Access to interpretation provisions in the health care system helps integration, research finds

September 29 2016, by James Bates

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چھوٹی چھوٹی بیماریوں کے سلسلے میں دوا ہم سے حاصل کریں

Access to interpreter and translation services is an essential requirement to ensure integration – according to a new study carried out by a team from The University of Manchester's Multilingual Manchester project, in collaboration with the NHS Clinical Commissioning Groups for Manchester.

The pilot research was undertaken in order to establish whether there are any barriers to the use of language provisions that potentially affect access to health care.

The team, led by Professor Yaron Matras, tracked all requests for interpreter and translation services across both Manchester's GP surgeries and the Central Manchester University Hospitals NHS Foundation Trust (CMFT). Additionally, interviews with medical practitioners, interpreters, and users of health care services from a variety of backgrounds including the city's Pakistani, Somali, Arab and Roma communities were carried out.

In the finance year 2014-2015, Central Manchester Hospitals responded to around 48,000 interpreting requests (including both face to face and telephone interpreting), for 99 different languages. During the same period Manchester's GP surgeries responded to around 18,000 requests for 53 different languages; half of those requests were in the central Manchester area. The highest level of demand in central Manchester's hospitals and GP surgeries was for Urdu and Arabic. There was also relatively high demand for Cantonese, Polish, and Bengali in the hospitals, and for Romanian, Somali and Bengali in GP surgeries.

Despite the volume of requests, the report found that patients' reliance on language provisions is transitional, and that over time increased familiarity with the system, and individuals' rising level of proficiency in English reduce their dependency on interpretation services.

For eastern European languages in particular, the team found that a sharp rise in demand at the beginning of a three-year observation period was followed by a fall in the number of requests for interpreters, by typically around 40-50%, toward the end of the period.

The research team found no evidence to suggest that lack of adequate interpreter provisions is driving patients with lower levels of English to turn to emergency or other hospital services rather than to primary care.

There is also no evidence that particular language groups either engage, or fail to engage, disproportionately with individual services.

Yaron Matras, Professor of Linguistics at The University of Manchester's School of Arts, Languages and Cultures commented: "The dynamics of constant population changes in a global city such as Manchester mean that the availability in principle of interpreter provisions in the health care system is a permanent necessity. Regular compilation and analysis of data can help us understand trends and plan provisions in a cost-effective manner".

Speaking on behalf of Manchester's three Clinical Commissioning Groups, Dr Mike Eeckelaers, said: "As commissioners we want to make sure that we remove any barriers to healthcare so that the people who live in this city can have equal access to services. This is why we wanted a comprehensive study of where translation services are needed, which languages this covers, and the impact that having interpreter provision can have for patients."

More information: The full report can be accessed at:
[mlm.humanities.manchester.ac.u … l-care-Sept-2016.pdf](#)

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