

**Introduction**

Across West Yorkshire we are committed to starting with what we already know about people’s needs, preferences and experiences. There are several different projects underway to provide our staff, and our wider health and care partnerships, with existing intelligence about what matters to local people. One of these projects involves writing insight reports.

An insight report brings together intelligence about people’s experiences on one specific topic. This is done by reviewing local involvement documents and public feedback to understand key themes. Insight reports also help us understand gaps in our knowledge and explores the experiences of people facing the greatest health inequalities.

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# **Insight Report: Commissioning Interpretation Services across West Yorkshire**

Understanding the experiences, needs and preferences of patients and carers accessing interpretation services across West Yorkshire.

January 2024 V2.0

## **What is the purpose of this report?**

Patients should be able to access primary care services in a way that ensures their language and communication requirements do not prevent them receiving the same quality of healthcare as others. Ensuring high quality provision of spoken and non-spoken interpretation services within Primary Care has always been a commissioning requirement for place-based Integrated Care Boards (ICBs and previously CCGs) both nationally and across West Yorkshire.

For the purposes of this paper, “interpretation services” includes both language translation and British Sign Language (BSL) and Deafblind interpretation services.

This insight report seeks to understand the experiences of people using language and BSL translation services across West Yorkshire. It pulls together insight about people’s needs and preferences. It aims to highlight common themes and gaps in our understanding.

Specifically, this report:

* Sets out sources of insight that relates to this population
* Summarises the key experience themes for this population

This report is written by the [Leeds Health and Care Partnership](https://www.healthandcareleeds.org/about/) with the support of our West Yorkshire Involvement and Equality colleagues. It is intended to support organisations across West Yorkshire to put people’s voice at the heart of decision-making. It is a public document that will be of interest to third sector organisations, care services and people with experience of interpretation services. The paper is a review of existing insight and is not an academic research study.

We work with our partners across West Yorkshire to identify common patient experience themes over the last few years from across all public and third sector organisations. This insight is taken from individual involvement activities and partnership work.

**What are the key themes identified by the report?**

The insight review highlights several key themes:

* People tell us that the local community’s languages should be adequately provided for with phone interpreters. Ensuring that interpreters are available during the actual appointment but also consider how patients with language needs make appointments.
* People tell us we need to be aware of dialects of different languages and to ensure the correct dialect is chosen.
* People tell us training for reception staff is important to ensure they inform patients about the service and to ask people whether they would like an interpreter when they are making an appointment.
* People tell us that publicity in GP surgeries needs to be better, advertising that people can access an interpreter. There is still confusion over whose responsibility it is to book an interpreter.
* People tell us they need two appointments in one so that the time taken to go back and forth between a translator is not as much of an issue.
* People tell us the interpreter needs to be aware of other needs of the patient eg, awareness of cultural groups, religious, LGBT+, gender etc.
* People tell us that we need to support greater use of digital technology but ensure that patients are offered a choice.
* People tell us they would like an option to create an audio recording for feedback
* People tell us that they expect interpreters to be available on the same day or for urgent appointments.
* People tell us that communication needs to be accessible, and the complaints process should be clear to patients and to carers.
* People tell us they want simpler systems for booking interpreters.
* People tell us there are delays to treatment due to a lack of BSL interpreters.
* People tell us that the information technology system needs to record and flag patients’ communication needs.
* People tell us that the quality of professional interpreters used is important and that this is consistent – BSL and language interpreters to be specialised and trained in medical terminology

## **Insight review**

We are committed to starting with what we already know about people’s experiences, needs and preferences. This section of the report outlines insight work undertaken over the last few years and highlights key themes identified.

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| --- | --- | --- | --- | --- |
| **Source** | **Publication** | **No of participants and demographics** | **Date** | **Key themes relating to primary care access** |
| Asylum Seekers Support Network**Leeds** | [Primary care translation service user experiences\_migrants.docx](Primary%20care%20translation%20service%20user%20experiences_migrants.docx) | Workshop with the migrant community | July 2024 | * Health care professionals not to use family and friends to interpret.
* Regular evaluation of the provider’s performance.
* Timeliness of arranging an interpreter.
* Record the ethnicity of patients together with cultural preferences.
* Medical documents should be translated into native language to avoid misunderstandings.
* Provide an option to create an audio recording of feedback for people with low levels of language.
* Gender specific interpreters as an option when necessary.
* Complaints process to be clear.
* Interpreters to undergo medical terminology training.
* Improve the IT system to record patients’ communication needs
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| RomaMental Health & WellbeingPublic Health**Leeds** | [Roma HNA Report (leeds.gov.uk)](https://observatory.leeds.gov.uk/wp-content/uploads/2024/02/Roma-Mental-Health-Needs-Assessment.pdf) | Roma community1) Focus Groups2) GP records and 2021 UK Census Data3) Stakeholder Interviews | 2023 | * Local healthcare and council services should regularly record and evaluate the availability and usage of interpreters in practice. Any new translation and advocacy services should meet the needs of the Roma community.
* Avoid using family members or friends as interpreters, and services should record when they are used. Children should not be used as interpreters.
* Written communication from services should be supported by spoken communication where possible. Where not possible, language should be translated in clear and simple terms.
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| Listen in, so what?Thinking together about the future of general practice**Bradford District & Craven** | [Document template (bdcpartnership.co.uk)](https://bdcpartnership.co.uk/wp-content/uploads/2023/10/Listen_in_So_What_Playback.pdf) | Deliberative event – 120 people took part  | Oct 2023 | * People have an even harder time accessing GP services if they are unfamiliar with the NHS, speak English as a second language, or have disabilities.
* Using BSL interpretation online to ensure equal access
 |
| Listen In Bradford East**Bradford District & Craven** | [Client name (ehq-production-europe.s3.eu-west-1.amazonaws.com)](https://ehq-production-europe.s3.eu-west-1.amazonaws.com/a367d1b1dfaca5f70f3110c331c9c42afdbcc38c/original/1689849971/c397513cab6867378c7ad519921d75c5_Bradford_East_Final_report.pdf?X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=AKIA4KKNQAKICO37GBEP%2F20240910%2Feu-west-1%2Fs3%2Faws4_request&X-Amz-Date=20240910T132942Z&X-Amz-Expires=300&X-Amz-SignedHeaders=host&X-Amz-Signature=90cbbc9aa61fd6a3bb4cc822fda0776e4e853d8b2cc59340b7df9f3bb0fe2e5a) | 26 colleagues from BDCHCP had community conversations20 visits to local community groups | June 2023 | * Improve access to care, particularly prominent in certain communities, which lack support or adjustments for different languages, disabilities, and various situations.
* Low awareness of options regarding health – It appeared that many Bradford East residents had a limited understanding of their options regarding booking online, extended hours, or where to go in urgent but non-emergency situations. This was compounded by lack of digital confidence and English skills, making the whole appointment system ever more confusing for some people.
* Some communities struggled with language barriers when it came to booking and attending health appointments. Many relied on family members, which sometimes worked and sometimes felt uncomfortable, as people did not always want to disclose their private health symptoms to their children, for example. It is important to note that people who speak English may not read it, and that ideally information should be sent out in accessible formats according to patient preference.
* If GP’s collect communication preferences, then it is important to honour them and take time to understand how that patient can best communicate, otherwise the interaction does not solve the health issue or the patient is left feeling frustrated or upset
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| Listen InBradford West**Bradford District & Craven** | [Client name (ehq-production-europe.s3.eu-west-1.amazonaws.com)](https://ehq-production-europe.s3.eu-west-1.amazonaws.com/d3ae8793c48eee3c3c17a5a481d1310e17fce74a/original/1683629918/b6862b4d6116d9e1c6b912254542f05d_Listen_in_Bradford_West_-_Final_report.pdf?X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=AKIA4KKNQAKICO37GBEP%2F20240910%2Feu-west-1%2Fs3%2Faws4_request&X-Amz-Date=20240910T131631Z&X-Amz-Expires=300&X-Amz-SignedHeaders=host&X-Amz-Signature=2352611df5947a5c15b4bd0c006cdce2a0cbc8f214f61af861093f8c89cb3477) | 22 colleagues from BDCHCP had community conversations20 visits to local community groups and a stall all week in Oastler Market | March- April 2023 | * Difficult access to primary care disproportionately affects those with communication barriers (e.g. language, disability) and some people have ‘given up’ on seeking care when they need it.
* Residents from all types of backgrounds also described a lack of communication support for different languages, disabilities, and situations.
* Additional communication needs – not enough steps are taken to provide information in languages or formats that work for different communities (community languages, BSL, not written for those with e.g. dyslexia or low literacy)
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| Listen in Keighley **Bradford District & Craven** | [Client name (ehq-production-europe.s3.eu-west-1.amazonaws.com)](https://ehq-production-europe.s3.eu-west-1.amazonaws.com/b56ba633d2676cdcdfa0927617b179d464560b46/original/1678881914/fd77db979dc63b661840fc5951069007_Listen_in_Keighley_final_March2023.pdf?X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=AKIA4KKNQAKICO37GBEP%2F20240910%2Feu-west-1%2Fs3%2Faws4_request&X-Amz-Date=20240910T134306Z&X-Amz-Expires=300&X-Amz-SignedHeaders=host&X-Amz-Signature=66874024157e46a9818ac72c633f5a753e7e4bcdcf617582cb76c661870850d1) | 27 colleagues took part including partners and senior leaders15 visits including community groups and Keighley market | Feb 2023 | * Language barriers in some parts of Keighley mean that certain settings e.g. Roshni Ghar, Highfield Centre are much more comfortable for people to attend than a healthcare setting where communication feels a struggle.
* For Keighley residents who have limited English skills, there were significant barriers to health and care. Some did have access to a doctor (usually GP) who speaks their language or at least an interpreter / family member, however others were not given this option and felt they cannot express themselves fully which can be upsetting and confusing.
* Many services do not feel accessible, welcoming or inclusive of residents for whom English is not their first language. As a result, some residents feel dismissed or ignored when trying to communicate a health issue resulting in a very different experience. Not all will read in their first spoken language, so it is important that solutions reflect this.
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| Maternity Population Board Workshop**Leeds** | [2022\_12\_Insight\_Rep\_mat\_final\_new\_V2.1.docx (live.com)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fview.officeapps.live.com%2Fop%2Fview.aspx%3Fsrc%3Dhttps%253A%252F%252Fwww.healthandcareleeds.org%252Fwp-content%252Fuploads%252F2023%252F09%252F2022_12_Insight_Rep_mat_final_new_V2.1.docx%26wdOrigin%3DBROWSELINK&data=05%7C02%7Chbutters%40nhs.net%7C0593cf9b610a4833856608dc20cf4bf3%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638421321893508191%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=zLB0fF11z1CCb5LTa6x0HO9l5ij4K0qJoMkzhtOkDt4%3D&reserved=0) | 34, mix of staff/third sector and service users | 2023 | * BSL language should be used more in maternity services
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| Maternity service user group Harehills **Leeds** | For more information contact jenny.roddy@nhs.net | 10 African women | 2023 | * Country of origin is just as important as the language spoken when asking for telephone interpreters
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| Insight Report: Healthy Adults **Leeds** | [2023\_01\_Healthy\_Adults\_Insight-report-V2.9.pdf (healthandcareleeds.org)](https://www.healthandcareleeds.org/wp-content/uploads/2023/01/2023_01_Healthy_Adults_Insight-report-V2.9.pdf) | Report pulling together insight reports across Leeds around healthy adults | 2023 | * To stay healthy and well people told us that they need to be able to access services that support different cultures and needs such as those for people whose first language was not English. (Leeds Health and Care Tackling Health Inequalities Toolkit: Qualitative Data Pack, 2021)
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| Asylum seeker engagement 2023**Wakefield** | FarsiArabicTigrinyaKurdishKomanjiSomalianPashtoTurkishSorani | Those residing in hotel accommodation across Wakefield district | 2023 | * The need to have access to interpreters was noted across all three settings. For some, interpreters were provided at GP appointments, but it was noted that people found it challenging accessing information away from set appointments. In some instances, information that came back from a practice, e.g., referral information, wasn’t accessible as was only written in English. Staff on site speaking the language was seen as positive.
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| Engagement with One Ummah**Wakefield** | Engagement around primary care and access to servicesFor more information contact dasa.farmer1@nhs.net | 24 ladies took part.Arabic &Kurdish | 2023 | * In terms of interpreters, it was noted that telephone interpretation is offered within the practice, but this is missing when attending hospital appointments (all MYTT sites and LGI).
* Telephone appointments are difficult to follow due to language barrier. It is difficult to get points across and prefer face to face appointments.
* Call back option poses a language barrier if interpreter not available.
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| Insight report – planned care **Leeds** | [2023\_08\_\_PlC\_Insight\_Rep\_V2.2.docx (live.com)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fview.officeapps.live.com%2Fop%2Fview.aspx%3Fsrc%3Dhttps%253A%252F%252Fwww.healthandcareleeds.org%252Fwp-content%252Fuploads%252F2023%252F08%252F2023_08__PlC_Insight_Rep_V2.2.docx%26wdOrigin%3DBROWSELINK&data=05%7C02%7Chbutters%40nhs.net%7C760473adad9448f121fb08dc20ce6a53%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638421318109810751%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=szv4lMdRSyRax80nYA38tWjd4vRlEerjzgK06kMfM4w%3D&reserved=0)  | Pulls together everything we know across Leeds around planned care | 2023 | * Some people from some communities prefer face-to-face appointments. This is particularly the case for people who are deaf or hard of hearing.
* The experience of people who are deaf or hard of hearing was worse than that of the general population.
* People with hearing and sight difficulties want to be offered a choice between digital and face-to-face appointments.
* People who need language interpreting services find appointments difficult when this is being done over the phone.
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| Interpreting Services in Primary Care **Kirklees** | For more information contact Zubair.mayet@nhs.net | Patients that use the interpreting services (inc BSL) for languages and other communication needs in GP practices across Kirklees* BSL
* Urdu
* Gujrati
* Polish
* Pashto
* Pothwari,
* Punjabi
* Arabic
* Kurdish
* Tigrinya
 | 2022 | * There is a reliance on friends and family to make the initial booking of the GP appointment.
* Systems should be in place that identify a patient as needing an interpreter on booking of the appointment, gender preference of interpreter and confirmation should be received that an interpreter has been booked.
* Feedback about the availability of interpreters when these were booked by the practice, adding to appointment waiting times.
* Length of time interpreters are allocated can lead to lateness or missed appointments.
* There is a need to raise awareness amongst both staff at GP practices but also increase publicity within practices to make patients aware that they can request an interpreter.
* Responsiveness of the service to make sure that a patient can still be supported during same day and urgent appointments.
* People being asked or choosing to use family members as unofficial interpreters and the risks of poor translation and confidentiality.
* Need for Deaf awareness training for GP’s and primary care staff.
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| Shakespeare Medical Practice Insight report **Leeds** | <https://www.healthandcareleeds.org/have-your-say/shape-the-future/insight-reviews/shakespeare-medical-practice/> |  | 2022 | Feedback suggests that for individuals for whom English isn’t their first language, accessing translation or an interpreter is important but not always accessible. It also means they require longer appointment times to accommodate translation time when this is available. |
| Experience of women seeking asylum & refugees of using interpreters **Leeds** | [Leeds\Points raised in interpreting research workshop 17.8.22.docx](file:///%5C%5CCCG-FS01%5CLeeds_CCG_Data%5CComms_Eng%5CInsight%5CMaternity%5CLeeds%5CPoints%20raised%20in%20interpreting%20research%20workshop%2017.8.22.docx) | 12 Women | 2022 | Many said they struggled to make appointment with GPs as the receptionist didn’t use an interpreter and neither did the GP for the appointments even when they asked for interpreters. They were unaware they could book a double appointment when they needed an interpreter. |
| Experience of Care -Healthwatch **Kirklees** | For more information contact Zubair.mayet@nhs.net |  | 20212023 | Speedwell GP Surgery * Language interpretation issues for a Polish client.
* Complaints about the GP practice's failure to provide a promised interpreter.
* Client frustration with the system and perceived rudeness and racism from reception staff.

Grove House Surgery* Issues getting help due to hearing impairment.
* Interpreter failures (cancelling or not turning up) leading to delays in accessing services and impacting health.
* Failure of a BSL interpreter to attend an appointment hindering effective communication.
* Frustration and inability to understand medical results given in written form.

No particular service* Issues with BSL interpreters at GP practices, shared with Kirklees Council and Integrated Care Board.
* Lack of accessibility for the deaf community and suggestions for improvements.
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| Telephone interpreting service engagement **Leeds** | [https://www.healthandcareleeds.org/wp-content/uploads/2024/01/Interpreting-services-engagement-report-Jan-2020-v5.pdf](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.healthandcareleeds.org%2Fwp-content%2Fuploads%2F2024%2F01%2FInterpreting-services-engagement-report-Jan-2020-v5.pdf&data=05%7C02%7Chbutters%40nhs.net%7C0cdc5fa3264548a52f0908dc20e8d25b%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638421431522821812%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=%2BNglbyE6mSgq8mSsX%2FctENbU8pUKnjSuRt9E%2FQ3fkVI%3D&reserved=0)  | We talked to people in their communities.We know the most common languages for translation are:•Romanian•Arabic•Polish•Farsi•Sorani•Slovac•Urdu | 2020 | * Ensure that the local community’s languages are provided for with phone interpreters.
* Be aware of dialects of different languages.
* Training for reception staff to ensure they inform patients about the service.
* To publicise in GP surgeries that people can access an interpreter.
* For patients who use interpreters to be made aware that they can have two appointments in one.
* Patients should not be waiting longer for appointments or services because of an interpreter.
* Appointments should be available with an interpreter for routine / same day / urgent appointments.
* The service provider is responsible for booking the interpreter.
* Booking process is easy to navigate, quick and efficient.
* Double appointments to be made for patients who use BSL interpreters.
* Provider to confirm an interpreter has been booked in advance of the appointment.
* Registered interpreters should always be used. The use of a patient’s family or unqualified interpreter is not permitted.
* Provider must implement a system that enables people to feedback about the interpreting service.
* Provision of education and awareness sessions within GP practices
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| Interpretation and translation engagement **Wakefield** | Information included in the Leeds report above  | D/deaf and hard of hearing people, and the deaf/blind communityAnyone who currently uses the BSL interpreting service. Anyone who needs or uses telephone interpreting services when they visit their GP practice. | 2019/20 | * During same day / urgent appointments and that waiting for an interpreter does not unnecessarily prolong the wait for a routine appointment.
* There is a need to raise awareness amongst both staff at GP practices but also increase publicity within practices to make patients aware that they can request an interpreter. This would help to address feedback where patients are using family, friends or privately arranged interpreters to help during appointments.
* Many patients opt to go to the practice in person to try and make their appointment.
* Training need for staff was noted.
* Face to face interpretation gave a feeling of better accuracy.
* From across the BSL and other language interpretation, it was also noted that patients have had an experience of not fully correct language or dialect being used and felt this needs to be considered when organising interpretation.
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| Improving British Sign Language Interpreting Services in the NHS in Leeds Engagement**Leeds**  | [[ARCHIVED CONTENT] (nationalarchives.gov.uk)](https://webarchive.nationalarchives.gov.uk/ukgwa/20220902102631/https%3A/www.leedsccg.nhs.uk/get-involved/your-views/leedsbsl/) | We held an event for people to come and undertook a survey as well as visiting communities in their own environments | 2019/20 | **Technology*** Simpler booking systems - interpreters should be able to be booked via an app.
* Better use of technology and video interpretation to be used in emergency.
* Any technology App needs BSL video translation.

**GP surgeries*** Improve the process of providing interpreting services – We need to work with D/deaf people and interpreters to understand how to fix problems and get the right contract in place.
* An option of booking an interpreter online at the same time as booking an appointment
* Use Sign Live for emergency appointments.
* Accessibility / communication is important - Videos in sign and BSL on GP websites.
* 20-minute appointments
* Interpreters available out of hours and weekends
* Interpreting service available on same day appointments
* Mandatory deaf awareness training

**Mental Health*** Fast track interpreter option
* Information on mental services available to be translated into BSL.
* Mental health services need an emergency interpreting procedure in place.
* Information on available mental health services to be translated into BSL.
* Access to interpreters out of hours / weekends
* Consistent and quality interpreting services: Qualified interpreters to be used only
* All interpreters to wear ID badges.
* Better access to interpreters
* Deaf qualified counsellors rather than through interpreters
* Mental health services with an emergency interpreting procedure in place
* Deaf awareness training
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| The State of Women’s Health in **Leeds** report | [12\_Use-of-health-services.pdf (leeds.gov.uk)](https://observatory.leeds.gov.uk/wp-content/uploads/2019/07/12_Use-of-health-services.pdf) | Women and girls | 2019 | For some groups within society, the take up of screening is more problematic than for others, with specific attention required to help address their needs. These include:* + Individuals who have hearing problems or are deaf.
	+ Individuals with a visual impairment.
	+ Individuals who have a physical disability.
	+ People from ethnic minority backgrounds who have no or poor understanding of the English language.
	+ Travelling communities.
	+ Lesbian and bisexual individuals.
	+ Transgender individuals
 |
| End of Life insight report**Leeds** | [2023\_08\_Insight\_Rep\_frailty\_V2.2.docx (live.com)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fview.officeapps.live.com%2Fop%2Fview.aspx%3Fsrc%3Dhttps%253A%252F%252Fwww.healthandcareleeds.org%252Fwp-content%252Fuploads%252F2023%252F08%252F2023_08_Insight_Rep_frailty_V2.2.docx%26wdOrigin%3DBROWSELINK&data=05%7C02%7Chbutters%40nhs.net%7C0e2356069d4942f27b0608dc20ce246d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638421316982587812%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=ZcKS0tiTDKJVt9ugvE3gdkzLkjEoWqEhSsBoTXDFByk%3D&reserved=0)  | 134 people, of which 96 were people living with frailty, and 38 were carers | 2018 | 13% of the people we spoke to were from diverse ethnic communities. Their feedback was consistent with the views of the wider population. Some people from this community told us that:* + it can be a struggle to book appointments with GP for people who do not speak English.
	+ they would like for GP consultations to be longer for frail older people.
	+ It is important to them to be able to speak in their own language
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## **Inequalities Review**

We are committed to tacking health inequalities across West Yorkshire. Understanding the experiences, needs and preferences of people with protected characteristics is essential in our work. This section of the report outlines our understanding of how accessing interpretation servicesis experienced by people with protected characteristics.

Please note that we are aware that the terminology used in relation to the recognition of a person’s identity may depend on the context of its use. Some people may define some terms differently to us. We have tried to use terminology that is generally accepted. Please do get in touch if you would like to discuss this further.

| **Protected Characteristic** | **Insight** |
| --- | --- |
| Age | * Older frail people would like longer GP consultations.
* Young D / deaf community would like to choose the gender of an interpreter and would prefer the health professional to take notes during the appointment for them to read afterwards.

[[ARCHIVED CONTENT] (nationalarchives.gov.uk)](https://webarchive.nationalarchives.gov.uk/ukgwa/20220902102631/https%3A/www.leedsccg.nhs.uk/get-involved/your-views/leedsbsl/) |
| Disability | Feedback from people with a learning disability:* For procedures it is recommended that staff use pictorial information to help explain what the patient will be experiencing.
* Health staff to take the time to ask about the level of the patient’s understanding and what they need to be able to understand rather than talking directly to the staff member with them and not the patient.
* Having a dedicated staff member with experience of working with people with a learning disability.
* Always ask if an interpreter is required.
* Understanding about the spectrum of people with learning disabilities and being D / deaf/hard of hearing.

[[ARCHIVED CONTENT] (nationalarchives.gov.uk)](https://webarchive.nationalarchives.gov.uk/ukgwa/20220902102631/https%3A/www.leedsccg.nhs.uk/get-involved/your-views/leedsbsl/) |
| Gender (sex) | * Women seeking asylum said they struggled to make appointment with GPs as the receptionist didn’t use an interpreter and neither did the GP for the appointments even when they asked for interpreters. They were unaware they could book a double appointment when they needed an interpreter.
* Women and girls who have hearing problems or are deaf or with a visual impairment find it more difficult to attend for screening.
* Systems should be in place that identify a patient as needing an interpreter on booking of the appointment, gender preference of interpreter and confirmation should be received that an interpreter has been booked.

[12\_Use-of-health-services.pdf (leeds.gov.uk)](https://observatory.leeds.gov.uk/wp-content/uploads/2019/07/12_Use-of-health-services.pdf) |
| Gender reassignment | * We have been unable to source any local evidence relating to the experience
 |
| Marriage and civil partnership  | * We have been unable to source any local evidence relating to the experience
 |
| Pregnancy and maternity | * Country of origin is just as important as the language spoken when asking for telephone interpreters.
* BSL language should be used more

[2022\_12\_Insight\_Rep\_mat\_final\_new\_V2.1.docx (live.com)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fview.officeapps.live.com%2Fop%2Fview.aspx%3Fsrc%3Dhttps%253A%252F%252Fwww.healthandcareleeds.org%252Fwp-content%252Fuploads%252F2023%252F09%252F2022_12_Insight_Rep_mat_final_new_V2.1.docx%26wdOrigin%3DBROWSELINK&data=05%7C02%7Chbutters%40nhs.net%7C0593cf9b610a4833856608dc20cf4bf3%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638421321893508191%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=zLB0fF11z1CCb5LTa6x0HO9l5ij4K0qJoMkzhtOkDt4%3D&reserved=0) |
| Race  | * Covered within the report
 |
| Religion or belief | * We have been unable to source any local evidence relating to the experience
 |
| Sexual orientation | * People told us the Interpreter needs to be aware of other needs of the patient e.g., awareness of cultural groups, religious, LGBT+ gender etc.

More information in further reading  |
| Homelessness | * We have been unable to source any local evidence relating to the experience
 |
| Deprivation  | * We have been unable to source any local evidence relating to the experience
 |
| Carers | * We have been unable to source any local evidence relating to the experience
 |
| Access to digital | * People told us that we need to support greater use of digital technology, but ensure patients are offered a choice.

[2023\_08\_\_PlC\_Insight\_Rep\_V2.2.docx (live.com)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fview.officeapps.live.com%2Fop%2Fview.aspx%3Fsrc%3Dhttps%253A%252F%252Fwww.healthandcareleeds.org%252Fwp-content%252Fuploads%252F2023%252F08%252F2023_08__PlC_Insight_Rep_V2.2.docx%26wdOrigin%3DBROWSELINK&data=05%7C02%7Chbutters%40nhs.net%7C760473adad9448f121fb08dc20ce6a53%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638421318109810751%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=szv4lMdRSyRax80nYA38tWjd4vRlEerjzgK06kMfM4w%3D&reserved=0)  |
| Served in the forces | * We have been unable to source any local evidence relating to the experience
 |

### **Further reading**

Please find below further insight we have gathered across West Yorkshire which focuses on what matters to people around BSL and interpretation services.

1. **Healthwatch case studies regarding access to BSL support – Kirklees – May 2023**

 



1. **Feedback gathered for Sensory Impairment Group meeting Wakefield 2021/2022**



1. **Healthwatch case study as part of commissioner reporting**

Independent NHS Complaints Advocacy Service: - Wakefield - 2023

* Mr B (one of our deaf clients) complained about the local pre-diabetic service not being accessible to BSL users with low level understanding of written English.
	+ Service provider made significant changes to the service delivery to address these concerns because of the input of Healthwatch Wakefield
	+ We asked the service provider to include a video about their service in BSL on their website, giving them examples of the CQC and PHSO information in BSL about their services.
	+ Provider confirmed this was done in the following message received 28.11.23:
		- “*We now have a video on our website that explains more about the programme and includes a BSL Interpreter. You can view it via (link provided)*”
	+ There is an introductory video with a native BSL speaker and also information about support with access under the remote tab.
	+ Info and link added to the HWW website with permission.
1. **Conversations with D / deaf people whose first language is BSL and BSL interpreters 2023 – Kirklees and Calderdale. Please contact** **angwenvickers@nhs.net** **for more information.**
* BSL interpretation not being offered, or available when needed, and issues with quality of service in Kirklees. In house council run service was valued and much better quality of service.
* BSL interpreting is often tacked onto a general language provider as an additional part of a contract. Rather than having its own contract with a BSL specialist provider. A general language provider is more likely to be less aware of the needs of D/deaf people or be aware of quality issues, and when contracts stipulate that they must have a certain percentage that they have to fulfil it doesn’t always stipulate which languages. This means that BSL often is the one that they don’t fulfil their obligations for knowing it won’t be noticed because it will be smaller numbers of people
* Other needs in relation to BSL interpreting not always recognised e.g. preference of gender or ethnicity of interpreter by patient, concerns about interpreter not being LGBT+ aware. Issues for people who lip read languages other than English but use BSL to sign e.g. example of a south Asian man who lip read Sylheti trying to communicate with an interpreter who was mouthing words in English and signing in BSL.
* Patient  needs the name, gender,  and possibly photograph of interpreter prior to the appointment. The interpreter also needs to know the same information in relation to the patient. This means both parties can find each other if it’s a face to face appointment. Important that the interpreter is aware of the reason for the appointment and is comfortable with the topic.
* BSL is not the only form of sign language used by people who sign, there needs to be options for other forms of sign language available.
* Quality of interpreters and safeguarding not always maintained. Needs to be contract management around the quality and qualifications, and ability to feedback about the level of service and it be clear what route this needs to take and who is responsible for addressing issues.
* Information about the BSL interpreting service needs to be available in BSL not just text, make use of social media, use BSL videos
* Council run BSL interpreting service in Calderdale is valued and appreciated. Continuity of service valued as used by practices and other services.
* Providers of healthcare, including practices not always trained to work with interpreters, or how to book them and ask appropriate questions. Calderdale practices have had reasonable adjustments training run by equality team which included this, they are also supported by Calderdale Interpreting service, and Kirklees primary care considering deaf awareness training.
* Inconsistent practice across West Yorkshire and locally, e.g. in Kirklees practices have a provider for BSL, hospital trusts have different providers, council has another. Nothing is consistent or joined up and D/deaf people have to navigate this  and are not aware of whom to complain to or ask for advice.
* Inadequate use of technical solutions such as [Sign live](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsignlive.co.uk%2F&data=05%7C02%7Chbutters%40nhs.net%7C84aed06558174fcd22a708dc266a544d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638427485332094727%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=AI2X4b4Op5ee53DF0W4nSF2EJeDTxVn8eZUF8rZ3Qfw%3D&reserved=0) . Positive feedback on services using online interpreting, and video calls however Wi-Fi signal poor in some practices affecting use.
* Accessible information standard not being followed by healthcare providers and practices not always proactive if needs are known.
* General issues: there is a shortage of qualified interpreters nationally and regionally. EDI leads across West Yorkshire are raising concerns about the need in both commissioning and secondary care.
* One stop shop has been suggested for services locally in Kirklees and having an in house service again run by council similar model to Calderdale
* BSL providers need to ensure they have accessible communication methods, websites, and information. Also needs to ensure clear feedback mechanisms for users. And it needs to be clear if a complaint needs to be made whose responsible for making it with the BSL provider – patient or practice?
* BSL provision also needs to be available for unpaid carers, guardians, or parents of patients e.g. deaf parent denied a BSL interpreter for an appointment for their hearing 6 year old child. Practices need to be clear who the service covers.
1. **Engagement and Mapping report West Yorkshire** - May 2023 [WY\_HCP\_engagement\_mapping\_report\_-\_May\_2023\_-\_FINAL.docx (live.com)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.wypartnership.co.uk%2Fapplication%2Ffiles%2F5416%2F8259%2F2890%2FWY_HCP_engagement_mapping_report_-_May_2023_-_FINAL.docx&wdOrigin=BROWSELINK)
2. Information gathered through the work of the Quality Intelligence Group for period of February 2021 – December 2023. Feedback was gained from engagement, Healthwatch submission and complaints.

Themes for spoken languages:

* Access to interpreter
* Support with online information
* Feeling heard and supported

Themes for BSL:

* Access to interpreter
* support with vaccinations
* Support with questionnaire
* Booking of appointment
* Waiting time to access treatment
* Feeling heard and supported
1. Six local Healthwatch (Camden, Croydon, Hackney, Liverpool, Norfolk, Reading) engaged with local organisations working closely with or supporting non-English speakers with various activities in 2022.

People with little or no English struggle at all points of their healthcare journey. Healthwatch new research shines a light on barriers and delays to care they often experience and calls for equal access for all. Barrier’s people face:

* **Poor availability of interpreting services**
* **Quality of interpretation**
* **Lack of translated information in other languages**
* **Low awareness of communication support**
* **Issues around support from GP practices**
* **Services not being joined up**
* **Inadequate staff support**
* **Funding & costs**