

Report title: Interpreting and Translation Services	
Report to: Health Overview Policy and Scrutiny Committee	
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Date: 2 December 2020	For: Discussion and identifying any follow-up scrutiny actions
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County Divisions affected: Not applicable	

1. Introduction

- 1.1 Interpreting and translation services for primary care (GP and Dental) are currently commissioned across East of England in differing historic ways. The intention will be to extend services to include community pharmacies and optometry services.
- 1.2 CCGs in East Anglia across Essex and in Hertfordshire have expressed their intention to be part of the East Wide Regional Procurement for Interpreting and Translation Services. Bedfordshire, Luton and Milton Keynes CCGs have commissioned services for GPs separately but will be included in an east wide approach for dental, pharmacy and optometry services.
- 1.3 Service provision varies in each area but generally includes face to face interpreting services for non-English speakers (subject to clinical need) and non-speaking patients (e.g. deaf community), telephone interpreting and written translations of medical records.
- 1.4 Accurate data is available for East Anglia; activity data for other areas is limited. The most commonly requested language is Lithuanian; other frequently requested languages include Polish, Romanian, Portuguese, Russian, Arabic, Kurdish Sorani, Chinese Mandarin, Cantonese, Bulgarian, Hungarian, Bengali and Urdu. Non-speaking services such as British Sign Language accounts for approximately 15% of all face to face language requests.

2. Action required

- 2.1 The Committee is asked to consider this report and identify any issues arising.

3. Essex

- 3.1 In Essex there are multiple arrangements for service delivery, these are based on historical arrangements which were commissioned by PCTs (Primary Care Trusts) prior to the inception of NHS England.

- 3.2 The majority of services are provided by The Big Word with a number of other smaller independent suppliers for non-spoken interpreting, also only available to patients using GPs and dentists.
- 3.3 In 2019 a procurement process was started for services in Essex with the intention of aligning services to one of the national procurement frameworks, the Crown Commercial Services (CCS) Framework for translation and Interpreting which was used in East Anglia.
- 3.4 The intention was for this service to commence on 1 April 2020 however it became evident that it would not be possible to undertake the required patient and stakeholder engagement to develop the new services and procure by this date. A Single Tender Action (STA) was approved by NHS England and NHS Improvement (NHSE/I) Commercial Executive Group (CEG) to extend the arrangements in line with the East Anglia Contract and align the procurement process as East of England Region wide.

4. Procurement

- 4.1 In September 2019, NHSE/I agreed to secure a new region wide contract from April 2021, on behalf of CCGs across the region, with their agreement. This procurement would include an extension to services to include community pharmacy and optometry services.
- 4.2 The benefits of an East-wide regional approach will ensure there are fewer contracts to manage, a consistent approach to commissioning and monitoring services, delivery of high-quality standards, and equitable and inclusive access for patients and primary care providers.
- 4.3 The recommissioning of this service requires an extensive patient and stakeholder engagement exercise which was partially delayed due to response and resources required to manage the Covid-19 pandemic. As a result, approval for a six-month extension to 30 September 2021 is being sought to allow this to be completed and then to undertake the procurement
- 4.4 In addition, the new, updated Crown Commercial Services (CCS) Framework (the current framework used) will not be ready until April 2021 for the region to potentially Call Off from; therefore, impacting on the ability to procure from an up to date Framework for commencement on 1 April 2021.
- 4.5 With the publication of an updated Framework by the Eastern Shires Purchasing Organisation this year, NHSE/I will be able to select the most appropriate Framework to meet the required local needs. It is NHSE/I's intention to investigate the feasibility of directly commissioning services for non-spoken languages separate to any Frameworks.
- 4.6 Approval is being sought from NHSE/I's Commercial Executive Group for a contract extension to 30 September 2021 following recent exploration of virtual engagement and procurement options; the reasons for requesting an extension are set out below as time is required to complete the following actions:

- Market engagement with community pharmacy and optometrists, and their patients, to understand their need for specific interpreting services;
- Patient engagement with both non-English speakers and non-speaking patients (learning from recent experience);
- Market engagement with GPs and dentists about their user experience and learning to inform commissioning intentions;
- Explore the use of technology in primary care and experience of using interpreting services during Covid-19 response that could improve services and access for patients and inform commissioning intentions;
- Explore whether it is feasible to tender for non-speaking services separately from non-English speaking and translation services to allow local suppliers and specialist providers to tender and to determine whether this is beneficial for patients and cost effective; and
- Ensure adequate resources and skills are available within the region to undertake the engagement processes outlined above.

4.7 The contract extension will extend the current arrangements to end September 2021. Development of a localised service specification and the local tender process will commence following finalisation of engagement activities and completion of due governance processes with the CCGs.

5. Engagement Exercise

- 5.1 NHSE/I agreed to commence the patient and stakeholder engagement exercise recognising the risks, constraints and timescale for completing the process. It is noted that many of these risks and issues will be mitigated by the contract extension.
- 5.2 Arden and GEM CSU have been commissioned to undertake the engagement with non-English speaking patients. NHSE/I will carry out a separate engagement exercise with the deaf community utilising external expertise to prepare a survey and engage with patient forums.
- 5.3 NHSE/I will undertake the full engagement with contractor groups across the region to ensure that services are appropriate and accessible when required.
- 5.4 NHSE/I recognise that the learning from previous engagement with service users and contractors will be crucial to inform the local specification and identify the aspiration for service standards when tendering for a new contract.
- 5.5 An Equality Impact Assessment has been prepared by Arden and GEM CSU which identifies and seeks to address the Health Inequalities faced by those with a need to use Interpreting and translation services.
- 5.6 The key aims of the engagement exercise are:

- To understand the need (how and when) for interpreting and translation services for patients wishing to access these services to ensure safe, effective and inclusive patient care;
- To understand the need (how and when) of each of the primary care contractor groups to use interpreting and translation services to ensure equitable and inclusive access to patient care;
- To explore whether there is inclusive and equitable access to all primary care services including by hard to reach groups, e.g. asylum seekers, refugees and those with different cultural backgrounds and understand how they wish to use interpreting services;
- To obtain patient feedback about their experiences of using interpreting services across the region and identify what if any improvements or changes to services may be needed;
- To understand why some patient cohorts may not be accessing interpreting services and how they are using primary care services, in particular, hard to reach and other vulnerable groups;
- Explore if each primary care service has a different challenge in terms of ensuring equitable access;
- To seek feedback from primary care contractors, specifically GPs and dentists, about their experience of using interpreting services and identify what if any improvements or changes to services may be needed;
- To engage with community pharmacists and optometrists to understand their need to access interpreting services when providing NHS care to patients and how access can be provided effectively. This will help to inform the level of activity that will need to be commissioned and funding forecasts to be made;
- To explore and understand how and if the use of technology will increase the effectiveness and improve ease of access to interpreting services, in particular, given the growth in use of digital access to patient care;
- Work with key stakeholders including Healthwatch organisations, Clinical Commissioning Groups, Local Authority Health Overview and Scrutiny Committees and local patient forums, to understand the environment in which this service will operate and ensure the views and perspectives of these stakeholder actively inform the commissioning of local services which will benefit their patients.

5.7 Engagement will enable local requirements and outcomes to be identified and specifications agreed with each of the primary care services and then for the most appropriate Framework to be selected.

5.8 With expert support from one of the local deaf associations in the region, an online survey has been prepared and circulated to the deaf community via the patient associations and also to Healthwatch and CCG Engagement leads across the region; this survey is accompanied by a video translation of the questions and enables feedback by video. Patients have been given up to six weeks to respond and this timeframe may be extended if needed. NHSE/I is also investigating the feasibility of running a small number of independently facilitated virtual focus groups across the East of England region, including one

in Norfolk, to understand from patients what the impact of having a hearing impairment has on access to primary care services

- 5.9 The region has asked the Consultation Institute to review our engagement plans to obtain feedback about the robustness and proportionality of the plans.

6. Conclusion

- 6.1 The Health Overview and Scrutiny Committee are asked to note the content of the paper and to give feedback regarding the proposals.
- 6.2 Feedback from the Committee will be included in the final engagement outcome report and will inform the local specification which ensures services meet the needs of the patients and providers.
- 6.3 A further update will be available to the Committee following the outcome of the engagement exercise and following procurement of the services.