INTERPRET-X – Improving uptake and implementation of interpreting services in primary care

Event Context

Policy Connect and the University of Surrey hosted a joint roundtable discussion in Parliament on the issue of uptake of interpreting services in primary care among South Asian communities in England. Research has suggested that poor English proficiency is associated with poorer patient outcomes and health inequalities. This parliamentary session engaged with stakeholders and policymakers to present findings and recommendations to encourage dialogue about the delivery of interpreting services in primary care. Chaired by **Claudia Jaksch, in lieu of Dr Simon Opher MP**, the roundtable featured the following speakers:

- **Lord Bethell** – Member of the House of Lords, Officer APPG for Health
- **Professor Katriina Whitaker –** Professor of Psychology in the School of Health Sciences, University of Surrey and co-leader of the Cancer Care Group
- **Dr Georgia Black –** Reader in Applied Health Research at the Wolfson Institute of Population Health, Queen Mary University of London
- **Professor Margaret Ikpoh –** Vice-Chair Professional Development & Standards at the Royal College of General Practitioners and NIHR National Settings lead for Primary Care
- **Sharon Brennan –** Director of Policy and External Affairs, National Voices
- **Andrew Fenton –** Director at NHS SCW for Population, Health and Inequalities
- **Dr Janakan Crofton –** GP Partner, Primary Care Development Lead for North East London ICB

Key Recommendations

1. **Expand Patient Access and Choice in Language Services**
   Encourage GP practices to improve awareness of interpreting services using innovative methods such as electronic notice boards. Where feasible, offer patients choices in the type of interpreting service (face-to-face, telephone, or video) and accommodate preferences for interpreter gender or dialect to better meet patient needs.
2. **Update Commissioning Guidance with Enhanced Data Monitoring**
   Modernise commissioning frameworks to mandate consistent data recording on interpreting service use within electronic health records. Emphasise the role of professional interpreters in enhancing patient safety, integrating these considerations into policy and reporting mechanisms.
3. **Ensure Equitable Funding and Contractual Standards for Interpreters**
   Adjust funding models to address specific language needs within patient populations. Establish contractual standards to secure fair compensation and working conditions for interpreters, promoting service delivery that is both flexible and aligned with universal quality benchmarks.

Event Summary

Professor Katriina Whitaker, Professor of Psychology in the School of Health Sciences, University of Surrey and co-leader of the Cancer Care Group

Professor Whitaker opened the presentation with an introduction to the research undertaken by the team at University of Surrey and other supporting organisations. The Interpret-X research was carried out to understand the uptake of general practice interpreting services. It focused on investigating how policies performed in practice with regard to the uptake, experience and implementation of professional interpreting services in general practice.

The study conducted a large national survey with participants from South Asian communities where they had limited or very low English language proficiency. Results from the survey showed poor uptake, with nearly 40% of survey respondents saying they had not used professional interpreting services in general practice. Further research indicated that there was low awareness about the availability of these services amongst respondents. Issues regarding the availability of community languages, particularly those with multiple dialects were also highlighted. Face-to-face interpreting followed by telephone interpreting were the most commonly used modalities. Video-mediated interpreting remained rare despite the innovation that occurred during the pandemic.

Follow-up interviews with 30 survey participants found respondents employing further nuance in how these services were or were not used. For example, some respondents shared that they had concerns over using interpreting services for what they perceived to be trivial issues. However, research has also found that people are not always good at appraising their symptoms and therefore do not know whether they are trivial or not. A second insight showed that patients who had family, friends or children to accompany them for appointments were less likely to use interpreting services. Professor Whitaker highlighted more research was needed in this area as the use of friends and family as interpreters raises several challenges. These include issues around privacy and confidentiality and concerns about the accuracy of interpreting (e.g., medical terminology). This can lead to critical gaps in care.

The presentation concluded with a key recommendation: increasing awareness, not only about the availability of interpreting services but also about the benefits of using professional services to enhance patient outcomes. By promoting awareness, there is potential to improve the uptake of these services, thereby reducing health inequalities and improving care for non-English-speaking communities.

Dr Georgia Black – Reader in Applied Health Research at the Wolfson Institute of Population Health, Queen Mary University of London

Dr Georgia Black led the work on the delivery and implementation of interpreting services for the research project. To further support the research, case study work was undertaken in four areas of the country with data from national stakeholders and ICBs. The team also interviewed people who provide interpreting services both on the managerial and interpreter side. It is critical, in identifying gaps in service

provision, to look logically on a national level and to gain further insights through interviews with national stakeholders. These interviews highlighted broader concerns about interpreting policy and provision while interviews with local stakeholders revealed the key challenges and the impacts of those policy concerns on the front line and the wide regional variation in provision. The researchers compared delivery in areas with both high and low population needs for interpreting services.
The research revealed considerable variation not only in the delivery of interpreting services but also in their quality and availability. Many interviewees stressed the need for enhanced regulation and governance of interpreting services, noting that the healthcare sector lags behind other public sector organisations in this regard. Improving oversight could lead to higher service quality, strengthened interpreting standards , and better pay conditions for interpreters.

Dr Black, through discussions with commissioners, identified that many find it particularly challenging to hold interpreting service providers—especially larger national providers—accountable. Both interpreting providers and commissioners expressed a desire for greater consistency and an increased reliance on technology and telephone-based solutions. However, interviews with primary care staff revealed a strong preference for face-to-face interpreting, especially in regions with high language needs. They also emphasised the value of interpreters who are embedded within local communities.

A significant concern is that interpreters are frequently underpaid, with some telephone interpreters earning as little as 26 pence per minute and receiving no compensation for waiting times between appointments. This low pay acts as a major deterrent to maintaining high-quality interpreting services in primary care, with many interpreters leaving the sector as a result, particularly affecting the availability of interpreters for specific dialects. This inconsistency in interpreter availability undermines the quality of care, especially during complex or sensitive consultations, due to reduced communication effectiveness.

Furthermore, both commissioners and interpreting providers were adamant that family members and bilingual staff should never be used to interpret for patients. Research also indicated that integrating interpreting services into patient care pathways could be highly effective, ensuring that language needs are consistently addressed throughout the entire care journey.

Structural challenges within general practice similarly impact interpreting services. For instance, interpreters are sometimes required to leave mid-appointment due to being urgently needed elsewhere. Additionally, providing quality care for patients with limited English proficiency is resource-intensive; consultations involving interpreters are often longer, and these patients typically present with more complex needs. Some interviewees highlighted that this increased demand is not adequately reflected in the current GP funding formula.

A key recommendation is to place greater emphasis on adhering to national guidance that strengthens contractual mechanisms, enabling integrated care boards (ICBs) and commissioners to make more informed decisions. Additionally, there is much to be learned from other public sector organisations that have implemented structural changes, thereby creating improved conditions for interpreters and driving higher quality outcomes on the front line.

Professor Margaret Ikpoh – Vice-Chair Professional Development & Standards at the Royal College of General Practitioners and NIHR National Settings lead for Primary Care

Professor Ikpoh presented the Royal College of General Practitioners' perspective on the challenges surrounding the uptake of interpreting services in general practice. She highlighted that 90% of primary care activity takes place within general practice, with 99% of the population registered with a GP. Health needs and policies vary across different regions, reflecting unique local challenges. ICBs hold responsibility for ensuring that translation and interpretation services are accessible to all patients seeking primary care.

Professor Ikpoh noted that the pandemic served as a catalyst for enhanced community engagement, with increased utilisation of in-house social prescribers. Collaborating with local voluntary, community, and social enterprise (VCSE) organisations was crucial in reaching communities that are often described as "hard to reach" but are, in reality, "hardly reached".

Digital exclusion and digital poverty remain significant issues within these communities. For example, current NHS apps are only available in English, underscoring the need to expand language options to improve access to care. The overstretched schedules of many interpreters between appointments can impact GP consultations, sometimes resulting in the GP having to communicate through a family member or friend if no interpreter is available.

The National Institute for Health Research (NIHR) is exploring how family and friends might support consultations when an official interpreter is unavailable. Evidence from various regions shows promising approaches for integrating interpreters into the community. For instance, in Hull, where Romanian and Polish are the most common languages after English, a local practice, supported by its ICB, brought in a Romanian interpreter for a full day to assist with registrations, outbound calls, and general drop-ins. This initiative has since become an ongoing project. The Royal College of General Practitioners is eager to share these findings, as they may have broader applicability, helping to inform which services could best support diverse populations across the country.

Andrew Fenton – Director at NHS South, Central and West (SCW) for Population, Health and Inequalities

Andrew Fenton presented on the Commissioning Unit's role in enhancing the uptake of translation and interpreting services in general practice, detailing recent efforts to develop an inclusion health framework. Commissioned to expand on previous work, the team is now focused on creating an improvement framework for community language, translation, and interpretation services. This framework, set for publication by the end of the fiscal year, is aimed at guiding commissioners and primary care providers on quality and service improvements, backed by insights from diverse communities and organizations.
The team's work is organised into three primary streams:

1. User Engagement: A large-scale online survey gathered over 700 responses, primarily from NHS organisations, but also from charities and other groups. Additionally, the team collaborates with

the National Voices to engage with various language and ethnic minority communities and has maintained bilateral engagement with bodies like the Royal Colleges.

2. User Evidence Review: The review highlights technology-related issues in translation and interpreting services, particularly the role of AI-enabled translation, which has emerged as a critical theme.
3. Market Analysis: This analysis aims to assess commercial factors and existing commissioning practices, with a focus on understanding capacity and demand dynamics. However, accurately assessing spending has proven challenging.

These streams will contribute to an interim report expected in the coming months. In December, a large-scale engagement event will reflect on initial findings and help shape the tactical aspects of the improvement framework. This framework will provide a roadmap for improvement, categorizing recommendations around themes of people, process, and technology.

Further collaboration with the Centre for Language Studies aims to gain insights into the use of tools like Google Translate and other AI-supported technologies in healthcare contexts. Additionally, an online community of over 120 NHS colleagues, including both clinicians and non-clinicians, is actively involved, and interested individuals are invited to connect with Andrew for further collaboration.

Sharon Brennan – Director of Policy and External Affairs, National Voices

Sharon Brennan presented insights from recent research, commissioned by Andrew Fenton's team, examining the challenges faced by non-English-speaking patients in the UK healthcare system. This research included focus groups with Bengali and Somali women who shared concerning experiences related to language barriers in healthcare settings, including hospitals and general practices. In one of the interviews with a Bengali woman, she shared that her husband spent seven days in the hospital without an interpreter as a result missing crucial medication and follow-up instructions.

Another participant recounted difficulties making GP appointments due to limited English, eventually requiring help from community support officers to help her navigate the system. Many patients either lack awareness of their right to an interpreter or face barriers in accessing one, creating a significant gap in care and contributing to patients' distrust in the healthcare system.

Reiterating an issue raised previously, Sharon noted concerns over privacy, confidentiality, and accuracy in medical interpretation when patients relied on family members, particularly children, to interpret during appointments. Patient experiences highlighted feelings of being treated with greater respect when accompanied by English-speaking children and with dismissal when patients struggled with English which further eroded trust.

There are a few effective practices in interpreting, for instance, in Manchester, a health service introduced a booking system allowing patients to choose the gender, language, and dialect of their interpreter. This led to a 30% increase in patient satisfaction and a 25% reduction in missed appointments. Manchester's

cultural competence training for healthcare staff also improved patient feedback, with 70% of participants noting increased sensitivity from staff, which led to a 20% rise in regular check-ups among asylum-seeking patients.

Quality of interpreting services was a recurring issue. Many participants encountered interpreters lacking adequate knowledge of medical terminology. Other issues included interpreters arriving late or failing to attend consultations. Some patients expressed concern over using translators from their own communities, fearing breaches of confidentiality and potential gossip about their private health matters. The research found mixed reactions regarding digital solutions. While some groups, such as the Polish community, appreciated online translation tools, others were concerned that digital-only approaches would not address their needs due to data costs, access issues, and limitations in describing medical symptoms via apps or automated translation services.

The research ultimately recommends a multi-faceted approach: raising awareness about interpreting rights, improving the quality and consistency of interpreting services, and implementing gradual digital solutions to support, rather than replace, in-person interpretation. These steps aim to improve patient safety, trust, and outcomes for non-English-speaking patients across the UK healthcare system.

Dr Janakan Crofton – GP Partner, Primary Care Development Lead for Northeast London ICB

Dr. Crofton highlighted the challenges and successes in providing interpreting services for non-English-speaking patients in a diverse community of 50,000 residents. He described the positive impact when services work smoothly, with language needs clearly coded in clinical systems, culturally competent care navigators on-site, and interpreters arriving early to familiarise themselves with patients. In these cases, consultations feel seamless and fulfilling for both patients and providers.

However, Dr. Crofton expressed concerns about significant barriers that often hinder access to healthcare for those with language needs. He noted that the shift towards online consultation tools and digital access methods has unintentionally excluded patients with language barriers, as many rely on face-to-face communication at reception to seek care. This shift has made it challenging for these patients to access timely help, despite receptionists' training to support them. Instances of interpreters not showing up as scheduled also add strain, leading healthcare providers to rely on suboptimal solutions like Google Translate or having patients' children interpret, which is not best practice, especially for sensitive issues like domestic violence. Such situations have sometimes led to patients disengaging from care entirely.

Multilingual staff members, especially those from the local community, often serve as bridges to care. For example, South Asian and Eastern European patients responded positively to language-specific health campaigns, such as MMR vaccination drives, where culturally competent clinicians and nurses could communicate directly in the patient's native language. This approach increased vaccination rates by 40-50%, demonstrating the power of community-focused strategies in improving health equity.

On the commissioning side, Dr. Crofton pointed out ongoing challenges in quality assurance for interpreting providers. He described repeated frustrations with interpreters not arriving, possibly due to job scheduling conflicts or low pay, leaving providers with limited recourse. There's a lack of effective feedback channels to report these issues, resulting in little follow-up or improvement in service delivery. Dr. Crofton suggested centralizing interpreting services into regional hubs, which could manage deployments and ensure quality, as interpreters would be better allocated based on their skill sets and specific community needs.

He emphasised that while technological solutions hold promise, they should be carefully considered to avoid increasing access barriers for already vulnerable populations. The complexity of these issues underscores the need for tailored, responsive solutions that balance technology, community involvement, and high-quality interpreting services to meet the needs of diverse patient populations.

Key Points from Q&A

During the Q&A session, several critical points emerged on reframing interpreting services as a patient safety issue rather than solely a matter of health inequality. One panel member emphasised that patient safety could hold greater appeal for policymakers and commissioners, as it is backed by established reporting and governance frameworks. This approach could be integrated into commissioning contracts, with a focus on collecting patient feedback specifically related to safety outcomes.

Another suggestion was to position interpreting services as a preventive measure, aligning with Labour's healthcare improvement pillars. Concerns were raised regarding the significant data gaps in the use of language services, particularly in urgent care settings like A&E. Although research findings vary by context, there is potential for some best practices to be adapted across different healthcare environments with similar resource constraints.

An attendee shared a successful initiative that standardised translation services by assigning unique ID numbers to sites, which resulted in a 200% increase in access. Additionally, ongoing work on AI-driven healthcare translation showed promise but highlighted concerns about model accuracy, especially for Eastern languages. It was suggested that future guidelines should include embedded quality standards for AI solutions.

The discussion also touched on the impact of outsourcing interpreting services. Participants noted that the quality is largely influenced by whether interpreters are registered with the National Register of Public Service Interpreters, which provides a framework for grievance redressal. Another attendee pointed to the success of mixed-modality interpreting models in the U.S., where interpreters collaborate, reducing professional isolation and enhancing service delivery.

A panel member stressed the importance of adopting a systems approach, recognising effective communication as a cornerstone of patient care. While acknowledging the costs associated with

maintaining high-quality interpreting services, they underscored that no patient requiring an interpreter should be denied access.

Finally, an attendee inquired whether the research considered communication needs beyond spoken language, such as those related to deafness or visual impairment. The research team expressed a strong interest in expanding their studies to include these areas in the future.