NHS
Greater Manchester

Interpretation and Translation Services at NHS Primary Care Appointments - Engagement Report

August 2025

Part of Greater Manchester
Integrated Care Partnership

Interpretation and Translation Services at NHS Primary Care Appointments - Engagement Report

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1. Introduction and Background

Between April and July 2025, the NHS Greater Manchester (NHS GM) engagement team was asked to engage with people who use the interpretation and translation services provided by the NHS for primary care appointments. This included targeting engagement at people who speak community languages other than English and British Sign Language (BSL) for Deaf communities.

When defining Deaf communities, using 'D' signifies a person who is culturally Deaf or a Deaf BSL user. d/Deaf is the term used to describe all people who live with some form of hearing loss from hard of hearing to profoundly deaf and Deaf BSL users.

The engagement team spoke to voluntary, community, faith and social enterprise organisations (VCFSE) to understand their experiences of interpretation and translation needs for the service users that they support.

This engagement was primarily around people's experiences within primary care. Primary care appointments include visiting a general practitioner (GP), a dentist, an optician or a community pharmacy.

NHS Greater Manchester sought feedback on the existing services within primary care to gain insight from people which will help them understand where interpreting and translation services are working well and where improvements are needed.

Image 1: Kashmir Youth Project Men's Group

2. Aims

This engagement helped us to understand if people were aware they were entitled to access interpretation and translation within primary care, how simple the process of requesting it was and if accessed, if their experiences were positive or negative. The aim of the engagement with the Deaf community was to check whether the insight previously gathered about peoples' experiences was still accurate and to build on our understanding of what is working and not working for people who use BSL interpretation to access primary care.

The engagement exercise also asked about what improvements NHS GM could make for people who may need the service in future, for both community languages and BSL. We noted what languages people spoke to further understand our GM population, and whether the written information they receive was available to them in a language they can understand.

NHS GM particularly wanted to make sure the views and lived experience of people who don't speak English as their first language was heard within this engagement exercise.

Image 2: Debutterfly CIC in Stockport

3. Approach

The NHS GM engagement team worked with VCFSE organisations supporting minority communities including refugees or migrants across GM to organise focus groups with their service users, as well as visiting ESOL (English for speakers of other languages) classes to conduct interviews with attendees. It was felt these groups were well placed to give insight on the current services for translation of community languages.

Members of the engagement team attended Deaf clubs and organisations across Greater Manchester to use the opportunity to ask what is most important to Deaf people when they are using interpreters and sense-checking this against previous feedback. Members of the engagement team also conducted 1-1 conversations with BSL interpreters. Deaf support and advocacy workers have also contributed to the discussions.

There was an online survey available for service users which gained a small number of responses should anyone wish to engage digitally, but this was not the main focus of the engagement. We promoted this survey with a QR code at public facing engagement stalls across GM and were able to take people through the paper copies at those opportunities.

A bespoke focus group for VCFSE colleagues was organised online in partnership with Community Health Equity Manchester. This was for organisations from across GM to attend, and we asked about their experiences of supporting their service users.

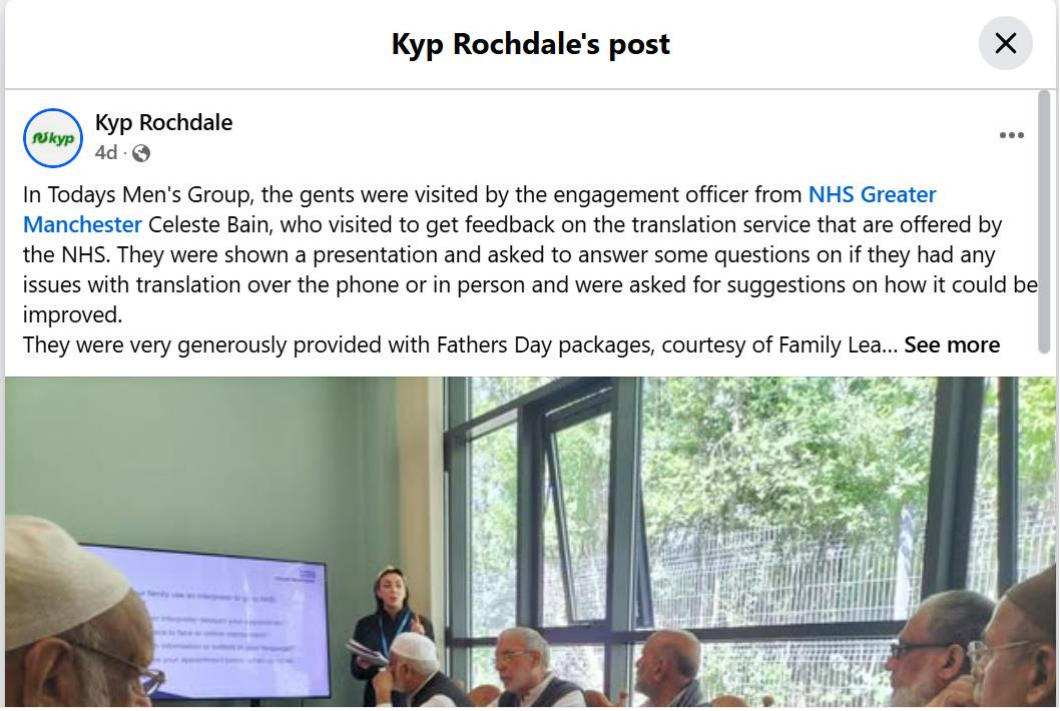
The NHS GM communications team promoted this project on social media throughout the engagement period. They did 10 posts across NHS GM social media channels (5 on Facebook and 5 on Instagram; one on each platform in Arabic, Polish, Portuguese, Romanian and Urdu. Facebook and Instagram are the channels NHS GM use to reach

members of the public.

In summary:

- The social media posts were shown on people's screens or devices 1,155 times and were seen 966 times by different people (reach)
- The biggest reach was on Facebook (760). The posts were broadly similar in terms of reach, with the Portuguese post performing slightly better than the others on both Facebook and Instagram
- The average engagement rate was 4.5% which is considered above the industry average

Image 3: A screenshot of KYP Rochdale social media post



We engaged with 418 people, at 22 different engagement opportunities. 117 of those people were Deaf BSL users and 8 were professionals including BSL interpreters and Deaf support workers.

We reached people from across all 10 GM localities who spoke 27 different community languages or used BSL. We provided interpreters to attend and support the engagement, or some groups were supported with translation by their VCFSE organisations. Attendees of the ESOL classes were able to practice speaking English when engaging with us, whilst being supported by their teachers.

We engaged with a wide range of people from different backgrounds and ages, including a south Asian males' group, a number of black African women's groups, younger people beginning their ESOL journey, older generations, family members and friends who support people with their interpretation needs and people who had been through the process of learning English and were now able to communicate for themselves at appointments.

Table 1: Numbers of people reached and/or engaged with

Method of engagement	Public engagement numbers
Focus Groups and Interviews	418 people
VCFSE Focus Group	34 attendees
Online survey for VSCFE organisations	8 completed
Online survey for service users	10 completed
Social media reach	966 people

4. Findings

The people we met with had very different needs but for most of those who accessed interpretation and translation services they were very thankful to be able to do so. They described the difficulties they experience in everyday life and how grateful they were for the additional support at primary care appointments as health is such an important topic.

A large number of Deaf people shared how issues with needing an interpreter for medical appointments caused a great deal of stress and anxiety. The biggest cause of this is whether an interpreter will be there or not.

> ***"I had to go for a check-up at the GP but because the interpreter hadn't arrived, I kept looking and looking every time someone walked in, my heart rate was up, and my blood pressure was high."***

Many Deaf people shared experiences of the inflexibility of systems at GP practices. People often told us they are asked to use online services when they struggle to read and fully understand English.

> ***"Unfortunately, your appointment's been cancelled because you've not picked up your phone, but they can't speak on the phone."***

Many people told us that their family members are not allowed to telephone on their behalf, but they are not offered an alternative method of communication. This results in people having to attend the practice in person. However, some people have been asked not to do this and have been directed to the online booking system instead.

Some people were not aware that interpretation and translation for community languages could be provided, and a high volume of people mentioned their confusing and differing experiences with taking family or friends along to translate for them. In some cases, services allowed this, but some people told us they had previously had their appointments cancelled and rescheduled due to the person attending with them not being a neutral interpreter, sometimes with a new appointment being several weeks later. This would disadvantage minority groups compared to English-speaking patients.

This suggests a need for clarity and consistency on the requirement for 'professional' interpretation and communications to patients on this, to safeguard patients' needs and reduce wasted appointments for both clinicians and patients.

> ***"Are family members allowed to interpret? Because once I took my mother to an appointment at the GP which was then cancelled because I wasn't allowed to***

interpret and rescheduled for a month later, which is a long time. When that appointment came back around, I attended with her again and came in (because I wasn't told I wasn't allowed to go in) and because my mother was looking at me, I ended up interpreting and the official interpreter just sat there. I was frustrated and confused at the delay that had been caused when I ended up doing it anyway!"

"I've worked in the deaf community for a long time and I've had students at colleges saying, oh, my mum goes to the appointment with me, they'll explain it later. And I'm like, does the mum really explain it to them? Do they have the same level of sign language as the child, for instance?"

Discussions were had around the use of simple language within the health system, and promoting interpretation needs. This would be beneficial for Deaf communities who can struggle with 'full' English. Therefore, when speaking about the service, 'translator' was more widely understood in these focus groups whereas the term 'interpreter' needed to be explained. When creating communications for community languages translator could be used instead.

There were a wide range of languages and dialects spoken in this engagement project of which the full list is included as follows:

- Afghani
- Amharic
- Arabic
- Aramaic
- Bengali (Bangla)
- British Sign Language (BSL)
- Czech
- Dutch
- Farsi (Persian)
- French
- Hungarian
- Igbo
- Indonesian
- Italian
- Kurdish
- Luganda
- Mandarin (Chinese)
- Pidgin English (often quoted as a very simple understanding for people who cannot read or write)
- Portuguese
- Punjabi
- Russian
- Shona
- Spanish
- Swahili
- Tigrinya
- Ukrainian

- Urdu
- Yoruba

The engagement with d/Deaf communities was focused on Deaf BSL users who frequently use BSL interpretation to access primary care services. The engagement did not target people who require the services of a deaf/blind guide communicator or a lip speaker. It can be assumed that much of the information gathered could also apply to these cohorts of patients too, it is important to understand that the numbers of communication professionals with these skills and qualifications are limited.

The NHS GM engagement team had personal conversations with over 400 people in total, which provided insight into people's experiences of using NHS interpretation and translation services in primary care. The common themes from the engagement can be found below.

Image 4: SAWN in Oldham

4.1 Access to Interpreters

Most participants regularly used interpreters, especially for GP and hospital appointments but access is inconsistent – some always get one, others face delays, refusals, or cancellations. There was also evidence that, depending on where you live in Greater Manchester, the experience may be different.

There was a lack of access to interpreters in hospital and emergency settings which was described as increasing distress and frustration. In terms of primary care, most of the participants had not accessed or been offered an interpreter at dental or optometry appointments.

Over recent years, it has been reported that several branches of a high street optician in Salford have refused to provide BSL interpreters for appointments. The commissioning team

have been proactive in trying to manage this issue. During this engagement similar stories emerged in Trafford, with all 3 of the Trafford branches of the high street optician having reports of not providing BSL interpretation when requested. However, Deaf people in Bolton shared that they had received BSL interpretation for their eye tests at the same chain.

> ***"Yeah, so for us it's opticians where interpreters aren't available. So, we work with unaccompanied asylum-seeking children in our team, and they're entitled to the 316 plus eye tests and stuff, but we have to book the interpreters ourselves for those. We've not ever, to my knowledge, had interpreters provided by those services. It's always something we have to do. And for dentists, it's really 50/50. Although interpreters are meant to be booked, it's not always the case and there's quite often delays or rescheduled appointments."***

During the VCFSE focus group, attendees were asked about their experience, or the experience of their service users, to rate the reliability of NHS-provided interpreting services in primary care. The average score was 5.1/10 (with 1 being the lowest and 10 being the highest).

For the Deaf community, the majority of people who participated said they would like their GP practice to have a text number that they can contact them on, and that the practice can use to communicate with them. This could also be used to check if an interpreter had been booked before arrival at the appointment.

4.2 Neutral Interpretation Requirements

Family members are often used due to a lack, or perceived lack, of professional support. This raises privacy and accuracy concerns.

> ***"Bringing a family member into the appointment as a chaperone is acceptable, this may help with building trust, however an impartial interpreter must be present either in person / telephone / video. Each case is different and will need to be considered what's best in the interest of the patient - noting considerations to coercive control, abusive behaviours being of concern."***

There was a lack of trust within the healthcare system from some minority communities and they described language barriers as leading to feelings of powerlessness, being dismissed or misunderstood.

> ***"A lot of communities distrust the system, try self-medicate and end up at crisis point."***

Some, usually older, Deaf people say they prefer a family member to support them. However, rather than interpret, this is to ensure they understand what they are told and to ensure that what is interpreted accurately reflects what the clinician has said.

Several people who are d/Deaf shared that they always asked a family member to call the practice on their behalf to book appointments. However, a small number of people said that their GP practice does not allow family members to act on their behalf due to patient confidentiality and safeguarding issues.

People understood why family members were not permitted to interpret on their behalf but felt that not being able to telephone to book an appointment for them was too restrictive. The result being that some Deaf patients reported having to wait over a week before they can ask professional support staff to call on their behalf, causing further unnecessary delay for

medical appointments.

4.3 Booking and System Barriers

People told us they had experienced booking and system barriers. They reported some GPs proactively asking about interpretation needs, with others leaving it to patients to make requests for assistance. Many told us they felt that their interpretation or translation needs are often not recorded in their patient records, resulting in repeated requests.

Ideas were given around using flags for interpretation needs and ensuring this is also applied to written communications including text messages and booking systems.

Despite the Accessible Information Standard being introduced in 2016, Deaf people consistently told us that they can see no improvement to the access they have to services. Many told us that their being Deaf is still not flagged on systems and little effort is made to record or meet their communication needs.

> ***"Being Deaf should be flagged on the system but it is not, what happened to the Information standard, we were promised that we would have our communication needs met but we are not."***

Image 5: Bury Deaf Club

Some receptionists were felt to act as gatekeepers to care and are perceived as unsupportive. Examples of being denied interpretation due to reception staff judging language skills as 'good enough' were frequently cited. This had led to misunderstandings within the appointment itself, or the patient leaving feeling they hadn't fully understood their

conditions or treatment plans.

> ***"When I had an interpreter booked, I got there, and the hospital said no because you're English is good enough. I needed to be able to understand the complicated information."***

> ***"Sometimes doctor said no, because I can speak pidgin English. He said my English is good enough."***

Many people felt that systems of booking appointments and communicating with the practice are often rigid and have little flexibility to allow for individual communication needs, including when booking appointments where a BSL interpreter is required. Interpretation providers and preferred interpreters are not included in appointment scheduling.

> ***"Now I have changed doctors they don't know me, and I have to explain every time and they don't understand that I need an interpreter."***

In terms of pharmacy, people reported a lack of support for interpretation when pharmacists are explaining the correct way to take medication. This was highlighted by the VCFSE focus group, where we heard that that if they hadn't had explained the instructions to the people that they support they could be causing themselves harm by taking medication incorrectly.

4.4 Interpreter Quality & Fit

There was general satisfaction expressed with interpreters, but issues were often raised about dialect mismatches, most commonly in the various south Asian and African dialects. This was described as different accents being challenging to understand, similarly to various accents across regions of the UK and how different terminology can be understood. People told us that sometimes the interpreter provided had spoken the wrong dialect because many are similar and staff who are making the booking don't understand the differences. For example, Kurdish could be Kurdish Arabic or Kurdish Afghani.

> ***"Could there be a list of languages, including the various dialects for people to select from rather than the NHS choosing or booking which one they think is the right one?"***

Several Deaf people shared experiences of being asked by healthcare staff to 'manage' without a BSL interpreter. This often happens when an interpreter is not found to be available or has not been requested. People can they be asked if they can lipread or write things down during an appointment, which are not skills which all d/Deaf people have. Some people said that they are still, on occasions, being asked for a family member to interpret.

It was important to many of the people who contributed to the engagement that they can request the gender of their interpreter for a medical appointment for reasons of dignity. This did not apply to dentists or optician appointments for people who took part, but it may be important to others for religious or cultural reasons.

> ***"I would feel not comfortable with man interpreter, Doctor is man but that is not the same."***

4.5 Training

Interpretation is more than just words. It was felt by some people that cultural sensitivity is often lacking. This was referred to in terms misunderstanding of the words used by patients

or trauma triggers for culturally sensitive issues such as female genital mutilation which were unknown to staff.

Many patients reported miscommunication due to cultural misunderstanding. One lady gave an example where she had used the word ‘drugs’, meaning prescription medication to describe some tablets she had brought back from Nigeria. As a result of that she was asked to do a urine test and the nurse did not allow her to do the urine sample in private, she was told to leave the door open so she wouldn’t ‘water it down’. The sample came back clear, but it was the terminology she had used that meant the nurse jumped to conclusions.

The need for interpreters to have a basic training of medical terminology or knowledge was discussed at a number of focus groups as the impact of some interpreters paraphrasing or misrepresenting symptoms, could affect diagnosis and care. Medical terminology often doesn't translate well, creating further confusion. This could cause serious health implications, misdiagnosis, or inappropriate treatment.

Another example was given about someone trying to describe a feeling, like an internal itching / uncomfortable feeling. She described it like she had bugs inside her and used her body language to show the health professional, the translator said that the patient was describing experiencing psychosis, and she said that was not what she was describing at all. The translator had made an assumption about her condition and not described the symptoms for the doctor to diagnose.

Linking to the issue of family members being able to translate for patients, on occasions where family members had attended alongside the neutral interpreter, they described the patient using complete sentences to describe their health condition and the interpreter only communicating to the clinician in one or two words which caused concerns about the accuracy of interpretation and strengthening the desire for family members or other advocates to attend as well.

The majority of people who took part in the engagement around BSL translation were of the opinion that if practice staff including reception staff and clinical staff were Deaf aware, most of the issues and barriers that Deaf people face such as, the ability to book appointments and ability to communicate with the practice effectively, would be rectified or be able to be worked around.

Training for primary care staff was also discussed, on how to speak *through* an interpreter most effectively. For example, allowing enough pauses, speaking slowly and ensuring there is enough time in the appointment were cited as being crucial to getting a successful outcome for the patient. People often described the challenges when the interpreter hasn’t been booked for a long enough timeframe, but the clinician has, meaning they must leave part way through an appointment.

4.6 Preferences

When asking people if they preferred interpretation to be face-to-face, over the phone or over video, this was entirely down to their personal preferences. There seemed to be a lack of choice in the format and people told us this was generally decided by the provider (based on availability), not by the patient. There was support for including this element of choice in the booking.

In terms of community languages, telephone interpreters were described as being more

commonly used in GP settings.

Face-to-face interpreters were often preferred for emotional or complex situations, especially by older patients.

> ***"Mine was face to face and needed to be because of what I had. GP asked me what I wanted"***

People often described the value in being able to read body language and describe symptoms physically, which could be seen by the interpreter, and would not be visible over the phone.

A number of Deaf people, mainly of a younger age, valued the ability to have virtual interpretation for their medical appointments. However, the majority of Deaf people who participated shared that they did not want or trust virtual interpretation.

Reasons for this included poor Wi-Fi connection and screen size being too small. Everyone who spoke about virtual interpretation said that the size of the screen is crucial. The screen needs to be large enough for people to see clearly all the *sign space as well as the interpreters' facial expressions, it needs to be light enough on the screen but with no reflection from the room. It needs to be situated directly in front of the Deaf patient.

**(The sign space is the area in front of and around a person where signed communication happens)*

Many Deaf people reported that they are often asked to lipread by medical professionals and that it sometimes gets recorded that they were happy to lipread and understood the conversation, even if this was not the case.

Every Deaf person involved in the engagement told us that they don't fully understand anything by lipreading alone. Most all of the Deaf people who took part in the engagement shared that they have experienced being asked to write or read information during consultations in place of an interpreter. People shared that they struggle with this for several reasons, they have poor literacy skills, and English is their second language so when 'full' English is used they struggle to understand the complexity of the language. This is exacerbated by the use of medical terminology they are unfamiliar with. People felt that if staff were d/Deaf aware, they would understand this.

In relation to keeping a record of who requires an interpreter or using a flag system, interpreter continuity was discussed (using the same interpreter across multiple appointments). This was described as being critical for mental health care, as it was retraumatising for the patient to start from the beginning at each appointment. People felt that if a flag system for interpretation and translation could be used, ideally this would follow patient journeys past primary settings and into secondary care.

Image 6: ESOL Class in Oldham

4.7 Support Wider than the Primary Care Appointment

People's experiences of interpretation and translation services were varied and inequitable, but problems experienced often related to processes or systems, or that wider experience of having the primary care appointment not during the appointment itself. Booking was an issue discussed as above, but people we spoke to also told us improvements could be made with the wider support within healthcare to improve the experiences for people whose first language is not English.

4.8 Written communication

Letters and health leaflets are almost always in English, and most people told us they make use of family or translation apps (e.g. Google Translate) to understand them. The majority of people we engaged with were unaware they could request translated materials.

A small number had seen the information on the back of letters where translated information could be requested. A discussion was had at one focus group about whether this sentence could be the first thing the patient sees, to enable them to be aware they could request it. A colleague in the VCFSE focus group raised a similar point about contacting NHS 111 and at which point the patient can request an interpreter.

"I was just to add as well with NHS111, we had the same issue that when you

call it 111, you've got to navigate the full menu 1st and get through to the agent. But it's like 3, 4 or 5 steps before you can get through to someone and say can I have an interpreter?"

Another discussion was had similarly about the registration forms or health questionnaires. Suggestions were made about including QR codes to webpages, using simplified English in the first instance, and using the flag system mentioned to translate documents by default.

"It's a privacy issue. It's always English but it's not nice for me. I send my daughter a picture and she translates it. Sometimes she struggles to translate the NHS terminology"

Interestingly, there was a strong view expressed that having written information was 'fine', and that people needed to learn what the terminology of conditions or treatments was for pharmacies and treatment plans. One person said she preferred it in English because she needed to learn and to practice her English. A large proportion of people said they didn't mind getting family members to translate the information for them, as letters were commonly shared within the household.

Many Deaf people reported that they often still receive letters and text that ask them to contact their GP practice via telephone which they say they find increasingly frustrating as this often results in them resorting to attending the surgery in person.

4.9 Using Technology

The majority of people we spoke with were confident at using online apps or websites to translate written information for them. The VCFSE organisations also use them to communicate with or support their clients. A suggestion was made about utilising translation technology more within healthcare, due to a lack of staff or interpreters to hand, for places like A&E.

Free translation apps like SayHi and Google Translate are widely used but it was felt they should not be used as a substitute for professionals. Some translating apps can be spoken into and the response is verbally replied which is helpful for languages which are commonly spoken but not written as effectively.

Older or less digitally literate patients told us they find tech-based solutions difficult to navigate, which is why they still felt healthcare staff needed to be adequately trained to provide support.

"Most of the Roma community, the elder don't read and write, don't know how to read and write even in their maternal language, and they don't have computers."

5. Conclusion

To summarise, people want NHS GM to use simpler healthcare language which will make translation of information easier, including written information and during the appointment. For community languages, using the word 'translator' rather than interpreter was deemed easier.

"Yes there are many assumptions that people are literate and in all communities, there are varying levels of literacy."

"Can words be simplified? Because NHS words are not easy"

Work to ensure patients are aware that they can book translators within primary care needs to be improved, especially within dentistry, pharmacy and optometry. This could be done, for example, via posters within primary care spaces, available in different languages.

Communications should be developed to explain more effectively the requirements around having a neutral interpreter at NHS appointments and the attendance of family members. This would potentially reduce the number of cancellations or rescheduled appointments for both the patient and clinician.

Healthcare professionals within primary care need to allow patient choice around their requirements, including language and specific dialects. These preferences should be flagged on the patient record to avoid the process being repetitive. This could follow a patients healthcare journey ensuring it runs smoother.

"Can the interpreter bookings be shown on the MyMFT or NHS apps?"

Training has been highlighted as a key theme. Firstly, training for primary care staff is important around Deaf awareness. Including that lipreading and written 'full' English is not suitable for all in the absence of a BSL interpreter as it is an entirely different skill. What Deaf people say would help, is that all staff who work in primary care have the same level of Deaf awareness.

Training for clinicians around how to communicate effectively through an interpreter would also be beneficial, particularly around accurate pauses and appointment times. A free resource link has been included in the appendices which may be helpful to circulate.

Cultural sensitivity training for the Interpreters and practice staff was commonly mentioned as being crucial for the patient to have a successful outcome from their health appointment. This would reduce misdiagnoses or treatment and ensure the patients feel more confident that they are being listened to. Basic training around healthcare for interpreters would be positive too, as not all medical terminology translates well.

The Deaf people who took part in the engagement were keen that combining arrangements across GM would mean that everyone would have access to the best level of service available. They said it should not mean that some areas would lose services they have previously had access to, such as a video-relay service to contact GP and other primary care services. It was widely agreed that if reception and clinical staff were d/Deaf aware, the majority of issues encountered by Deaf patients would not happen and they would not be expected to 'manage' in a hearing world.

Image 7: Silent Voices focus group

6. Key considerations

Based on this engagement the following key considerations should be considered:

- The development of communications campaigns around the availability of interpretation and translation services in NHS primary care
- The development of communications around the need for a neutral interpreter to safeguard patients
- The acknowledgement of gaps in interpretation services awareness in dentistry and optometry. The wider need for more dentist places could have an influence on this
- When surgery appointments are running late, patients using the services of a communication professional should be seen as near to their timeslot as possible due to the time constraints of their communication support
- The introduction of simple language and plain English in written communications, including putting important information in bullet points (where, date, time, who), whether their interpreter is booked and perhaps the name of the interpreter
- The training need across primary care around d/Deaf awareness, how to best communicate through Interpreters and cultural sensitivities as examples
- Ensure that interpreters/translators have training or knowledge on basic medical

language and terminology to support the appointments

- That the Accessible Information Standard is being followed by primary care services
- For virtual interpretation to be of value, Wi-Fi connections need to be sufficiently strong, and the size of the screen needs to be large enough that the patient can clearly understand
- Improving patient choice around the method of interpretation (virtual or face to face) and which language or dialect

7. Acknowledgements

The NHS GM Engagement team would like to extend a note of thanks to the organisations who worked with us on this Interpretation and Translation services project, as well as those who contributed through online surveys. We would not have been able to engage directly with the number of people in Greater Manchester on this topic without the openness and enthusiasm of the following organisations:

- Bolton Deaf society
- BRASS, Bolton
- Bury Deaf Club
- Bury Deaf Network
- Coldhurst Centre, Oldham
- Community Health Equity Manchester and attendees of the VCSFE Focus Group
- Debutterfly CIC
- Healthwatch's across Greater Manchester
- Kashmir Youth Project
- Number One Riverside reception team
- Oldham Engagement and Insight Network
- Oldham Integrated Care Centre
- Salford Deaf Gathering
- SAWN, Oldham
- Silent Voices
- Stockport Deaf Club
- SWAP, Wigan
- Tameside Adult Safeguarding Board
- Trafford Deaf Network
- Werneth Centre, Oldham
- Yemmini Centre, Salford

8. Appendices

Interpretation and Translation Review

Engagement with British Sign Language (BSL) Users

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1. Introduction and Background

Historically, with any engagement with the *Deaf community or BSL users, the insight gathered has highlighted issues with booking, receiving and the standard of BSL interpretation.
**(Deaf, using 'D' signifies a person who is culturally Deaf or a Deaf BSL user)*
It has also shown that due to the nature of the Deaf communities communication needs, the services they receive are generally not equitable with those received by hearing patients.

2. Aims

The aim of the engagement with the Deaf community was to check the insight previously gathered with peoples' current experiences to understand what is working and not working for people who use BSL interpretation to access primary care.

3. Approach

Members of the engagement team attended Deaf clubs and organisations across Greater Manchester using the opportunity to find out what is most important to Deaf people when they are using interpreters and sense-checking this against previous feedback.

Members of the engagement team have also conducted 1-1 conversations with BSL interpreters. Deaf support or advocacy workers have also contributed.

This is what Deaf BSL users have already told us about BSL interpretation for medical appointments:

- ✓ **Booking a GP appointment** – You have to book GP appointments in person to request a BSL interpreter.

- ✓ **Lack of Deaf awareness** – Staff at GP practises and other primary care services are not Deaf aware.
- ✓ **Communication without an interpreter** - Not having a BSL interpreter at an appointment leads to mistakes in diagnosis and understanding, make it necessary for repeat appointments and caused unnecessary stress and anxiety for patients.
- ✓ **Qualified interpreters** – It is important that BSL interpreters are qualified when in medical appointments.
- ✓ **Lack of control** – Feeling a lack of control over whether there is a BSL interpreter or not and who that interpreter is.
- ✓ **Gender** - It is extremely important to patients that the interpreter is of the appropriate gender, especially if the appointment is of a sensitive or personal nature.
- ✓ **Family and friends** - The NHS is clear that family and friends are not to act as interpreters for medical appointments, some patients preferring family members or friends to act as interpreters on their behalf and some say this is not acceptable. Staff do still ask for family and friends to interpret.
- ✓ **The Professionalism of the Interpreter** – The relationship between Deaf person and interpreter is important. BSL interpreters should be professional, trustworthy, there on time and for the whole appointment.
- ✓ **Remote on screen interpreter** – Some Deaf people are happy with remote interpretation via technology and some Deaf people only want face to face interpretation for medical appointments. Most Deaf people agree that for an emergency, remote interpretation would be acceptable to them.

4. Key themes

117 Deaf BSL users and 8 professionals including BSL interpreters and Deaf support workers took part in and contributed to the engagement regarding interpretation services for primary care. Using previous engagement as a starting point the following key themes emerged.

Any quotes used in the report are written in English translated from British Sign Language.

4.1 Lack of Deaf awareness

The majority of people who took part in the engagement were of the opinion that if practice staff including reception staff and clinical staff were Deaf aware, the majority of the issues and barriers that Deaf people face such as, the ability to book appointments and ability to communicate with the practice effectively, would be rectified or be able to be worked around.

4.2 Accessible Information Standard

The Accessible Information Standard came into being in 2016. It gave people hope that the issues they have faced in the past would be rectified and their communication needs would be met by NHS services. Unfortunately, 9 years on, people are reporting that they see no difference to the access they have to services. Many people are finding that their being Deaf is not flagged on systems and little effort is made to record or meet their communication

needs.

4.3 The need for flexibility

Systems of booking appointments and communicating with the practice are often rigid and have little flexibility to allow for individual communication needs.

This is also the case when booking appointments where a BSL interpreter is required. Interpretation providers and preferred interpreters are not included in appointment scheduling. Appointments are made without discussion with language professionals which result in cancellations, often at the last minute when it is disclosed by the agency that no interpreters are available.

4.4 Virtual interpretation

A number of Deaf people, mainly of a younger age, valued the ability to have virtual interpretation for their medical appointments. However, the majority of Deaf people shared they did not want or trust virtual interpretation. This was for several reasons, poor Wi-Fi connection and screen size being too small, being the two main issues.

4.5 Contacting the practice

Many Deaf people shared that their only means of contacting the GP practice is to attend in person. People feel that this is their only option for booking appointments or requesting interpreters as other available means are not accessible to them.

4.6 People asked to manage without interpreter

Several people shared experiences of being asked to manage without a BSL interpreter. This happens when an interpreter is not found to be available or not requested. People are asked if they can lipread or write things down during an appointment. Some people said that they are still, on occasion, asked for a family member to interpret.

4.7 The impact of one arrangement for interpretation services in Greater Manchester

The majority of people hoped that having one arrangement for BSL interpretation across Greater Manchester would improve services as it would be fairer. All Deaf people would receive the same standard of service across the boroughs instead of some getting a better service than others.

However, a number of Deaf people raised some concerns about there only being one arrangement for interpretation services across Greater Manchester.

5. What people want from a service

5.1 Lack of Deaf awareness

5.1.1 Mandatory Training

Deaf people would like to see annual mandatory *d/Deaf awareness training throughout primary care. Those that shared their good experiences of accessing GP practices and interpreter services shared that this was due to particular members of staff who knew them and who were d/Deaf aware. Piecemeal d/Deaf awareness training was deemed not to be sufficient as staff move on.

(d/Deaf is the term used to describe all people who live with some form of hearing loss from hard of hearing to profoundly deaf and Deaf BSL users)

5.1.2 Specific staff dependent service

Many people who shared that their experience of accessing GP services and having BSL interpreters present for appointments was due to specific staff and clinicians who were d/Deaf aware.

"Now I have changed doctors they don't know me and I have to explain every time and they don't understand that I need an interpreter."

Deaf people shared that staff who are d/Deaf aware and understand the barriers that Deaf people face, are more helpful and supportive making their GP experiences better. However, when the staff concerned move on, all the same issues re-emerge.

What Deaf people say would help, is that all staff who work in primary care have the same level of Deaf awareness and that any reasonable adjustments made to reduce the barriers they face are properly recorded and become the norm rather than the exception.

5.2 Accessible Information Standard

5.2.1 Disappointment

There is a general feeling of disappointment that the Accessible Information Standard is not followed as a matter of course.

Many Deaf people shared that they still have to request a BSL interpreter but feel that this should happen automatically when an appointment is booked. A few shared that this is the case for them because the staff understand and are d/Deaf aware. Both d/Deaf service users and primary care staff need clear, accessible ways to report when interpreting provision is working well or failing.

The majority of Deaf people reported that they often still receive letters and text that ask them to contact their GP practice via telephone which they say they find increasingly frustrating as this often results in them having to visit the surgery in person.

5.2.2 Implementation of Accessible Information Standard

People want the fact they are Deaf, flagged on the system so that everyone who works at the practice can see that they are Deaf and what their communication need is. Any contact should be via the appropriate communication style.
The flag should ensure:

- Staff know what style of communication professional is required.
- To book the appropriate communication professional automatically at the time the appointment is made.
- That Deaf people are not requested to telephone the practice but contacted via their preferred method.

"Being Deaf should be flagged on the system but it is not, what happened to the Information standard, we were promised that we would have our communication needs met but we are not."

The majority of Deaf people agreed that for simple situations such as a blood test, as long as staff were deaf aware there would be no need to book a communication professional. Many citing that they understood that interpretation is expensive, and they do not wish to cost the NHS more money than is necessary.

Where possible, language and dialect should be recorded on the interpretation request to ensure patients can understand their interpreter.

5.3 The need for flexibility

5.3.1 Inflexible systems

Many Deaf people have shared experiences of the inflexibility of systems at GP practices. People are asked to use online services when they struggle to read and understand 'full' English.
People are told that their family members are not able to telephone on their behalf, but they are not offered an alternative method of communication.

This results in people having to attend the practice in person. However, some people have been asked not to do this and have been directed to the online booking system.

An accessible means of booking appointments and contacting the practice should be available. Sign relay and a text number were both mentioned as alternatives.

5.3.2 Appointment times

When a patient is reliant on the services of a communication professional it is important that their appointment falls within the time that the communication professional is booked for.

When appointments are running late the Deaf patients and their interpreter are often expected to wait to be seen in turn, even when this means the allotted time available to the interpreter has passed and they must leave before the appointment has taken place. This then results in cancellations or unproductive appointments that require re booking, increasing

the cost to the NHS.

When surgery appointments are running late, patients using the services of a communication professional should be seen as near to their timeslot as possible due to the time constraints of their communication support. Whilst this at times will mean that Deaf patients are seen ahead of hearing patients in the waiting room, it will still allow the service to be more equitable.

5.3.3 Gender

It was important to many of the people who contributed to the engagement that they are able to request the gender of their interpreter for a medical appointment for reasons of dignity. This did not apply to dentists or optician appointments to people who took part but it may be important to others for religious or cultural reasons.

5.3.4 Preferred interpreter

People also felt that the system should be more flexible to allow them to have their preferred interpreter even if they are not registered with the contracted interpreter agency. People do not understand that if they have an interpreter who is available, the practice still say they can't be used because they can't be paid for.

5.3.5 Continuity

Many Deaf people felt that for GP appointments, if they could see the same GP each time it would support their communication during appointments. They would develop a shared understanding of each other's communication; this would help prevent assumptions being made and misunderstandings going unchecked.

Communication and rapport can also be achieved with continuity of communication professionals for medical appointments. It was understood that it would not always be possible to have the same BSL interpreter, however people did feel they should be able to refuse the services of an interpreter they did not feel comfortable with. This could be for reasons of gender, signing dialect, signing style or personality.

5.3.6 Qualified Communication Professionals

The majority of people who took part in the engagement, agreed that for medical appointments it was important that the communication professional was fully qualified (had a yellow badge). Several people shared experiences of when the person assigned to interpret for them had been a student interpreter or not been an interpreter at all but only had a low level qualification, as low as level 2 BSL in one instance.

"I went to an appointment and the interpreter was level 3, level 3! that is no good for something like a medical appointment."

5.4 Virtual interpretation

The majority of Deaf BSL users, particularly those who were older, shared they did not want virtual interpretation, but they wanted a face-to-face interpreter. This appears to be mainly

due to dissatisfaction with the standard of virtual interpretation for a number of reasons;

- Poor Wi-Fi connection
- Size of the screen
- Distrust of confidentiality
- Locality of the interpreter (regional signs)

It was widely agreed that in an emergency situation having access to virtual interpretation was acceptable.

5.4.1 Wi-Fi connection

One of the main reasons that people are uncomfortable with using virtual interpretation is the poor Wi-Fi or broadband connections people have experienced. The interpreter freezing and running behind or jumping makes following their signing difficult and disjointed. This results in people leaving their appointment without fully understanding therefore not getting the information they should have received.

People ask that if they are expected to use virtual interpretation, the broadband or Wi-fi should be suitable for the task.

"I thought, great! the interpreter is here. Then I saw she was holding a mobile phone, it was a nurse with a mobile phone in her hand. It was a tiny screen, it kept freezing and cutting out. We kept getting moved round the room to find the best signal."

5.4.2 Screen

People shared their experiences of using virtual interpretation for a medical appointment on a smart phone screen. They explained that the small screen is difficult to see due to its size.

Everyone who spoke about virtual interpretation said that the size of the screen is crucial. The screen needs to be large enough for people to see clearly all of the *sign space as well as the interpreters facial expressions, it needs to be light enough on the screen but with no reflection from the room. It needs to be situated directly in front of the Deaf patient.

**(The sign space is the area in front of and around a person where signed communication happens)*

5.4.3 Confidentiality

A few people have concerns about the confidentiality of a virtual interpreter. People commented that they didn't know who else was in the room with a virtual interpreter. People also shared concerns that they may be focused on other things, such as children or pets.

5.4.4 Regionally appropriate

It is recognised that using virtual interpretation means that they have access to a larger pool of BSL interpreters. However, this also raised concerns about the interpreter using regionally appropriate signs as BSL has regional dialects that some find difficult to understand.

5.4.5 Emergency Interpretation

Everyone agreed that virtual interpretation was acceptable in an emergency situation, such an urgent, same day, medical appointment or a visit to A&E.

A few, mainly younger people were happy to use virtual interpretation for standard medical appointments.

5.5 Contacting the practice

5.5.1 Barriers

Deaf people described several barriers to contacting their GP practice.

- People are asked to telephone the practice
- Some are told that family members are not allowed to phone on their behalf
- People are directed to the website which is in 'full' English
- People are sent text but unable to reply
- Only some areas of GM have access to sign relay

"My GP practice won't let me book an appointment face to face, receptionist says I have to go online to do it, I can't do on line so I can't have a GP appointment."

5.5.2 Text number

The majority of people who participated said they would like their GP practice to have a text number that they can contact them on, and the practice can use to contact them.

It was important that any text number was constantly monitored in the same way that the telephones are and that if someone does text the practice they are replied to in a timely fashion.

5.5.3 Sign relay service

There are some localities where Deaf patients have access to a free sign relay service to contact their GP practice, in other areas if a person wishes to use sign relay they must pay themselves as it is not commissioned.

"I think it is a good idea that everywhere is the same especially if it means that everywhere gets access to sign relay like they do in Salford, it's not fair that in Trafford we have to pay if we want to use it."

5.5.4 Calls by family members

Several people shared that they always asked a family member to call the practice on their behalf to book appointments.

However, a small number of people said that their GP practice do not allow family members to call on their behalf due to patient confidentiality and safeguarding issues. People understood why family members were not permitted to interpret on their behalf but felt that

not being able to telephone to book an appointment for them was too restrictive. The result being that some Deaf patients are having to wait over a week before they can ask professional support staff to call on their behalf, causing further unnecessary delay for medical appointments.

5.6 People asked to manage without interpreter

5.6.1 Asked to lipread

Many Deaf people report that they are often asked to lipread by medical professionals and it sometimes gets recorded that they were happy to lipread and understood the conversation. Every Deaf person involved in the engagement said that they don't fully understand anything by lipreading alone.

It was suggested during the engagement that incidents of people being asked to lipread has increased since a TV drama depicting lipreading being used by the police. If staff were d/Deaf aware they would understand that less than 30% of the English language can be understood via lipreading alone, this is why people whose main form of communication is lipreading use a *'lipspeaker' for interpretation purposes.

"Since the Rosie Ayling-Ellis drama people just think lipreading is easy and that people can pick up all the information from lip reading but it just isn't true."

*(*A 'Lipspeaker' is a hearing person who has been professionally trained to be easy to lipread. Lipspeakers reproduce clearly the shapes of the words and the natural rhythm and stress used by the speaker. They also use facial expression, gesture and, if requested, finger spelling, to aid the lipreader's understanding. Some lipspeakers can also use BSL and Sign Supported English.)*

5.6.2 Asked to write things down

Almost all the Deaf people who took part in the engagement shared they have experienced being asked to write or read information during consultations in place of an interpreter.

People shared that they struggle with this for several reasons, they have poor literacy skills, English is their second language so when 'full' English is used they struggle to understand the complexity of the language and that during consultations medical words are used that they have no knowledge or understanding of. Again, it was highlighted that if staff were d/Deaf aware they would understand this.

5.6.3 Family members asked to interpret

Although no longer as common, Deaf people said they are still sometimes asked if a family member can interpret on their behalf when an interpreter is not available.

Some, usually older, Deaf people say they prefer a family member to support them. However, rather than interpret, they want the family member present. This is for reasons, to support them, to ensure they understand what they are told and also to ensure that what is interpreted is accurate to what the clinician has said.

5.6.4 Stress and anxiety

A large number of Deaf people shared how issues with around needing an interpreter for medical appointments caused a great deal of stress and anxiety. The biggest cause of this is whether or not an interpreter will be there.

"I had to go for a check up at the GP but because the interpreter hadn't arrived, I kept looking and looking every time someone walked in, my heart rate was up and my blood pressure was high."

Misunderstandings of whether an interpreter has been booked or requested can cause patients to believe that a booked interpreter has not turned up, when the likely cause is that a requested interpreter was not found so no booking was made.

5.7 The impact of one arrangement for Greater Manchester

5.7.1 Equal service across Greater Manchester

The majority of people involved in the engagement agreed that all areas of Greater Manchester should receive the same level of interpretation service to access primary care and that the same system of booking and managing interpretation services should be being used by all staff. It is hoped that this would mean that all staff would know about and understand the need for and how to book interpreters.

5.7.2 Service improvement

The Deaf people who took part in the engagement were keen that the combining of arrangements across GM would mean that everyone would have access to the best level of service available and not that some areas would lose services they have previously had access to, such as a video-relay service to contact GP and other primary care services. Deaf people must be able to request access to health services directly in BSL, without relying on hearing intermediaries.

5.7.3 Number of available BSL interpreters

A concern that was raised on several occasions was that if there is only one agency being used to book BSL interpreters would they have enough interpreters on their books to provide the interpretation services necessary.

There was also concern that interpreters would be required to travel further across GM resulting in more travel time and less time for interpretation.

5.7.4 Deaf organisations

There was a suggestion that any contract to provide BSL interpretation across Greater Manchester should be with or involve a Deaf support charity. The reasons given for this were:

- Greater understanding of Deaf culture and Deaf issues

- Any profit goes back into the charity concerned. This enables the Deaf support charity to provide services to the Deaf community that fill the gaps not provided by services by local authorities and NHS organisations.

6. Additional insight

During the engagement for Interpretation and Translation for primary care people shared other insight that they believe NHS services should know.

6.1 Interpretation for Hospital services

Deaf people have many of the same issues with hospital appointments as they do with GP appointments.

- Anxiety over interpreters being booked or not
- Their Deafness not flagged on the system
- No means of contacting to ask for interpreter

It was shared by a participant at one of the sessions that Deaf people have been working with the Northern Care Alliance to improve access for Deaf people.

a. Letters
People shared the difficulty they have understanding medical letters that they receive from both primary and secondary care services for the following reasons:
   - Written in 'full' English
   - Too much information
   - Medical words people don't understand
   - Doesn't tell us about interpreter

What people would like in their medical letters is:
   - Plain English
   - Important information in bullet points (for appointments, where, date, time, who)
   - Say that interpreter is booked
   - Give name of interpreter

b. Greater Manchester Deaf Hub
The was a suggestion that what Deaf people need is a GM wide Deaf Hub, whether that is a physical space or a GM wide team that Deaf people can contact or attend to get help and support on all health and care related matters, no matter where they live in Greater Manchester.

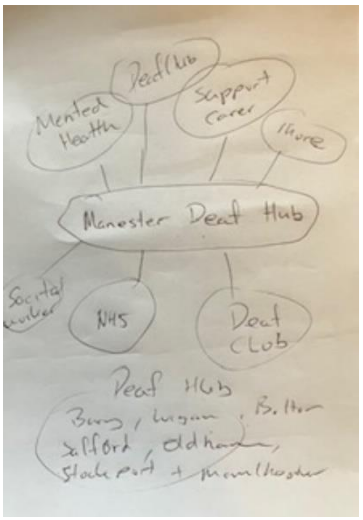

Image 8: *A diagram showing what they believe a GM wide Deaf hub should look like was drawn by a Participant from Bury.*

c. GP and NHS Apps

Some people shared that they had the GP or NHS Apps but they did not understand them, they found them too complicated.

There was a suggestion that there should be training for Deaf people on how to use the Apps.

'Instead of just saying 'use the App' show us how to do, help us understand what we need to do.'

7. Key considerations

7.1 Awareness of Deaf Culture

It is clear from the engagement that more understanding of Deaf culture and the barriers that Deaf people face accessing services will improve the experience of Deaf people, but it is recognised in this report that this may not be in the gift of the Interpretation and Translation contract team to implement this.

It is important however, that primary care staff are aware of how to book BSL interpretation in a timely fashion and what virtual interpretation is available if face to face engagement is not possible.

7.2 Flexibility of systems

Flexibility of systems is a key aspect of improving access to interpretation services for Deaf BSL users.

7.3 Patient Choice

The choice between face to face and virtual interpretation should be that of the Deaf patient. However, access to a good Wi-Fi or broadband signal and a suitable sized screen (not a mobile phone) should be available if virtual interpretation is to be offered.

If an emergency appointment is required, it should be made clear to the patient that to accommodate this it is more likely that virtual interpretation will be the only available option.

7.4 Representation

The engagement targeted Deaf BSL users who frequently use BSL interpretation to access primary care services, the engagement did not target people who require the services of a deaf/blind guide communicator or a lipspeaker. It can be assumed that much of the information gathered could also apply to these cohorts of patients too, it is important to understand that the numbers of communication professionals with these skills and qualifications are limited.

8. Conclusion

It was clear from the engagement that the biggest barrier to access primary care, faced by Deaf BSL users is the lack of d/Deaf awareness by staff. It was widely agreed that if reception and clinical staff were d/Deaf aware the majority of issues encountered by Deaf patients would not happen:

- Their communication needs would be understood and reasonable adjustments would be made.
- Their lack of understanding of 'full' English would be recognised.
- They would not have to explain that they are Deaf and what that means at every contact.
- They would not be expected to 'manage' in a hearing world.

While people were comfortable with the idea of services being commissioned across GM they were keen that this meant that everyone received the highest level of service currently available and not that some areas would lose aspects of their current provision.

The key conclusions from the engagement are:

- Primary care services should be d/Deaf aware and have access to annual d/Deaf awareness training.
- The Accessible Information Standard should be being followed by primary care services.
- Systems should have the flexibility to ensure that Deaf patients receive the communication they need to have an equitable service to hearing people.
- For virtual interpretation to be of value, Wi-Fi connections need to be sufficiently strong, and the size of the screen needs to be large enough that the Deaf person can see the whole of the sign space easily.
- The use of virtual or face to face interpretation should be the choice of the Deaf patient unless it is an emergency appointment.
- The inability to find and book a BSL interpreter should be declared in advance of any appointment. This would give the opportunity to agree whether the appointment is rearranged, or a virtual interpreter is booked instead.

Appendix b) TS4SE Training Toolkit – Module 2 Communications Skills

The toolkit quoted in the above report around communicating using Interpreters which might be helpful for healthcare colleagues

- https://ts4se.org.uk/index.php/training-toolkit/module2-communication-skills