Interpreter services in an inner city teaching hospital: a 6-year experience

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ABSTRACT

INTRODUCTION Being able to communicate effectively with patients is essential not only from a medicolegal standpoint but more importantly from clinical governance perspectives. Issues such as informed consent and patient choice within the NHS are currently being highlighted; for these to be available to patients, their language requirements are paramount.

PATIENTS AND METHODS An audit was performed by the Linkworkers office at the Central Manchester & Manchester Children's Hospital NHS (CMMC) Trust on the total number of attendances and refusals per language in the period 1998–2003.

RESULTS In the CMMC Trust, Urdu/Punjabi, Bengali, Cantonese, Somali, Arabic and French represent the majority of the workload, comprising almost 80% of cases in 2003. In the same year, an increase in demand for languages of Eastern European countries became evident. Finding interpreters for these languages even via agencies can be extremely difficult.

CONCLUSIONS If the current trend continues, requirement for these services will increase exponentially. For this demand to be met adequately these issues must be kept at the forefront of NHS planning.

KEYWORDS

Interpreter services – Linkworker service – Audit

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Most large UK cities have a significant ethnic minority population which has been increasing since the 1960s. The Greater Manchester conurbation has a population of 2.5 million. Within the city of Manchester is a large, culturally diverse population of nearly 400,000. The 1991 census showed that about 12% of the population came from an ethnic minority group. By the 2001 census, this had increased to 20%, almost doubling the national average of 7.9% of 2001.¹ These figures are likely to be underestimated as Manchester is one of the top five dispersal areas for asylum seekers² and these populations may be unaccounted for in the recent census. Central Manchester Healthcare NHS Trust (CMHT) provided a wide range of services to Manchester residents in addition to regional and supraregional specialist services. On 1 April 2001, CMHT became the Central Manchester and Manchester Children's Hospital NHS Trust (CMMC) making it the largest Trust in the UK. CMMC consists of the Manchester Royal Infirmary, St Mary's Hospital for Women and Children, The Royal Eye Hospital, The Dental Hospital, and the Royal Manchester Children's Hospital. The catchment area for the Trust encompasses a number of inner city wards with up to

40% of the population comprising ethnic minorities. The multilingual nature of the city's population is well recognised with more than 40 languages spoken.¹

Interpretation services are not standardised throughout the NHS. Often, a member of staff or relative is used on an *ad hoc* basis. This can pose a number of problems including confidentiality issues and lack of knowledge of medical terminology leading to incorrect information being exchanged.

In the mid-1990s, the Trust developed the Linkworker service with the aim of providing a point of contact for patients and staff in addition to interpretation services. The linkworkers are employed by the Trust. The department consists of five full-time staff working Monday to Friday, 8.30 am to 4.30 pm. Languages provided for by this service are Urdu/Punjabi, Bengali/Sylheti, Somali, Arabic, French and Cantonese/Mandarin. For other languages, the Linkworker department has access to bank staff and external agency staff. The activity of the Linkworker service over the past 6 years is presented and the implications for healthcare provision for an ethnically diverse population discussed.

Patients and Methods

Data were collected prospectively by the Linkworker office, the total number of attendances and refusals per language being collected since 1998. Statistical analysis was performed with Student's *t*-test using the Statistical Package for the Social Sciences v.11.

Results

The total number of attendances rose by 70% from 3240 in 1998 to 5492 by 2003 ($P = 0.03$). The number of referrals which had to be refused also rose over the 6-year period from 128 in 1998 to 337 in 2003 ($P = 0.04$; Fig. 1). Refusals were predominantly due to lack of staff or because the language was not covered by the service. All episodes were during working hours. Over 75% of the attendances took place at Manchester Royal Infirmary and St Mary's Hospital. Figure 2 shows the total number of attendances and refusals per hospital over the 6-year period. The number and attendances and refusals per language over the 6-year period is shown in Table 1.

Discussion

Adequate communication between the patient and healthcare worker is fundamental to the provision of good healthcare. As the ethnic minority population continues to grow, this issue will become increasingly important especially in the larger inner city hospitals which serve such communities.

Figure 1 Total attendances and refusals (1998-2003).

A recent report showed that London's emergency services have to deal with calls in up to 150 different languages⁵ and it has been estimated that over 200 languages are spoken across London.⁴

While data exist regarding the ethnic breakdown of the UK population, it is difficult to assess with any accuracy what proportion of the population do not speak English as these data are not collected by the national census. This is in contrast to the US where it is known that, for 46 million Americans, English is the second language and, of these, 21

Figure 2 Attendances per hospital in the Trust (1998-2003). St Mary's, St Mary's Hospital for Women and Children; MRI, Manchester Royal Infirmary; Dental, Dental Hospital.

Table 1 Attendances and refusals 1998–2003

	1998		1999		2000		2001		2002		2003	
	Atten.	Refusal	Atten.	Refusal	Attend.	Refusal	Atten.	Refusal	Attend.	Refusal	Attend.	Refusal
INDIAN SUBCONTINENT												
Urdu/Punjabi	1723	30	1770	79	1507	38	1380	57	1463	69	1332	62
Bengali	567	21	610	16	563	8	606	19	630	27	685	32
Gujrati	55	0	111	4	75	0	117	0	31	8	55	9
Malayalam/Tamil	0	0	0	0	0	0	0	0	0	1	0	2
Nepalese	0	1	0	0	0	0	0	0	0	0	0	0
TOTAL	2345	52	2491	99	2145	46	2103	76	2124	105	2072	105
FAR EAST												
Cantonese	300	20	216	11	555	2	826	7	1106	15	1053	15
Vietnamese	81	4	60	1	57	0	98	0	98	0	85	0
Japanese	0	1	0	0	0	0	0	0	0	0	0	0
Hakka	0	0	0	0	0	0	0	0	0	0	5	0
TOTAL	381	25	276	12	612	2	924	7	1204	15	1143	15
MIDDLE EAST AND AFRICA												
Arabic	178	11	124	20	206	15	413	35	402	35	482	37
Farsi	0	0	0	11	0	2	98	9	141	0	322	7
Pushto	0	0	0	2	0	0	0	1	0	5	0	5
Somali	336	16	393	30	281	10	474	18	968	48	1259	45
TOTAL	514	27	517	63	487	27	985	63	1511	87	2063	94
WESTERN EUROPEAN												
Portuguese	0	0	0	7	0	1	0	1	0	8	0	16
Spanish	0	0	0	0	0	1	0	1	0	1	0	2
French	0	2	0	10	0	3	0	0	0	10	0	22
Dutch	0	0	0	0	0	0	0	0	0	1	0	1
Italian	0	1	0	1	0	1	0	0	0	1	0	6
Polish	0	9	0	4	0	3	0	0	0	0	46	4
German	0	1	0	0	0	1	0	0	0	0	0	0
TOTAL	0	13	0	22	0	10	0	2	0	21	46	51
EASTERN EUROPEAN												
Romanian	0	0	0	17	0	3	0	12	0	8	0	6
Albanian	0	2	0	18	0	2	0	4	0	19	0	12
Kurdish	0	0	0	0	0	1	2	4	51	4	89	7
Kosovan	0	0	0	0	0	1	0	2	0	4	0	3
Bosnian	0	0	0	0	0	1	0	0	0	3	0	2
Czechoslovakian	0	0	0	6	0	1	0	2	0	10	47	13
Russian	0	0	0	0	0	1	0	1	0	2	13	10
Ukrainian	0	2	0	1	0	0	0	1	0	1	0	1
Greek	0	1	0	2	0	0	0	0	0	3	4	0
Turkish	0	0	0	1	0	0	0	0	0	1	9	7
Brava	0	0	0	2	0	1	0	0	0	1	6	6
TOTAL	0	5	0	47	0	11	2	26	51	56	168	67
TOTAL all languages	3420	128	3284	244	3244	96	4014	176	4877	287	5492	337

Atten. = Attendance

million speak English poorly or not at all.⁵ Interpretation services vary widely and staff are not always aware of what is available. Too often, translation is left to family members or bilingual staff with attendant disadvantages. Using family members may result in information being withheld by patients as they may not want their relatives to know certain intimate details or are worried about confidentiality. Also, certain cultures do not want their children to be aware of their illnesses. Ngo-Metzger⁶ showed this to be the case in the Far East population studied. This study also found that patients wanted an interpreter who was properly trained as they felt that other methods resulted in their statements being altered in translation. Bilingual staff are often ill-equipped to deal with the medical terminology required for adequate information to be exchanged.^{7,8}

In the CMMC Trust, Urdu/Punjabi, Bengali, Cantonese, Somali, Arabic and French represent the majority of the workload, comprising almost 80% of cases in 2003 (Table 1). In the same year, an increase in demand for languages of Eastern European countries became evident. Finding interpreters for these languages, even via agencies, can be extremely difficult.

These figures represent the staff's effort to obtain interpretation services and it has been demonstrated when the Trust was and was not able to fulfil a request. It is not possible to estimate the number of episodes where family or friends were used on an *ad hoc* basis and so the data are likely to underestimate the demand. Furthermore, the majority of our episodes took place in the elective setting on the wards or in out-patient clinics. It is the emergency setting, particularly out of working hours, that problems can arise. Interpreters provided to our Trust by an external agency cost £25 per hour. This increases to £40 per hour for out-of-hours service including weekends and public holidays. It is often thought that using out-of-hours agency staff is too expensive. However, this may be a false economy as difficulty in communication may lead to errors in diagnosis, excessive investigations and prolonged hospital stay.⁹

An alternative method is the use of external interpreters remote to the hospital who are trained in simultaneous interpretation such as those used at international conferences.^{10,11} This means that the interpreter does not have to be present at the consultation. There are a number of studies examining the use of external interpreters and their effectiveness.^{12,15} However, there are a number of differences between the hospital-based linkworkers who are available in the Trust and those who are available on an *ad hoc* basis. These include the ability of the linkworkers to develop an in-depth knowledge of local user groups and service providers and to act as a local 'link' between ethnic minority communities and service providers. Furthermore, they can educate healthcare staff on cultural issues and ensure consistency and continuity of services.

The Linkworker service was initially set up to facilitate confidential communication between healthcare professionals and

patients in an appropriate language and to act on behalf of the patient to secure an adequate service. Their secondary aims were to explain the complaints procedure and assist in resolving them with the production of relevant translated materials and raise awareness and provide healthcare professionals with information on the customs and cultures of various ethnic minority groups.

Expansion of this service is required especially for out-of-hours availability. This would necessitate two more full-time staff with a cost of approximately £35,000 per annum. Training in medical terminology will also become an essential part of such a service.

Being able to communicate effectively with patients is essential not only from a medicolegal standpoint but, more importantly, from clinical governance perspectives. Issues such as informed consent and patient choice within the NHS are currently being highlighted and for these to be available to patients their language requirements are paramount.

Conclusions

If the current trend continues, requirement for interpreter services will increase exponentially. For this demand to be met adequately, these issues must be kept at the forefront of NHS planning.

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