, we thought checking this first point of call would be useful for our investigations. To do this, our volunteers carried out some mystery shopping at various pharmacies across North Yorkshire and recorded their findings. We have also included those findings in this report.

To begin, we looked at publicly available documents to find out what patients *should* expect when it comes to communication with services. We also asked local healthcare providers and

Some facts and figures

- According to Migration Yorkshire, estimates show 2,500 – 2,800 new long-term immigrants [who are expected to stay more than a year] arrived in North Yorkshire in 2016.
- Around 540 short-term immigrants visited North Yorkshire in 2015 to work or study for up to 12 months.
- In 2018 1,843 newcomers from overseas registered for a National Insurance Number in North Yorkshire.
- There were around 20 unaccompanied asylum-seeking children being looked after within North Yorkshire at the end of March 2017.
- Through the Syrian Resettlement Programme 84 resettled Syrians arrived in North Yorkshire from April 2017 – March 2018.
- 5% of primary pupils and 3% of secondary pupils in North Yorkshire have a first language that is not English.
- 5 in every 1,000 new GP registrations in North Yorkshire are made by people who previously lived abroad.

Source: https://www.migrationyorkshire.org.uk/userfiles/attachments/pages/664/northyorkslmp-summary-jun2018.pdf

commissioners what their policy and procedures are in terms of interpreter and translation provision.

North Yorkshire County Council told us that upon arrival all families receive a welcome pack alongside other information given by their integration support provider the Refugee Council. Pre-arrival in the UK, doctors employed by the International Organisation for Migration carry out a basic health assessment, and upon arrival families have a detailed medical assessment within the first week.

In year one of their arrival each family is provided with a caseworker employed through the Refugee Council. In years 2-5 families have access to the Refugee Council's Independent Living Advice Service. This is more about crisis-type support and encouraging those families that can do things for themselves (e.g. contacting emergency services) to do so.

What should be happening – public documents

Upon investigation, it is difficult to find clear or conclusive evidence that dictates interpreting services are mandatory at all health and social care services. However, public services have an obligation to provide equal access to services as part of non-discriminatory provision, under the Equality Act 2010 and the Public Sector Equality Duty Act 2011. Furthermore, the 2018 "*NHS Guidance for commissioners: Interpreting and Translation Services in Primary Care*" says:

Principle 1: Access to services
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
Principle 2: Booking of Interpreters
Staff working in primary care provider services should be aware of how to book interpreters across all languages, including BSL, and book them when required
Principle 3: Timeliness of Access
Patients requiring an interpreter should not be disadvantaged in terms of the timeliness of their access
Principle 4: Personalised Approach
Patients should expect a personalised approach to their language and communication requirements recognising that "one size does not fit all"
Principle 5: Professionalism and Safeguarding
High ethical standards, a duty of confidentiality and Safeguarding responsibilities are mandatory in primary care and this duty extends to interpreters
Principle 6: Compliments, Comments, Concerns and Complaints
Patients and clinicians should be able to express their views about the quality of the interpreting service they have received, in their first or preferred language and formats (written, spoken, signed etc.)
Principle 7: Translation of documents
Documents which help professionals provide effective healthcare or that supports patients to manage their own heath should be available in appropriate formats when needed
Principle 8: Quality Assurance and Continuous Improvement
The interpreting service should be systematically monitored as part of commissioning and contract management procedures and users should be engaged to support quality assurance and continuous improvement and to ensure it remains high-quality and relevant to local needs

Source: https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf

Some other key points are made within this document as follows:

- *Interpretation and translation should be provided free at the point of delivery, be of a high quality, accessible and responsive to a patient's linguistic needs. Patients should not be asked to pay for interpreting services or to provide their own interpreter.*
- *Automated online translating systems or services such as "Google Translate" should be avoided as there is no assurance of the quality of the translations*
- *Patients should be asked about their language requirements and communication needs at registration with a primary care provider (or subsequently should their needs change) and this should be indicated clearly in their patient record. This should include:*
- *Language requirements, language preferences and communication needs*
- *Preference regarding gender of interpreter (if they wish to express one)*
- *Cultural identity where this is relevant to the provision of interpreting*
- *Where patients have requested specific support to meet their needs, this will need to be recorded by the organisation. As such, it may be sensitive personal data and the organisations would need to handle it appropriately*
- *Language preferences and communication needs should be recorded in the patient's record and shared with other services when the patient is referred on (for example to secondary care services)*
- *Where an interpreter is required the primary care provider is responsible for ensuring one is booked*
- *Interpreters must be registered with an appropriate regulator (see Annex 1), and should be experienced and familiar with medical and health-related terminology*
- *On registration with a primary care service (or subsequently if their needs change), patients requiring language support should be made aware of the different types of interpreting available to them (e.g. face-to-face, telephone, video remote interpreting / video relay services)*
- *When an interpreter is required, additional time will be needed for the consultation (typically double that of a regular appointment)*
- *All staff within primary care services should be offered training to raise awareness of the role of interpreting, the positive impact on patients and clinicians of high-quality interpreting, and appropriate types of interpreting for specific situations. This training should include contact details of the organisation providing interpreting and translation services, how to book appointments and how to make complaints or provide feedback*

- *Patients should always be offered a registered interpreter. Reliance on family, friends or unqualified interpreters is strongly discouraged and would not be considered good practice*

In addition, the General Dental Council's "*Focus on Standards*" set out 9 principles of conduct, performance and ethics that govern dental professionals. Under Principle 2, it states:

Communicate effectively with patients – listen to them, give them time to consider information and take their individual views and communication needs into account.

Give patients the information they need, in a way they can understand, so that they can make informed decisions.

You should take their specific communication needs and preferences into account where possible and respect any cultural values and differences.

You should recognise patients' communication difficulties and try to meet the patients' particular communication needs by, for example:
• not using professional jargon and acronyms;
• using an interpreter for patients whose first language is not English;
• suggesting that patients bring someone with them who can use sign language;
• providing an induction loop to help patients who wear hearing aids.
Source: https://standards.gdc-uk.org/Assets/pdf/Standards%20for%20the%20Dental%20Team.pdf

It's well known that communication barriers can make consultations less effective, which affects patient experience and health outcomes. Existing evidence and research further demonstrates the value of using interpreters and the negative impacts for both patients and the healthcare system when interpreters are not used. Examples include an increase in missed appointments, poor knowledge and comprehension of diagnosis for patients, poor adherence to treatment and an increase in medical errors. Untrained interpreters are also more likely to make errors, violate confidentiality and increase the risk of poor outcomes. High-quality and easily accessible interpreter provision has reduced communication errors, enhanced patient understanding, improved patient satisfaction and increased access. (O'Donnell et al, 2007; Kai, 2013; Seale et at, 2013; Juckett & Unger, 2014)

Several other local Healthwatch have looked into issues which affect refugees, asylum seekers and speakers whose first language is not English. Their reports and findings can be found in our reports library.

'Interpreting' refers to the spoken word, rather than 'translation' which is used for the written word.

What should be happening – commissioner and provider responses

As part of our investigation we contacted the following organisations:

- Hambleton, Richmondshire and Whitby Clinical Commissioning Group Primary Care Commissioning Committee
- Harrogate and Rural District Clinical Commissioning Group Primary Care Commissioning Committee
- Scarborough and Ryedale Clinical Commissioning Group Primary Care Commissioning Committee
- Airedale, Wharfedale and Craven Clinical Commissioning Group Primary Care Commissioning Committee
- Vale of York Clinical Commissioning Group Primary Care Commissioning Committee
- York Teaching Hospital NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Humber NHS Foundation Trust
- Airedale NHS Foundation Trust
- South Tees Hospital NHS Foundation Trust

We asked the following questions:

1. Do you have a single commissioned interpreter service and if so who is this with?
2. Do you source individual interpreters on an ad hoc basis?
3. Do you have a specific policy for the use of interpreters?
4. Do you have any material available to the public about interpreter services?

We did not receive responses from all organisations, but we gave them another opportunity to respond within 21 days when we circulated a final draft of this report. Here's their responses to the initial questions, and you can read their responses to the final report findings later in the report.

Hambleton, Richmondshire and Whitby Clinical Commissioning Group Primary Care Commissioning Committee

"This would fall under the GP contract with NHS England/NHS Improvement. The CCG does not commission this for each individual practice and it is then up to each practice to organise."

NHS England/NHS Improvement

We also received the following response from NHSE/I

"There isn't a service commissioned by the CCG or NHSE on behalf of Practices. Practices would be expected to provide access to interpretation and translation services where necessary in ensuring they're meeting the need of their patients but how this is achieved is up to the Practice rather than any detailed national policy."

Harrogate and Rural District Clinical Commissioning Group Primary Care Commissioning Committee

"As an NHS provider GP practices are responsible for accessing interpreters and paying for them if needed directly.

There is no central funding from NHSE/I.

1) No single commissioned service.

2) Each practice would choose how they provide interpreters; many will use telephone-based services such as Language Line or The Big Word.

3) Each practice would be responsible for their own policy on the use of interpreters.

4) Again would be up to each practice."

Vale of York Clinical Commissioning Group Primary Care Commissioning Committee

"The CCG has a recommended specification for interpreting services, but GPs have to pay for interpreting services themselves. We do not source it from one place or hold a single contract. I expect all practices will have some arrangement for interpreting services. As to what each individual practice offers or whether they hold material on this for the public, one would need to contact them directly for this information – as independent providers of primary care services they are likely to have their own ways of working."

Humber NHS Foundation Trust

"1) For our North Yorkshire services we have a single commissioned interpreter service with The Big Word.

2) We tend to source interpreters via The Big Word for North Yorkshire services, however if they are unable to provide an interpreter for a specific language then we would look to source outside of The Big Word.

3) We have a guide for Staff on Accessing Interpreter Services.

4) The Trust has an Equality and Diversity page on the Trust Website (https://www.humber.nhs.uk/about-our-trust/equality-and-diversity.htm) and our interpretation and translation services are highlighted on the Equality and Diversity home page."

__Airedale NHS Foundation Trust__

“1) Interpreting Services are managed ‘in house’ by AGH Solutions, which is a wholly owned subsidiary of Airedale NHS Foundation Trust.

2) Interpreters are sourced when required by the patient or medic. They are made up of contracted and bank staff for our higher-volume languages, and third-party suppliers for lower-volume languages, British Sign Language and for immediate out-of-hours telephone interpreting.

3) Yes, we have internal guidelines for when and how to use the Interpreting Services Team.

4) Interpreting Services has a page on the Airedale NHS Foundation Trust website (within the ‘Services & Staff’ header) and information about how to request an interpreter can be found on the appointment booking letter which is sent to patients.

Findings

What is happening in reality – Focus groups

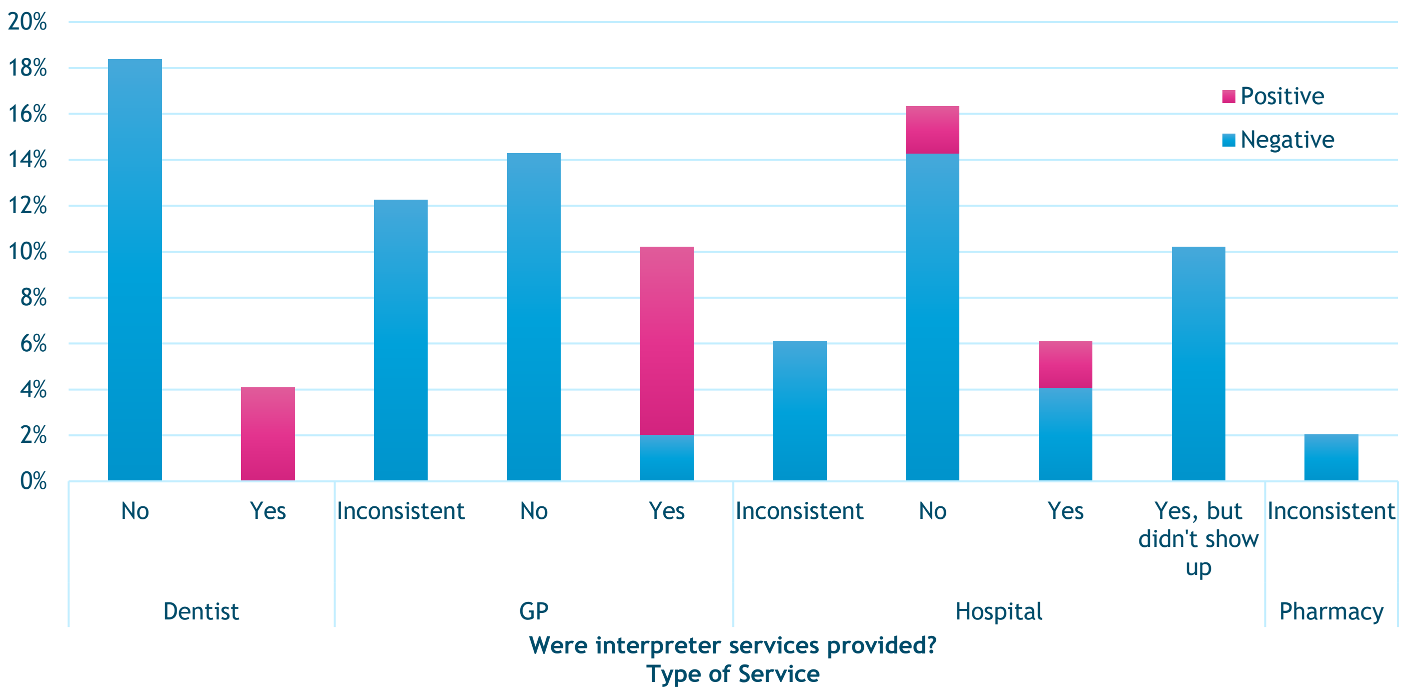
We conducted focus groups within Refugee Council drop-in services in North Yorkshire, including Ripon, Scarborough, Northallerton, Malton, Harrogate, Richmond and Selby. These took place in September 2018. The Refugee Council provided interpretation for our staff team. Most of our findings here are the result of inductive research. This is because our questions weren't specifically predetermined to ask about interpreters, but were more generally aimed to find out about people's experience of health and social care. By the 5th group we had begun to identify a pattern, which resulted in more prompting to ask specifically about interpreter provision or probing for more in-depth answers related to interpreter provision.

This is what we found from talking to people.

Cross-cutting themes

We heard 49 first-hand accounts of accessing services which were related to interpreters being required. These were sometimes multiple accounts from a single person or sometimes a single account from multiple people. We did not routinely capture if views were based on just one visit or based on multiple visits, and it was not always clear which specific method of interpretation was used or required. Nonetheless, 15% (7/49) were positive experiences, but 85% (41/49) were negative experiences. Generally, the use of interpreters was more likely to lead to positive patient experience as 6 out of 7 of the positive accounts included the use of an interpreter.

- In 20% (10/49) of the accounts, people had access to an interpreter. Of these, 70% (7/10) described their experience with a positive sentiment. Those 30% (3/10) who described their experience negatively suggested that this was due to the quality of interpretation.
- 49% (24/49) of the accounts did not have interpreters available to them, and most of those (96% 23/24), described their experience with a negative sentiment. The 4% (1/24) that described their experience as positive did not disclose reasons for this.
- 10% (5/49) had been told to expect an interpreter but there was no provision in their appointment. All of these described their experience negatively.
- 20% (10/49) shared experiences where interpreter provision was lacking or inconsistent at a service, and all described their experiences negatively.



We also heard other accounts of people using services which included both positive and negative experiences, but these were not reasoned with or related to interpreter provision by the people telling us their stories. Briefly, the issues included misdiagnosis, lack of diagnosis, long waiting times, lack of available appointments, treatment not working, lack of treatment options available, travel or distance to services, food not being suitable and long waits for test results. It is possible that these issues could be linked to lack of or quality of interpretation as suggested in existing literature, but it would require further investigation before accurately drawing that conclusion. It's important to note that Healthwatch North Yorkshire has followed some of these issues up as part of other work streams. Additionally, the feedback will be included in our database for further and future trend analysis.

Primary care – People mostly told us about their experiences accessing primary care such as GPs, dentists and pharmacists. However, some people did also include stories of their experiences at A&E and at other secondary care services, though these were usually at hospitals.

Social Care – Conversely, we did not hear many experiences of social care. The absence of this perspective in all groups was significant enough for us to identify it as a cross-cutting trend. However, it is unclear whether this is due to a lack of access entirely or if it is due to a lack of issues in this area. So more investigation would be needed to identify interpreting needs and viewpoints in social care.

Understanding the healthcare system – As existing research predicted, people told us they have difficulties navigating the healthcare system and understanding its processes. It's not clear from our research alone that this lack of understanding is directly linked to a lack of interpreters or the quality of interpreters. People told us that they do not know their rights or are not confident enough in their knowledge to challenge if or when rights are violated. We were asked many questions about how the healthcare system works for example, why there are waits for treatment, why they would see a nurse instead of a doctor and why professionals may be reluctant to prescribe medication. People told us they do not know how to present themselves or explain their needs to receptionists. We heard stories of people being misdiagnosed or undiagnosed despite many appointments with healthcare professionals and having to return for further treatment. People were unsure of their rights regarding access to interpreters and translation and whose responsibility it was to arrange interpreters. One person told us that it was not explained to them that they needed to inform the practice if they were unable to attend, and after 2 missed appointments they were removed from the service.

Interpreter-specific key themes

What works well

Interpreters provision - Where people were regularly provided with interpreters, they often had a better experience and a more positive view of services when they were provided with support they needed to communicate effectively. We heard very positive reviews from people whose GP or dentist can speak their language, where there is no need for interpreter provision in order to be understood. Experiences of using face-to-face interpreters were particularly more positive than other methods and they were described as "*very good, clear and easy to understand*". One group felt that an interpreter is not vital for everyday appointments, but they did feel interpretation was needed for specialist appointments.

What could be improved

Lack of Interpreter provision – It seems interpreter provision is not routinely or sufficiently being offered. More significantly, we heard stories of people being refused interpreters when asking for them, being actively dissuaded from using interpreter services and absences when people had been told to expect an interpreter present. One person described difficulties at hospital because staff relied on their basic English skills to diagnose their sick child. People shared how lack of interpreter provision had affected their care throughout their treatment journey from registering at initial access, to booking appointments, to clinical interventions, to written follow-up letters.

"Lack of interpreter at GP means I cannot be understood properly"

[In response to a request for an interpreter] "The GP said something along the lines of "oh, I don't think we need that, we can manage without that"

We heard stories about a couple of dentists who do not provide interpreters, but will not conduct appointments without them. We heard that one of these insists on an interpreter being present in the appointment for face-to-face interpretation. Another person told us that when they requested an interpreter, their dental practice cancelled the appointment as they do not provide them. This leads to patients having to pay themselves, having to take unqualified relatives to interpret or having to rely on services like the Refugee Council to provide interpreters. One person pointed out that at the dentist, a patient needs to listen more than they need to speak so it could be argued that the need is greater here as it's more difficult to clarify understanding.

Several people told us they cannot access interpreters until they are registered with a service. But this makes registering very difficult as most paperwork involved is not translated so they have to rely on their insufficient understanding or interpretation from friends and family or other support services for understanding. This can breach their confidentiality and trust in a service at the first point of access. For a handful of people this has resulted in penalties as they were accidently registered as 'working' and therefore mistakenly charged for treatment. One person said they are now too afraid to go to their dentist because they are afraid of being charged.

Irregularity of provision - When interpreters were provided, but it was inconsistent or unpredictable, it resulted in mixed or negative reviews of services from a patient perspective. Some people told us about their experience of having several interactions with health services, but only being offered interpreters once or twice. They viewed interpreters as useful, but their overall experience was tainted by the impact of those appointments without provision.

Quality of interpretation and method – People told us that interpreters on the phone can be unclear and difficult to hear which can be made worse if accent or dialect varies. We heard one instance where a telephone interpreter had made a mistake referring to the wrong body part, and this error was only noticed later when a bilingual friend was present. While face-to-face was favoured, using phone

interpreters was still preferred over having no provision as one person described using a telephone interpreter as "*fine, better than nothing*".

We heard several instances of health professionals using 'Google Translate' which people described as "*wrong*", "*not very accurate*" or "*not good*". We also heard how this can be a one-way-only conversation as it is difficult for patients to communicate to doctors using this method if their language requires a different alphabet to the keyboard in use.

"Some doctors use Google Translate, but this is not necessarily very accurate AND it only works for translating Doctor to patient – there is no way for the patient to write on the computer in Arabic"

Choice of gender-appropriate interpreters - Several respondents told us they are not being offered a female interpreter for female patients. It was felt that there are significant issues when patients do not have a choice in the gender of their interpreter. One person told us how every time they have visited the GP they have had a male interpreter. They feel this is not suitable when a woman needs to discuss things which they are not comfortable discussing in front of a man.

Time - We heard how appointments take twice as long if using an interpreter. It's important that services understand and are responsive to this. It was thought that if this extra time is not made available, then the patient has little time to explain their situation sufficiently and ask questions or the GP has limited time to provide information back to them.

Explanation of treatment – Unsurprisingly, we found that, without interpreters, people found it difficult to understand their treatment plans. Some felt they weren't given an explanation of what was happening and the reasons for it. Staff and support volunteers also told us that refugees often come to them for advice, for example "should I continue this medication?". This is likely because they have been unable to ask or understand what medical professionals are telling them without appropriate interpretation. One person suggested it would be helpful for GPs to write down what the patient needs to buy from the pharmacy to help with communication at the pharmacy.

Booking systems – Participants felt that their need or requests for interpreters are not being clearly marked or flagged on healthcare systems, particularly at reception when booking appointments. As the first point of call for making appointments, it is vital that receptions are aware of this need and responsive to it. We heard from one individual who told us how they faced a long wait of a month for an appointment but that a support worker called and got an appointment for them immediately. This strengthens the argument that interpretation is essential throughout all interactions with services, including booking appointments.

There were several instances in which participants had gone to appointments and been told to expect an interpreter, but found upon arrival that there was no

interpreter. One person did tell us that the service was apologetic and arranged for a telephone interpreter, but that this was unclear. One person told us how they had experienced this once before, so they called ahead, with support, to check and were reassured. But, after waiting a month for the appointment, once again there was no interpreter on arrival, which caused great upset for the patient during an already worrying health concern.

Sound familiar? We've heard this before too…

During our What Would You Do? project regarding the NHS Long Term Plan, we spoke to some members of the Gurkha community living in the Catterick Garrison area. The main topic of discussion here was about having better access to services, which most prominently required access to interpreters.

"***Interpreters*** *- People told us that having an interpreter was highly important for them to be able to access services. This was important to be able to communicate their issues and fully understand the advice and treatment health professionals give at GP surgeries. However, this is only available two mornings a week through a specific staff member which means there is a limited availability for the appointments. They hoped for more flexibility in future rather than fixed times which can be inaccessible for some.*"

What is happening in reality - Mystery shopping at pharmacies

Knowing that the NHS is driving the "Stay Well" campaign to encourage people to visit their local pharmacy team first for clinical advice, we thought checking this first point of call for patients would be useful. To do this, our volunteers carried out some mystery shopping by telephoning local pharmacies across North Yorkshire. On the calls, they followed a brief, explaining that they are friends with a woman who needs some medical advice from the pharmacist, but that she does not speak English very well. They then asked if the pharmacy provides interpreters. If questioned, they said their friend's first language is Arabic. Our volunteers then went on to ask about the type or method of interpretation, if there were any restrictions on access such as pre-booking appointments and if it would be possible to speak to a female. If the pharmacy representatives declared they do not provide interpreters, our volunteers then asked for advice on how their friend could access help.

The pharmacies included 4 each in Skipton, Selby and Scarborough; 3 each in Harrogate, Malton and Northallerton; and 2 each in Catterick and Ripon.

Our findings show that access is extremely limited and not reflective of guidance.

Of the 25 pharmacies we called, only 4 said they did provide interpreter services.

- None of them said they could would provide vocal interpretation, as they confirmed they would use 'Google Translate' to engage the patient.
- 3 had no restrictions to access.
- 1 said they would prefer to book an appointment in to avoid busy times, but did offer a same-day appointment. However, they said it did depend on which pharmacist were on duty as not all are willing to use 'Google Translate'.
- 1 went on to say that although they do offer some language interpretation, unfortunately, Arabic wasn't something they could translate.
- 1 could speak some languages but not Arabic, and signposted to another pharmacy outside of North Yorkshire County Council boundaries who speaks Arabic.
- 1 said they could provide a female interpreter. 3 said it would depend on staff available.

Of the 21 who said they did not provide interpreters, when we asked how else to access*:

- 5 suggested contacting their GP
- 4 said they would try to use 'Google Translate', which suggests an understanding that 'Google Translate' is not an official or accurate interpreting service. But 2 of these directed our volunteers to use 'Google Translate' themselves to help find out what the health concern was.

- 3 suggested trying another pharmacy, but were not certain they would be able to help.
- 2 suggested contacting NHS 111.
- 2 suggested the patient provide their own interpreter.
- 1 suggested to come in regardless, and they would try to get to the nature of the problem by examining if it is physical and showing different products to see if the customer has any understanding and using fingers to communicate to show how many days.
- 1 suggested going to an urgent treatment centre.
- 1 said they do not offer interpreters 'as a rule', but they do have a member of staff who can speak Arabic. Their rota meant they were not in every day.
- 3 offered no signposting or could not help.
- 1 suggested to continue calling around pharmacies until we got a "Muslim pharmacist".

*These numbers do not total 21 as some gave multiple suggestions.

One suggested that if there was a greater demand in the area for a specific language, then they would consider getting a pharmacist who spoke that language.

Where our volunteers still asked if a female pharmacist was possible, most responses were very dependent on staff rotas and not guaranteed.

It's possible that the pharmacy may have provided interpreting services but the particular staff who answered were unaware, or that had we spoken to different staff members at different times we may have captured different results. However, this snapshot does represent a hypothetical but possibly real pathway a patient may follow in an attempt to access these services.

Conclusion

In conclusion, many of the experiences we heard weren't consistent with recommendations as described in the NHS guidance. Patients weren't "*always*" being offered an interpreter. People weren't regularly experiencing interpretation and translation *"of a high quality, accessible and responsive to a patient's linguistic needs"*. 'Google Translate' was not *"avoided as there is no assurance of the quality of the translations"*. Patients were not routinely being asked about their language requirements and communication needs at registration with a primary care provider, including "*language requirements, language preferences and communication needs; Preference regarding gender of interpreter (if they wish to express one); Cultural identity where this is relevant to the provision of interpreting*". Additionally, these were not being recorded clearly.

Patients were being asked to provide their own interpreters where guidance says *"the primary care provider is responsible for ensuring one is booked"*. Many people have to use friends or family as unqualified interpreters which is "*strongly discouraged and would not be considered good practice"*. This can not only affect confidentiality and accuracy which hinders the patients' healthcare, but is not "*an appropriate regulator"* as guidance suggests.

Our public feedback and mystery shopping findings contradict the guidance that *"staff working in primary care provider services should be are aware of how to book interpreters across all languages, including BSL, and book them when required*".

Finally, the principles and expectations are not being made clear to patients whose first language is not English. Without the confidence to understand the system and go down routes to make an official complaint, it seems the situation is likely to go without resolution for individuals. Therefore, Healthwatch North Yorkshire feels something needs to be changed at a strategic level in order to improve access and patient experience for this cohort.

Next steps

From our findings, it seems that what is supposed to happen, according to policies and procedures, is drastically different to what happens in reality. As a result, we will ensure that all key stakeholders including system leaders, patients, carers and the public receive our findings and we will share our report with them.

Our Recommendations

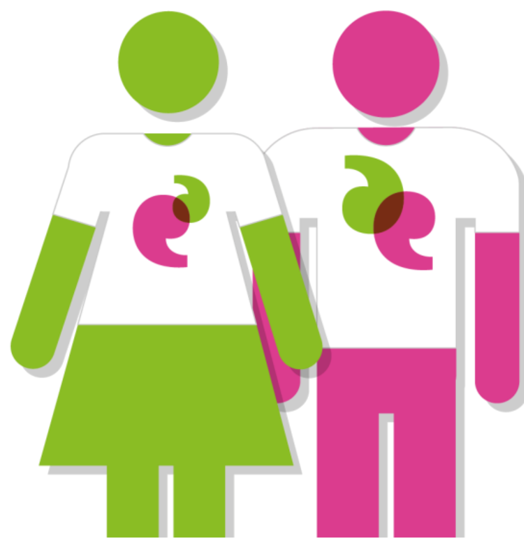
Our recommendations are as follows:

- Healthcare services need to make it part of their routine to proactively offer interpreter provision, and ensure this is available at every stage starting from initial access. They should make it easy for patients to express their need by actively asking the question about interpreter need, method, language and gender.
- Each Primary Care Commissioning committee as part of its quality monitoring function request that all GP practices/Primary Care Networks provide an annual statement outlining their policy on provision of interpreters and that this is regularly monitored. This should include access to face-to-face interpretation where necessary and access to an interpreter of an appropriate gender. On grounds of confidentiality such provision should not routinely be provided by a family member unless explicit consent is given by the individual.
- Services need to follow their NHS guidance, and commissioners and contract management procedures need to more effectively monitor interpreter services and ensure it is up to standard.
- Practices need to use professional impartial interpretive services. Face-to-face or telephone interpretation should be sourced. Use of Google Translate should be eradicated in healthcare settings.
- Staff need to be trained or informed more clearly about how to support patients to access interpreting services within their practice or service.
- Booking systems should be robust and appointment times should allow enough time for patients and professionals to communicate effectively.
- Consideration should be given to how IT systems can easily identify for all staff, from receptionists to clinicians, those in need of interpreting services at the earliest possible point of contact.
- Refugees, non-English speakers or those who have limited proficiency in English need to be given more clear, consistent and reliable information about healthcare services, in order to be aware of and confident about their access rights.

- The local authority and commissioners of health should work together to develop/commission a short guide on access to health services for refugees/non-English-speaking residents.
- Pharmaceutical Needs Assessment should consider how access to interpretation can be incorporated, one example being the 'Interpreter on Wheels' service provided by Leeds Teaching Hospital.
- Following the 'Stay Well Pharmacy campaign', the 'Help us Help you campaign' and the switch to non-prescribing of routine medicines, further thought is needed on how this will work for people who do not have English as a foreign language.
- Further work needs to be completed in order to find out if this issue is replicated in social care services.

The comments and views that have been shared with us will, joined with other information we have received, help to inform the selection of our own research priorities ensuring that we are focusing on the things that matter to our residents across North Yorkshire.

We will be reviewing the impact of the research findings by keeping positive and collaborative working relationships with stakeholders. We also ensure that any information we receive is fed directly to Healthwatch England to be monitored at a national level as well as at a local level.



Responses to this report by commissioners and providers

We gave the following commissioners and providers an opportunity to respond to our findings and recommendations by sending them a final draft of this report before publication.

- Hambleton, Richmondshire and Whitby Clinical Commissioning Group Primary Care Commissioning Committee
- Harrogate and Rural District Clinical Commissioning Group Primary Care Commissioning Committee
- Scarborough and Ryedale Clinical Commissioning Group Primary Care Commissioning Committee
- Airedale, Wharfedale and Craven Clinical Commissioning Group Primary Care Commissioning Committee
- Vale of York Clinical Commissioning Group Primary Care Commissioning Committee
- York Teaching Hospital NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Humber NHS Foundation Trust
- Airedale NHS Foundation Trust
- South Tees Hospital NHS Foundation Trust

Here are the comments from those who did respond to us:

Airedale, Wharfedale and Craven Clinical Commissioning Group Primary Care Commissioning Committee

"We commission Enable2 for our practices to use. More information about them can be found here (https://www.enable2.com/) and I can confirm they provide interpreters into Craven practices as I have recently been involved in a discussion about this."

Vale of York Clinical Commissioning Group Primary Care Commissioning Committee

"Our response remains unchanged. Thank you for giving us a further opportunity to clarify"

Humber NHS Foundation Trust

"Humber Teaching NHS Foundation Trust use Interpreter on Wheels in their mental health service and will consider rolling out to other services within the Trust dependant on demand"

South Tees Hospital NHS Foundation Trust

1. Do you have a single commissioned interpreter service and if so who is this with?

   The Trust has a single commissioned interpretation service - The Big Word

2. Do you source individual interpreters on an ad hoc basis?
   We source via the interpretation service (Big Word) either face to face or telephone.

3. Do you have a specific policy for the use of interpreters?
   At present the Trust does not have a specific policy for the use of interpreters or AIS. However, we have accessibility standards and guidance on the Trust internet (please follow the link). http://stas16/intranet/services-a-z/interpreting-services/

4. Do you have any material available to the public about interpreter services?

   There is information available on the Trust intranet site. There is information for staff to print off and display on how to access the interpretation service.

The Trust has formed an Accessibility Information Standards Group who are in the process of reviewing all services in line with the AIS. An action plan has been formulated for approval to identify areas for improvement and timeframes.

Acknowledgements

We would like to thank everyone who participated in all our focus groups. Your experience of local services, your comments and opinions and your patient journeys are so appreciated and will help us to influence at a strategic level to ensure the planning and delivery of services meets your needs and those of your family and friends.

Thank you to all our invaluable volunteers for your continued support, especially those who spent their time assisting with this engagement by calling pharmacies in your local communities. We could not do what we do without your fantastic support!

Finally, we would like to thank all the team at Healthwatch North Yorkshire. We are grateful to Claire Canavan, our Community Outreach Co-ordinator, who organised our public engagement and active outreach in local communities. Thanks to Lada Rotshtein, our Volunteer Co-ordinator, for excellent work recruiting and supporting our volunteers. Thanks to our Communications Officer, Alex Day, for his support in ensuring these findings are circulated and heard about. We would like to thank Kirsty Elliot, our Research and Intelligence Officer who analysed and wrote this report with support and guidance from our Chief Executive Officer Michelle Thompson BEM and Nigel Ayre, our Operations Manager.

Demographics

Location	Approx. number of refugees present
Ripon	1
Scarborough	8
Northallerton	8
Malton	3
Harrogate	10
Richmond	8
Selby	3
Grand Total	**41**

References

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Useful signposting links

https://www.nypartnerships.org.uk/welcomepack NYCC welcome packs available in Arabic, Hungarian, Latvian, Lithuanian, Nepali and Polish.

Migration Yorkshire also have lots of introductory booklets produced by 'Integration Up North' https://www.migrationyorkshire.org.uk/?page=introduction-to-migration-iun

https://www.gov.uk/guidance/language-interpretation-migrant-health-guide

http://www.picturecommunicationtool.com/

http://www.migrantsorganise.org/?p=21539

https://webarchive.nationalarchives.gov.uk/20130105192116/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4073230

http://www.rcgp.org.uk/-/media/Files/MEG/Lost-in-Translation-How-to-work-through-an-interpreter.ashx?la=en

https://signhealth.org.uk/wp-content/uploads/2016/09/Sick-Of-It-Report.pdf