

Norfolk PCT NHS/INTRAN Guidelines

Patient Communication Good Practice Guidelines for GP Practices, Dentists, Pharmacies, Opticians and Norfolk Community and Specialist Health Services

1. Introduction

The **NHS Plan** recognises that we live in a diverse society and sets out as core principles that the NHS will:

- shape its services around NHS patients
- support front line staff to better respond to the needs of all sections of the community
- challenge discrimination on the grounds of age, gender, ethnicity, religion, disability and sexuality.

These principles are central to good clinical governance, to effective risk management and to attracting, retaining and developing the diverse workforce needed to fulfil the modernisation agenda.

(www.doh.gov.uk/equality)

If people have problems with hearing or speech or their first language is not English, they can expect help in getting access to services, including interpreting services.

Information needs to be in plain language and, where necessary, in languages other than English, and in formats which people with learning difficulties or people with sensory impairments can use.

The **Race Relations (Amendment) Act 2000** is viewed by the government as one key part of a 10 year transformation agenda for Race Equality and it provides an opportunity to have a more rounded improvement programme with fair delivery firmly on the agenda alongside the quality of that delivery. Sustained implementation of the package of duties should lead to performance improvements in:

- better targeted policies
- patient perceptions, satisfaction and confidence levels
- reducing disparities in services
- better targeted information on public access
- enhanced access to public services.

To ensure compliance with the **Disability Discrimination Act 1995** there is a duty provide and fund qualified British Sign Language interpreters to people who are deaf, hard of hearing or deafened. A service provider who offers services to the general public has a legal duty:

- to provide a BSL/English interpreter if it would enable to make it easier for Deaf people to make use of its services, or
- to change a practice, policy or procedure which makes it impossible or unreasonably difficult for Deaf people to make use of its services.

The service provider has an anticipatory duty, which means that the service provider has to think in advance about when a BSL/English interpreter may be required, and make the arrangements necessary to ensure that a BSL/English interpreter is effectively used.

2. INTRAN

In Norfolk, more 88 languages (more than 50 of which were used in the PCTs in 2006/07) other than English are spoken. In addition some 15,000 deaf people are living in the area. As part of the commitment and responsibility of public services to provide equal services to the people of Norfolk, INTRAN was created.

The INTRAN service is based on the following principles:

- The service provides a complete and co-ordinated interpreting, translation and text-to-speech service for users and providers of public and voluntary services in Norfolk.
- It is provided through partnership between Norfolk public sector agencies and providers of interpreting and translation services.
- Major public sector organisations are involved but all are invited to be partners.
- Organisations pay a share of the operating costs proportional to the use made of the interpreting services.
- The INTRAN service is managed by an executive committee consisting of representatives from all funding partner sectors involved (the INTRAN Project Manager represents Norfolk PCT), and reports to an annual meeting of all partners, providers, service users and interpreters.
- All interpreters and translators have been trained, assessed and police checked prior to being contracted. They work within a strict Code of Ethics covering professional conduct.

INTRAN Vision

- INTRAN is a seamless and joined-up service for users in Norfolk, as it provides the same level of service for everyone.
- INTRAN enables member organisations to provide the same level of service for everybody. By providing improved routes to access, our local communities can get the same outcomes.
- INTRAN is seen as central to partners' customer focus/standards including diversity.
- INTRAN gives "added value" to:
 - **service users** by providing a joined-up service, with the same service available all over Norfolk, 24 hours a day.
 - **staff** by providing a joined-up service, including staff training, streamlined information about all the INTRAN services and clear responsibilities for paying the bills.
 - **INTRAN members** by delivering a joint initiative.
 - **Norfolk** by tailoring the service to the needs of the County and its communities.
- Partners have ownership of INTRAN. They are active in promoting greater usage and awareness of INTRAN in Norfolk. We will research groups not using the services available.
- To provide a mechanism to ensure equal access to all main public/voluntary services.
- We will develop a quality-assured service by recruiting, retaining and investing in interpreters locally on a fair basis and rates of pay.

Consequences and clinical dangers:

- When patients and relatives cannot communicate with the health professionals caring for them, their fear and sense of helplessness are likely to increase.
- The medical treatment given to people who speak little or no English may also be affected by lack of communication.
- **Clinical dangers**
 - Health professionals base their decisions about care and treatment on the **patient's account of their illness or medical history as well as clinical signs.**
 - If the patient speaks little or no English the required information may be either unavailable or inaccurate. This is bound to affect clinical care (Parsons and Day 1992).

- **Consequences**
 - Failure to identify problems or symptoms
 - Necessary action not taken
 - Necessary action taken too late.
 - Expensive but unnecessary tests and even inappropriate treatments may be carried out.

Health professionals

- Forced to compromise and lower their standards, treating patients without explanation or discussion.
- "Some patients are terrified to be examined, because they do not understand what is going on".

Who to use for Interpreting and Translation

The PCTs are signed up to and committed to using INTRAN which includes access to:

Language Line for telephone interpreting and text to speech

CINTRA for face to face interpreting

Deaf Connexions for British Sign Language interpreting and lipspeaking

Pearl Linguistics for translations

3. Procedure for using of Interpreting and Translating Services

All Norfolk Primary Care Trust organisations use INTRAN for accessing interpretation and translation services.

Interpreting refers to **spoken** language.

Translating refers to **written** language.

- If you cannot talk freely and fluently to a patient, as you would a native English speaker, then you need an interpreter. If your patient cannot communicate with you in English, then you need an interpreter.
- Familiarity with a language does not necessary mean an adequate understanding of the culture.
- Do not use written notes or pictures.
- Do not assume that a patient has good English skills.
- Use interpreters for all consultations.
- Giving some briefing information to the interpreter beforehand can help both yourself and the patient communicate effectively.
- Do not use relatives and friends unless in an emergency situation and when time is of the essence. They cannot be expected to be familiar with the culture and language of the health service, to have interpreting skills or to operate to professional standards of impartiality or confidentiality.
- **Under no circumstances is it professionally or ethically acceptable to use children (under 16) as interpreters except in an extreme emergency when there is no access to a phone or adult to act as an interpreter.**

4. Before the Interview

- Give the interpreter as much advance warning as possible, a minimum of 48 hours unless the situation is an emergency.
- Allow enough time for the interview. Everything has to be said twice and explanations of cultural perceptions and backgrounds are required. If the interview is to last longer than an hour, allow the interpreter a break.
- Book a quiet space. Interpreters have to hear and be heard – sign interpreters have to be seen.
- Interpreters must always be given the name of the member of staff who will meet and brief them on arrival.
- The name of the patient must be given so that the interpreter can say if they are known to them in a way in which their impartiality is at risk.
- Welcome the interpreter, brief them on any pertinent issues e.g. aggressive or virtually mute patients, and give them an appropriate place to sit whilst awaiting the interview.
- Do not leave the interpreter alone with the patient.
- You cannot rely on always being able to read non-verbal signals accurately across a culture. In some cultures it is discourteous to make direct eye contact. Check before the interview and if necessary during it. A smile means the same in any language.

5. During the Interview

Consecutive interpreting:

One party speaks and then the interpreter repeats in the language of the listener.

Simultaneous interpreting:

The interpreter whispers their interpretation in the language of the listener while the speaker is talking. This is used when a party has a long speech that is better not interrupted. For example, an explanation of the service or a description of feelings from the patient.

- **Arrange the seating** . A Sign interpreter should be next to you, facing the Deaf person.
For all other interpretations, you and the patient face each other and the interpreter sits between you. This means that you can talk directly to the patient and, if possible, forget the interpreter is there. At the same time the interpreter is not physically perceived as being on one “side” or the other.
- **Look at and address the patient directly** i.e. ‘What is your name?’ rather than ‘can you ask what her name is?’
- **Introduce yourself by name and ask for the name of the patient.** Try to get the prefix and pronunciation right.
- **Explain who you are and what your job is.** There are often no direct equivalents of some services in other countries – for example, France has no Health Visitors.
- **Allow the interpreter to introduce him/herself** and to explain the interpreter’s role as being there to give an **impartial, complete** and **confidential** interpretation of everything that is said by anyone in the room.
- **The interpreter will probably also explain** that s/he will only intervene, and explain the reason for doing so to both parties, if s/he needs to:
 - Clarify something that has been said before interpreting it.
 - Alert one of the parties that, in spite of an accurate interpretation, the other might not have fully understood what has been said.
 - Alert both parties to a missed cultural inference – that is, knowledge of a piece of information that has been assumed, when it might not be the case in one or other culture.

- Ask for accommodation to the interpreting process – for instance, if someone is talking too quietly or too fast.
- That s/he will be making notes to aid recall. These will be destroyed after the interview.
- **Behave as you would if you shared the same language**, as much as possible, recognising and respecting individual backgrounds.
- **Conduct all the interview yourself.** Do not ask the interpreter to fill in a form or explain a procedure. The interpreter is not qualified to know what information to look for or how to process information received.
- **Ask the patient directly** if you are not sure of relevant culture based facts, attitudes or perceptions. Do not ask the interpreter.
- **Explain fully structures and procedures** which may not be within the information framework of the person you are talking to.
- **Express yourself clearly and unambiguously.** The interpreter will tell you if you are saying too much or speaking too quickly.

6. After the Interview

- Summarise what has been decided and clarify the next practical steps to be taken – when, where and how. Make the appointment while the interpreter is there.
- Add information on language needs to the patient's notes and any referral letters.
- Be aware of any contentious or distressing issues. De-brief the interpreter but **do not expect the interpreter to offer an opinion about the patient or their circumstances.**