



Lost in Translation

An overview report by the
Northern Ireland Public Services Ombudsman on
General Practitioner use of **Interpreting Services**



The Role of the Ombudsman

The role of the Ombudsman is set out in the Public Services Ombudsman Act (Northern Ireland) 2016 (the 2016 Act) and includes a discretionary power to undertake investigations on their Own Initiative, with or without a prior complaint(s) being made.

Under Section 8 of the 2016 Act the Ombudsman may launch an investigation where there is a reasonable suspicion of systemic maladministration or that systemic injustice has been sustained (injustice as a result of the exercise of professional judgement in health and social care).

In order to make a determination on reasonable suspicion, the Ombudsman initially gathers information relating to an issue of concern. This may include desktop research, contact with the body concerned, asking questions and making enquiries, and consultation with a range of regulation and oversight organisations. The Ombudsman assesses this information against NIPSO's published Own Initiative Criteria in order to decide whether or not to proceed with an investigation.

Where the Ombudsman determines that an issue has not met the published criteria but considers that an overview of the information obtained could provide learning, then an overview report may be published to highlight areas for improvement.

What is Maladministration and Systemic Maladministration?

Maladministration is not defined in the legislation but is generally taken to include decisions made following improper consideration, action or inaction; delay; failure to follow procedures or the law; misleading or inaccurate statements; bias; or inadequate record keeping.

Systemic maladministration is maladministration which has occurred repeatedly in an area or particular part of the public service. Systemic maladministration does not have to be an establishment that the same failing has occurred in the 'majority of cases', instead it is an identification that an issue/failing has repeatedly occurred and is likely to occur again if left unremedied; or alternatively, an identification that a combination or series of failings have occurred throughout a process which are likely to occur again if left unremedied.

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Executive Summary

The 2021 census¹ identified that English is not the main language for almost 5% of the 'usual residents' of Northern Ireland, with 20,175 respondents indicating that they cannot speak English well or cannot speak English at all.

For those patients who do not speak English as a first, or competent second language, the availability of interpreting support is often central to accessing public services, particularly healthcare. It is crucial to a patient's ability to communicate symptoms; understand any information provided; and to aid accurate diagnosis and management of conditions.

Issues relating to the provision of interpreting support, and therein access to General Practitioners (GPs), have regularly been raised in the public domain and with the Northern Ireland Public Services Ombudsman (NIPSO).

In order to assess the potential systemic nature of the issues raised, and whether action has, or will, be taken to remedy concerns, NIPSO's Own Initiative (OI) team engaged with public bodies²; advocacy groups³; GP representative bodies⁴; and Practice Administrative Staff to gather feedback and data on the use of Interpreting Services. This executive summary sets out a brief analysis of the information gathered, set against the framework of the [Principles of Good Administration](#), the standards by which public bodies are expected to deliver Good Administration.

Applying Law/Guidance

The background of this report outlines the legislation and guidance which place a responsibility on GP Practices to provide interpreting support. However, concerns raised with NIPSO, alongside preliminary analysis of interpreting request data, suggested that there may be significant variation by GP Practices in their use of Interpreting Services.

Customer focus – accessibility of information and services

NIPSO's subsequent assessment identified a number of issues which may be impacting on the level of requests for interpreting, including limited information on the availability of Interpreting

¹ 2021 Census | Northern Ireland Statistics and Research Agency ([nisra.gov.uk](https://www.nisra.gov.uk))

² BSO, the Department for Health (SPPG and the Department for Primary Care); Equality Commission NI; Patient & Client Council

³ Migrant Centre NI; Armagh Roma Traveller Support Group; Barnardos NI; The Welcome Project; Forward South

⁴ Royal College of General Practitioners NI; British Medical Association NI; NI General Practitioner Council

Services (**Section 1**), and a lost opportunity to utilise GP registration forms (HSCR1)⁵ for the collection of interpreting requirements (**Section 2**). Increased **customer focus**, through wider availability of clear and comprehensive information, has the potential to improve awareness and therein **accessibility of services** for both patients and GP Practice Staff.

Staff awareness

Several additional areas were identified as impacting on staff use of the services, including a lack of training and a presumption within guidance that GP appointments should only require telephone interpreting as they are 'straightforward' (**Sections 3&4**). Clarification and further training are required to ensure that GP Practices are **providing effective services, using appropriately trained staff** who are able to access all forms of interpreting where required.

Barriers created by new systems

In designing and implementing new systems it appears there may have been a lack of recognition, or consideration, that they may create additional language barriers. For example, systems like 'Phone first' and 'Telephone Triage', do not currently include a default option of interpreting for those who are not proficient in English (**Section 3**). In order to ensure that **services are working effectively**, and that **individuals are being treated fairly**, current procedures and guidance should be reviewed in light of accessibility concerns, with consideration given to the expanded use of Interpreting Services beyond 'appointments'.

Learning from experience

Building in a mechanism for the collection and analysis of service user feedback is considered good practice as part of the implementation of systems and procedures.

Prior to this assessment, limited recognition appears to have been given to the significance of a clear and accessible feedback mechanism for Interpreting Services, particularly telephone interpreting. This may be inhibiting the ability to recognise and remedy issues, which may ultimately impact on GP Practice and patient willingness to engage with the services.

Additional work is therefore required to improve complaint/feedback procedures.

⁵ [HSCR-1-ENGLISH.pdf \(hscni.net\)](#)

Whilst recognising that further improvements are required, actions taken by the Business Services Organisation (BSO) Interpreting Service to 'Put things Right' during the OI team's assessment has been encouraging. This includes improvements to publicly available information, as well as the roll out of training on face-to-face Interpreting Services to Practice Staff.

Further, the Department of Health's (the Department's) decision to include a review of accessibility for those who are not proficient in English, within the terms of reference for the GP Access Working Group, is reassuring. NIPSO has therefore chosen not to proceed to an Own Initiative investigation proposal at this time.

It is hoped that the action taken to date, alongside planned improvements and implementation of my recommendations, will raise awareness of the availability of Interpreting Services; improve service delivery; and encourage its use.



Background & Decision to Review

'The [GP] practice should make provision for those patients unable to communicate effectively in English by providing an interpretation service...'

**Royal College of General Practitioners NI
GP Framework 2012**

'We commissioned a report in 2017 on barriers to healthcare for minority women in Northern Ireland, and a big issue that got brought up was this issue of interpreting. There should always be an interpreter provided whenever that is requested... We hear issues with interpreters reported by clients fairly often.'

Oral Evidence: The experience of minority ethnic and migrant people in Northern Ireland, September 2021

'Accessing services – Language is the main barrier faced by respondents, 60% indicated this as an issue...'

An analysis of needs of people from ethnic minority backgrounds living in Lisburn. The Welcome Project, June 2021

'For some groups including people seeking asylum and those from the Roma community, access to a GP is the initial hurdle, which is then compounded by language barriers and a lack of interpreters... stakeholders reported that people seeking asylum have been told by healthcare staff to bring a friend who can translate for them.'

**NHS Race & Health Observatory,
'Ethnic Inequalities in Healthcare: A Rapid Evidence Review', February 2022**

'[The receptionist] proceeded to tell me that I need to explain my symptoms better if I want to see the GP. I am a qualified interpreter and had been working for the NHS for the past 13 years and if I cannot describe my symptoms well enough for [their] expectations, then I don't think any foreign nationals can.'

**Extract from a complaint to NIPSO
(Patient B, Case Study 2)**

Background and Decision to Review

There is a responsibility on health professionals, rooted in ethics, guidance and legislation⁶, to facilitate interpreting:

'Patients need relevant information to be shared in a way that they can understand, so that they can use it to make a decision and therefore medical professionals should use an interpreter or translation service if they have difficulty understanding spoken English'.

General Medical Council (GMC) "The dialogue leading to a decision" guidance

'I am writing to remind all GP Practices of your responsibility regarding the provision of an Interpreting Service that is available and should be utilised as required given the diverse ethnicity of patients registered with practices and those attending primary care facilities'.

Directorate of Integrated Care (now Directorate of Primary Care) letter to all GP Practices in Northern Ireland, March 2021

In recognition of this responsibility, the Department's Strategic Planning and Performance Group (SPPG) fund the provision of Interpreting Services, making them free of charge to patients. However, services must be requested on a patient's behalf by the healthcare setting.

Advocacy bodies have raised concern with NIPSO about GP provision of interpreting support, including for example:

- Responsibility being placed on the patient to arrange their own interpreting, resulting in family members, including children, acting as interpreters;
- Information being communicated exclusively in English, despite patients informing GP Practices that they did not speak English;
- Requests for Advisors/Advocacy groups to assist with interpreting;
- GP Practice refusal to facilitate an interpreter; and
- High levels of patient registration with Practices who are known to facilitate interpreting.

⁶ Northern Ireland Act (1998) and the Race Relations (NI) Order 1997

Many of these same issues have been raised and queried within the public domain for several years:

"...Of our sample of 207 women who we interviewed across immigration statuses, nationalities, et cetera, over 11% reported that they had gone to a GP and requested an interpreter, and had not been given one. That is a substantial minority..."

Oral Evidence: The experience of minority ethnic and migrant people in Northern Ireland
September 2021

"... Some participants had found the GP surgery receptionists unhelpful when trying to get an appointment. This was confirmed by voluntary sector workers advocating for those from ethnic minority backgrounds... Experiences of a number of respondents indicate interpreters were not always available ..."

An analysis of needs of people from ethnic minority backgrounds living in Lisburn, June 2021. The Welcome Project

NIPSO requested data from the BSO Interpreting Service, who are commissioned by the Department to provide face-to-face interpreting support to Health and Social Care providers in Northern Ireland. Information was also requested from the Department's Directorate of Primary Care (DoPC) who oversee statistical management information on the telephone interpreting service, 'The Big Word'⁷.

The figures identified that, in 2022/23, there were a total of **6,715**⁸ GP contacts to the Big Word and **10,889** requests for a face-to-face interpreter. Of 317⁹ GP Practices in Northern Ireland 175 (55%) made requests for a face-to-face interpreter in 2022/23. With 45% (142) **making no requests** within a 12-month period:

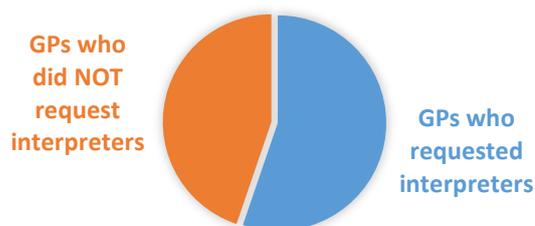


Figure 1: GP Practices who did/did not request face-to-face

Further analysis of the data identified that a large number of the requests originated from a small number of GP Practices. For example, **almost a quarter** (2495) of all GP face-to-face interpreter requests in 2022/23 **were made by just 3 Practices**. By comparison, the 50 lowest requesting

⁷ HSCNI Telephone Interpreting are supplied by the Big Word via the Department of Finance Central Procurement Directorate Interpreting and Translation Contract

⁸ The Directorate of Primary Care were unable to provide a breakdown of the Big Word requests by GP Practice

⁹ [FPS Key Facts for NI 2022-23 \(hscni.net\)](https://www.hscni.net/Key-Facts-for-NI-2022-23)

Practices submitted a total of 156 requests¹⁰, an average of 3 requests per practice within a 12-month period.

Many factors may influence both the demand for interpreting, and whether a face-to-face or telephone service is required. The disparity in the level of requests however highlighted the need for more detailed analysis to ensure that there are no barriers to interpreting support and that, where required, the services are being fully utilised across all GP Practices.

The analysis and potential areas of improvement from this assessment are set out within the subsequent sections of this report.

¹⁰ Of these 150 practices the highest number of requests was 6 and the lowest was 1 request

Section 1: Patient Awareness

The onus is often placed on the patient to make healthcare settings aware of their requirement for an interpreter. It is therefore vital that patients are aware of the availability of Interpreting Services; that services are free of charge; and that the responsibility lies with the health professionals to facilitate the same.

NIPSO reviewed publicly accessible patient information and assessed whether it supports patient awareness.

Patient Information Leaflets

GP Practices may provide patients with leaflets to inform them about the different services they provide. During the review, three leaflets were identified as relevant to Interpreting Services.

At the time of the review, the first leaflet, "*Do you require a HSC interpreter*" (Figure 2), was available in multiple languages on the BSO website¹¹. It provided a summary of the available service, the role of the interpreter, and specified what an interpreter should and shouldn't do. It also clarified that the service is free of charge and is available 24/7.

However, the leaflet only referred to the interpreters facilitated by BSO (face-to-face) and had not been updated for some time.

In response to this issue being highlighted to BSO they uploaded a replacement¹² leaflet which contains similar information, with the addition of a QR code directing patients to their website for further information.

The second leaflet is a UK-wide NHS Factsheet¹³ which was found on a small number of GP Practice websites. It provides general information on the role of the GP, and contains limited



Figure 2: Do you require a HSC Interpreter

¹¹ Information for Patients - Business Services Organisation (BSO) Website ([hscni.net](https://bscni.net))

¹² <https://bscni.net/download/753/patient-leaflets-interpreting/26626/english-patient-poster-leaflet>

¹³ NHS leaflet - English

information in relation to interpreting support, i.e. it tells patients to inform the receptionist when booking an appointment that an interpreter will be required.

The third leaflet, 'Access to Health and Social Care Guidance'¹⁴ is a wide-ranging document, which was produced to inform new arrivals to Northern Ireland about available healthcare services and the practicalities of accessing these services.

One of the first explanatory sections within this document advised patients about the availability of both face-to-face and telephone interpreters and what to expect. It further stated:

'The service is free-of-charge and legally, it is your right to have professional language assistance.'

However, during the assessment this leaflet was replaced by a webpage on the Department's SPPG website (this will be considered later in this section).

GP Websites

Aside from leaflets, a key source of information for those wishing to access primary care will often be the GP Practice website.

A sample review of 63¹⁵ GP Practice websites was undertaken to determine the level and accessibility of Interpreting Services information.



63 live GP websites were reviewed



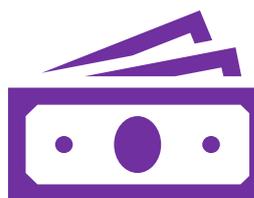
8 referenced Interpreting Services

The review found that although 55% of the websites had a 'new patient' or 'Non-English speaker' section, only 13% (8) referenced the availability of Interpreting Services.

¹⁴ [Health and Social Care Access - Northern Health and Social Care Trust \(hscni.net\)](https://www.hscni.net/health-and-social-care-access)

¹⁵ A sample of GP Practices from each Trust area was selected to give a total of 65 practices. A review was undertaken in September 2021 and August 2023. In 2023 2 of the Practices had closed giving a total of 63 practices.

Where information was provided it was often limited, with some websites simply containing a sentence telling patients that if they require an interpreter, they should inform reception staff prior to an appointment. None of the websites clearly stated that Interpreting Services are free.



NONE clearly stated that interpreting services are free

1/3 did not have a translate function



The review also identified that two thirds of the websites contained an option to translate, but did not explain how to do this.

A significant number also contained multiple links to translated resources. However, several¹⁶ of the links did not function.

While 15 of the websites provided a functioning link to the 'NHS Factsheet', none contained a link to the BSO Interpreting Service leaflet, nor were any direct links available to the SPPG or BSO 'Interpreting' webpages.



32 had links available to translated resources

SPPG Website

As previously noted, the 'Access to Health and Social Care Guidance' leaflet has been replaced with a webpage within the SPPG website¹⁷. Upon review of this webpage, this change has resulted in information on interpreting support being condensed into a single brief paragraph:

'Interpreters - For patients who do not speak English as a first language, interpreting services are available free of charge. If you wish, an interpreter can be physically present during your appointment. This service operates 24 hours a day, seven days a week and all interpreters are bound by confidentiality. Let the doctor or receptionist know you need an interpreter.'

¹⁶ 16

¹⁷ [Access to Health and Social Care - DOH/HSCNI Strategic Planning and Performance Group \(SPPG\)](#)

The previous Guidance leaflet had almost 2 pages of information on Interpreting Services, including, how to request an interpreter; their role; and information about the possibility of telephone interpreters being used via the Big Word.

BSO Website

During the assessment, BSO's website¹⁸ was updated and substantially improved. It can be translated into 31 different languages and now uses 'ReachDeck' which allows users to translate the content of webpages via a read aloud function.

The website homepage has a clearly visible link to its BSO Interpreting Services webpages which contain information for both patients and healthcare professionals, including:

- a summary of the purpose of the service;
- contact details for the Interpreting Service team;
- information about 'The Big Word' telephone interpreting service;
- advice on how to make a complaint;
- copies of the recently updated information poster/leaflet in multiple languages.

Patient Awareness - Conclusion

NIPSO's assessment identified that, with the exception of BSO's website, there is limited accessible public information relating to Interpreting Services. In addition, despite translated hardcopy materials potentially being a preferred source of information for those with limited English proficiency, their availability has diminished.

NIPSO would encourage other bodies, including GPs who are more likely to have direct interaction with patients, to embed a similar approach to BSO who have made significant improvements to the accessibility of information.

Section 1 Recommendations: Patient Awareness

Recommendation 1: The Department, BSO and GPs should collaborate on a review of the availability of Interpreting Services information and consider how this could be improved.

Recommendation 2: The Department should consider funding the translation of Practice leaflets which should include information on the facilitation of Interpreting Services.

¹⁸ [Regional Interpreting Service - Business Services Organisation \(BSO\) Website \(hscni.net\)](https://www.hscni.net); Last viewed September 2024

Section 2: Registering with a GP Practice

In order to register with a GP Practice and access primary care services, an individual must complete a registration form (Figure 3).

In recognition of the need for accessibility/translation, it is available in a range of languages¹⁹ and contains sections in which patients can record their country of origin and residency status. However, it does not currently provide the opportunity to request further beneficial information such as a patient's proficiency in English and/or their requirement for an interpreter.

Identifying the need for an interpreter at the earliest opportunity would be beneficial for both the patient and the GP Practice as it would ensure that, prior to any interaction with a patient, **staff are already aware that an interpreter will be required.**

SECTION 2 : Please complete this section if you are a visitor to Northern Ireland

2.1 From which country have you travelled to Northern Ireland? Go to 2.2

2.2 What date did you arrive in Northern Ireland? Go to 2.3

2.3 What date do you intend to leave Northern Ireland? Go to 2.4

2.4 What is the purpose of your visit e.g. Holiday/ Visiting family/ Study/ Work etc.? Go to 2.5

2.5 Please provide details of any exemption you meet under the Provision of Health Services to Persons Not Ordinarily Resident Regulations (Northern Ireland) 2015, if applicable.

Please Note:
You must provide documentary proof of your claim for exemption as requested by Practice Staff.
Unless you are seeking asylum go to 2.6

If seeking asylum you must provide your Application Registration Card (ARC) and BAIL 201 letter from the Home Office confirming your address in Northern Ireland.
 Go to Section 5

2.6 Do you normally reside in England, Scotland or Wales?

Yes
You must provide proof of your residency in England, Scotland or Wales to the Practice.

GP Details in England, Scotland, Wales:

No Go to Section 5

2.7 Please state country of residence: Go to 2.8

2.8 Please provide your Passport or EEA Identity card details, as applicable:

Country of Issue

Passport Number/ ID Card Number

Issue Date

Expiry Date Go to 2.9

You must provide the **original** document to Practice staff.

2.9 Do you hold a European Health Insurance Card (EHIC)?

Yes Please provide details:
Country of Issue

EHIC No

Valid from

Valid to

You must provide the **original** document to Practice staff.
Go to Section 5
 No Go to 2.10

2.10 Do you hold a Visa issued by the UK Home Office?

Yes Please provide details:
Type:

Visa No

Valid from:

Valid to: Go to 2.11

You must provide the **original** document to Practice staff.
Go to Section 5
 No Go to Section 5

2.11 Do you hold a Biometric Residence Permit issued by the UK Home Office?

Yes Please provide details:
Unique Number:

Issue Date

Expiry Date Go to Section 5

You must provide the **original** document to Practice staff.
 No Go to Section 5

- Page 4 of 8 - HSCR1 V3/2021

Figure 3 : Extract from GP Registration form (HSCR1)

Registering with a GP - Conclusion

By requesting information on the requirement for interpreting/translation at registration, the responsibility may be removed from the patient to continuously request interpreting, aiding a more efficient service, and ensuring that patients are not disadvantaged.

Section 2 Recommendations: Registering with a GP Practice

Recommendation 3: BSO should review the HSCR1 GP registration form and consider the inclusion of a section to record the requirement for interpreting/translation.

Recommendation 4: GP Practices should consider how the requirement for an interpreter is documented on the patients record to ensure clear visibility to staff, alongside the ability to amend the record where the requirement is no longer necessary.

¹⁹ General Public Information - GP Registrations - Business Services Organisation (BSO) Website (hscni.net)

Section 3: Accessing an Appointment

An expectation is often placed on patients to inform their GP Practice that they require an interpreter for their appointment.

However, in order for a patient to request interpreting, they must first be able to book an appointment.

The introduction of 'Phone first' and other telephone triage systems has been particularly problematic for those who are not proficient in English, as many of these systems appear to be automated services which operate solely in English, with no apparent alternative being offered.

Where patients are assisted by friends/family to navigate this phone system, and are successful in getting through to a Practice receptionist, NIPSO have been provided with accounts of Practice staff:

- refusing to facilitate Interpreting Services;
- hanging up where it is apparent the patient cannot speak English or cannot understand what is being said; and
- advising that no appointments are available when an interpreter is required.

The following case study, which was provided by Barnardo's NI, illustrates some of these concerns, including the requirement for English speaking representatives/advocacy bodies to initiate appointment bookings on behalf of patients, and staff refusal to facilitate interpreting:

"The development of this telephone triage has been an absolute nightmare for the people I work with whose first language is not English. For instance, a woman speaking Arabic who has very little English will try to ring the GP receptionist, who gives little to no consideration that English is not her language. Therefore, the whole process breaks down before it even starts. Neither person understands the other, so they are not able to arrange a GP appointment for themselves."

**Regional Outreach Worker,
Women's Centre Derry, Oral evidence: The
experience of minority ethnic and migrant people
in Northern Ireland, HC 159, 8**

Case Study 1 – Barnardo's NI Case

Issue: Accessing an Appointment

A Key worker (Kw) contacted a GP Practice requesting a GP undertake a 'callback' to a patient, with an interpreter.

The Kw was advised by reception staff, that GPs are not able to use phone interpreters, only face to face. Following the Kw's suggestion that a phone interpreter could be accessed through Big Word, the receptionist checked with their IT manager, who confirmed they could not set up Big Word phone interpreting.

The receptionist further advised that the patient would have to get an English-speaking family member or friend to call the Practice on the day of their appointment to confirm that they did not have any COVID-19 symptoms, or the appointment could not go ahead.

The Kw followed up with the Practice sometime later and queried if a system had been put in place for non-English speakers to be able to access appointments. In response the Practice advised: *'We are still in the process of trying to set this up, we did try a couple of weeks ago and staff were on the phone for over 2 hours – we don't really have the capacity for that...'*

Analysis

The GP Practice's refusal to facilitate telephone interpreting is troubling, particularly as this service is available 24/7 free of charge.

It is also concerning that the Practice requested the patient use English speaking friends, despite guidance *'BSO Health and Social Care Interpreting Service Guidance for HSC Staff and Practitioners'*, indicating that this should not be used: ***"Interpreting is a specific skill and profession. Using an untrained person as an 'interpreter' is bad practice and can be dangerous."***

I acknowledge that there may be limitations and frustrations associated with Interpreting Services. I am also conscious of the significant pressure that Practice staff continue to face. However, Patients should not be disadvantaged because they are not proficient in English. It is vital that all patients can access appointments and communicate effectively with their GP.

Some Practices within Northern Ireland have also implemented a system of telephone triage, whereby the receptionist requests information on the patients' symptoms in order to determine whether a call back from a GP or other health professional is required. The case study below is one example of the potential difficulties faced by patients when attempting to book an appointment through this system:

Case Study 2 – NIPSO Complaint

Issue: Accessing an Appointment

Patient A, an NHS interpreter, raised a complaint with NIPSO in relation to the difficulties they faced when trying to request a call back/appointment with their GP. They advised that they encountered issues when they were asked to explain their symptoms to the receptionist, and as a result, were repeatedly referred to a nurse for telephone assessment when they felt they should have been assessed by a GP:

“[The receptionist] proceeded to tell me that I need to explain my symptoms better if I want to see the GP. I am a qualified interpreter and had been working for the NHS for the past 13 years and if I cannot describe my symptoms well enough for [their] expectations, then I don't think any foreign nationals can”.

Analysis

This case highlights the concerns of someone whose role it is to support those who are not proficient in English. The frustrations and misunderstandings that arose as a result of these communications are likely to be heightened for those who are not provided with the opportunity to avail of Interpreting Services.

I note the GP Practice in this case provides information on the Telephone Triage system on their website. However, no reference is made to the requirement to communicate symptoms to the receptionist or the availability of Interpreting Services to aid this engagement.

Such a restriction on a patient's ability to communicate clearly and comprehensively may not only result in the frustrations described by Patient A but may also result in missed opportunities for reception staff to correctly identify the health professional assessment required.

Accessing an Appointment - Conclusion

By availing of Interpreting Services at the outset and/or providing alternative methods of contact, GP Practices could remove barriers to accessing appointments for patients who are not proficient in English.

It is welcome that GP Practices within the Southern Trust Area are currently piloting the use of a translation device²⁰ *'for those occasions when a person arrives into a GP surgery or ED without an interpreter, or perhaps when [health services] cannot match a specific language interpreter for an urgent appointment time'*. If used within the right context these will help to reduce the impact of language barriers when presenting at a GP Practice.

Section 3 Recommendations: Accessing an appointment

Recommendation 5: GP Practices should consider alternative methods to booking an appointment/requesting a callback for those patients who are not proficient in English, for example a translatable online request form.

Recommendation 6: The Department should engage with GP Practices and The Big Word to review the limitations of telephone interpreting services. Particular focus should be placed on how these services can be used more efficiently for 'Triage' and 'Call backs'.

Recommendation 7: GP Practice websites should ensure that telephone triage systems are clearly explained. Advice should also be provided in regard to the availability of Interpreting Services to aid engagement with this process.

Also see Recommendation 8

²⁰ [Translation tech for patients trialled in Northern Ireland](#)

Section 4: Requesting Interpreting Services

Concerns were also raised that, at times, GP Practice reception staff lack awareness of Interpreting Services and their booking processes.

Consideration was therefore given to what training and information is available. This review identified that although training on BSO's face -to- face interpreting booking systems is provided to HSC Trust staff, this has not previously been rolled out to GP Practice staff as their appointments are considered to be 'straightforward':

'GP's have not previously been targeted for training given that telephone Interpreting via Big Word is predominantly recommended for short, straightforward appointments e.g. GP appointments which for the most part last up to 10 minutes.'

BSO response to NIPSO 13 December 2023

This assumption is also reflected within the HSC User Guide *'How to book an appointment'* which states that telephone interpreting should be used for 'Primary Care' (GP) appointments:

Telephone Interpreting	Face to Face Interpreting
	
<p>When to use telephone interpreting</p> <ul style="list-style-type: none"> • Primary Care appointments • When the content to be discussed is relatively simple • When it is preferable not to have another person in the room i.e. when anonymity or modesty might be a consideration • When there are health issues such as highly infectious diseases • When the appointment is 30 minutes or less, especially a primary care appointment • For quick inpatient sessions i.e. doctors rounds • For follow up appointments when a face to face interpreter is not essential • In an emergency situation where time is limited • To aid the booking of an appointment and establish patient's needs • When a face to face interpreter cannot be made available • NB: cost is £0.57 per minute*. <p>By selecting this service you indicate that you have read, understood and accepted the above guidelines</p> <p>Click here for further information regarding Telephone Interpreting</p>	<p>When to use face to face interpreting</p> <ul style="list-style-type: none"> • For a new patient's/client's initial visit • When the appointment is over 30 minutes • When the appointment is sensitive in nature i.e. delivering test results which may be distressing • Consultations involving two or more participants i.e. family conferences • When the patient/client has specific communication needs and/or where non-verbal cues are needed • When the patient/client indicates that they are not comfortable with telephone interpreting • For any sight translation where a document needs to be read to the patient/client • NB: cost is £20 + £5 prep for 1-60 minutes and £0.33 per minute thereafter (plus mileage)* • Out of Hours: cost is £30 for 1-60 minutes and £0.50 per minute thereafter (plus mileage)* <p>By selecting this service you indicate that you have read, understood and accepted the above guidelines</p> <p>Click here to create a request for Face to Face Interpreting</p>

*Costs for services from NIHSC Interpreting Service and The Big Word are funded by the Health and Social Care Board

Figure 4: Screenshot taken from HSC User Guide "How to book an appointment"

Although it may be the case that some GP appointments are 'straightforward' (as would also be the case for some hospital appointments), it could not be suggested that this applies to all GP consultations, which can often include the sensitive assessment of health conditions and/or test results.

Requesting Interpreting Services - Conclusion

It is apparent that telephone interpreting has been promoted for GP appointments over face-to-face interpreting. The information reviewed during this assessment suggests that this has resulted in a lack of training for Practice staff and, potentially, its underuse by GP Practices.

Steps are now being taken by BSO to raise Practice staff awareness of face-to-face interpreting, including the addition of links on the GP's Primary Care Intranet to interpreting information; comprehensive system user guides; and staff information posters (figure 5).

In addition, BSO has also recently introduced a HSC Staff/Practitioner Newsletter²¹ which provides advice on the BSO Interpreting Service, including how to request their free of charge training sessions. A small number of GP Practices who recently underwent the training have provided positive feedback.



Figure 5: BSO Interpreting Service Staff information poster

Section 4 Recommendations: Requesting Interpreting

Recommendation 8: The Department, BSO and GP Practices should collaborate on a review of the availability of all forms of interpreting (including translation devices) and update guidance to reflect when the use of each method may be deemed appropriate. GP Practice Staff should be trained accordingly.

²¹ [BSO Interpreting Service 2024 \(canva.com\)](https://www.canva.com)

Section 5: Feedback

During the assessment, service users²² regularly raised concern with the provision of interpreting support, advising that this had impacted and/or discouraged use of the service. Concerns included:



Difficulties sourcing interpreters for less common languages



Long delays waiting on the phone for an interpreter



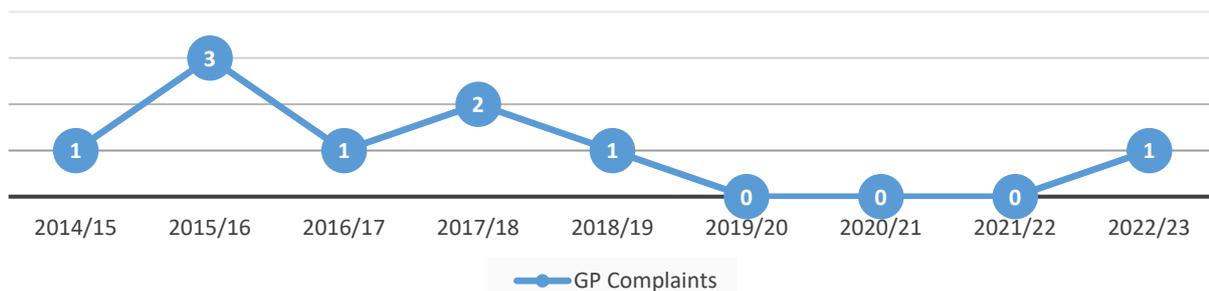
Variation in the skills of individual interpreters



Impact on GP Practice Capacity/ Resources

The regularity with which these issues were raised with NIPSO did not correlate with the frequency of concerns reported to the organisations responsible. For example, over a 9-year period GP Practices raised concerns on only 9 occasions about face-to-face interpreting, an average of 1 per year:

Figure 6: The number of concerns raised by GPs with BSO regarding the face-to-face Interpreting Service



These figures, alongside BMA NI's statement to NIPSO that *'there is no clear pathway for GP Practices to provide feedback'* indicated potential inefficiencies in how service users can share their experiences. NIPSO therefore reviewed the available feedback mechanisms and how individuals are made aware of the same.

²² GPs and Patient Representatives who engaged with NIPSO

BSO (Face-to-Face Interpreting)

As previously discussed, BSO have undertaken several updates to its website, which now has a dedicated, translatable, webpage providing summary information on the complaints process, including the provision of a complaint email address²³ and a link to feedback forms²⁴. It has also introduced a BSO Interpreting Service Newsletter for HSC staff and Practitioners, which includes advice on how to provide feedback.

These advancements are likely to have increased service user awareness of complaint/feedback mechanisms, as well as improving their ability to utilise the same. However, the introduction of a complaints pro forma, which prompts the provision of relevant information, may reduce the time required to input concerns and ultimately aid consideration of potential service provision issues.

Directorate of Primary Care (Telephone Interpreting)

In response to NIPSO queries, DoPC advised that, although on occasion it receives calls regarding service user experience with the Big Word, these 'informal contacts' are not recorded. It further stated that it was unable to provide complaint figures as they are dealt with directly by the Big Word.

NIPSO were unable to identify any information within HSC websites or GP Practice websites relating to the need, or ability, of service users to complain directly to the Big Word or how to do so.

Feedback - Conclusion

There are apparent barriers and/or lack of opportunities for service users to provide feedback on their experiences of Interpreting Services, particularly in regard to telephone interpreting. This may restrict the ability to identify concerns and/or areas where improvements may be made. If issues remain unspoken and unremedied this may ultimately contribute to a lack of engagement.

²³ complaints.bso@hscni.net

²⁴ [BSO Interpreting Service - HSC Staff and Practitioner Feedback Form \(office.com\)](#) – last reviewed 26 September 2024

However, the improvements that BSO have made to complaint/feedback mechanisms for both GPs and patients are encouraging.

Section 5 Recommendations: Feedback

Recommendation 9: The Department should review its current process for receiving feedback/complaints in relation to telephony Interpreting Services. This should include the publication of the relevant complaint process and review of its role in monitoring the service.

Recommendation 10: The Department and BSO should consider the development of an Interpreting Service user satisfaction survey.

Recommendation 11: GP Practices should consider the inclusion of patient information/links on how to complain/provide feedback to BSO/The Big Word within their Practice website.

Section 6: Conclusion

Consideration of an Own Initiative Investigation

During NIPSO's assessment of the use of Interpreting Services by GP Practices, there has been a willingness within the health and social care system to make improvements in this area.

Swift action has been taken by BSO to improve areas of its Interpreting Service, and the Department has now included review of accessibility for those who are not proficient in English within the terms of reference for the GP Access Working Group²⁵.

NIPSO's engagement sessions with GP Practices, also identified the willingness of Practice Administrative staff to consider potential improvements, as well as the sharing of Best Practice.

On that basis I have decided not to proceed to an Own Initiative Investigation Proposal. Instead, I have made recommendations which I hope will contribute to improving awareness; accessibility; and usage of services.

²⁵ AQW 5103/22-27 Ms Cara Hunter



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