healthwatch Bedford Borough
healthwatch Central Bedfordshire
healthwatch Luton
healthwatch Milton Keynes

Evaluating translation and interpreting services across BLMK

Full Report

February 2025

Introduction

The Denny Review, commissioned by the Bedfordshire, Luton, and Milton Keynes Integrated Care System (BLMK ICS) in April 2022, aimed to understand and address health inequalities in local communities. The review highlighted significant language barriers faced by residents across the BLMK region. Individually, these residents come from disparate minority groups within the overall BLMK demographic, but when combined, they make up over a quarter of the BLMK population, demonstrating a significant need for accessible communication support.

According to the Denny Review, "research by the Centre for Ageing Better shows that people reporting that they have poor health has been higher for ethnic minority groups than the white British population. For example, Black Caribbean people and those from Pakistan and Bangladesh report poor health between 1.5 times and double the rate of white British people. In addition, a limited understanding of the English language may mean people do not understand health promotion materials and how to access the related services if translations or interpreters are not provided"

The Denny Review made recommendations that can be implemented in the shorter term, which will help to make an immediate difference to the experience of residents over the next one to two years.

The role of local Healthwatch

As part of this work, the four local Healthwatch organisations agreed to map and review translation and interpretation services in the following way:

- Conduct a comprehensive review of current translation and interpretation services across the BLMK ICB footprint.
- Contribute to the BLMK map of translation/interpretation services.
- Collect feedback from service users, carers, and the workforce regarding current BLMK language provision.
- Contribute to and publish an overarching BLMK Healthwatch report with actionable recommendations on next steps.

How the Denny Review recommendations shaped this project

Access

Enforcing of NHS Accessible Information Standard & Equality Act 2020 adherence: Contract monitoring of new products and services should rigorously apply the NHS Accessible Information Standard and the Equality Act 2020 so that they meet the needs of all residents and staff members, for example when purchasing equipment. This includes ensuring that residents are asked about or offered information in a format or language that they can understand and are able to give consent after making an informed choice. Consideration should be made to help prevent residents being excluded from services due to barriers which include a lack of access to digital technologies.

Urgent review of healthcare premises: A review of all health and care premises should be undertaken to ensure disability access is always available. Risk assessment should be carried out on all premises and the necessary equipment purchased and maintained e.g. Hearing loops installation. In respect of these installations, staff should be provided with training to ensure they are functional and accessible.

Evaluation of Interpreter and Translation Services: Collaborate to implement a universal translation service for BLMK that provides consistency across all NHS provider organisations.

This should be achieved by undertaking an urgent review of all translation services provided in BLMK's health and care sector to ensure it complies with Accessible Information Standards.

This should mean that interpreters are always available, that there is consistency across primary and secondary care services, and that British Sign Language

Communication

Co-Developing a Communications Campaign: Residents and partners to come together to co-develop a communications campaign to support people to explain how the health and care system works, and how to navigate it, with a particular focus on supporting minority groups.

Health Communications & Marketing Materials: This campaign should include regular updates on the implementation of the Denny Review, and, where relevant, have a gender focus too for specific issues highlighted. Urgent review of all communications and marketing materials to ensure that imagery and language is culturally appropriate and reflects the different communities in BLMK.

Project outline & scope

The project aimed to evaluate translation and interpreting services across different healthcare settings such as hospitals, GP practices, dentists, pharmacies, opticians, and community health services.

Methodology

- Visits to various healthcare facilities across the BLMK geographical area to place.
- Interviews and observations were undertaken with clinical and non-clinical staff and patients.
- Invitations were extended to Non-Executive Directors and Governors of NHS Trusts to accompany Healthwatch on visits to shadow activities.
- Standardised interview and observation questions were drafted by BLMK Integrated Care Board's Strategic Transformation Team to ensure consistency in data collection.

These services were visited between September and November 2024. The Local Healthwatch teams had conversations with both clinical and non-clinical staff, and, where appropriate, with patients at the premises where possible, using an agreed interview and observation question framework. The questions and observation sheets are included as an annex. The duration of individual visits varied according to the setting and the number of staff and/or patients available to speak to.

The following Providers of the Translation and Interpretation services were in place at the time of the visits:

Organisation	Translation/interpretation services used
Primary Care – Bedford/Central Bedfordshire and Milton Keynes	DA languages [spoken language and translation materials] Language Empire [non-spoken BSL]
Primary care - Luton (GPs, dentists, pharmacies and optometrists)	DA Languages [translation materials, spoken and non-spoken interpretation]
Bedfordshire Hospitals NHS Foundation Trust	DA Languages
Milton Keynes University Hospital Foundation Trust	AA Global [face to face, video, telephone interpreting services] Sign Live [supplementary BSL interpreting on devices]
Cambridgeshire Community Services NHS Trust	DA Languages
Central and North West London NHS Foundation Trust	Language Shop [excludes British Sign Language] Royal Association for Deaf People [BSL only]
East London Foundation NHS Trust	Language Shop

Following the visits, Healthwatch were informed that Bedfordshire Hospitals NHS Foundation Trust have re-procured their Translation and Interpretation service, from DA Languages to Absolute Translations Ltd.

Visits - Opticians

Specsavers Bletchley, Milton Keynes

Specsavers Bells Brook, Biggleswade

Specsavers, Bedford

Specsavers Market Square, Biggleswade

Boots Opticians, Bedford

Kanzaria Opticians, Luton

Vision Express, Luton Point

As Specsavers are the only partner organisation of the DVLA to deliver drivers' medical visual field and visual acuity testing, it was important to review their accessibility. We spoke to 14 clinical and non-clinical staff members across the sites, there were either no patients present during our visits, or none who chose to speak with us.

There was no clear and visible signage (in different languages/readable formats) directing residents to translation and interpretation services in any of the sites visited. A staff member at one provider said they had received training in using DA Languages, but their Company had stopped using them:

"I will talk to my Manager if it is British Sign Language and if a different language, I will contact the NHS to find out if they cover the cost and if they do not cover the cost, I will ask the patient if they can pay for the cost of interpretation."

It was unclear if the staff member interviewed was referring to the BLMK ICB or NHS England, or indeed who they would be talking to when making this sort of enquiry. Aside from this staff member at this provider, none of the other professionals spoken to were aware of DA Languages. Another provider told us they used Language Line and accessed this through an iPad that was shared across multiple sites. In Bedford specifically, providers had an expectation that Deaf Access Bedfordshire (formerly known as Access Bedford) should be providing a certain level of service and advised that they felt Deaf Access Bedfordshire could work better with them. This was confusing as Language Empire is the NHS commissioned BSL interpretation provision for primary care in this Place area.

We were told that interpreting was not a problem because:

"I speak clearly and use visual aids."

"Eastern Europeans always bring a relative to interpret."

"The manager is bilingual so there is always cover."

"Staff have a range of languages known to them."

All Opticians we visited, including those who told us they used "Language Line," used Google Translate or expected people to bring a family member or friend with them to interpret.

The overriding theme emerging from the staff was an unawareness that Translation and Interpreting service were available for use. There was a belief that informal workarounds were effective, and they had no knowledge of or training in using the commissioned services. They expressed a general feeling that communication was not an issue.

Visits – Dentists

Liverpool Road, Luton

Queensbury Dental, Dunstable, Central Bedfordshire

Priory Dental Practice, Bedford

MK Dental Practice, Milton Keynes

13 clinical and non-clinical staff were spoken to, and one non-English speaking patient and their teenaged child attending as an informal family Interpreter.

One practice advised that they had a hearing loop, but this only covered the reception area.

One dental practice visited had information displayed, employed several staff members who spoke other languages as well as a member of staff able to communicate using BSL. If the appointment had been made by GP referral, the practice would use DA Languages as they had time to ensure an appropriate Interpreter was available. The practice felt comfortable using staff to interpret in short notice appointments as they covered a wide range of languages as well as an understanding of the procedures so could explain them properly.
It was at this practice where the visiting team were able to observe the staff interpreting for a non-English speaking patient. The patient had brought their teenaged child with them as the child could speak a little English. The child, aged between 12 and 17 years old, said it was "relaxing" to have someone speak to them in their own language, and was happy they did not have to interpret.
None of the other dental practices had visible signage about interpreting services displayed. There were no information leaflets in other languages with one practice advising that:

> *"There are leaflets prepared in other languages from the Oral Health Foundation. We stopped displaying these when decluttering due to the pandemic with infection control."*

While one practice had six of their seven staff members tell us that they were aware of DA Languages, they did not know how to access the service and two of them had only heard of DA Languages through previous work in different care settings.

We were told by three of the four practices that they had never had a requirement for BSL which is unsurprising as the only way for profoundly Deaf BSL users, currently, to access NHS dentistry is to visit each practice to see if they are offering NHS appointments. As with Opticians, Dentists relied on Google Translate, bilingual staff or requested patients bring family members or friends with them to act as informal Interpreters, telling us:

"Not really, people seem happy to bring a family member – I think it's more personal."

"Only one occasion was translation required however a member of staff spoke the same language."

"They [the patients] are usually very good at lip reading."

"In 15 years, we've never really had to contact one [an Interpreter] as our patients are English. We can access LITS/HITS, Luton and Hertfordshire PAYG language provision though if we needed to. I remember doing this years ago."

When we asked the providers what they would do if an Interpreter was required, we were told: "We would ask relatives to attend or use staff."

"If written communication was required, we would write it out and ask Practice Manager to go over it."

"We would speak louder and slower."

"Move closer to someone who is hard of hearing."

"It's more difficult on the phone. It is rare that the conversation lasts very long especially at the moment as we are not taking on new NHS patients. It is usually the older patients that don't speak as much English and would have a family member to support them."

The predominant theme was that professionals are not aware of people's rights to have Interpreters or translated materials, patients are unaware of their right to the same and this creates the current situation where services are not requested or offered. This reinforces the false perception that Translation and Interpretation services are unnecessary, leading to inaccurate data on actual needs.

Visits – Pharmacies

Janssens Pharmacy and Travel Clinic, Bedford

Cheeseman's Pharmacy, Ampthill, Central Bedfordshire

Lindleys Pharmacy, Bedford

Jardines Pharmacy, Biggleswade, Central Bedfordshire

Boots Milton Keynes, Milton Keynes

Jardines Pharmacy Neath Hill, Milton Keynes

Rank Pharmacy, Luton

Denbigh Pharmacy, Luton

In total, we spoke to 14 clinical and non-clinical staff, and seven patients and family members acting as informal Interpreters.

As part of our observations and interaction with customers, none of those spoken to were aware of the Translation and Interpreting service available to them.

In Boots, the Pharmacist was able to advise that one of their dispensers was trained in BSL and said that patients either used Google Translate on their phones or knew to bring someone to interpret for them. They were unaware of any other language provision and called the Store Manager over to advise. Boots are now a retail outlet with a pharmacy counter rather than a dedicated pharmacy which may have changed their organisational understanding of their obligation under the NHS Accessible Information Standard. The store manager told us that all retail staff who wanted to, wore name badges that identified which languages they spoke, and that the Pharmacy counter could use any of those retail staff members to translate for patients at the pharmacy counter. The manager also told us that they didn't see a need for leaflets in other languages as people "could look up anything they needed online."

All other Pharmacies either used Google Translate, multilingual staff, or expected people to bring an English-speaking family member or friend with them.

In one of the visits, there was an Afghani, Dari speaking patient who had brought their young relative to interpret for them. This family were not aware that either foreign language interpretation or translation of documents was available and had never been offered this. Instead, they had been asked to bring someone who spoke English with them.

One pharmacy team reported having used an unknown language provider a couple of times in the past. In these cases, the GP had written a number on the correspondence to the pharmacy team, so they had just rung the number provided. However, they were unsure who this provider was as it was over a year ago and no training was provided.

In another pharmacy, when talking about translated materials, the visiting Healthwatch team were asked if they could assist in sourcing literature in Lithuanian, Ukrainian, Polish, Syrian, Bengali, Urdu, Punjabi, and Hindi. The Healthwatch team liaised with the Public Health Outreach Team and had these delivered.

"It's never been an issue while on the phone or face to face, most people are British".

"Previously, patients have used an App on their phone to translate their language."

"Bring in family members to translate. I'm aware of how to use Google App as well."

"It's never been an issue; we did have one Deaf person that came in however they could speak so they communicate their needs."

"Use Google Translate, staff support each other, we speak slowly and make eye contact, some people can lip read."

"We find the eastern European languages particularly challenging here, particularly with the new waves of migration to the area."

While several pharmacy teams across BLMK mentioned that medicine packages were embossed with Braille, resident feedback evidence that the pharmacy printed sticky labels are often placed over top of the Braille which makes the braille unreadable. The patient safety leaflets are also in small print. One suggestion, made by visually impaired residents, was that a QR code linked to a screen reader accessible website for the medication would be helpful.

There were a few Pharmacies with hearing loops, although these only covered parts of the premises.

The biggest issue facing pharmacies around translation and interpretation is the absence of awareness that there is a translation and interpreting service available to them to support their work with patients. In addition to education around the availability of the services to them, Pharmacy teams will require access to training and development in cultural competency, disability awareness, Equality and Diversity training to include core, mandatory modules on the NHS Accessible Information Standard and Equality Act 2020 and the legal obligation to ensure adherence to this legislation.

Pharmacy settings need a standardised provision of publicly visible or available information in other languages and formats, and information about patient's rights to Interpreters and how to request these.

Visits – GP Practices

Barton GP Surgery, Central Bedfordshire

Priory Gardens GP Practice, Dunstable, Central Bedfordshire

Cauldwell Medical Centre, Bedford

Sharnbrook Surgery, Bedford

Lea Vale Medical Centre, Luton

Larkside Practice, Luton

CMK Medical Centre, Milton Keynes

Sovereign Medical Centre, Milton Keynes

Neath Hill Medical Centre, Milton Keynes

In total, we spoke to 24 clinical and non-clinical staff, and three patients who required language support were spoken to.

Of all the primary care providers, the GP practices were the most knowledgeable about the access to Translation and Interpreting services, with most practices reporting that they used them frequently and had systems in place to enable this.

Only around half of the practices visited had publicly visible information in other languages, or information about translation or interpreting services. Fewer than half had hearing loops available and of these, fewer still had hearing loops that covered the whole premises.

Overall, the professionals we spoke to in GP practices had the greatest awareness and understanding, of all the healthcare professionals we spoke to across the system, of the safeguarding and GDPR issues that could arise if professional Interpreters were not used. However, despite the elevated level of awareness, settings often relied on, and utilised Google Translate or family members providing informal interpretation regularly.

GP practices in three of the Place areas reported using the interpreting service frequently, ranging from multiple times a day to weekly. Multiple members of staff at these practices felt they could be using the service more often and specifically mentioned the safeguarding and privacy concerns that they had when an Interpreter was not available, forcing them to rely on other staff, including non-clinical staff members for clinical conversations, or family members. These practices also used Google Translate, and multilingual clinical staff where possible.

Clinical and non-clinical staff spoken to in the remaining Place area were less aware of the service, or less convinced of the need to use it. In one practice there was a wide variety of responses given to the question of how frequently they used the service, ranging from '2-3 times per week' to 'monthly' with one staff member saying they 'never' accessed the provision, adding that "if offered they usually opt for family members to accompany them instead. D.A Languages is used over the phone - I think patients prefer someone to be there with them."

This variation within a single practice may be attributable to the individual staff member's training and/or approach to making the offer to patients.

The staff at this practice also had differing opinions on whether they should be using the service more frequently, based on patient needs, with half of the staff agreeing they should. The second practice visited in this Place advised the visiting Healthwatch team that they used the spoken language service either less than monthly or never but that the non-spoken language service was used a couple of times a month. None of the staff at this practice felt they should be using it more often.

An issue that raised by all providers visited was the extra time that working with Interpreters took, and the difficulty in providing extended appointment times as well as the issues raised by patients who had experienced very long delays in being seen because Interpreters had either cancelled the booking or not been available. This is where practices, especially those who use Interpreters regularly, may be forced to resort to using less appropriate or less reliable methods of interpretation.

The emerging themes across the four Place areas was that there is a wide variance in the systems that practices have developed to book Translation and Interpreting services, and a standard operating procedure or guidance on who has responsibility to book the service would provide a more consistent offer across the patch.

Another theme is the desire, in most, and the need, in all practices, to have access to more training or development in cultural competency, disability awareness, Equality and Diversity and the legal obligation to ensure adherence to this legislation.

Another theme is the need for a standardised provision of publicly visible or available information in other languages and formats, and information about patient's rights to interpreters and how to request these.

Visits – Hospitals

MKUH	L&D	Bedford Hospital
Eye Clinic	Maternity	Early Pregnancy Assessment Unit (EPAU) -
Outpatients	Maternity Triage	Cardiology Outpatients
Dermatology	Diabetic Endocrine Clinic	Archer Unit
Audiology	Preoperative Assessment Unit	Tavistock Day Surgery Unit
Labour Ward	Day Surgery Unit	Orchard (Maternity) Ward
Maternity ADAU	Day Surgery Pre-Assessment	Acute Assessment Unit
Emergency Department		Riverbank Paediatric
Maple Centre SDEC Reception		
Maple Centre SDEC Unit		
Maple Centre short stay medical ward		
Main Reception		
Outpatient Pharmacy		

Activity across acute NHS hospital sites was extensive. This section will look at experiences across the hospital sites as a whole, with granular ward/unit level detail being provided to the Trust's separately by their local Healthwatch, on request.

The provision of interpretation and translated materials was shown to be enormously varied across the patch. As well as the differences between the hospitals, there was a large variation between the wards/units visited within the same hospital Trust.

The initial findings made regarding the services offered at the Bedfordshire Hospitals NHS Foundation Trust have been superseded by the Trust's decision to go ahead with their decision to enter into a contract with a new provider during the interval between the initial and follow up visits and the writing of this report.

This change is unlikely to improve awareness of service provision among staff or patients. Therefore, our recommendations regarding visible signage and staff training remain relevant and necessary.

The hospital Trust's and their individual departments and wards appeared to operate against different policies or, at least, hold different interpretations of standard policies and processes. Some wards/ departments feel that they require patient consent to provide Interpreters while staff in other departments and wards told us that they will use Interpreters automatically because of the recognition that families can be coercive and display unconscious bias, with one giving an example of a family that previously refused surgery on behalf of a patient when staff believed that the patent would have agreed had they had a qualified Interpreter.

Disappointingly, maternity wards, were the most likely to rely on partners to interpret. These areas shared technology, such as Sign Live or Polycom SoundStation conference phones. Staff, when they were aware of these, were not always clear on how to find them when they were needed, and all staff expressed a need for equipment to be allocated to each ward.

Some areas showed evidence of best practice by having a wide range of cards, in English and the five most commonly spoken languages, with short and frequently used phrases available for staff to be able to use such as "You may be here for 1 hour waiting for your test results". Most areas, however, had little to no visible signage or material in other languages advising patients of their right to an Interpreter.

It was surprising to find areas, such as eye clinics, did not have literature or posters in large print. Across the patch, we found that here was little literature in Easy Read format. Easy Read can support people with learning disabilities, low levels of literacy and/or understanding of written English.

Staff in areas where patients arrive with no prebooked appointments were all aware of the interpreting services. However, it was acknowledged that Interpreter availability at short notice was a very real issue.

As with the primary care settings, there was often a disparity between staff members' knowledge and understanding of how to access Interpreters. Some wards or departments had senior staff providing visiting teams a corporate recitation of the services and how they are used. However, in areas where staff were insufficiently briefed about the purpose of the visit in advance, or where the senior staff had been called away during the visit which left staff with less seniority to respond, the knowledge and understanding of the services was found to be limited.

Another barrier to providing Interpreters was that staff booking appointments for people felt that they did not have the authority to organise an Interpreter, and that they had a "limited ward budget" with which to access these vital services.

One hospital had a list on their Estates intranet page giving the names of staff who spoke other languages, and who were happy to be contacted to assist with patients. Whilst commendable, Interpreters must be registered with an appropriate regulator and should be experienced and familiar with medical and health-related terminology. Professionals may use their language and communication skills to assist patients in making appointments or identifying communication requirements, (language brokering) but should not, other than where immediate and necessary treatment is required, take on the role of an Interpreter unless this is part of their defined job role, and they are qualified to do so. Staff trained and used as Interpreters must be covered by indemnity insurance.

The emerging themes across the four Place areas was that there is a wide variance in the systems used to book Translation and Interpreting services, and a standard operating procedure or guidance on who has responsibility to book the service would provide a more consistent offer across the sites.

Findings across the hospital estates mirrored those in the Primary Care settings: The desire in most, and the need in all Trusts to have access to more training or development in cultural competency, disability awareness, Accessible Information Standards and Equality Act and the legal obligation to ensure adherence to this legislation.

A final theme is the need for a standardised provision of publicly visible or available information in other languages and formats, and information about patient's rights to interpreters and how to request these.

Visits – Community and mental health services

Community and Mental Health services across BLMK are run by ELFT (East London Foundation Trust), CNWL (Central and North West London Foundation Trust), and CCS (Cambridgeshire Community Services Trust) who deliver a wide range of community health services including, but not limited to, district nursing, sexual health, rehabilitation and reablement units, and specialist memory services as well as acute and community mental health services. These include specialist services such as substance misuse clinics, Talking Therapies, and eating disorder services.

Acute inpatient wards and drop in/sit and wait services found that utilising Interpreters was difficult because of the nature of their patients or their service delivery model. All staff were aware that using family members to provide informal interpretation was not appropriate in these services, so they tended to rely on multi-lingual staff instead. In the inpatient wards, Interpreters tended to only be able to be booked for ward rounds or other consultant led conversations. This meant that patients are fairly isolated outside of these times. Staff across inpatient and drop in/sit and wait services said that they would use their phones to communicate with people, either accessing Google Translate or a qualified Interpreter depending on the situation. It was noted that this could cause difficulties due to signal issues within certain buildings.

The majority of staff across these services knew who their organisation's provider was and how to access them, or alternatively who to contact within their organisation to gain access. However, in practice, the use of Interpreters or translated literature mirrored that of teams across acute NHS Trusts. Limited resource and budget allocation for translation and interpreting was also mentioned as being an issue.

Once more, the findings within Community settings replicate those within Primary Care and the Acute Trust settings: The emerging themes across the four Place areas was that there is a wide variance in the systems used to book Translation and Interpreting services, and a standard operating procedure or guidance on who has responsibility to book the service would provide a more consistent offer across the sites.

The second theme is the desire in most, and the need in all, Trusts to have access to more training or development in cultural competency, disability awareness, Accessible Information Standards and Equality Act and the legal obligation to ensure adherence to this legislation.

A final theme is the need for a standardised provision of publicly visible or available information in other languages and formats, and information about patient's rights to interpreters and how to request these.

Interviews – Professional BSL interpreters

The Deaf community across BLMK reported that video appointments and the use of technology such as SignLive and Interpreter on Wheels can work for them in an emergency situation or when used as a last resort. However, they reported that screens can be hard to see, and the equipment is often not positioned where patients can see them during an examination. In-person Interpreters remain the most preferred option when considering additional communication methods and the requirement for BSL support.

Across BLMK, local Healthwatch organisations have strong relationships with our Deaf communities and the Interpreters who provide communication support for them. As part of our activities, specific Healthwatch partners reached out to local BSL Interpreters to share their rich experience and expertise of BSL interpretation service provision.

Interpreters have expressed their concerns around the way interpreting services are contracted and have provided us with their feedback to help inform BLMK ICB in its thinking around the future commissioning of these services. This includes issues and concerns with the newly contracted provider at the Bedfordshire Hospitals NHS Foundation Trust, suggesting that the following should be considered:

- Video is not appropriate for some appointments e.g. mental health, cancer, maternity, or surgical interventions of any kind. Also, the reliance on tech is risky, especially as the Wi-Fi does not always work as needed.
- BSL Interpreters operate differently to spoken language interpreters. They have stated that they are not employed by the agencies, all are self-employed and there are no exclusivity clauses. Agencies take Interpreter contact details from the NRCPD list that is publicly available. Registration is typically a form asking for an Interpreter's bank details. They wished for it to be noted that BLMK ICB could opt for a commissioned service across BLMK allowing providers to contact interpreters directly by using one of the online booking systems agencies use. An example of this is as follows: https://www.interpreterintelligence.com/on-demand-interpreters-at-the-click-of-a-button/.
- Interpreters have stated that their preference would be to be contracted directly by service providers as agencies rarely understand the complexities of working with a community that uses a 3-dimensional visual language. The procurement and contracting process creates more problems than it solves (and the additional issues therefore drive-up costs).
- The system is not working for patients. They are told:

  "It takes at least two weeks to book an Interpreter" or "the doctor tried to book an Interpreter but can't find one" with patients being refused their request, or being advised "You can lip read" and denied appropriate support. Other patients have been told it is their "responsibility to book an Interpreter."

  Delays in sourcing interpreting provision that offers continuity of service drive up costs due to more frequent visits being required (because initial information is not understood). Health outcomes are often affected as issues are missed leading to more costly intervention later.
- The impact of the current system model costs more than it needs to. Agencies play both sides and benefit from what is essentially an administrative task.
- The trauma experienced by Deaf people costs the system more money in the long term too. The NHS ends up paying for mental health support that may not have been needed if the initial clinical event had been interpreted. (There is a live case in Luton that is evidence of this).
- There is an additional uncosted effect of misaligned services – the impact on Interpreters and the vicarious trauma experienced when witnessing a person not receiving the care they should be. The same applies to family members of Deaf patients. They often end up interpreting in emergency situations or at inappropriate times such as during End of Life care.

This is not just about costs. Inaccessible healthcare impacts people's lives. Early intervention with accessible communication could make a real difference in reducing costs overall and ensuring patients across BLMK feel empowered to manage long-term conditions, thus improving population outcomes and supporting future generations.

Recommendations

This report offers a comprehensive review of translation and interpreting services across a range of healthcare settings within the Bedfordshire, Luton and Milton Keynes area. A clear and consistent theme across the findings is the significant variability in the availability and utilisation of professional language support services, which directly impacts patient care and accessibility.

One of the most critical observations is the widespread reliance on informal, ad-hoc methods for communication—such as Google Translate, family members, and bilingual staff—rather than using commissioned interpreter services. Across settings, there was a marked lack of awareness among staff regarding available translation services like DA Languages or Language Line, with many reporting little to no training in their use. This gap not only undermines the quality and safety of care but also raises concerns about compliance with safeguarding and data protection regulations.

Furthermore, the report highlights an absence of clear, publicly visible information and signage in multiple languages. This deficit leaves both patients and healthcare professionals uninformed about patients' rights to access professional interpretation and translation services. In dental and optician practices, this results in routine reliance on informal methods, while in GP practices, despite relatively higher awareness, inconsistent practices prevail. The inconsistency is even more pronounced within hospital environments, where different wards within the same Trust follow varied procedures, leading to confusion and, at times, delays in service delivery.

Feedback from BSL interpreters further underscores systemic issues: many expressed a preference for direct contracting with service providers to circumvent the administrative inefficiencies associated with current agency-led models. Current challenges in booking interpreters increases reliance on family members—actions that compromise both the quality of care and patient privacy.
The evidence clearly supports the need for a coordinated, system-wide response. Implementation of the following recommendations will improve patient outcomes, ensure regulatory compliance, and support equitable healthcare delivery across BLMK.

- To avoid variance in the systems that have developed to book Translation and Interpreting services, and improve consistency, it is recommended that a standard operating procedure or guidance be developed to clarify booking responsibilities for providers.
- Provide system-wide training or development in cultural competency, disability awareness, Equality and Diversity and the legal obligation to ensure adherence to this legislation.
- Develop and disseminate standardised, publicly available information in other languages and formats which includes information about patient rights to interpreters and how to request these.
- Neighbourhood working models rely heavily on organisations outside of the NHS to improve service integration and outcomes for residents. BLMK ICB should consider ways to ensure that these organisations have the same access to Translating and Interpreting services and the resources, training and guidance as the statutory services.

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