

Interpreting Services in General Practice in North Central London



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 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.

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Introduction

Interpreting services in GP practices in North Central London are delivered through three providers: LanguageLine (spoken languages and British Sign Language), London Borough of Islington (British Sign Language for Islington residents), and the Royal Association for the Deaf (British Sign Language for Camden residents).

The Integrated Care Board is responsible for reducing health inequalities and ensuring health care services are provided equitably. They commission these interpreting services and are reviewing what's provided. They asked Healthwatch Islington to gather the views of people across North Central London (Barnet, Camden, Enfield, Haringey, and Islington) with language needs (signed or spoken) regarding their experience of interpreting services at their GP surgery. These views and experiences will help inform the commissioning of the new contract for interpreting services and will help shape the future of interpreting services for GP practices across North Central London.

Five of Healthwatch Islington's [Diverse Communities Health Voice](#) partners participated in gathering survey feedback. The partners we chose to work with on this research, though based in Islington, reached residents with language support needs across the whole North Central London area:

- ▶ Disability Action in Islington (reaching British Sign Language users)
- ▶ Community Language Support Services (Somali and some Tigrinya speakers)
- ▶ Imece (Turkish and Kurdish speakers)
- ▶ Kurdish and Middle Eastern Women's Organisation (Arabic, Farsi and Kurdish speakers)
- ▶ Latin American Women's Rights Service (Spanish and Portuguese speakers)

The research was undertaken in June and July 2024.

What we did

We carried out a series of structured, one-to-one interviews (in mother tongue) with North Central London residents and/or their carers on experiences of interpreting in primary care.

Additionally, to capture broader insight, we held one-to-one discussions with organisations supporting communities who may use interpreting services across North Central London. Organisations that contributed their time and expertise were as follows:

- ▶ Arachne Greek Cypriot Women's Group (Islington)
- ▶ Inclusion Barnet (who host Healthwatch Barnet)
- ▶ Healthwatch Camden
- ▶ Listen to Act (who host Healthwatch Enfield)
- ▶ Public Voice (who host Healthwatch Haringey)
- ▶ Islington Bangladesh Association
- ▶ Islington Somali Community
- ▶ Jannaty Women's Social Society (Islington)
- ▶ Romanian & Eastern European Hub (Barnet, Enfield, Haringey)

Spoken language support

We heard from 54 residents who had accessed interpreting support for spoken languages in GP practices within the last two years.

Borough of residence:

Barnet	Camden	Enfield	Haringey	Islington
6	6	13	13	16

Gender of participants:

Female	Male	No answer	Total
46	7	1	54

Age of participants:

25-49	50-64	65-79	No answer	Total
27	25	1	1	54

Ethnicity			
Arab	6	Turkish	11
Black/Black British	13	Persian	2
Kurdish	7	No answer	2
Latin American	12	Total	54

Spoken language survey

Part one

When did you last use the interpreting service?

In the last month	In the last 6 months	In the last 12 months	In the last 2 years
17	26	6	5

How did you find out about the service?

There were 54 respondents in total. Of these, 12 people misunderstood this question. It was possible to infer a relevant answer in three of these cases but in nine cases it was not possible.

31 people found out about the interpreting service through their GP. This was certainly the most common response. This information came either from reception staff or from the GP directly (typically when the GP noticed that the patient was struggling to communicate during an appointment). Since it was often unclear whether the term 'GP' referred to the practice as a whole or the doctor specifically, it is not possible to tell whether it was more common to find out from practice/reception staff or from the GP.

"The GP found it hard to communicate with me effectively and suggested that this could be a good way for us to get more out of our appointments."

– Somali-speaking patient, Camden

Seven respondents initiated the request for interpreting support themselves. In one case the respondent had known of the service for many years. In the remainder of these cases, the request for interpreting appears to be based on need (rather than awareness that the service was available).

Three respondents learned about interpreting services from friends and family, two from a case worker or community support organisation, and one person said they found out from social media.

What would have made it easier for you to find out about the interpreting service?

"If they advertised it in some way, it would've been accessed at a much earlier point for me."

– Somali-speaking patient, Camden

Eleven people didn't answer the question and four more said that they couldn't think of an answer. In general, those that did respond felt that if GPs/health services promoted interpreting services to patients more, it would have made it easier to find out about them. Within that consensus, respondents identified a range of interventions that would have helped:

- ▶ Being sent a text or letter in their mother tongue (8 people)
- ▶ Reception, GPs, or other practice staff informing patients (8 people)
- ▶ Advertising within the surgery with a poster, a sign, or with a leaflet (6 people)
- ▶ A more proactive approach from health services (4 people)
- ▶ Employing interpreters within the GP practice (3 people)
- ▶ Telling people when they register as a patient at a surgery (3 people)
- ▶ If there was greater availability of interpreting it would be easier to find out about it (3 people)
- ▶ Making things easier was unnecessary (5 people - these respondents had either known about interpreting services for many years or were newer patients with a positive experience of being informed about its availability)
- ▶ Other comments included the suggestion that when the GP sees a patient struggling to communicate this should prompt the offer of interpreting provision.

Respondents did not universally identify actions that hadn't been part of their own experience, though many did.

Did you experience any barriers when gaining access to interpreters?

Yes	No	Total
22	32	54

"Yes, we cannot find a translator. We ask for an appointment, they give us a date in 3 weeks... There is no telephone conversation with an interpreter at our GP. They don't do it [...] When I go to the GP, I go to Google Translate, write there, and show what I wrote to the doctor. For example, I sneeze, I don't know the English word for sneeze, I found it on Google... I understand the GP when he speaks, and he understands me, but simple things."

- Turkish-speaking patient, Islington

Barriers identified included delays - patients reported having to wait longer for face-to-face appointments if an interpreter needed to be present (this was particularly challenging for one patient with memory problems). Barriers for telephone interpreting included practices not offering the service, connection issues, phone signal, and lack of availability of interpreters for what is supposed to be an immediately accessible service.

"They say they are connecting to a translator immediately then saying there is no one available."

- Turkish-speaking patient, Enfield

Arabic speakers reported difficulties understanding dialect. The Kurdish and Middle Eastern Women's Association enlarged upon this at the end of the engagement:

"In terms of Arabic speaking and dialect struggle: Moroccan and Algerian [speakers] - they find it very difficult to understand the other Arabic dialects. Likewise, for Syrian, Iraqi,

Sudanese etc -they find it difficult to understand the Moroccan and Algerian dialect. These difficulties appear lessened when the individuals are able to speak Arabic Fusha [Fusha is the version of Arabic taught in schools and universities and is used in official government documents].”

One respondent reported a bad experience due to an interpreter with poor listening skills who did not give her enough time to speak.

Type of interpreting accessed

Face-to-face interpreting	Telephone-based interpreting	Video-based interpreting
21	51	2

Please, tell us how long you usually have to wait for a **face-to-face interpreting** appointment to have an interpreter present?

Same day	1-2 days	3-5 days	1 week	1-2 weeks	More than 2 weeks
9	8	0	2	3	1

Please, tell us how long you usually have to wait for a **telephone interpreting** appointment to have an interpreter present?

Same day	1-2 days	3-5 days	1 week	1-2 weeks	More than 2 weeks
27	7	6	3	6	3

Please, tell us how long you usually have to wait for a **video interpreting** appointment to have an interpreter present?

Same day	1-2 days	3-5 days	1 week	1-2 weeks	More than 2 weeks
1	1	0	0	0	0

What was good about the interpreting service you used?

“Normally, I would go to the GP with my daughter who would translate for me but, as a rape survivor, you can imagine that is something I couldn’t talk to the doctor about while my daughter was there. I now feel able to express myself better.”

- Survey respondent

“In Somalia there are different dialects and we both spoke the same one but the interpreter even made sure to ask which region I am from so that I would understand, so I was very pleased by this.”

- Somali-speaking patient, Barnet

In the main, respondents said they appreciated being helped and being able to make themselves understood. Some said they were grateful to be relieved of the anxiety/frustration of struggling to get their message across. Others were pleased to overcome barriers caused by not understanding medical terminology. Positive feedback on the quality of the service centred on the ability of the interpreter and their personal skills, such as patience and empathy. One respondent praised the speed of access to the service, as well as the fact that it was offered face to face.

What could be improved about the interpreting service you used?

Although some respondents were very happy with the service and said there was nothing to improve, most respondents made suggestions. Perhaps the biggest issue was with the quality of interpreting. It was suggested that there be regular testing of interpreters to ensure their quality. There was also a need to ensure that there were speakers of appropriate dialects. This was mentioned in relation to Turkish, Somali and Arabic dialects.

Another issue was the length of appointments when interpreting was provided. For example, respondents reported feeling rushed or complained that the interpreters lacked patience. One respondent mentioned the time limit specifically, feeling interpreted appointments should be longer.

Commenting on the availability of the service, respondents suggested interpreting be offered for conversations with reception staff as well. Some said they wanted interpreting to be offered on more days (some practices have set days for interpreting support in certain languages). Others suggested that interpreters be present in GP centres at all times, especially those speaking the languages most widely spoken in the local community. Where only telephone-based interpreting was available, a number of respondents said that face-to-face interpreting would be an improvement. Generally speaking, where a preference was expressed, face-to-face interpreting was preferred. However, one respondent made a point of saying they preferred phone-based interpreting offered remotely, as it saved them from having to travel to the surgery. Another said they preferred phone-based interpreting because, when discussing sensitive issues, they preferred not to have a 'third party in the room'. The ability to request a female interpreter was also identified as a potential improvement.

"I would prefer if the interpreters could be there in person, I feel like I could communicate better. Also, sometimes they have interpreters who don't speak Turkish fully, like they learned it off Turkish TV soaps, and this makes me feel like they are misinforming doctors."

- Turkish-speaking patient, Barnet

Did the interpreter introduce themselves to you?

Yes	No	No answer
50	3	1

Was the interpreter friendly and courteous?

Yes	No	No answer
50	2	2

Did the interpreter act professionally throughout the session?

Yes	No	No answer
45	7	2

Did the interpreter speak the correct language?

Yes	No	No answer
45	8	1

Did you feel comfortable and at ease with the interpreter?

Yes	No	No answer
43	9	2

Did the interpreter give you enough time to finish speaking before they started to speak?

Yes	No	No answer
47	5	2

Do you feel the interpreter did a good job of explaining 'exactly' what you said to them?

Yes	No	No answer
40	12	2

Part Two

What is most important for you?

Participants were invited to rank (order) a series of criteria associated with interpreting provision from 1 to 10, with 1 indicating the most important criteria and 10 the least important:

Criteria	Average Rank
Not having to wait long for an appointment when an interpreter is required	3.06
Being able to access an interpreter without having to book in advance	3.17
The availability of face-to-face interpreting	4.47
Quality of the interpreting – command of the language & ability to understand my language/dialect	4.72
Sensitive to my needs (trauma-informed)	5.60
The availability of telephone interpreting (spoken only)	5.63
Confidentiality	5.92
Continuity – an interpreter who knows me and my issues – so I don't have to explain my story again and again	6.64
Having information about the service itself (when to access it and how I can book it) and how I would like to receive the information	7.83
The availability of video/online interpreting	7.94

Bearing in mind the limitations of the small dataset, there are some observations we can make:

- ▶ As a group, respondents prioritised issues around access slightly more than issues around quality.
- ▶ Respondents did not prioritise having information about the service and how to book it. Since eligibility criteria for this survey required respondents to have used interpreting services within the last two years, it is possible that learning about a service they were already using felt less important.
- ▶ The comparative lack of interest in the availability of video/online interpreting may be explained by an overlap between patients who are digitally excluded and patients who have a language support need.

Is there anything else that is important to you that was not mentioned in this list?

"Most of the time, I can't quite understand what the interpreter is saying. They have a hard time expressing themselves, and sometimes they don't quite understand what I'm saying. 'I can't translate so many things', he says. Sometimes I notice that he repeats the doctor several times. I'm not so sure that the things spoken are exactly the right thing because I don't speak English."

- Turkish-speaking patient, Barnet

It was pointed out that there was also a great deal of variance in the quality of the interpreters. A couple of people said that GPs should make adjustments, using simpler language so that it was easier for the interpreter and the patient to understand what they were saying.

Some respondents spoke about unprofessional behaviour on the part of the interpreters, 'they don't ask/translate most of my questions', asking the patient 'not to talk too much', or raising their voice and alarming the patient.

"I have had instances where there is significant background noise, or the interpreter was outside and distracted and I did not feel like what I said was going to be conveyed accurately. I have had some positive experiences, but the negative ones really taint it for me because some interpreters are really professional while others lack basic courteousness."

On phone-based interpreting specifically, one respondent complained that when the call dropped out and you reconnected to the service you were allocated a different interpreter and had to explain everything all over again. Another respondent expressed concern that, during phone-based interpreting, it was not possible to be sure that the interpreter was alone.

Finally, one person said that the service should also support patients who needed to interact with the GP surgery outside of appointments. This should be something that the patient could access directly, without having to go through the practice, 'an open line to contact interpreters personally to make requests on behalf of us to the GP' for example, when needing to change an appointment, talk about a prescription and so on.'

Part Three

During your appointment would you consider using an interpreter that you could see via a computer screen/video?

Yes	No	Don't know	No answer
26	26	1	1

What would influence your decision to use an interpreter via a computer screen/video?

Those that said no to using an interpreter via a computer screen/video cited a lack of digital skills/not feeling comfortable with the technology. Some added that the medical interaction was already very difficult for them so anything which added to that burden was to be avoided. Others, assuming that the technology was used to support remote appointments, expressed unease about being 'seen' in a home/private environment, for example if they were ill in bed.

Those that said yes to using an interpreter via a computer screen/video gave a variety of factors influencing their decisions. Some said that being able to see the interpreter's face was helpful, or that being able to see visual cues made understanding easier. Others were less concerned about the medium and were happy to use any means that allowed them to receive interpreting support and/or get an appointment more quickly. One person assumed that they would not need to see their GP in person if interpreting was available by video link and welcomed not having to travel. Respondents who were positive about video interpreting but lacked digital skills assumed that appropriate support would be provided by their GP practice.

Deaf and BSL service users

The six residents who completed the survey had accessed support for British Sign Language (BSL) interpreting, lip-reading or Sign Supported English.

Borough of residence:

Barnet	Camden	Enfield	Haringey	Islington
0	2	0	0	4

We decided to share a minimum of equality monitoring data as Deaf communities are small and there is a danger this would make participants identifiable.

Part one

When did you last use the interpreting service?

In the last month	In the last 6 months	In the last 12 months	In the last 2 years
6	0	0	0

How did you find out about the service?

Three respondents found out about interpreting options via the GP/reception staff. Two respondents had longstanding knowledge of the service, 'lived in Camden for 30 years. I know the services available' and one respondent spoke about their experience at their most recent appointment rather than answering this question.

What would have made it easier for you to find out about the interpreting service?

Two respondents suggested that 'regular updates on if services are still running or not' would help. Another said they used to receive this kind of information from their social worker but felt that this had stopped happening and it was harder to get information now. Three respondents instead spoke about their experience of the service and how that could be improved. One felt that it would be easier if GP reception staff looked at their patient record, noted their communication needs, and took appropriate action.

Did you experience any barriers when gaining access to interpreters?

Yes	No	Total
5	1	6

The one respondent who said that they didn't experience any barriers clarified their position by adding, 'I don't know. I'm not sure as my language is different.' The respondent was a Congolese speaker who didn't speak much British Sign Language and instead was being supported to lip read by an interpreter who was later described as their 'foster mum', suggesting they were not accessing professional support. The remaining respondents all said that they experienced barriers to access.

"[They] never confirm when an interpreter is booked. They often fail to turn up and communication breaks down. I want a named interpreter. It's often a battle."
 - Camden resident receiving support for lip-reading

Respondents spoke about the variable quality of the service, 'Interpreters don't always say what you want them to say or tell the full amount of what I have said.'

Type of interpreting accessed

Face-to-face BSL	Face-to-face other*	Video-based BSL
2	3	1

*Where face-to-face interpreting was accessed for non-BSL users, this took the form of lip-reading support for two respondents and Sign Supported English for a third.

Please, tell us how long you usually have to wait for a **BSL face-to-face interpreting** appointment to have an interpreter present?

Same day	1-2 days	3-5 days	1 week	1-2 weeks	More than 2 weeks
0	1	0	0	0	5

Please, tell us how long you usually have to wait for a **video relay service for interpreting** appointment to have an interpreter present?

Same day	1-2 days	3-5 days	1 week	1-2 weeks	More than 2 weeks
2	0	0	0	0	0

Please, tell us how long you usually have to wait for a **BSL video interpreting** appointment to have an interpreter present?

Same day	1-2 days	3-5 days	1 week	1-2 weeks	More than 2 weeks
0	0	0	0	0	2

What was good about the interpreting service you used?

Respondents gave mixed answers and identified issues with the service, rather than speaking completely positively.

“Not good most of the time, not always good. The GP is good and always gets me an interpreter”

- Islington BSL user

“Both good and bad. Some [interpreters] get to know you while in the waiting room. Some are just rude.”

- Camden patient receiving support for lip-reading

What could be improved about the interpreting service you used?

Respondents wanted better quality interpreters, and more control over booking and the choice of interpreter. One respondent felt that systems needed to be modernised and made more efficient:

“The receptionist [having] more awareness of how services are booked. Better computer systems. Having an integrated service that gives people a faster service. Needs better Wi-Fi. Booking interpreter [at the same time] as giving appointment.”

- Islington BSL user

Feedback on the interpreters

Deaf service-users were asked the same set of questions about the interpreters as the participants accessing spoken language support (see page 10). All six respondents said the interpreter introduced themselves. Four respondents answered all the rest of the questions positively and two respondents answered all of them negatively.

Part Two

What is most important for you?

Participants were invited to rank (order) a series of criteria associated with interpreting provision from 1 to 10, with 1 indicating the most important criteria and 10 the least important:

Deaf respondents did not rank the criteria in order. In the main, respondents gave each category the highest ranking. All criteria were viewed as incredibly important, except for the availability of telephone interpreting (spoken) which is not useful for these patients and was given the least important ranking by three respondents and ignored by the others.

Is there anything else that is important to you that was not mentioned in this list? If so, please describe:

"It's not always the same quality of service. You never know who is going to provide the interpreting. I do not know who is coming - who it's going to be or if they have arrived or not. I feel like they should communicate that with me, tell me they are here. They need to wear their ID. The video services are on offer, can be good but the video does not always work."

- Islington BSL user

"Doctors should not tell the interpreter anything without me being in the room. The meeting should not start before I come into the room."

- written feedback

Part Three

During your appointment would you consider using an interpreter that you could see via a computer screen/video?

Yes	No	Don't know
2	3	1

What would influence your decision to use an interpreter via a computer screen/video?

The two respondents who were open to using an interpreter via a screen/video said that quality of interpreting and length of time you would need to wait for the appointment would be important. Those that were unwilling to consider video/screen-based interpreting cited previous bad experiences, felt that the interaction was not sufficiently inclusive, or preferred to have their named interpreter in the room with them.

"NO, I had a bad experience. I could not see or hear the interpreter. I did not know what was being said about me for most of it."

-Islington BSL user

Case studies

Arachne Greek Cypriot Women's Group

A patient for whom face-to-face interpreting is more appropriate than phone-based.

We have a lady living in Enfield (registered with Cockfosters Medical Centre). She has some medical conditions which make it difficult for her to remember things. Sometimes when you say something in her first language, Greek, she initially understands, but then she forgets. If communication is only in English, then it is even harder for her to retain information.

The main feedback from her experience is that, due to her memory issues, face-to-face interpreting is much more effective and suitable for her. When she gets an interpreter for her doctors appointments, if the appointment is face to face [and] the interpreter is face to face rather than on the phone, it makes it a lot easier for her to understand and retain information and be able to express herself better.

She had a good experience with the face-to-face interpreter but when the interpreter was on the phone she was miscommunicating.

An interpreter who didn't have language command to provide interpreting in Greek

We had a recent experience with one of our frail clients who was hard of hearing and needed a visit from the district nurse. The client had asked Arachne to provide support with the phone call, so we sent a member of Arachne staff to do a home visit. The district nurse called to check in on the client. She had arranged for a Greek interpreter to be on the 3-way phone call. Arachne's staff member soon realised that the interpreter wasn't accurately translating what the district nurse was saying to the client, so she had to intervene. Initially the district nurse wasn't happy and was rude, but when our staff member said that she wanted to speak to the manager of the service and make a complaint, the nurse allowed her to do the interpreting. The interpreter that had been provided was Albanian and could speak a little Greek. However, the interpreter was using Albanian Greek. She didn't speak Greek very well and didn't have the language command to be able to interpret for a Greek speaker.

Islington Bangladesh Association

A patient expresses her preference for face-to-face interpreting but feels that not all interpreters provide a good level of service.

I am an 83-year-old woman living in Islington. I am registered with Killick Street GP Surgery, and I regularly use their interpreting service. I have serious health conditions and because of that I get my GP appointments faster than other members of my family even though I use the interpreting service. I find some interpreters are good and some are not so cooperative as they stop me saying what I want to say. They say, 'you have already said this, only answer what the doctor is asking', and I feel I am not allowed to fully express myself. I don't think this is the surgery's fault, it is those interpreters who are less helpful and have little patience with older people.

I do not find phone interpreting convenient; this is like you have to explain everything in words without any chance of using your body language or other expression. I do not know how to use a computer, I never went to school and learnt these.

Romanian and Eastern European Hub

A positive experience of all three types of spoken language support

A Romanian-speaking woman registered with Charlton House Medical Centre in Tottenham has used interpreting services for face-to-face, video, and telephone appointments. She finds the service to be accurate and has been provided with an interpreter whenever she has requested one. She is pleased with this support as it allows her to access health services despite her mobility issues and language barriers. She has had one video call appointment and found it very useful as she was feeling very poorly, and it helped her to get the treatment that she needed.

British Sign Language user

Relying on note-writing to communicate is ineffective and GP surgeries need to be better prepared for BSL users

"[I would like] improved access to a British Sign Language interpreter during my visits [to my GP surgery] in Islington. I often feel stressed when I arrive at reception and there is no interpreter available. Writing on paper is uncomfortable for me, as my first language is Polish, and it is not an effective way to communicate my needs.

"It is crucial to have a tablet available at reception for BSL interpretation. Additionally, the reception staff should take responsibility for ensuring that the tablet is fully charged and operational. Recently, I had to cancel an important appointment with my GP because the tablet's battery was dead, which made me very upset and negatively impacted my health."

Other feedback

Islington Somali Community

Islington Somali Community spoke to both individual residents and a small group of service users about their experiences of interpreting. Although these conversations were not structured around the survey questions, some of the same themes emerged:

- ▶ There is a need for interpreting support for other types of interactions with the GP. The example given was communicating test results. There is no proper interpreting to explain the results. It was felt that communication between the GP and the patient was not smooth.
- ▶ A preference for face-to-face interpreting. Feedback shared with Islington Somali Community was that whenever clients get an interpreter it's primarily on the phone and they don't find it helpful. One person complained that it was hard to hear what the interpreter was saying because it was a bad line. Most people said they preferred a face-to-face appointment with the GP and an interpreter present.
- ▶ Not enough time is allocated to GP appointments with interpreters. When the GP arranges an interpreter, you may not get enough time to express your issues. GPs don't offer double appointments.
- ▶ Poor access to professional interpreting is still a widespread issue
- ▶ Islington Somali Community heard a lot of the feedback that was not about the experience of accessing interpreting services (the chief interest of this report) but instead about lack of access to interpreting services. We agreed with commissioners that we would also include this. The issues are familiar. They are the same ones we discovered in Islington in our 2014 mystery shopping project looking at the provision of interpreting in GP practices:
- ▶ Practices are failing to offer interpreting, and patients are relying on family members
- ▶ Some practices are not routinely using LanguageLine
- ▶ Islington Somali Community said that clients told them that certain surgeries say 'come with someone that can interpret' or they say 'you can understand, you are talking to me so you can come without the interpreter' or 'it's better if you come on your own otherwise getting an interpreter will take time – if you don't take this appointment without an interpreter we don't know when you are being seen'. Similarly, receptionists at certain surgeries are telling patients that they can only have an interpreter if it's a serious health issue.
- ▶ Relying on family members to provide interpreting brings can mean that issues such as domestic abuse don't come to light. Residents didn't mention this issue specifically. One client observed that 'it is very embarrassing to hear something from the GP while your child or friend is with you. It is extremely difficult [if they are] interpreting when you have a serious health issue; especially if this is something you want to hear yourself first – and decide how you let other people know about this.'

Though this feedback came from clients in Islington, there was evidence that reliance on friends and family was more widespread. When the Kurdish and Middle Eastern Women's organisation contacted Persian clients to find survey participants, five of them confirmed they don't use the service and took friends or family to interpret. Two of these clients were from Enfield, one from Camden, and two from Barnet.

Disability Action in Islington

Nobody is Deaf in the same way.

Engaging with the Deaf community pose additional challenges - nobody is Deaf in the same way. Some people are profoundly deaf (no sound at all), some people may have ringing in one ear (but be deaf in the other), some people will be speakers of other languages (so they won't have learnt BSL, but the equivalent in their mother language), they may prefer to lip read.

There is an issue of trust. Also, sometimes residents are worried about confidentiality, and they don't like the interpreter hearing about their personal health needs as they fear it may get out in the community. The community is small.

Healthwatch Camden

Healthwatch Camden hosted a focus group on cancer screening attended by deaf residents in April 2024. They included a question, 'What would help you speak to your doctor?' and participants commented about BSL provision:

- ▶ Long waits for a BSL interpreter. Participants said they needed to wait 2 weeks to get an interpreter. If the medical issue is urgent then this does not work.
- ▶ There is a need for information in sign language. Words and jargon are hard to understand. Doctors and health professionals give out written literature. This is not helpful for BSL users. (The BSL interpreter expanded on this issue, saying that it comes up a lot, especially in London where English is not people's first language, and BSL is their first language and then comes other languages and then English is listed as number five on the list, particularly when it is written down).
- ▶ Doctors need to be told that explanations to deaf people need to be very visual.

Recommendations

1. Although effective promotion of interpreting services via posters, signs, and leaflets is important, most survey respondents said they found out about the service through conversations with reception staff or the GP. Regardless of provider, it is necessary that practice staff promote the interpreting service proactively to patients who might need it. Where this is not happening, training should be provided.

As part of their contract, any 'new' provider should continue and possibly expand work to communicate out to GPs, and more specifically reception staff, through as many channels as possible, what the interpreting offer is, how to access it, and why it's important to offer it.

2. To meet the Accessible Information Standard, if a patient has a language support need, this should be captured and added to the patient's record when the patient first registers with the GP surgery. If it is hard for the patient to communicate these needs, then professional interpreting should be offered to support the patient registration process.
3. There is a lack of consistency in the quality of the interpreting offered. This can lead to poorer health outcomes for service users who are already experiencing health inequalities. To address this there must be effective monitoring of the quality of the interpreting service. Service users and the community-based organisations that support them should play a key role in this process. This involvement needs to be appropriately resourced.
4. Regardless of provider, it is important that telephone-based interpreting is offered consistently so patients have access to the same level of support regardless of where they are registered. Currently, LanguageLine isn't offered at every GP surgery. Training and support should be given to practices that aren't offering telephone-based interpreting in order to address this.
5. Patients have asked for an interpreting service that supports other interactions and is not just for the GP appointment. For example, phone-based triaging has become an important part of the booking process. Patients with a language support need cannot effectively advocate for themselves during these conversations unless interpreting is provided. This can mean that they don't receive the appropriate level of support.

Similarly, the need for interpreting or translation when GP surgeries share test results was identified when [patients with long-term health conditions gave feedback on their experiences of annual health checks](#) (page 14) earlier this year.

A service with the flexibility to meet these needs should be the preferred option, when interpreting services are recommissioned.

6. It is disruptive to be allocated a new interpreter when a telephone-based call is lost, and the GP has to reconnect to the service. There is time pressure on interpreted appointments so the additional burden of having to bring the new interpreter up to speed with an existing conversation should be avoided if possible. It would be good to explore whether there are steps that providers can take to address this.
7. If video interpreting is to be offered it must not be offered in isolation. It needs to be offered alongside a programme of digital support so patients who are not confident going online can gain the digital skills they need to access this type of interpreting.
8. Depending on the commissioning process selected, some of the existing providers may not be able to bid, and they provide some additional support that it will be a shame to lose.



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