

UPTAKE OF GP SPOKEN LANGUAGE PROFESSIONAL INTERPRETING SERVICES

POLICY CONTEXT

Interpreting services bridge language barriers that prevent patients and clinicians from understanding each other, impacting quality of care and health outcomes. Population health planners have a responsibility to reduce inequalities in health service access and service-associated health outcomes (Health and Care Act 2022). Commissioning guidance exists, however, there is inconsistency in how interpreters are provided and there is a lack of research particularly from the point of view of the patient and service implementation.

RESEARCH

Aim: To understand the uptake, experience, and implementation of GP spoken language professional interpreting services among South Asian populations in England, by exploring the barriers/facilitators to uptake and implementation; patient and frontline staff experiences of services, and how commissioners and policymakers plan the delivery of services.

Methods: Patient survey (n=620); in-depth interviews with patients, frontline staff, interpreters, interpreting service providers and commissioners (n=83) and comparative case studies with GP practices (n=4).

KEY RESEARCH FINDINGS

- A large proportion of patients of South Asian ethnicity (37%) do not use their GP's spoken language professional interpreting services.
- Barriers for patients using these services include not being told about availability of GP interpreting services and not being given a choice over the service used.
- Patients faced difficulties when booking GP appointments, could be given interpreters who did not speak their dialect, and expressed concerns about trust and confidence when using interpreters.
- Most patients had experienced face-to-face interpreting, however more consultations are now taking place by telephone.
- Video-mediated interpreting in primary care remains rare. Patients' experiences of and preferences for interpreting services varied by mode of delivery.
- GP staff said that having high volumes of patients needing interpreters has a significant impact on resources, due to patient complexity, administration and additional time burden. Primary care staff sometimes had to absorb the burden of secondary care interpreting tasks.
- Interpreters normally work for multiple providers as freelancers. Low pay rates (especially for telephone interpreting) and non-coverage of travel costs were mentioned as demotivators.
- Interpreting service providers reported some welcome innovations in service improvement but highlighted limited/outdated IT infrastructure in some health facilities as barriers to service delivery, particularly for telephone interpreting.
- Commissioners said there is a limited pool of providers that can meet quality standards for interpreting provision. This presents a barrier to widening competition.
- National stakeholders affirmed the UK's world-leading track record in interpreting provision and gave reasons for optimism, but considered lack of standardisation, fragmentation and lower interpreting standards in the NHS compared to other UK public sectors as barriers.

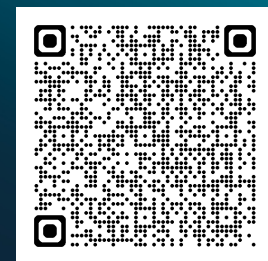


POLICY / RESEARCH RECOMMENDATIONS

- Understanding and improving patient confidence in professional spoken language interpreting services provided by GP surgeries is a vital component to improving uptake.
- Emphasising the difference between professional interpreters and other types of language support (e.g. family members) will help patients to make better decisions about the healthcare they receive. This could include highlighting the challenges and risks associated with relying on informal language support from family and friends.
- Patients need to be provided with clear information about the availability of professional interpreters to raise awareness of services. Consideration should be given to innovative means through which this can be achieved (e.g. use of GP electronic notice boards).
- Where possible, patients should be given a choice in the type of professional interpreting service they are offered (face-to-face/telephone/video-mediated) and the gender or dialect of the interpreter.
- Current commissioning guidance needs updating to include data monitoring (e.g. consistent recording of interpreting use in electronic health records).
- Guidance should also highlight the importance of professional interpreting services for improving patient safety.
- Funding models should take language need into account.
- Interpreting service delivery and contracts that maintain flexibility for population needs are key, but universal standards are needed; clarity is needed on 'what good looks like.'
- Contractual levers that ensure equitable, minimum payments and fair conditions for interpreters should be considered.
- Lessons on interpreting standard improvements could be gleaned from other UK public sectors.

CONTACT US

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