<u>Briefing on Improving the Quality of Interpreting and Translation Services in Primary Care (Community Languages* and British Sign Language)</u>

February 2015

<u>Why do we need to improve the quality of interpretation and translation services?</u>

We know that people who have difficulty in communicating their health issues and needs to primary care providers because of language barriers, including because they are d/Deaf, have worse health outcomes.

Providing high quality interpretation and translation services is an important part of ensuring that patients receive the right care, with informed consent, and have improved health outcomes.

NHS service providers are responsible for ensuring that reasonable adaptions are made to meet the needs of patients with protected characteristics. Commissioners have a duty to ensure that they themselves take account of the need to reduce health inequalities when commissioning services.

 The provision of interpretation and translation services within primary care settings for both people who use spoken community language(s) as a first language and those who use BSL as their preferred language is therefore an important issue and NHS England is currently looking at how it can support providers and commissioners to enable high quality services.

<u>What will now happen?</u>

NHS England Primary Care Commissioning Team working with its partners and patients plans to co-produce a quality standard which describes what a 'good' interpretation and translation service would be like for patients, carers and for clinicians in primary care settings. In addition we will co-produce a service specification which can be used to commission a high quality, cost effective service for patient, improving access to services and reducing health inequalities.

NHS England has asked North of England Commissioning Support unit to lead this work working with two delivery partners: University of Manchester (Social Research with Deaf People) and Education Partnerships UK (for community languages).

A national steering group has been set up and a wider stakeholders group is also being formed. Both groups meet on a monthly basis.

<u>How will we make improvements?</u>

We want to gather information about the experiences of patients and clinicians when using interpretation services. Were these services available to you? Did you know how to access them? What would a good service look and feel like for patients and front line staff?   We want to use this evidence to develop our work with you to try to improve your healthcare experience.

We are looking at examples of good practice from within the UK and overseas to find out what models are being used and where there are quality standards worth considering. We will want to know what is fit for purpose for local health economies and what is safe for patients and clinicians.

We will be holding focus groups with service users and community stakeholders from mid-February to mid-March.

We will also be speaking to clinicians to ask them what they want from a good interpreting and translation service for their patients and themselves. This engagement will help us understand what should be included in the quality standards. Once those quality standards are drafted, we will put them out to consultation.

We will consult with providers of translation and interpreting services and interpreters about their views on delivering a quality services and seek examples of good practice.

We will then hold regional events for commissioners and stakeholders to share back the quality standards and service specification.

<u>Getting involved</u>

You can contact interpreting@nhs.net if you wish to receive future briefings or are interested in being part of:

- The focus groups (because you are a patient, carer or represent patients);
- Engagements (because you are a primary care clinician, interpreter or a provider of interpreting and translation services), or;
- Regional events (because you are a commissioner or a stakeholder organisation).

*Community Languages refer to spoken languages other than English, for example Polish, Urdu, Chinese.