**Translator and Interpreter Policy**

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# Introduction

## Policy statement

There will be occasions when patients who attend Sheerwater Health Centre will require the services of an [interpreter and or a translator](https://www.differencebetween.com/difference-between-interpreter-and-translator/) and may fall into the following categories:

1. Patients for whom English may not be their first spoken language and who have difficulty in communicating
2. Those who communicate using sign language
3. Patients who return home from overseas having previously needed to rely upon that nation’s healthcare facilities

For the purposes of this policy, an interpreter is someone who translates speech orally or into sign language whereas a translator is a person who will translate written text from one language into another.

## Principles

The NHS is committed to providing high quality, equitable, effective healthcare services which are responsive to all patients’ needs. NHS England Guidance[[1]](#footnote-1) for commissioners states that patients should be able to access primary care services in a way that ensures their language and communication requirements do not prevent them from receiving the same quality of healthcare as others. This guidance also enables primary care organisations to meet NHS England’s Accessible Information Standard.[[2]](#footnote-2)

The NHS guidance places the responsibility for commissioning interpreter and translator services on Clinical Commissioning Groups (CCG)/Integrated Care Systems (ICS).

There is an expectation from the CQC that these services will be available and provided in general practice.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## KLOE (England only)

In England, the Care Quality Commission would expect any primary care organisation to have a policy to support this process and this should be used as evidence of compliance against CQC Key Lines of Enquiry (KLOE).[[3]](#footnote-3)

Specifically, Sheerwater Health Centre will need to answer the CQC key questions on ‘Safe’, ‘Effective’, ‘Caring’ and ‘Responsive’.

The following is the CQC definition of Safe:

*By safe, we mean people are protected from abuse and avoidable harm*

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| **CQC KLOE S3** | Do staff have all the information they need to deliver safe care and treatment to people? |

The following is the CQC definition of Effective:

*By effective, we mean that people’s care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.*

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| **CQC KLOE E1** | Are people’s needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes? |
| **CQC KLOE E3** | How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment? |
| **CQC KLOE E4** | How well do staff, teams and services work together within an across organisations to deliver effective care and treatment? |
| **CQC KLOE E6** | Is consent to care and treatment always sought in line with legislation and guidance? |

The following is the CQC definition of Caring:

*By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.*

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| **CQC KLOE C2** | How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support as far as possible? |

The following is the CQC definition of Responsive:

*By responsive, we mean that services meet people’s needs.*

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| **CQC KLOE R1** | How do people receive personalised care that is responsive to their needs? |
| **CQC KLOE R2** | Do services take account of the particular needs and choices of different people? |

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of its service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents/enacted).

Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

## Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

Health Education England (HEE) also has [two open access sessions](https://www.e-lfh.org.uk/programmes/accessible-information-standard/#:~:text=The%20Accessible%20Information%20Standard%20directs%20and%20defines%20a,of%20people%20with%20a%20disability%20or%20sensory%20loss.):

* **Session 1**

The first session, *“The Accessible Information Standard”,*deals with the AIS Specification[[4]](#footnote-4) which requires providers of NHS and adult social care to identify, record, flag, share and meet the information and communication support needs of people with a disability or sensory loss.

Session 1 aims to equip health and care professionals with the knowledge and skills to effectively apply and follow the Accessible Information Standard.

* **Session 2**

The second session, *“Accessible Information Standard: Towards Excellence,”* builds upon the first session and aims to enhance learners’ knowledge, skills and confidence around supporting individuals with information and communication needs and effectively applying the standard in health and care settings.

Users need to [register for an account](https://portal.e-lfh.org.uk/Register) with e-Learning for Healthcare to be able the access the AIS programme.

There are several other useful resources listed at [Annex A](#_Annex_A_–_2). Further reading on AIS can also be found at the [Accessible information standard policy](https://practiceindex.co.uk/gp/forum/resources/accessible-information-standard-policy.1361/).

## COVID-19 and lip-reading

Those who rely upon lip-reading are particularly compromised with the mandatory wearing of a face mask during the pandemic.

[Commanding Hands](https://www.youtube.com/watch?v=EcgJW26oMAU) have established a useful 15-minute training vlog titled “*Basic Sign Language to use while wearing a face mask*”.

It should be noted that further support can be provided by wearing face masks that have a transparent window that allows lip readers to understand. Whilst these are widely available from various sources, an example can be seen at [Amazon](https://www.amazon.co.uk/Reusable-Bandanas-Transparent-Expression-Face_Masks/dp/B08DR7L6WP/ref=sr_1_13?crid=1ZYDSOXQWL0O5&dchild=1&keywords=lip+reading+face+mask&qid=1598870069&sprefix=lip+reading%2Caps%2C271&sr=8-13).

# Scope

## Who it applies to

This document applies to all employees, partners, and directors of the organisation. Other individuals performing functions in relation to the organisation, such as agency workers, locum clinical staff, PCN personnel and contractors, are encouraged to use it[[5]](#footnote-5).

All those working at the organisation are to be fully conversant with this policy so that they know how to deal with any requirements requested by a patient that necessitate the services of an interpreter or a translator.

During induction programmes, new members of staff are to be briefed on the contents of this policy and be aware of actions to be taken.

## Why and how it applies to them

All those working at Sheerwater Health Centre have a part to play in meeting the requirements of the [Accessible Information Standard (AIS)](https://www.england.nhs.uk/ourwork/accessibleinfo/).

NHS England has outlined what is reasonable under the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents) in the AIS to ensure that patients can receive the necessary support to enable them to communicate effectively with health services.

Since July 2016, NHS funded providers must, by law:

* Identify patients by asking them if they have any information or communication needs and find out how these can be met
* Record these needs in a clear and consistent way on the patient’s clinical record
* Record on their clinical record what the patient’s information or communication needs are, and how these will be met
* Share, with the patient’s permission, their information and communication needs with other NHS and social care providers

When undertaking an inspection, the CQC will look at how organisations are meeting the AIS obligations[[6]](#footnote-6). It is important to make the distinction between:

* People who have a disability which makes communicating in spoken and/or written English difficult or impossible, and
* People whose first language is not English

CQC inspectors will consider whether staff recognise when people who use services and those close to them need additional support to help them to understand or be involved in their care and treatment and enable them to access this. This could include providing language interpreters where appropriate or providing printed information in different languages.

Within the Equality Act 2010, there are extra requirements to make reasonable adjustments for disabled people. This means that interpreting and providing written information in alternative formats is likely to be a legal requirement for GP organisations, for example, large print on request.

Organisations can consider the ‘reasonability’ of each case. There is no reasonable adjustments requirement for interpreting and translation because of race or nationality. The Equality Act does not specifically mention people whose first language is not English. The General Medical Council’s [Good Medical Practice 2013](http://www.gmc-uk.org/guidance/good_medical_practice.asp) states:

‘You should make sure that arrangements are made, wherever possible, to meet patients’ language and communication needs’.

# Principles for high quality interpreting and translation services

NHS England [Guidance](https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf) for CCG/ICSs lists eight principles for high quality interpreting and translation services that can be used to help agree priorities and ambitions for improving translation and interpreting services within their catchment areas.

1. Primary care organisations must read the guidance in detail to ensure that they fully understand and comply with their responsibilities as defined within Principles 1 to 7. They are to ensure that they adapt the guidance to meet the requirements outlined within them.
2. Principle 8, quality assurance and continuous improvement, is the responsibility of the CCG/ICS.

A summary of the eight principles is shown below.

## Principle 1 – Access to services

Patients should be able to access primary care services in a way that ensures their language and communication requirements do not prevent them from receiving the same quality of healthcare as others.

## Principle 2 – Booking of interpreters

Staff working in primary care provider services should be aware of how to book interpreters across all languages, including BSL, and book these when required

## Principle 3 – Timeliness of access

Patients requiring an interpreter should not be disadvantaged in terms of the timeliness of their access.

## Principle 4 – Personalised approach

Patients should expect a personalised approach to their language and communication requirements with staff recognising that *“one size does not fit all”.*

## Principle 5 – Professionalism and safeguarding

High ethical standards, a duty of confidentiality and safeguarding responsibilities are mandatory in primary care and this duty extends to interpreters.

## Principle 6 – Compliments, comments, concerns and complaints

Patients and clinicians should be able to express their views about the quality of the interpreting service they have received, in their first or preferred language and formats (written, spoken, signed etc.).

## Principle 7 – Translation of documents

The documents which help professionals to provide effective healthcare, or that support patients to manage their own health, should be available in appropriate formats when necessary.

## Principle 8 – Quality assurance and continuous improvement

The interpreting service should be systematically monitored by the CCG/ICS as part of commissioning and contract management procedures and users should be engaged to support quality assurance and continuous improvement and to ensure it remains of high quality and relevant to local needs.

# Accessing interpreter and translation services

To comply with [Principle 2](#_Principle_2_-), all staff members of Sheerwater Health Centre are to be aware of the procedure to follow when required to access interpreter or translation services.

## Interpreter services

When the services of an interpreter are required, the member of staff requesting the service is to phone The Big Word on 0333 344 9473 and, when requested, provide our access code 77744123 and follow the instructions.

This action is to be completed as soon as the requirement is known so that [Principle 3](#_Principle_3_-) is met.

Deaf patients can make use of the [InterpreterNow](https://interpreternow.co.uk/apps-download) app to access the services of a qualified BSL interpreter.

For further information, refer to [Annex A](#_Annex_A_–_1).

## Translation services

The following process is to be conducted for translation services:

1. Patients may produce medical records that require translating. This may be for a patient who has recently arrived in this country, or one returning from holiday where they needed to seek the services of a foreign healthcare provider.
2. Upon receipt of such documents, the originals are to be photocopied/scanned into the patient’s clinical record and returned to the patient.
3. The members of staff responsible for having the medical record translated are to contact TheBigWord requesting that this is conducted at the earliest possible opportunity.
4. Once the translated version of the clinical record is received, it is to be summarised and scanned into the patient’s record in accordance with the organisation’s procedures.

# Supporting information in different languages

## CQC expectations

The CQC advise that it expects all GP practices to ensure that services are to be responsive to the needs of the population.

This does not always mean that the CQC would expect all GP organisations to have information leaflets in multiple languages. The key point is that services should be responsive to the needs of the population they serve. This will vary from organisation to organisation. Each organisation should be aware of the needs of the people on their patient list. This includes their language requirements. If they serve a large number of people whose first language is not English, they should plan services appropriately.

Organisations should consider how they provide information about their services and how these people will be involved in their care. This might mean making printed information available in different languages. It may also mean making sure people who use services and those close to them can access interpretation services.

As previously alluded to, NHS England has published a [principles framework for high quality interpreting and translating services in primary care](https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf). This covers both community language and British Sign Language (BSL) interpreting.

At Sheerwater Health Centre, we are aware of the demographics and make information readily available in the most common languages spoken and this also includes the information upon the organisation website.

## Supporting information

A poster advising patients that there is a translation and interpreter service at Sheerwater Health Centre is available at [Annex B](#_Annex_B_–_1).

Furthermore, a poster explaining that British Sign Language (BSL) services can be arranged is available at [Annex C](#_Annex_C_–_1).

# Summary

By following the guidance within this Translator and Interpretation Policy, staff at Sheerwater Health Centre will be aware of how to book translators and interpreters across all languages, including BSL, and book these when required.

Patients should be able to access primary care services in a way that ensures their language and communication requirements do not prevent them from receiving the same quality of healthcare as others to improve their outcome and experience.

Within this organisation, we will strive to provide services that are safer and more personalised to those individuals who rely upon the need for a translation or interpretation service to limit and eradicate health inequalities.

# Annex A – Useful resources

1. NHS 111 British [Sign Language](https://www.youtube.com/watch?v=4O0js0832Ng) Service (BSL) outlines the relay service which 111 utilises (duration 4 minutes).
2. The [InterpreterNow](https://interpreternow.co.uk/apps-download) app offers deaf people video access to qualified BSL interpreters so that they can communicate with hearing people at any time anywhere in the UK.

The app is available for both [Android](https://play.google.com/store/apps/details?id=se.nwise.mymmx.mobile.inow) and [Apple](https://apps.apple.com/gb/app/intepreternow/id924439213) devices.

1. The Parliamentary and Health Service Ombudsman has produced a [YouTube video](https://www.youtube.com/watch?v=hYhlvUQRPaY) that outlines the case of a deaf patient who was denied access to a British Sign Language interpreter (duration 5 minutes).
2. NHS 111 British Sign Language Service Case Study [Collette’s Story](https://www.youtube.com/watch?v=ThsV80TcHWU) (duration 5 minutes)
3. Commanding Hands have produced several vlogs:

* [Basic Sign Language](https://www.youtube.com/watch?v=EcgJW26oMAU) to use while wearing a face mask (duration 15 minutes)
* [Health and Medical Terminology](https://www.youtube.com/watch?v=07KG48ADhO8) in British Sign Language (duration 11 minutes)
* [100 Basic Signs](https://www.youtube.com/watch?v=gMNHvXSW4iE) in British Sign Language (BSL) (duration 14 minutes)
* [Another 100 Basic Signs](https://www.youtube.com/watch?v=zkUSXiNU66s) in British Sign Language (BSL) (duration 16 minutes)

1. CQC GP Mythbuster 20 titled [Making Information Accessible](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-20-making-information-accessible)

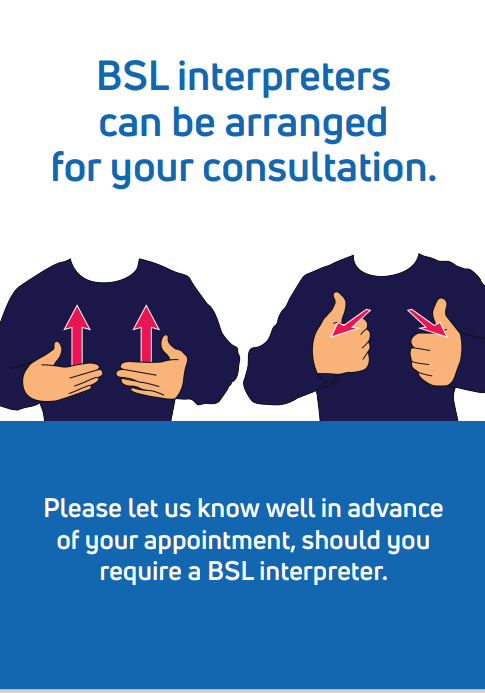
# Annex B – Translation and interpreter services poster

A picture containing bubble chart

Description automatically generated

This poster can be sourced [here](https://practiceindex.co.uk/gp/forum/resources/translation-services-poster.1850/).

# Annex C – British Sign Language interpreter poster



This BSL poster can be sourced [here](https://practiceindex.co.uk/gp/forum/resources/poster-on-bsl-interpreters.1645/?fromcat=75).

1. [Guidance for commissioners: Interpreting and Translation Services in Primary Care](https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf) [↑](#footnote-ref-1)
2. [NHS England - Accessible Information Standard](https://www.england.nhs.uk/ourwork/accessibleinfo/) [↑](#footnote-ref-2)
3. [www.cqc.org.uk](https://www.cqc.org.uk/sites/default/files/20180628%20Healthcare%20services%20KLOEs%20prompts%20and%20characteristics%20FINAL.pdf) [↑](#footnote-ref-3)
4. [NHS England Accessible Information Standard Specification](https://www.england.nhs.uk/publication/accessible-information-standard-specification/) [↑](#footnote-ref-4)
5. [Network DES Contract Specification 2021/22](https://www.england.nhs.uk/publication/network-contract-des-specification-2021-22/) [↑](#footnote-ref-5)
6. [CQC GP Mythbuster 20: Making information accessible](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-20-making-information-accessible) [↑](#footnote-ref-6)