

**Consultation on Future Arrangements  
for Language Interpreting and  
Translation Services for Health and  
Social Care in Northern Ireland**

16 September 2013

## **Accessibility statement**

Any request for the document in another format will be considered.

Any request for the document in another language will be considered.

### **Cantonese**

該文件的任何要求用另外一種語言表述，我們也會予以考慮

### **Hungarian**

Figyelembe kell venni bármely, a dokumentum más nyelven történő biztosítására vonatkozó kérelmet.

### **Latvian**

Tiks izskatīti visi pieprasījumi iesniegt dokumentu citās valodās

### **Lithuanian**

Bus atsižvelgta į visus prašymus pateikti dokumentą kita kalba

### **Mandarin**

任何要求以其他语言提供该文件的请求都将予以考虑

### **Polish**

Prośby o udostępnienie niniejszego dokumentu w innych wersjach językowych zostaną rozpatrzone.

### **Portuguese**

Será tido em consideração qualquer pedido do documento noutra idioma

### **Romanian**

Va fi luată în considerare orice solicitare privind furnizarea documentului în altă limbă

### **Russian**

Любой запрос о предоставлении документа на другом языке будет принят к рассмотрению

### **Slovak**

Zvážime každú žiadosť o poskytnutie dokumentu v inom jazyku

### **Tetum**

Hahusuk ruma atu dokumentu ida-ne'e bele disponível mós iha lian seluk sei hetan konsiderasaun.

**Contact:** E mail: [interpretingconsultation@hscni.net](mailto:interpretingconsultation@hscni.net)

Written: Regional Interpreting and Translation Consultation

Commissioning Directorate

Health and Social Care Board

12-22 Linenhall Street, Belfast, BT2 8BS

Telephone: 02890 553905

Text relay: 02890 553905 with prefix 18001

## Contents

- 1 Consultation Summary Document**
- 2 Responding to this Consultation**
- 3 Your Views – The Consultation Response Questionnaire**
- 4 Appendix 1 – Freedom of Information Act 2000 – Confidentiality of Consultations**

## 1. CONSULTATION SUMMARY DOCUMENT

### Review of Regional Language Interpreting and Translation Services

Language interpreting and written translation services are required to ensure that those who do not have English as a first or competent second language are able to access health and social services in Northern Ireland.

In January 2012 the Health and Social Care Board initiated a review of the provision of interpreting and translation services in Northern Ireland to determine the most appropriate arrangements for providing the service in the future. The review concluded in June 2013 and proposed that changes are required to the service administrator, the model of provision and the funding arrangements to ensure a cost effective and high quality service in the future.

The full report of the Review can be accessed at

<http://www.hscboard.hscni.net/consult/>

### Background

Language interpreting for people requiring access to health and social care in the region includes face to face interpreting via the Northern Ireland Health and Social Care Interpreting Service provided through the Belfast Trust, and back up face to face interpreting and telephone interpreting contracts through the Business Services Organisation Procurement and Logistics Service (BSO PaLS). Written translation services are also provided through contracts negotiated by BSO PaLS.

The Review assessed the level of need for language interpreting and written translation to facilitate access to health and social care for minority ethnic groups and examined the current model of provision including service delivery and funding arrangements. The methodology involved desk

research, engagement with service users, healthcare professionals and independent HSC contractors such as GPs.

It was guided by a steering group with membership from the Health and Social Care Board, Trusts, the Patient and Client Council and the NI Council on Ethnic Minorities. Following consideration of a range of options for the future provision of the service, a preferred model has been identified and a number of recommendations have been made. The key findings and recommendations are summarised below.

## Key Findings

- Demand: the demand for the face to face language interpreting service has increased annually from 1,850 sessions in 2004/05 to 75,649 sessions in 2012/13. The level of telephone interpreting, which accounts for only 7% of all interpreting, has remained generally stable at an average of 448 calls per month. The demand for written translation services has ranged between 30 and 80 orders per month.
- Expenditure: the main element of expenditure relates to the face to face service provided by the NI Health and Social Care Interpreting Service. The cost of this service in 2012/13 was £2.628 million.
- Referrer Experience: engagement with Health and Social Care professionals including independent contractors highlighted particular issues including a lack of clarity about the interpreting services available and the charging and contracting arrangements in place. Inconsistency in the use of interpreting and translation, particularly within primary care, was also highlighted.

- User Experience: engagement with service users within minority ethnic groups identified several positive aspects of the current service while also highlighting areas for improvement. These included the need to ensure a more appropriate and consistent response from Health and Social Care professionals and GP and hospital reception staff about the need for interpreting and the facilitation of booking a service for patients and clients.

## Recommendations

The Review has made a number of recommendations. The Review recommended that interpreting and translation services should be delivered on the basis of a regional shared service provided by the Business Services Organisation. In addition, it recommends that efforts should be made to significantly reprofile the usage of the interpreting service to achieve a more appropriate balance of face to face and telephone interpreting, potentially increasing telephone interpreting from the current level of 7% to around 50% of all activity. Such a shift would mean that by March 2016, the estimated cost for the total service for face to face and telephone interpreting would remain broadly at current levels while potentially offering a more flexible and appropriate service to both referrers and users. Other recommendations include the requirement for freelance interpreters to pay an annual registration fee, the streamlining of funding arrangements, the need to improve activity coding and information management and ensure the coordinated use of written translation services across the region's health and social care settings.

## **Equality and Human Rights**

Throughout the design, conduct and write-up of the review consideration was given to equality and human rights. In addition and in accordance with the statutory duties screening was undertaken and the conclusion was that a full Equality Impact Assessment is not required. The outcomes of the screening exercise are also available as part of this consultation. Your comments on the screening are welcome.

## 2 Responding to this consultation

You can respond to this consultation by e-mail or letter.

Before you submit your response, please read Appendix 1 about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises. If you require the documents in another format or language please use the contact details below.

Responses should be sent to:

E-mail: [interpretingconsultation@hscni.net](mailto:interpretingconsultation@hscni.net)

Written: Regional Interpreting and Translation Consultation  
Commissioning Directorate  
Health and Social Care Board  
12-22 Linenhall Street  
Belfast BT2 8BS

Telephone: 02890 553905

Text Relay: 02890 553905 with prefix 18001

**Responses must be received no later than 5.00pm on Friday 13 December 2013.**

The questionnaire can be completed by an individual health or social care professional, stakeholder or member of the public; or it can be completed on behalf of a group or organisation.

### 3 Your views - The Consultation Response Questionnaire

Please tell us if you are responding on your own behalf or for an organisation by placing a tick in the appropriate box:

I am responding: as an individual   
 on behalf of an organisation   
 (please tick a box)

Name:	
Job Title:	
Organisation:	
Address:	
Telephone:	
Textphone:	
Fax:	
E-mail:	

May we contact you should clarification be required on your response?

Yes  or No  (please tick a box)

Recommendation	Agree	Disagree	Comments
Appropriate actions should be taken to reprofile usage to achieve a more appropriate balance of face to face and telephone interpreting.			
Clear guidance should be developed to ensure appropriate use of written translation services by Health and Social Care professionals.			
Interpreting and written translation services should be delivered on the basis of a regional shared service provided by the Business Services Organisation.			
All face to face and telephone interpreting services should be funded centrally and be accessible to all Health and Social Services Organisations as well as GPs, dental practitioners and community pharmacists.			
A regional advisory group, reporting to Health and Social Care Board should be established to oversee the delivery of interpreting and translation services including governance and accountability issues. The group should include patient and client representation.			
Interpreters should be required to pay an appropriate annual registration fee.			
Interpreters should be deployed as efficiently as possible through			

effective resource management and innovative use of technology.			
An interpreting portal should be developed to ensure consistency of coding and to encourage appropriate referrals, including out of hours requests.			
Consistent data sets should be developed to ensure effective performance management.			

Any Further Comments:

**Equality implications**

1. This proposal was screened for equality and human rights considerations. A full copy of the screening exercise is included as part of this consultation. Please let us know if you are satisfied with the content of the screening exercise and outcomes. If not we would be interested in your reasons for this.

Yes  No

Comments:

2. If you have any suggestions on how the proposals could better promote equality of opportunity, human rights or good relations please give details.

Yes  No

Comments:

3. If you have any additional evidence to support the equality and human rights screening activity give details below.

Yes  No

Comments:

**Responses must be received no later than 5.00pm on Friday 13 December 2013. Thank you for your comments.**

#### 4 Appendix 1 - Freedom of Information Act 2000 – confidentiality of consultations

The Health and Social Care Board will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Health and Social Care Board can only refuse to disclose information in exceptional circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Health and Social Care Board in this case. This right of access to information includes information provided in response to a consultation. The Health and Social Care Board cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- the Health and Social care Board should only accept information from third parties in confidence if it is necessary to obtain that information in

connection with the exercise of any of the Health and Social care Board functions and it would not otherwise be provided;

- the Health and Social Care Board should not agree to hold information received from third parties “in confidence” which is not confidential in nature;
- acceptance by the Health and Social Care Board of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner’s Office (or see web site at:

<http://www.informationcommissioner.gov.uk/>).