

**NHS**  
St. Peters Street  
Medical Practice

# Interpreting services

mystery shopping GP practices



**healthwatch**  
Islington

## Healthwatch Islington

Healthwatch Islington is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations that involve people of all ages and from all sections of the community.

Healthwatch Islington gathers local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

As part of our work to gather views, Healthwatch Islington has the right to visit services.

A team of Healthwatch Islington volunteers underwent mystery shopping training in October 2014. These volunteers visited and telephoned local GP practices in November, posing as patients with interpreting needs who wished to register at the practice, or as individuals and organisations acting on behalf of such a patient. This enabled them to assess how well the practices performed in terms of customer service and information provision.

[www.healthwatchislington.co.uk](http://www.healthwatchislington.co.uk)

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## Why we looked at interpreting services

Islington is a very diverse borough - with 52% of residents describing their ethnicity as BME (Black and Minority Ethnic) in the 2011 census. The census data also showed that 36% of Islington residents were born outside of the United Kingdom (compared to 18% nationally) and speak a wide variety of languages. However, there is not data readily available on the number of people who need interpreting services.

Although primary care services are commissioned by NHS England, Islington Clinical Commissioning Group (ICCG) commissions interpreting services within GP practices. This means that they pay for the service, and monitor its use.

The ICCG publication 'Is everybody in your household registered with an Islington GP?' states:

'Some GPs speak other languages as well as English (see GP list for further information). An interpreter can be arranged when you go to see a GP and all practices have access to telephone interpreting services' (page 3 of the leaflet).

Language Line is the provider of this service to local GPs. Face to face interpreting needs to be booked in advance. Telephone interpreting is available more or less immediately, with no need to pre-book. Both services are provided at no cost to the individual GP practices.

Feedback through Healthwatch Islington's out-reach work with voluntary sector organisations and residents (including non-English speakers) in 2013-14 highlighted that GP practices in Islington may not be consistently providing interpreting at reception and for consultations. So Healthwatch Islington decided to gather further evidence.

That evidence is presented in the pages that follow. So particular GP practices are not unfairly singled out, certain data has been anonymised. An unanonymised version of this report has been shared with Islington Clinical Commissioning Group.

# How we collected the data

To gather further evidence we carried out the following activities:

1. Firstly we asked Islington Clinical Commissioning Group to share the data they hold on the uptake of interpreting services within GP practices.
2. Then we carried out an on-line and paper-based survey of GP practices designed to find out whether there were any specific challenges to using Language Line and to find out about what makes them book an interpreter or choose not to do so.
3. We also carried out mystery shopping at all 36 GP practices in the borough three times. Trained Healthwatch Islington volunteers used three different scenarios and then recorded their experience at the practice.
4. Then we gathered data and case studies from representatives working or volunteering with non-English speakers at 16 local voluntary sector organisations.

## Scenario A

the mystery shoppers visited GP practices pretending to be new patients who do not speak English and who would like to register at that practice.

## Scenario B

the mystery shopper contacted GP practices by phone explaining that they were calling on behalf of a friend who wanted to register with that practice and who would need an interpreter to communicate with the GP/nurse.

## Scenario C

Community Language Support Services, a local community organisation, mystery shopped GP practices by phone explaining that they were contacting the practice on behalf of one of their clients who needed to register with a GP locally and who would need an interpreter to communicate with the GP/nurse.

# Islington Clinical Commissioning Group data

The findings:

## ► Many practices are not routinely using Language Line

13 practices didn't use the telephone based interpreting service provided by Language Line at all, in the three month period from 1 April to 30 June 2014.

Of these, five didn't use the face to face interpreting service either.

Four further practices used Language Line (telephone and face to face interpreting services) on fewer than 10 occasions over this three month period.

In our work with voluntary organisations, one patient commented:

'They see us struggling to communicate - why don't they use the telephone interpreting?'

Local voluntary organisations noted that appointments sometimes go ahead without interpreters, though they are needed.

'If people speak some English, enough to make an appointment, the receptionist and GP will not offer them an interpreter. But when they get to see the GP it becomes apparent that they don't have enough English to discuss complex medical issues'.

Group 1

'The main issue is the lack of communication amongst the health providers - and the front line staff working in those health centres. Health providers (and their front line staff) often don't know where to go for that service - this is the case of interpreting. Providers [meaning GPs] are often not aware of the interpreting available through Language Line'.

Group 12

# GP practices survey data

## The findings:

We received 22 anonymous responses to this survey from at least seven practices across the borough. Practices reported having a range of community language skills within their staff teams.

### ▶ Practice staff ask patients to bring friends and family members to interpret

Of those 22 responses 18 respondents stated that they sometimes ask patients to bring friends or family members to interpret. This is backed up by the findings from our consultation with voluntary groups and from the mystery shopping.

### ▶ There is a lack of understanding about why interpreters should be used

For one respondent using family members was seen as a positive thing:

‘For elderly couples this is often appropriate or teenagers helping their parents or often husbands translating for wives. If I sense a conflict, eg sexual health, mental health issues I request an interpreter’.

Practice G, response 16

There seems to be a lack of understanding about why interpreters should be used and the potential safeguarding issues of using family members to interpret. One practice was well aware. They stated that they did sometimes resort to asking patients to bring a friend or relative,

‘But it’s not ideal. I try and use Language Line if it’s urgent, if you use a friend but then it’s not straightforward/ complex you need an interpreter, objective and trained’.

Practice E, response 10

There could be potential for safeguarding concerns to go undetected if interpreting is not carried out by qualified, independent interpreters.

### ▶ Most practices reported using Language Line

Most practices reported using Language Line weekly, some daily and some monthly. One practice reported never using Language Line. Generally practices which used Language Line took advantage of both face-to-face and telephone interpreting. Over two thirds of respondents (16 out of 22) were aware that Language Line also offered face to face interpreting at no extra cost to the practice.

These findings are contradicted by other findings from the report, which suggests that the practices which responded to the GP survey were the ones which are more aware of the interpreting policies and procedures.

Most reported recording language needs on a patient’s notes though one respondent noted that they did not think this was done routinely. Not all respondents knew where their access code for using Language Line was located or the details of their code.

### ▶ Most practices described Language Line as easy to use

Generally respondents reported finding Language Line ‘easy to use’ and ‘quick’. Though one respondent noted that there had been a couple of occasions when an interpreter was booked but did not turn up and that the sound quality can be difficult for older patients.

### ▶ Not all practices make extra time for people needing an interpreter

Nine respondents reported that they always book a double appointment, four stated that they book a double appointment for advance appointments. Two practices stated that they ‘allow a little extra time’ and six stated that they do not allow extra time.

# Mystery shopping data

## The findings:

### ▶ Interpreters are not being provided for registration

Only one practice offered an interpreter for registration to all three mystery shoppers. St Peters Street Medical Practice offered an interpreter to our mystery shopper who visited the practice.

‘It was a very busy moment and the staff were very helpful. I had lots of help from the manager and receptionist’.

The practice also repeated this with our telephone-based mystery shopping, specifically asking whether an interpreter would be needed for registration.

Most practices told our mystery shoppers that interpreting was only available once patients were registered. They advised bringing a friend or family member to help with registration.

### Scenario A (face to face mystery shopping)

Only one of the 36 practices visited used an interpreting service to support registration. At three further practices our mystery shopper was spoken to in their own language (not English).

On one visit our mystery shopper reported that the reception staff ‘gave me a note, come back with somebody who speaks English if an emergency go to A&E’.

19 practices asked our shoppers to come back with a friend or family member who could speak English in order to register. Of the practices that did not make this request, eight explained the registration process to our shoppers and nine did not. Similarly, eight explained that they were able to provide an interpreter for future appointments and nine did not.

Staff at one practice called an Embassy to ask for an interpreter which, although an attempt to help, could discourage asylum seekers fleeing persecution from going back to their GP.

### Scenario C (Community Language Support Services calling the practice)

When probed, one particular practice stated that they can use Language Line for registration. However they advised that our mystery shopper should bring a friend with them for registration or allow three days for an interpreter to be booked.

When prompted, another practice said that they may be able to provide a phone-based interpreting service (Language Line) depending on ‘where the client comes from and what language is needed’.

One practice stated that an interpreter could be provided but only if requested in advance.

A different practice said ‘Language Line is not available, we only offer face to face interpreters’.

Another stated that interpreters were not needed for registration as patients could simply take the form home for someone else to fill in.

### ▶ Several practices did not explain the registration process

In scenario B and C all practices explained how to register. But as we have seen, in scenario A (the face to face mystery shopping with someone stating they could not speak English) nine practices did not explain the process.

It would have been easier for practices to explain the registration process if they had enlisted the support of the telephone interpreting service.

# Mystery shopping data (continued)

► **No practices really explained the process for booking an interpreter**

Many said that one would be available but did not expand on that. Several were explicit that the patient needed to mention each time they book an appointment that they need an interpreter, suggesting that patient records are not flagging up this need or are not being referred to when appointments are booked.

**Scenario A (face to face mystery shopping)**

14 practices did not say anything about the process for booking an interpreter.

Staff at one practice told the mystery shopper 'This is not your GP it is for older people only' and advised them to go to another practice.

**Scenario B (mystery shopping by phone on behalf of 'a friend' who wants to register)**

11 practices did not say anything about the process for booking interpreters for appointments. Two practices said bring a friend or family member, rather than offering an interpreter.

Two further practices explicitly stated that 'we do not provide interpreters'.

Seven other practices explained that interpreters needed to be booked a couple of days to one week in advance. One of these explained that for emergency appointments they could use a phone-based interpreter.

Three practices specifically stated that interpreters cannot be provided for urgent (same day) appointments.

**Scenario C (Community Language Support Services calling the practice)**

Only three of the 36 practices said nothing about the process of booking an interpreter, but as the organisation was acting as a patient advocate they were in a better position to probe the practices for information on their policy.

However, two practices stated that interpreters would not be provided for appointments; one saying to bring a friend or family member, and the other that they do not provide interpreters and the client must bring someone.

In addition, one practice stated that their patient list was closed and that they were not taking on new patients. Another stated that patients needed to bring someone to interpret for urgent (same day) appointments.

Figure 1: Feedback from face to face mystery shoppers (Scenario A)

Was information about interpreting services available on display at the practice?



Did staff treat you with respect?



How many practices asked you to come back with a friend or family member to register?



# Data from community organisations

## The findings:

We spoke to 16 local Voluntary Community Organisations (VCOs) about the experiences of their service users and their organisations. We asked them to focus on examples from April 2014 onwards.

### ▶ Access to interpreters is described as inconsistent

Two practices were said to be struggling to provide interpreters for particular community languages. Another was identified as providing language-specific clinics, though this restricts patient choice of doctor and can limit when patients can be seen.

At another surgery, one community organisation reported, Turkish interpreters were provided but others were not.

### ▶ Some practices were identified as consistently providing interpreters

Nine practices were identified by community groups

### ▶ Some practices were identified as consistently not providing interpreters for patients

However, depending on groups spoken to there was some overlap between practices being reported as providing interpreters or not providing interpreters. From the 36 GP practices in Islington, 17 were reported as not consistently providing interpreters during GP consultations (in the last 12 months).

A number of practices were mentioned more than once and three practices were mentioned by 3 separate organisations.

It was noted that it may be easier to find interpreters for some languages than others, but this was not explored further.

### ▶ Sometimes VCOs need to intervene to get patients access to interpreting

Groups reported that when practices provide interpreters it is often as a result of a great deal of advocacy on behalf of the client done by a voluntary or community organisation (like those which took part in this project). Telephone-based interpreting is generally a service not offered to patients; it is a service that has to be requested and actively advocated for.

‘There are a number of surgeries in Islington that do provide interpreting. They need at least 1 or 2 week’s notice to be able to do provide an interpreter. Sometimes the clients contact the organisation because they have an appointment with their GP, and the staff team then call the GP practice to request the interpreter, and generally they provide it. For example, we have clients in Archway Medical Centre who always are provided with interpreters.’

Group 4

‘We made a complaint to [the practice] where one of our clients is registered. She is very vulnerable due to her mental health and they did not use to provide an interpreter for her. We made a complaint and since then whenever she has an appointment, an NHS provided interpreter is available.’

‘Also, when we don’t have a volunteer interpreter to send, we call the surgery and ask them to arrange an interpreter and we complain on behalf of the patient and sometimes they will provide an NHS provided interpreter.’

‘The GPs expect you to bring your own interpreter, almost all GP practices in Islington. They don’t use Language Line at all. Because we are aware of the problems our clients face (they are vulnerable), we always try to organise an interpreter for them. Most of the GP surgeries in Islington don’t provide interpreters (you need to bring your own).’

Group 11

‘Out of the 23 people we spoke to in October 14, only 3 confirmed that they are provided with an NHS interpreter. The remaining 20 said that they are not provided with an interpreter, that either they take a family member or that they try to manage with their very limited English. They said that they were not aware that they had a right to ask for an interpreter’.

Group 16

### ▶ Patients are routinely asked to bring friends and family to appointments

From the interviews with VCOs and the mystery shopping we have carried out, patients are routinely asked to bring friends and/or family to interpret for them.

‘People have a right to get interpreters but they are not getting them - they are told they need to bring somebody to interpret for them. This is particularly problematic if they have been accompanied by a friend or family before - they expect them to continue bringing this friend/family. They would say “but the other day he/she came with somebody to interpret for them, why can’t they come with that person again?” And then the friend has to stop working to go and provide interpreting’

Group 12

‘People are asked to bring a friend or family to provide interpreting - Our clients have been told that it can take 2/3 weeks to arrange an interpreter, so they would not be able to be seen by GP before then. If they bring a friend or family member who can interpret for them they will be able to see a GP before that.’

‘This happens in our community and we don’t think it is appropriate because of issues of confidentiality, sensitivity of the medical issue (womens health, mental health), domestic issues.’

‘The additional problem is that often the children born in this country may know the English, but they may not have the vocabulary/terminology to be able to translate into their parent’s language accurately’.

Group 6

A staff member noted that an elderly client of one VCO did not go to the GP when he was unwell. He felt that he couldn’t because the last time he had been to his GP practice, his GP had asked him to bring his own interpreter. He lived on his own and his adult son lived in London but quite some distance. He felt that he couldn’t unduly burden his adult son, who was currently at work and would have had to request time off work, so he decided not to go to the GP, although he was feeling unwell.

In one organisation, we were told that rather than be asked to bring a relative patients are given notes.

‘When the women feel unwell they come here and we write a note for the GP requesting an emergency appointment (we write loads of notes to GPs/receptionists). The woman goes to the GP with her note and then comes back after seeing the GP, so that our staff can explain the medication, etc. This is quite scary because the GP has not opportunity to ask any additional questions - he/she just diagnoses on the basis of the symptoms described in the note.’

Group 9

### ▶ There are additional difficulties with accessing emergency appointments

‘Access to primary care services is dependent on friends and family. This can cause acute distress to the patient, in particular, when it comes to emergency appointments for vulnerable groups (elderly, children) and can lead to complications in the client’s health as a result of delayed time (the additional time it takes to see a GP)’.

Group 13

# More data from community organisations

## ▶ **Minors providing interpreting for their parents/carers**

Although many practices have a policy of not allowing minors to provide interpreting for their parent/carers (this came across very strongly when speaking to patients registered at Killick Street - who unequivocally said that their GP practice would not allow it), we found that this approach was still in use, as highlighted by the case study described below by a community interpreter.

'I personally know a lady who is disabled (physically and mentally), with very poor English. She is registered at [name of the GP practice]. This poor lady suffers from a numerous health conditions and needs to visit her GP on a regular basis. The NHS hasn't provided any interpreter since she's been registered at this surgery.

'She is always asking me to help her and interpret for her, but when I am not available she asks her son to interpret for her. Her son is under 18 and sometimes she drags him in, in order to interpret for her, however, sometimes it is not appropriate for him to interpret some delicate women' issues, but she says "I don't have any other solution".

'I know many other people who have been through the same or similar issues, using young children for translation.

'On many occasions I have been asked to do over the phone interpretation which is not very pleasant but they need my help. In addition, some health professionals make inappropriate comments which distresses the patient or the person therefore they feel frustrated and disappointed by the NHS as a whole'.

Group 2

'A client registered with [name of the GP practice], she used to take her child to interpret for her. "This was the worst". The shyness and shame they feel when this happens, especially when they need to talk about depression or mental health issues. As an organisation we have said to them that they cannot take their children, that we will provide an interpreter for them, to come to us.'

Group 4

## ▶ **Domestic violence and safeguarding concerns may not be picked up**

Interviews with VCOs supporting women highlighted the importance of an independent NHS provided interpreter for GP consultations in terms of discussing or picking up domestic abuse.

For those experiencing domestic violence GPs may be the only professional they will encounter who can provide assistance, and interpreting provided by a family member may prevent this issue from being identified.

'This is a huge issue for our community and for women in particular - especially in domestic violence cases where the husband (husband's family, even female members of the family) control the domestic violence survivor through the interpreting.

'Women are often frightened to disclose issues of domestic violence with the husband present. The GP is the only professional the women actually sees outside the closed family network (schools are the same for the children in that household) - GPs are very important contact for women, so it is important to ensure that women are able to speak directly to this health professional. Many women don't know that they can request an interpreter - There is need for a policy/good practice guidelines on GPs offering interpreters and seeing women on their own (away from the influence of the husband and his family).'

Group 9

## ▶ **The intervention of VCOs can improve access**

'I have often accompanied clients there (name of the GP practice) and have had to advocate on their behalf to ensure they would be provided with an interpreter. I know clients have a right to request interpreters but surgeries in Islington are not providing them. At [name of organisation] we do a lot of advocacy on behalf of clients - so we often will call the surgery and ask them to provide an interpreter - they will often refuse to arrange an interpreter 'no we don't provide interpreters/ we don't have funding for this', at what point I normally have to be assertive and request to speak to the manager and say clearly "I cannot come with this client to interpret. You are accountable to the government for this individual's life" and then the practice manager would look into providing the interpreter'.

Group 12

'We normally try to get the practice to provide the interpreter. If they say no, we try to persuade them and advocate on behalf of the client, saying how is the patient expected to access the health service (communicate with GP etc), some practices say then, after that, "OK, in the worst case scenario we will get you an interpreter through Language Line" or "well if she does come to her appointment, we can use Language Line". Some practices say no "with the recent cuts we don't have any more interpreters" and some do not explain their reasons. In the instances where the interpreter is not provided we refer them to Manor Gardens Advocacy Project. Our volunteers/staff with language skills do a lot of telephone interpreting for a number of areas (health, solicitors, welfare benefits, housing , etc)'

Group 8

'When we first see a client at [name of organisation], we will ask them what the situation is regarding provision of interpreters. If they say their practice does not provide them, we will contact the practice and "push them" to provide the interpreter. If the practice refuses, we will then provide the interpreter'.

Group 2

## ▶ **Challenges with specific languages**

The VCOs that we spoke to also reported that in some instances there were difficulties or lack of awareness about meeting the interpreting needs of patients. For patients who require Arabic and Kurdish interpretation, practices don't always check which version of the language they need and this can result in patients not being able to understand the interpreter. Sometimes there are challenges in meeting the interpreting needs of patients whose mother tongue is the Saho language. (Saho is spoken natively by the Saho people who traditionally inhabit territory in Eritrea and Ethiopia. It has about 200,000 speakers).

## ▶ **Some practices rely on VCOs to provide free interpreting**

'I was working well above my hours of work. I was being used'.

Group 15, VCO having to accompany a client to provide interpreting

'Sometimes we have to provide the interpreting ourselves - we accompany clients, like with the lady registered at [name of the GP practice] - I went with her (and I told the doctor that I could not wait very long as I had to be back in the office for another client) and still they made us wait over 50 minutes - as a result I had to leave and my client did not get to see the GP (she saw the nurse instead, which is not what she needed)'

Group 13

## More data from community organisations

'We don't have funding for this, but we end up having to do this interpreting. Our clients ask for this and they suffer in silence, not wanting to bother their sons/daughters who often live out of the borough. [Name of organisation] does not have funding to have a team of interpreters that can accompany clients to GP appointments. This is something they would like to be commissioned to provide as the staff team have ample qualifications and experience in interpreting. [Worker] often gets pulled into interpreting for their very vulnerable clients (which happens fairly regularly as they have quite a number of elderly clients). [Worker] has had to drop everything and provide interpreting for her clients at GPs, with Social Services, Palliative care, funerals, etc. So if it is urgent and they are in pain, we end up having to do the interpreting'.

Group 6

'It would be good to find out why the GPs are not using the interpreting service if it is meant to be available - it is not fair - it puts a strain on organisations like ours, where we have to do more work to assist our clients to communicate with the GP practice'.

Group 3

- ▶ **Sometimes practices cancel appointments because there is no face-to-face interpreter**

There appear to be a number of missed opportunities where GPs could have accessed the telephone interpreting available to support patients but instead cancelled a patient appointment. The reasons for this are not clear. However, Killick Street was highlighted as a practice where a patient had been given on-the-spot access to interpreting (through Language Line's telephone interpreting) for an appointment (when her language needs had not been picked up).

'Patients often do not feel able to ask for an interpreter themselves either because they are not aware that telephone interpreting is available, because they have requested one in the past and it has been refused or because they have been told that will delay them seeing the doctor. Sometimes patients assume they are not going to get an interpreter for subsequent appointments if they did not get one on their first appointment'.

Group 2

One organisation mentioned the instance of a patient A who had booked an appointment with their GP at an Islington practice and the GP booked an interpreter. However, when the time of her appointment came, the interpreter was busy interpreting for another patient, so patient A was told to go home, that she couldn't be seen because no interpreter was available.

- ▶ **Information about the patients' need for an interpreter is not always passed on to other clinicians**

'When people are referred to consultants, they don't pass on the information that an interpreter is required'.

Group 2

## Recommendations

Recommendations	Who is responsible	By when
For all practices to clearly display, in all consultation rooms and reception areas, the access codes for Language Line where all staff can access this information.	Practice Managers	March 2015
For all practices to ensure that patients' need for an interpreter is consistently recorded, acted upon and passed to other professionals.	GPs and Practice Managers	March 2015
For Islington CCG to provide briefing support to GPs to understand why interpreting needs to be provided, outlining the Language Line offer, the advantages of allowing additional time for appointments, and the links with safeguarding.  This work should be focussed on all practices, but particularly those reported as not using interpreters.  Once prepared the briefing should be shared regularly through the usual communication channels.	Communications Manager, Islington Clinical Commissioning Group  Patient Experience Manager, Islington Clinical Commissioning Group  Chief Officer, Healthwatch Islington	March 2015 and ongoing
For Islington CCG to require practices to use interpreters for registration (an opportunity to get accurate information about patients' needs).	CCG commissioner	June 2015
Whilst GP practices get up to speed on Language Line, for commissioners to explore with the voluntary and community sector evidencing the non-commissioned interpreting they are providing within the community to enable them to potentially make a case for funding this work.	CCG commissioner	June 2015
For the CCG to understand further what the opportunities are for practices when using in-practice, electronic check-in machines which can be set to operate in several languages. These could be used to support check-in and to highlight the need for an interpreter.	CCG commissioner	June 2015
To provide guidance to voluntary sector organisations and patients on what they can expect from GP services in terms of interpreting.	CCG commissioner	June 2015
To explore incentives for booking double appointments when interpreters are needed.	Patient Experience Manager, Islington Clinical Commissioning Group	March 2015
For the CCG to monitor whether there are any improvements in 12 months' time (from the date of this report) including exploring Patient Held Records as a way of monitoring.	CCG commissioner	March 2016

# Acknowledgements

Healthwatch Islington would like to extend our thanks to the local Voluntary Community Organisations that have contributed their time and knowledge to this project.

We have been overwhelmed by the unconditional support of these partners who have provided invaluable assistance by completing questionnaires, logging instances when they had had to provide the interpreting themselves, and assisting Healthwatch Islington with recruiting volunteers to do the mystery shopping.

Partners have seen this project as a potential opportunity to improve outcomes for the Islington residents they support, who are some of the boroughs most vulnerable residents.

Al - Ashraf Women and Children  
Arab Advice Bureau  
Arachne Turkish Cypriot Women's Organisation  
Carila - Latin American Welfare Group  
Community Language Support Service  
Eritrean Community in the UK  
Imece Women's Centre  
Islington Centre for Refugees  
Islington Bangladeshi Association  
Islington Chinese Association  
Islington Somali Community  
The Islington Turkish, Kurdish and Cypriot Women's Welfare Group  
Jannatay Women's Organisation  
Kurdish and Middle Eastern Women's Organisation  
Light Project International  
Manor Gardens Advocacy Project

We would also like to thank all our mystery shoppers for their fantastic work.

# Glossary

**Scenario:** a situation played out by our mystery shoppers.

**Practice E, response 10:** each GP practice that responded to our Language Line survey was identified by a letter of the alphabet. At a number of practices more than one member of staff completed the survey. For this reason we numbered each response as well. All respondents completed the survey anonymously.

**Islington Clinical Commissioning Group:** this group is made up of the 36 GP practices in Islington. As a collective, they make decisions about what health services the local population need.

**Practice Manager:** a non-clinical member of staff responsible for managing the running of the GP practice.

**VCO:** Voluntary Community Organisation - a not-for-profit organisation that serves the needs of the local community. These organisations are often dependent on volunteers. The feedback from the organisations that participated in this piece of work has been anonymised so that individual service users are not identifiable.

