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Report to NHS England on the outcome of a Rapid Review of commissioning arrangements for British Sign Language interpreting services

21 July 2021

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(Final 0.6)



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1 Executive Summary

NHS England (NHSE) commissioned North East Commissioning Support (NECS) consultancy to undertake an independent national Rapid Review of British Sign Language (BSL) services. The Review's three stages can be briefly summarised as follows:

1. Engagement of BSL stakeholder
2. Options appraisal of where commissioning responsibility rests and how access to BSL interpretation might be provided
3. Recommendations on the most appropriate and effective commissioning options that will improve access, patient experience and provide value for money

The broader context of the Review was to establish whether Covid-19 had exacerbated some of pre-existing the health and wider inequalities on d/Deaf communities and identify areas that may be addressed nationally and locally within systems through commissioning or other considerations aligned to the emerging roles and responsibilities of Integrated Care Systems (ICS).

Whilst the Review was conducted over a short period of time it completed five Zoom engagement workshops and worked with a large number of Policy leads and systems including representatives from NHS Wales and NHS Scotland.

A desktop literature review was undertaken throughout the period of the Review as key reports referenced by stakeholders emerged. Themes and recommendations highlighted in historical and current reports are consistent with our review findings and further substantiate our recommendations.

The Review was able to establish that whilst acknowledging there being a number of areas where improvements to services are required there are systems that have successfully engaged with their local population, developed a collaborative approach and are delivering higher quality BSL services than elsewhere.

The areas which BSL users identified as presenting challenges are broad and partly exceeded the original scope of the commissioning arrangements. However, they have been included in this report providing an in-depth analysis of service users experience.

Please note that this report uses the word BSL user rather than BSL speaker following requests by a majority of stakeholders.

NECS considers the key challenges briefly summarised as follows:

- **Timely consistent access** to a **suitably qualified face to face** interpreter.
We heard repeated descriptions of instances where the waiting time exceeded two weeks
- **A lack of choice** consisting of the type of consultation itself and the actual interpreter
- **Lack of awareness** of NHS staff on the needs of d/Deaf and BSL users including knowledge of Accessible Information Standard, legal entitlement and how to book an interpreter
- **Lack of information** in relation to changes to local service provision as a result of Covid-19 and how to book at Covid test or receive a vaccination
- **Lack of integration** across a pathway where a patient is referred on an onward provider and has individual interpreting requirements
- **Perceived poor access** for **unscheduled, out of hours / emergency** BSL Video Relay Support (VRS)

Overall recommendations

The recommendations as a whole are designed to address the areas identified in the rapid review and be aligned to NHSE/I broader policy developments. They are also aligned to the legal responsibilities of NHSE/I and service providers in accordance with the Public Sector Equality Duty (“the PSED”) as set out in section 149 of the Equality Act 2010 and the Accessible Information Standard (“the AIS”).

- The headline recommendation focuses on each **ICS health system** establishing consistent provision across primary and secondary care through a single BSL service to improve local services by bringing the existing multiple separate arrangements within a system together.
- The strengthening of local provision is complimented by recommended enhancements to the existing **national 111 BSL interpreter provision** in emergency, urgent and out of hours situations.
- The final set of recommendations seek to address the variations in the **quality of interpreter support**, build awareness of the need for timely BSL services whilst supporting clinicians, managers and administrators how to access and effectively managed local BSL support provision.

2 Introduction

NHSE/I was aware that as a result of the Covid-19 pandemic the number of face-to-face interactions decreased as services moved to digital platforms. These changes had a direct impact on BSL users who found that their traditional services had been replaced by non-face to face contact that did not meet their health and care needs.

Overall, The Covid-19 pandemic has served as a stark signal, highlighting and exacerbating inequalities, and stressing the urgent need for effective population health efforts underpinned by more effective commissioning arrangements.

2.1 Approach

The independent Review was time-limited to eight weeks. Our approach comprised of three phases:

1. **Engagement of stakeholders** to understand the challenges they face
2. An **options appraisal** of where commissioning responsibility rests and how access to BSL interpretation can address health and inequalities
3. **Recommendations** on the most appropriate and effective commissioning options that will improve access, reduce service variation, improve the patient experience and deliver better health outcomes

Our programme lead established a National Working Group comprising of senior NHSE/I policy leads including health and inequalities, primary care, commissioning and legal representatives. Given the timescales for the Review, our team collaborated with the Group on a weekly basis.

A fundamental part of our Review focused on stakeholder engagement. Our approach involved engagement with d/Deaf people and national charities, primary care contractors, secondary care and Mental Health Trusts, Clinical Commissioning Groups, Integrated Care Systems and other stakeholders such as National Union British Sign Language Interpreters and Royal National Institute for Deaf People (**Appendix A**).

Our discussions and understanding of BSL interpreting provision have been supplemented by a high-level desktop literature review of key relevant papers



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(Appendix B) already in circulation and areas of best practice **(Appendix C)** which has assisted our thinking on the proposed future commissioning arrangements.

3 Stakeholder Engagement

The Review included five interactive engagement sessions and over twenty five **interviews** across:

- BSL user charitable organisations
- Representative BSL users
- Representative BSL interpreters
- Policy leads where it had been identified that there is an interdependency with the Rapid Review
- Representative senior service transformation, commissioning and delivery leads who have oversight and/or connectivity with BSL

A full list of stakeholders appears in **Appendix A**.

Engagement focused on a achieving a further understanding of:

- Challenges BSL users faced in accessing services prior and during to Covid-19 and how the pandemic was impacting on their current experiences and capturing examples where service users had identified good patient experiences
- How future services could be improved to meet patient expectations aligned to the strategic direction of NHSE and the legal responsibility of commissioning organisations



Figure 1: Rapid Review stakeholder engagement focus areas.

The outcome of stakeholder engagement enabled us to group feedback into the following key themes:

- Experiences prior and during the COVID-19 pandemic
- Perceptions of providers understanding legal responsibilities
- Perception that not all NHS providers have an understanding of d/Deaf people
- Accessing interpreting services
- Awareness on choice of BSL interpreting services
- Use of digital BSL interpreting services
- Receiving BSL interpreting services in different parts of the country
- Perceptions of BSL interpreter workforce

In chapters three and four, we have set out key areas against each theme that have been considered in our recommendations.

Finally, we have summarised what all stakeholders perceived to be priorities over the next two years.

3.1 Covid-19

What we heard about BSL interpreting services throughout the COVID-19 pandemic

- BSL users felt that Covid-19 had exacerbated existing health inequalities and highlighted the existing challenges they already faced.
- BSL users had not been made aware of the way they need to access their primary and secondary care services. BSL users cited they were confused by new arrangements with little information being shared on the changes and how new arrangements would meet the on-going needs of the d/Deaf community.
- In many examples, General Practice had not considered the transition from face-to-face interventions for BSL users with telephone appointments being consistently offered.
- The absence of interpreters at the daily National Covid-19 briefings increased the overall sense of BSL users feeling isolated and/or excluded.
- Reports of NHS 111 being the 'unsung hero' throughout the Covid-19 period.

- BSL interpreters were reported as not being given access to NHS buildings and agreeing to visit patients in their homes to provide translation services putting both parties at health risks.
- Clear face masks were infrequently worn resulting in lip reading opportunities being unavailable.

Key areas to be considered:

- **BSL users would benefit from providers undertaking Equality Impact Assessments that includes the impact on BSL user**
- **Where service changes are identified, providers should consider issuing clear communication in the most accessible form to BSL users**
- **Providers should identify any limitations in communication methods that may affect BSL users in line with current data protection regulations**

3.2 Accountability

What we heard about BSL user perceptions of providers understanding legal responsibilities

- A lack of awareness and understanding by NHS staff towards their legal obligations and Accessible Information Standards. Confusion over who is ultimately accountable for BSL interpreting service provision. In particular, charities are finding it difficult to find out who is responsible for commissioning BSL interpreting services and advocacy on behalf of their members.
- CQC reported a broad lack of awareness or knowledge of Legal frameworks including 2010 Health Inequalities Act and AIS from their inspections and an acknowledgment that their work did not capture service user perspectives.
- We heard that there is low or no commissioner understanding of complaints and very little advocacy support for BSL users.
- BSL users felt that making a complaint may affect their personal service provision and therefore more likely not to raise their concerns or provide feedback.

- BSL users informed us of scenarios where healthcare professionals' default to using children as BSL interpreters even to deliver the most challenging patient feedback.

Key areas to be considered:

- Supported implementation and sharing of best practice on Accessible Information Standards
- BSL users would benefit from providers identifying ways to raise awareness of how to make a complaint.
- Engagement of BSL users in the development of education and future policy considerations
- NHSE should undertake a review to understand the total number of BSL users

3.3 Awareness of BSL user needs

What we heard about BSL user perception of NHS providers understanding the needs of BSL users.

- A lack of understanding by healthcare professionals on what it is like for a BSL user to navigate their NHS patient journey and have access to an interpreter.
- BSL users felt they were included with other translation groups and their specific needs not consistently acknowledged as they considered themselves to be a group that did not like to “*make a noise*”.
- BSL user feedback and engagement in local service development is varied across the country with good examples highlighted including Lived Experience Approach and where a BSL “champion” has made strong local efforts to engage with services.

Key areas to be considered:

- d/Deaf awareness training for healthcare professionals at point of access, during and post consultation
- Local adoption of best practice engagement approaches to progress d/Deaf awareness education healthcare professionals
- Explore adoption of a Lived Experience approach directly aligned to the planning and commissioning of BSL interpreting services

3.4 Access

What we heard about BSL users' accessing interpreting services.

- BSL users would like to experience the same access experience and quality of service as non-d/Deaf people.
- A lack of awareness and understanding of how to book a BSL interpreter. BSL users stated they were “*passed around the houses*” resulting in increased confusion and anxiety. In particular, BSL users identified Audiology services as an area where they expected services to be good to being sometimes disappointing with even the next appointment being announced over a tannoy.
- Children are being asked to book their own appointment in the case of both parents being d/Deaf people.
- NHS staff are reluctant to book a BSL interpreter as they were unclear on the booking process and/or how costs would be met or whether it was their responsibility to do so.
- BSL users delaying individual request for healthcare because they found the process stressful and were put off accessing services until their health deteriorated.
- Cancellation of clinical appointments when a BSL interpreter is not available with little consideration to working out another solution.
- Lack of access to interpreters in Emergency (999) situations.
- BSL SignHealth Access had proved popular during the pandemic.

Key areas to be considered:

- Targeted raising awareness and education on Accessible Information standards
- Sharing of best practice case studies specifically around accessing services and BSL user patient journey

3.5 Choice

What we heard about BSL users' awareness of choice of BSL interpreting services.

- Face to face is a preferred BSL user choice as it is a 3D language and technology loses the nuances of a non-face to face intervention.
- Inconsistency in BSL interpreter support for multiple repeat appointments or consultations. For example, mental health services, cancer services.
- For Emergency and non-pre-booked appointment VRS are helpful.
- Female BSL users would like the choice to have a female BSL interpreter especially when personal examinations or mental health interventions are required.
- BSL interpreter choice has been limited prior to a healthcare consultation, during treatment and at follow-up.
- Choice is paramount when a BSL user is experiencing complex situations both in terms of the interpreter, the appointment is face to face or through accessing VRS.
- BSL users reported experiences of General Practice being reluctant or creative to explore options to support d/Deaf service users
- BSL users would like to know in advance the name of their BSL interpreter and/or confirmation that an interpreter has been booked before their appointment to reduce their anxiety levels and ensure the outcome is as intended.

- Preference for an interpreter to be a **local** person was expressed with a local knowledge of their healthcare system and, at times, their clinical condition across the care pathway.
- Similarly, preference for a non-local (national) person was expressed by some BSL users who wanted to remain “anonymous”. This was particularly relevant to VRS.
- BSL users are aware of the associated costs of interpreting services and recognised that for some appointments (e.g. short outpatient follow up) VRS may reduce both NHS and their personal costs but still would prefer a choice.

Key areas to be considered:

- **BSL user education on BSL interpreting service options available and how to access them.**
- **Healthcare professional assessment of the most effective and sensitive BSL interpretation method prior to consultation**
- **BSL interpreter providers to place greater emphasis on personalisation by informing BSL users of booked interpreter information**

3.6 Digital

What we heard about BSL users’ use of digital BSL interpreting services.

- An estimation of around 75% of d/Deaf BSL users possessing appropriate technical capabilities to use digital BSL interpreting services leaving a large number of users unable to access and use technology with confidence.
- Emergency response services not equipped with VRS therefore two-way communication between BSL users and emergency professionals is not always able to take place. There was a positive view of NHS 111 where the interpreter remains on the call when they are engaged.
- BSL Interpreter experiences of limitations with the Outpatient “Attend Anywhere” initiative over the Covid-19 period due to limited digital capabilities of BSL users and advance notification to the provider that the person was d/Deaf.

- Wi-Fi access enablement and reliability of network coverage is reported as problematic in some NHS buildings, mainly acute and community settings impacting on the availability of VRS services.
- A range of digital platforms are used in different healthcare settings and there is an opportunity to build on existing effective platforms such as NHS 111.
- Variation on the capabilities of healthcare professionals to use Zoom for BSL user consultations.
- BSL SignHealth Access app reported as being a *'real game changer'* and effective in meeting immediate and urgent needs.
- The way Data Protection regulations are interpreted by some providers/ clinicians can lead to confusion and services not being provided or even a consultation being terminated. It was claimed some people are *"hiding behind the regulations"*.
- Clinical Information Systems are not routinely recording a person is a BSL user and require an interpreter. Systems may record a person is deaf with both scenarios potentially leading to a poor quality intervention, another appointment being booking or a relative being asked to support the consultation.
- Text relay works well for some people if the providers typing skills are clear, accurate and in step with the conversation (speed). It was cited that key parts of the conversation can be lost, or incorrect information given.

Key areas to be considered:

- **A single contact number for emergency/out of hours BSL interpreting services**
- **Commissioners to consider approaches and benefits for upskilling BSL users in the use of digital technology**
- **How BSL user communication needs can be recorded on local and national Clinical Information Systems**
- **Commissioners to seek assurance that providers are able to access and meet the digital needs of BSL interpreting service requirements in a healthcare setting**

3.7 Variation

What we heard about BSL users receiving BSL interpreting services in different parts of the country.

- That there are examples of highly regarded services that are responsive and include effective advocacy often run by local deaf charities.
- Inconsistent services in a local health system with little or no join up between BSL support in primary care and secondary care.
- CCG variation in timely access to a BSL interpreter, and quality of the BSL interpreters.
- NHS 111 call handlers have stayed on the line until ambulance crews arrive to support with onward care.
- Scenarios highlighting a lack of integration of BSL interpreters across care pathways where the same BSL interpreter may have been helpful noting advocate issues.
- Unclear clinician handover process where the incoming clinician would be reluctant or refuse to use VRS in the patient consultation.
- Variation in BSL users' ability to communicate across other primary care healthcare services. For example, dental services where non-clear masks are worn and that Dentistry would benefit from a dedicated review to understand the barriers in accessing services and development of best practice including potential use of digital solutions prior to treatment.
- Mental Health was regarded as a priority service to BSL users with a high proportion of d/Deaf people accessing services at some point. BSL users did recognise their specific interpretation needs in this area were complex with an experienced interpreter being required to support their needs at this critical time.
- Requests to ensure a "quality" service was provided rather than solely focussing on "cost" in the commissioning of BSL services which may result in avoidable follow up appointments.

- BSL users views that local joined up commissioning of BSL interpreting services supported by guidance on ‘what good should look like’ would seek to address BSL interpreting service variation.
- The current system was frequently described as a postcode lottery with some BSL users being very positive about their local services.

Key areas to be considered:

- **Joined up local commissioning of BSL services with ICS’ co-creating solutions with local people, using a co-production approach seeking to truly understand local issues and priorities and create solutions to deliver meaningful BSL change**
- **Local commissioning of BSL interpreting arrangements supported by a national standard service specification to address service provision variation**
- **Open up the commissioning of BSL services to enable local deaf charities to provide local BSL services**
- **Higher weighting for quality versus cost in the commissioning of BSL services with quality covering the quality of the BSL interpreting support and the responsiveness**
- **Identification of best practice models for sharing nationally and locally.**
- **Engagement of BSL users in monitoring BSL provision linked through a Lived Experience approach**
- **Develop an ICS BSL advocacy service or consider**

3.8 Interpreter Workforce

What we heard from BSL interpreters and BSL users about the BSL interpreter workforce.

- Trainees and under qualified BSL interpreters are sometimes used driven by cost pressures leading to issues including examples of BSL users being given the opposite message to that which the clinician has delivered.
- Workforce is a vital and sometimes a forgotten component of the whole service with interpreters needing to feel valued.
- Availability of interpreters is variable within local areas with multiple platforms being used to accommodate the booking of services.
- Booking of interpreters is a significant issue requiring a reported to 2-3 weeks' notice to booking a face to face appointment. This contrasted with some locally run services offering same or next day BSL support.
- Complexities in accessing services (particularly through Covid-19 pandemic) adds to the anxieties and additional pressure felt by BSL users leading to a potential reluctance to access NHS services until their condition worsens.
- Incentivisation for BSL interpreters to become skilled in medical expertise. For example, Mental Health.
- Consideration could be given to employment on BSL interpreters within ICS as a potential future option.
- Varying views and preferences for BSL interpreters including BSL users' preference for someone from the local area who could be with them throughout the patient journey versus BSL users' preference for a BSL interpreter from outside of the local area.
- BSL Interpreters are leaving the profession and working with the NHS is becoming less appealing for some people. Provider payment tariffs were cited as a significant driver together with the additional emotional pressure of dealing with healthcare matters.
- BSL interpreter agencies are refusing to pay certain travel costs in some BSL contracts.
- The actual role of the interpreter in consultations is not always understood by the patient or healthcare worker in face to face and VRS interventions
- Changes to the workforce take time with a period of six years to fully train an interpreter.
- A strong knowledge of local dialect and services was reported as being helpful.

Key areas to be considered:

- **Build on examples of locally run responsive BSL services that can offer same day and next day BSL interpreting support and advocacy support when issues arise**
- **Opening up procurements of BSL services to enable local charities to be credible potential providers**
- **Future commissioning arrangements could explore the benefits of BSL interpreter employment models**
- **Focused work on how BSL providers can create a framework for ensuring a sustainable BSL interpreter workforce without unintended consequences**
- **BSL interpreter service specification should consider BSL interpreter standards**

4 Forward Look

Stakeholders were asked to consider their perception of the most important areas of focus for the next two years for commissioners to take into consideration. **Figure 2** highlights the areas that were consistently viewed as a priority for BSL users.



Figure 2: Stakeholder perception of priority areas for the next two years.

5 Our Recommendations

5.1 Context

The draft BSL rapid review recommendations have been developed following feedback from policy leads, interviews with CCGs, charities and interpreters, workshops involving service users, a review of previous guidance and discussions at the working group.

Some of the key issues we have consistently heard from the review work are:

- Problems in accessing BSL interpreter support especially at short notice
- Friends and family (including children) having to interpret in the absence of proper BSL support
- A lack of consistent provision within a local system
- Problems with handover arrangements between local services
- Mixed quality of interpreting support when provided
- Strong support for services provided locally involving the VCS
- Much of the BSL support feeling distant and unaccountable locally
- Long waits for interpreter support from national providers
- Confusion or lack of awareness between the different BSL support services
- Clinicians, managers and administrators being unaware or unwilling to use BSL support
- Lack of awareness of the legal duties linked to BSL support and the Accessible Information Standards
- Provision frequently likened to a postcode lottery in terms of access and quality
- Duplication and confusion in national provision

5.2 Overall recommendations

The headline recommendations focus on each ICS health system working with BSL users to establish consistent provision across primary and secondary care through a single BSL service for their system. There are significant opportunities to improve local services by bringing the existing multiple separate arrangements within a system together. Single ICS-wide services should provide face-to-face and video based support and work with national charities and local representatives to improve responsiveness, wrap-round care and advocacy support.

We have heard a small number of examples of excellence that will be profiled as case studies in the full report. These demonstrate that running a strong local service providing face-to-face and a digital first approach on 24/7/365 basis for an ICS is possible.

The ICS level service should be the default for pre-booked and short notice BSL support.

The recommendations to strengthen local provision are complimented by enhancements to the existing national 111 BSL interpreter provision. This would provide access to an interpreter in emergency, urgent and out of hours situations. This would build on the existing 111 BSL service that has access to patient records, a range of clinicians and direct booking to same day appointments in primary care and other health settings. The recommendations build on the existing 111 single point of access and gateway to NHS services, promoting best value through economies of scale.

The final set of recommendations seek to address the variations in quality of interpreter support, build awareness of the need for timely BSL services whilst supporting clinicians, managers and administrators how to access local BSL support provision.

The recommendations are aligned to the legal responsibilities of NHSE and service providers in accordance with the Public Sector Equality Duty (“the PSED”) as set out in section 149 of the Equality Act 2010 and the Accessible Information Standard (“the AIS”).

A high-level plan setting out key areas for implementation and highlighting proposed NHS organisation responsibility for taking this forward has been completed for consideration by NHS E/I.

5.3 Specific recommendations

5.3.1 Developing a single ICS system level BSL service

The specific recommendations to be badged as Best Practice are that:

- R1:** A best practice guide is produced by NHS England setting out the issues faced by BSL users and recommending a co-ordinated ICS approach to providing face-to-face and video-relay BSL provision based on clinical need. The co-ordinated service should provide a single point of access and accountability for service users, clinicians and administrators irrespective of which local NHS services they are accessing
- R2:** As part of the best practice guidance, each ICS is encouraged to establish a lived experience panel to support a review of existing BSL services, advocacy arrangements and to undertake an initial Equality Impact Assessment (EIA) to consider the impact of COVID-19 on BSL users in their system. The lived experience panel should play a role in the on-going review and monitoring of improved local BSL provision and undertake future EIA reviews
- R3:** Each ICS is encouraged to agree a system plan to commission co-ordinated BSL services for the populations in their ICS, based on agreed national minimum standards that enables work with local VCS providers
- R4:** Each ICS is encouraged to set out a plan, including provision within their service specifications, to promote and increase awareness across clinicians, managers and administrators.
- R5:** Each ICS is encouraged to establish a BSL advocacy support service to address operational and quality issues on behalf of BSL users
- R6:** A set of best practice case studies are developed to share alongside the ICS guidance to demonstrate the positive impact of bringing services together and of involving service users and the local workforce in the process
- R7:** The best practice should also encourage local work to understand the availability of BSL interpreters within each ICS. Each ICS is encouraged to develop an adequate market for suitably qualified and experienced interpreters and/or to consider an employment model. This work should be based on an understanding of the potential to provide services with the local VCS including consideration of the necessary payment levels to ensure access to high quality interpreter support

5.3.2 Developing the national urgent and emergency 111 BSL interpreter support service

The specific recommendations are that:

- R8:** An enhanced national service is developed for urgent BSL support across England within NHS 111. This would include the BSL interpreter input to the Clinical Assessment Service and provide urgent and emergency BSL support
- R9:** A national group involving ICSs, national charities, 111 BSL leads and BSL users review the existing 111 BSL support service and co-produced revised specification to meet the needs of BSL users. Declarations of interest will need to be recorded
- R10:** The potential volumes of additional activity are modelled by the 111 analytical team. This work would identify the future demand on service provision with additional levels of urgent support
- R11:** A review is undertaken by national 111 commissioning leads as to the best commercial, contractual and procurement route to implement this service enhancement and how any recharge would work
- R12:** NHS England and Improvement and each ICS promotes the availability of the enhanced NHS 111 BSL service to healthcare professionals, managers, administrators, users and relevant stakeholder groups alongside improved local system service provision

5.3.3 Improving quality and education linked to BSL support

The specific recommendations are that:

- R13:** Minimum national standards are applied for the qualification and experience of interpreters across all ICSs and national services
- R14:** National work is undertaken with relevant charities to promote education for BSL users on how to make best use of empowering digital technology and support to successfully access health services including promotional and tutorial videos in BSL
- R15:** The AIS is reviewed and updated to reflect the changes in the system provision supported by a local implementation plan
- R16:** National work is undertaken with clinical professional bodies to promote awareness of the issues and solutions linked to BSL service use
- R17:** National work with the CQC is considered to increase their role in ensuring the needs of BSL service users are included within regulation



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6 Appendix A: Stakeholders



Stakeholder
List.docx



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7 Appendix B: Literature Review



Literature Review
Extract Summary 230

8 Appendix C: Case Studies

NHS Scotland

Best Practice Key Points:

- One VRS across the public sector, including health system
- National standards with local implementation and management
- Use of NHS24 service and Contact Scotland is working well
- Local system ownership of BSL/English interpreting service commissioning and provision
- Stakeholder engagement is at the heart of BSL/English interpreting service planning
- Strong emphasis on raising awareness and understanding of BSL
- Specific actions around interpreting in Scotland 2015 Act and BSL National Plan 2017-2023
- Role for advocacy has supported a sustainable service arrangement
- Continuity of BSL/English interpreter provision for specific services such as Mental Health is prominent
- Strong nationally driven BSL interpreting service review process in place

BSL Interpreting Service Policy

The Landscape Review was commissioned by the Scottish Government to provide detailed information about British Sign Language/English interpreting in Scotland to (Scotland) Act 2015 and the BSL National Plan 2017-2023. The Review has been instrumental in informing BSL/English interpreter provision across Scotland.

There is strong focus on BSL/English interpreting provision in Scotland and that carries through to the NHS. Service provision is delivered within national standards with local implementation and management. Local Health Boards actively drive local plans and services through integration across local systems. Stakeholder engagement is core to

service planning through local Forums and Advisory Groups. There is also a strong emphasis on awareness and understanding of the 2015 Act and BSL National Plan.

NHS Scotland sets national minimum standards that have to be in local Authority BSL plans; this has resulted in awareness of BSL/English interpreting services and any gaps in service provision have to date been much improved. Mid-Plan point reviews are in place where good practice is shared nationally and locally.

BSL Interpreting Provision in Scotland

BSL video relay services (VRS) are provided as one service across the public sector, nationally, through a service called contact SCOTLAND BSL. When a BSL user needs to contact NHS24 in Scotland they access contact SCOTLAND BSL via video-call, who will then facilitate an interpreted telephone call to NHS24. Initially there was resistance to NHS24 but that has improved, with increasing numbers of calls.

A proportion of BSL/English interpreting services are provided virtually due to geography and rurality but there are challenges around internet connectivity and provision. The NHS in Scotland is using the Near Me service for remote consultations. Face to face consultations with a BSL/English interpreter physically present are preferred by users whenever possible.

Some Health Boards now employ their own interpreter(s), and in some cases wrap-around support is provided by local charities and other support providers. To date, this approach has been welcomed by BSL users and interpreters in some areas. The importance of BSL/English interpreter continuity of service for specific health conditions such as Mental Health is strived for through the service model.

Resources

- Landscape review of BSL/English interpreting in Scotland
- Summary report: <http://bslscotlandact2015.scot/wp-content/uploads/2019/11/Landscape-Review-2019-Executive-Summary.pdf>
- Full report: <http://bslscotlandact2015.scot/wp-content/uploads/2020/02/Landscape-Review-2019-Final-with-31-January-revision.pdf>
- Public Health Scotland documents
- Interpreting, communication support and translation national policy (healthscotland.scot)
- Working with British Sign Language users in primary care (healthscotland.scot)
- British Deaf Association Scotland – interim reports on progress
- NHS Boards: BSL-Scotland-Act-2015-Health-FINAL.pdf
- Local Authorities: Scottish-Local-Authorities-Summary-of-Progress-being-Made-with-BSL-Plans.pdf (bslscotlandact2015.scot)

NHS Wales

Best Practice Key Points:

- Local integrated model for provision of BSL interpreting services
- Clear accountability framework which has driven service improvements
- Multi-stakeholder collaboration
- Integrated approach to BSL interpreting provision across Primary Care, Mental Health and secondary care assists patients being “carried through”.
- On the day service response and short notice support
- There are large cities and lower populated areas, but it works well
- Health care professionals well equipped with d/Deaf information requirements and in accessing BSL interpreting services

BSL Interpreting Provision in Wales

Welsh Translation services are led by the Welsh Health Boards.

Public Health Wales have the “All Wales Standards for Accessible Communication and Information for People with Sensory Loss” and “Accessible Information Standard”. The Accessible Health Service is funded by Betsi Cadwaladr University Health Board (BCUHB).

Health Boards work to common standards and recognise having a local service with local knowledge is valuable in providing high quality care, knowledge of local systems dialects, and developing interpreter relationships with BSL users.

BSL interpreting service provision in Wales – a snapshot

Accessible Health Services offer face-to-face interpretation services to Public Sector bodies across all of Wales with BSL users using one number. Services are provided 24/7, responding to service requests on the day and at short notice.

The service model is driven through an integrated approach across Primary Care, Mental Health and secondary services working closely together. This approach described is referred to as a service that is “bridging the gap” between health care professionals and service users.

BCUHB Health Care Professionals have knowledge of BSL service processes and are furnished with guides in hospital wards on how to make bookings. Healthcare staff are provided with “cards” that outline details of services and key signs to use in emergencies in advance of an interpreter booking. Their Communication Guide gained award status.

Communication features highly with BSL users with BSL used where possible in all modes of communication including emails, letters, receiving and making calls. For example, Caerphilly County Borough Council has recognised the importance of

communicating effectively in BSL in its Corporate Linguistic Skills Strategy and gives support to selected staff to attend BSL courses at the local college, and specialist staff to attend more advanced courses. Its long-term training goal for staff using the language is NVQ level 3 (1).

Local systems have found that when there is good BSL interpreting provision and wrap around support better outcomes and better compliance with plans is achieved. For example, Cardiff, Merthyr, Rhondda Cynon Taff and the Vale of Glamorgan Local Health Boards run a joint service across their areas acting as a one-stop shop to ensure BSL Users have access to an interpreter when they visit their GP, hospital, pharmacist, dentist or optician; and advice to health professionals on delivering services to BSL Users.

Regular feedback consultation meetings are held with BSL Users across the area covered by the service to inform future developments and provides a key indicator of effectiveness (1).

Resources

- 1) <https://gov.wales/sites/default/files/publications/2019-05/delivering-in-british-sign-language-advice-for-public-services.pdf>
- 2) <https://www.wits.wales/>

Sight for Surrey

Best Practice Key Points:

- An ambitious Charity who has access to 152 highly experienced BSL interpreters
- Responsive service offering 24/7 access to support including on the day and short notice requests
- Key focus is personalisation of services for BSL users and integrated ways of working with local healthcare providers
- A successful Interpreter Co-ordinator role is central to ensuring BSL users access a great service
- Strong relationships established with local clinicians to understand their preferences for BSL interpreters
- BSL Interpreters (individually or as a small team) assigned to BSL users and stay with them through their healthcare journey. They play a significant advocacy role before, during and post consultations
- Provider for Accessible Information Standards awareness training with local Surrey Police using BSL interpreter role play as an effective approach

About the Charity

Sight for Surrey is an ambitious charity offering a lifetime of support for people who are blind or partially sighted, Deaf, deafblind or hard of hearing.

The charity is commissioned by Surrey Health CCG to provide BSL interpreting services. The relationship with the CCG, local general practices, hospitals and their 152 high experienced BSL interpreters is described as 'outstanding'.

Sight for Surrey strives for BSL users to receive a personalised BSL interpreting service. A key element to achieving this is the adoption of an integrated approach with local primary care staff, secondary care and mental health services.

Over the past five years, local BSL users and health care providers have benefited from the skills and experience of a dedicated Interpreter Co-ordinator. The Interpreter Co-ordinator, who is a BSL user understands what challenges may be encountered and what questions to ask. Time is taken to get to know every BSL user's specific needs, especially their preferred mode of communication. The role has established strong relationships with local clinicians to also understand their preferences for BSL interpreters and has proved to be profound in supporting BSL users to make decisions around NHS services.

BSL Interpreters (individually or as a small team) are assigned to BSL users and stay with them through their healthcare journey. They play a significant advocacy role before, during and post consultations with every BSL user accessing the service and focuses on building a relationship with every healthcare professional where possible. BSL users have found this integrated approach to be extremely beneficial for specific healthcare scenarios such as maternity, mental health services and chronic illness.

Feedback from BSL users is actively encouraged through their relationship with the assigned BSL interpreter(s), Interpreter co-ordinator and healthcare professionals. This helps Sight for Surrey to continually develop its service.

Sight for Surrey also adopts a pro-active approach to BSL communication on important areas of healthcare. For example, in response to the COVID-19 vaccination programme a BSL user posted an awareness video on You-Tube which generated over 5,000 hits within a period of 3hrs.

They have provided training on Accessible Information Standards to Surrey Police in the form of role play to understand what it's like to be Deaf and a BSL user and there is an ambition to be able to provide this form of awareness and education to General Practices.

Regular training events and gatherings are also offered to BSL interpreters who work with Sight for Surrey to champion a local sustainable BSL interpreter workforce.

Resources

1. <https://sightforsurrey.org.uk/>

Lived Experience

Best Practice Key Points:

- Lived Experience offers an opportunity for BSL users to be engaged in the commissioning, design and delivery of services
- The NHSE framework for patient and public participation in Health and Justice commissioning offers an invaluable framework for developing a Lived Experience approach
- Lived Experience sitting alongside strategic and local commissioners will influence how meet the needs of BSL users
- Leeds CCG is a local system example of where Lived Experience has been adopted

People with lived experience have unique knowledge of how services should be commissioned, designed and delivered to ensure effective engagement and effective and appropriate outcomes (1). Adopting a Lived Experience approach offers BSL users the opportunity to share their human experiences can influence the future commissioning of services.

In the Health and Justice system, involving service users with lived experience and peer research, or peer advocacy approaches have been noted to be particularly valuable approaches.

The framework for patient and public participation in Health and Justice commissioning offers an invaluable framework for local systems to adopt a similar principled approach for the commissioning of BSL interpreting services.

Lived Experience sitting alongside strategic and local commissioning will help to ensure providers are meeting the needs of BSL users and provide a base for local BSL populations to give their views.

Leeds CCG is a good local system example of Lived Experience. The CCG convened a Lived Experience Panel to hear directly from service users about the strengths and

issues of BSL provision in the city and to play a central role in shaping an improved service offer.

Resources

1. <https://www.england.nhs.uk/wp-content/uploads/2017/01/hlth-justice-frmwrk.pdf>
2. <https://revolving-doors.org.uk/involvement/lived-experience-team>

Herts Urgent Care (HUC) and NHS 111

Best Practice Key Points:

- NHS 111 is central to the progression of urgent BSL interpreting service
- NHS 111 prioritises BSL interpreted calls
- NHS 111 works with Interpreter Now to provide BSL interpreter support 24/7
- Available 24/7 and 365 days per year and increasingly used as the single point of access/triage by health care system
- BSL users can be routed straight into the Clinical Access Service.
- Bespoke packages of care and support are able to be identified

BSL interpreting service provision in Herts Urgent Care

NHS 111 is central to the progression of urgent BSL interpreting service provision in Hertfordshire. NHS 111 prioritises BSL interpreter calls and is working with Interpreter Now to provide BSL interpreter support 24/7.

NHS 111 has a good understanding of local BSL users who need to access its services. Recent information reports 70% of all 111 calls are from people who have called before and are using the same mobile to phone again.

NHS 111 service provision is available 24/7 and 365 days per year and is increasingly used as the single point of access/triage by health care systems. The service provides a triage and booking function ahead of primary care that doesn't otherwise exist. NHS 111 can book directly to General Practice, Emergency Departments, out-patients and other services.

NHS 111 services now directly employ or link to nurses, mental health support, Emergency Department consultants, Obstetrics and Gynaecology, Paediatricians. A much higher acuity of care is delivered through NHS 111 where it is appropriate to do so. A particular benefit to patients is its use for end of life and palliative care enabling immediate access to a pain nurse or medication pharmacist. Bespoke packages of care and support are able to be identified and BSL users can be routed straight into the Clinical Access Service.

Resources

<https://hucweb.co.uk/services/nhs-111/>

GDA (Gloucestershire Deaf Association)

Best Practice key points:

- Responsive service offering 24/7 access to support including on the day and short notice requests
- Local integrated model for BSL interpreting provision across primary care, hospital BSL users benefit from a holistic model of support
- Offer their own online platform, similar concept to Attend Anywhere but modelled on the needs of BSL users

About the Charity

GDA (Gloucestershire Deaf Association) is a charity providing vital practical and emotional support to children, young people and adults living in Gloucestershire,

Wiltshire and Swindon and South Gloucestershire who are D/deaf, hard of hearing or deafened.

GDA provides BSL interpreter support to primary care providers, Clinical Commissioning Group, the local hospitals and community and mental health services. Their support includes face-to-face and video call support offering access to support 24 hours a day and commits to responding to on the day requests. GDA offers their own online platform, similar concept to Attend Anywhere but modelled on the needs of BSL users.

Integral to their services is the wrap around support. This includes a holistic model where deaf people can also access hearing aid maintenance, advice on listening aid equipment, employment support and a range of social activities to alleviate social isolation. With access to a pool of 50 to 60 highly skilled BSL interpreters vetted by the National Register CPD, GDA can respond to BSL user personal needs such as requests for a particular gender of BSL interpreter.

GDA's local knowledge is what makes their services a success, including relationships with the BSL users. In addition to local knowledge, the importance of wellbeing services that is accessible to those BSL users to maintain a healthier lifestyle, particularly following up their medical appointments.

GDA's service is progressive with the charity now providing support in neighbouring ICSs. A local Mental Health Commissioner has provided GDA with funding for a Wellbeing Officer. Informal advocacy support is also provided but currently unfunded.

Resources

- 1) <https://gda.org.uk/>
- 2) <https://www.nrcpd.org.uk/>