NHS
Greater Manchester

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Interpretation and Translation Services at NHS Primary Care Appointments

Engagement Report August 2025

Introduction and Background

Between April and July 2025, the NHS Greater Manchester (NHS GM) engagement team spoke to people who use the interpretation and translation services for GP, dentist, pharmacists and optician appointments.

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These were people who speak languages other than English and people who use British Sign Language (BSL).

Why we wanted to speak to people

NHS Greater Manchester

NHS Greater Manchester wanted to know:

- If people know they can have an interpreter
- How easy it is to get an interpreter who spoke the right language?
- If their experiences were good or bad?
- What would make things better?
- What languages people speak in Greater Manchester?
- Do people get written information they can understand?

With the Deaf community we needed to check if what people had already told us was still right

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We wanted to make sure that the voices of people who use interpreters was heard.

How we listened to people

We worked with community organisations supporting people who speak other languages or use BSL.

We visited English classes for speakers of other Languages.

We visited Deaf clubs across Greater Manchester to get the views of Deaf BSL users and check what people had told us before.

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There was an online survey. We shared the QR code and paper copies when we were at engagement events.

We held an online focus group for community organisations who support people who speak other languages or use BSL.

There was engagement on social media.

We spoke with 418 people.

We visited all 10 Greater Manchester localities.

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We spoke to people who spoke 27 different community languages and BSL.

At each session we had interpreters, or some groups were supported with by their organisations.

People at the ESOL classes were able to practice their English.

We spoke with people who were different ages. We spoke to people who have learnt English and help their family who have not learnt English.

What people told us

People all had very different needs, but everyone was thankful when they had an interpreter at their appointment.

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Deaf people said waiting to know if you had an interpreter was very stressful.

Deaf people said GP systems are not flexible, and people are often told to go online.

People told us family members are not allowed to telephone for them, but they are not given a different way to communicate.

This means some people are having to go to the practice in person. Some people are asked not to in person.

Some people didn't know that they could have an interpreter. Some people have family interpret for them. NHS services all need to follow the same rules of having an independent interpreter.

People said that the NHS needs to use plain English when speaking and in writing.

Some people may need deaf/blind communicators or lip speakers, do the NHS know how many of these are available?

Common Themes

Access to Interpreters

Peoples experiences of using interpreters across Greater Manchester is very different.

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There was a lack of interpreters in hospitals and for emergencies. Many people said they didn't get offered an interpreter at dental or optician appointments.

During the focus group, people were asked to rate how reliable the interpreter services were. The average score was 5.1 out of 10.

Deaf people 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 appointments.

Professional Interpretation

When health services don't use professional interpreters, people may not be understood by the doctor. Some people feel that they have no dignity or privacy, if family have to come instead.

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People understood why family members were not allowed to interpret for them but not why family members can't phone the practice for them to make appointments. Deaf people felt this causes delays.

Barriers when booking

Many people including Deaf people told us they their communication needs are not recorded on patient records which means they have to keep asking for interpreters.

People said the Accessible Information Standard is not being followed.

People told us staff said their English was 'good enough' and that they didn't need an interpreter. This means people often didn't understand their appointment or health care advice.

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Booking systems do not allow for individual communication needs.

People said there is no interpreter at the pharmacy, so no one explains their medication to them.

The right interpreter

Whilst most interpreters where good sometimes the interpreter had the wrong accent or dialect.

Several Deaf people said they are asked to ‘manage’ without a BSL interpreter by lip reading or writing things down.

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It is important that people can choose the gender of their interpreter.

Training

Healthcare staff need training in cultural awareness and Deaf awareness.

Interpreters need to have a basic training of medical terminology to avoid misunderstandings.

When patients have had a family member at the appointment, they have noticed that interpreter does not always fully interpret what the person has said.

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People said that there should be training for staff on how to communicate through an interpreter at appointments.

Preferences

Patients want to choose if they have face to face or virtual interpreters.

Many people prefer face to face interpreters for both community languages and BSL.

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Deaf people don't like virtual interpretation because of poor Wi-Fi connection and screen size being too small.

Many Deaf people said they are often asked to lipread at appointments. It sometimes gets recorded that they were happy to lipread and understood the conversation, even when this not true.

Deaf people said that they are sometimes asked to write things down and read information. This is not good as many Deaf people struggle with reading and writing.

Many people said it was good to have the same interpreter for all their medical appointments, especially for mental health.

Support wider than the primary care appointment

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Things could be made better to support people whose first language is not English in all aspects of health care.

Written communications

Letters, forms and health leaflets are almost always in English.

Not everyone knew they could ask for letters to be translated into their language.

Many people who spoke community languages said they didn't mind family translating letters for them and some said it helped them learn English.

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Many Deaf people said they still get letters and text that ask them to contact their GP practice via telephone.

Using technology

Many people were confident at using apps or websites to translate written information for them.

Apps can be good but should not be used instead of professionals.

Many patients find technology difficult. They felt healthcare staff need to be trained to support people.

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What do we know now

People want NHS GM to use simpler healthcare words which will make translation of information easier.

NHS GM should work to let patients know they can book interpreters for their GP, dentist, pharmacy and optician appointments.

Patients should be able to make choices around their communication needs. This should be shown on the computer system.

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Deaf awareness training is important for all health care staff so Deaf people don't have to rely on individual staff to understand their needs.

Training for clinical staff on how to work with interpreters would help everyone.

Cultural sensitivity training for the interpreters and practice staff was mentioned by patients who don't speak English as their first language.

The Deaf people who took part thought that having the same arrangements across GM would mean that everyone would have access to the best level of service available.

It should not mean that some areas lose services they have, such as a video-relay service to contact GP and other services but other areas gain access.

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Important things to think about

Share information about interpreters with staff.

Share the reasons it is important to have qualified interpreters with staff.

Agree that there are gaps in awareness of interpretation services for dentists and opticians.

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When surgery appointments are running late, patients using a communication professional should be seen at the time that the interpreter is booked for.

Use simple language and plain English in letters and information including if an interpreter is booked and the name of the interpreter.

Training that is needed across services around d/Deaf awareness, communicating through an interpreter and cultural awareness.

Interpreters should have training on basic medical words to support in appointments.

Accessible Information Standard

Services should follow the Accessible Information Standard

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For virtual appointments, Wi-Fi connections need to be strong enough, and the size of the screen needs to be large enough that the patient can clearly see.

Choice about how patients want to use interpreters should be improved.