The role of Interpreting Services In overcoming language barrier in the United Kingdom Health care system

UNICAF University Zambia

Lachhemi Rana

Student ID number: R2105D12249376

A submission in partial fulfilment of the requirement of the UNICAF University Zambia for the award of the degree, “Master of Science in Health Care Management “

April 2023

OAR2302

INFORMATION TO ALL USERS

This work was published entirely as it was submitted, but for the addition of this page.
No page was altered or edited.

Published by Orapuh Academic Repository (2023). Copyright in this Work is held by the Author.

Orapuh
ACADEMIC REPOSITORY

ACADREP.ORAPUH.ORG

Orapuh Academic Repository (Orap. Acad. Rep.) is an entity of
Orapuh, Inc., a charity registered in the Republic of The Gambia, No: C10443.
Learn more about the organisation at www.orapuh.org

This original work is distributed under the Creative Commons Attribution Non-Commercial (CC BY- NC 4.0) license. Anyone can distribute, remix, adapt, build upon this work and license the product of their efforts on different terms provided the original work is properly cited, appropriate credit is given, any changes made are indicated and the use is non-commercial (https://creativecommons.org/licenses/by-nc/4. 0/).

Acknowledgements

I would like to take this opportunity in expressing my gratitude towards my parents and my brother, who have been my strongest support system throughout my educational journey. They have always encouraged me to give my best and have made my journey as easy as possible with their constant love and support.

I would also like to further convey my heartfelt gratitude to UNICAF university, Zambia for giving me this opportunity to enrol in this course; especially to all my professors, teachers and class fellows who have enlightened my path with their dedication and support. Thank you all for enriching my academic journey and helping me to become a better scholar with the help from your knowledge, experiences and guidance. I shall forever value your support.

To my friends and everyone who have helped me directly and indirectly for this course, thank you very much.

Declaration

The work presented in this thesis is the work of the author Lachhemi Rana and no portion of it has been submitted for another qualification or degree for this or any other University.

Dedication

I would like to dedicate this thesis to those who love learning and want to shine their light of knowledge to others; to enlighten the path of not only themselves but also of others.

May you also shine the light of your knowledge to contribute for the betterment of others.

Table of Contents

Acknowledgements 3
Declaration 4
Dedication 5
List of Tables 7
List of Figures 8
Table of Abbreviation 9
Abstract 10
Chapter 1 11
Introduction 11
Chapter 2 16
Literature of Review 16
Introduction 16
For the topic PICO method is used 18
Table 1 21
THEMATIC DATA COLLECTION 21
Theoretical Framework 22
Figure 1 26
CONCEPTUAL FRAMEWORK 26
Empirical Work 27
Conclusion 29
Chapter 3 32
Methodology 32
Table 2 33
STUDY SELECTION PROCESS 33
Figure 2 34
FLOWCHART OF STUDY SELECTION PROCESS 34
Chapter 4 35
Findings 35
Chapter 5 38
Discussion, Conclusion and Recommendations 38
REFERENCES 43
Annex 53
(Appendix 1) 53

List of Tables

Table 1: Thematic data collection p.20

Table 2: Study Selection Process p.41

List of Figures

Figure 1: Conceptual Framework

Figure 2: Flowchart of Study Selection Process

Table of Abbreviation

LBN: London Borough of Newham

NHS: National Health Service

BSL: British Sign Language

U5TA: Under 5s experiencing homelessness in temporary accommodation

PHR: Personal Health Record

UK-CEE: The UK Central and Eastern European Community

EPRF: Electronic Patient Report Form

MM: Migrant and Marginalized

HCW: Health Care Worker

GP: General Practitioner

AMR: Asylum seeker Migrant and Refugees

BME: Black and Minority Ethnic

GMC: General Medical Council

HCP: Health Care Professionals

A&E: Accident and Emergency

LEP: Limited English Proficient

FGD: Focus Group Discussion

UK: United Kingdom

Abstract

The topic of this study is, “The role of an interpreting services in overcoming language barrier in the United Kingdom Health care system”. As the number of migrant people increase every year in the UK, so is the need for a smooth structured, health care system that caters to the need of people that speak languages other than English. In this study we will try to do an in-depth study on what role do interpreting services play in the health of people. How has the government tried to inculcate the interpreting services in the system and why there is the need for the service at all. A qualitative analysis with secondary research is done for this study, to understand the different impact it has on the health system. PubMed and ProQuest were the two databases from which the articles were selected, keeping in mind the inclusion and exclusion criteria. How and why interpreters play a vital role in bridging the language barriers between the patients and the health care personnel were the subjects that were further analysed. In summary the effort from the UK government to have a proper interpreting service for those citizens who need it, can be seen but it still has not reached the standard procedure. People still feel that there is lack of proper system in places, and it is not easy to find interpreters which has resulted in adverse effects and more funds may be required together with the effort from the government and from the health care system.

Keywords: language barrier, interpreter, NHS, UK health care policy, translator

Chapter 1

Introduction

Background of Study: Language barrier has been a major obstacle for accessing equal health care service in the United Kingdom for those who don't speak English language or are limited proficient in English. The presence of interpreting service in the Nation Health Service (NHS) which is the health care system of the UK, does indicate that the UK government is aware of such barriers and have tried to implement policies and funds. However, understanding if the solution provided by the government are feasible and is improving the accessibility, are the questions that looms large and needs to be addressed properly.

Statement of Problems: Everyone in the UK who pays taxes are eligible to get NHS service which is the health care service of the UK. This has not been the scenario for migrants, BME or people who speak languages other than English, as they still face language barrier while accessing the service. This has affected the health of non- English-speaking people tremendously and has also resulted in serious health issues and consequences. In order to provide equal and accessible health care services government has been providing interpreting services in the NHS. However, the language barrier is still prevalent despite having the interpreter service which has denied migrants and BME, equal health care service. This study will try to explore on why people who don't speak English language are still unable to access health care service in the UK despite the interpreting services provided by the government. It will try to understand the context of interpreting situation and

the role that it plays in the NHS so that better service can be provided by working on those problems.

Significance of the study: This study will help government get a vantage point of view on how the policies they have created to help the migrants or the non-English speaker in the health care sector is working for the people. It can assist them to analyse and make much needed changes in the policies so it can help the needy people. It will also shed light to the plight of people who are at the receiving end of the services and have not been able to access them properly. Furthermore, it will help the NHS to understand on where their services are lacking in terms of interpreting and what improvements they can make in order to make the health care service available for all people regardless of the language barriers.

Purpose of the study: The main purpose of this research study is to find out the role of interpreting services in overcoming language barrier present in the health care service of the United Kingdom

Objective of the study

- To understand the current situation in the health care system of the UK concerning language barrier
- To ascertain the current efforts made towards the health care system of the UK to overcome the language barrier
- To investigate the current role of interpreting services in the health care system of the UK
- To assess the challenges facing the adoption of interpreting services in the health care system in the UK to overcome language barrier

- To unravel the possible initiatives that can help the adoption of interpreting services in the health care system of the UK to overcome language barrier

Research Question:

1. What is the current situation in health care system of the UK, concerning language barrier?
2. What are the current efforts made towards UK health care system to overcome the language barriers?
3. What are the current roles played by the interpreting service in the health care system in the UK?
4. What are the challenges faced while adopting interpreting services in health care system in the UK, to overcome language barriers?
5. What possible initiative can be adopted in order to overcome language barrier present in health care system in the UK?

Limitation of the Study:

This study looks at the language difficulties faced by migrants and non-English speaker in general, of the UK population. It is not specific of the native countries of the migrants, as the reason for not being able to access health care service in the UK may be different from each other due to their cultural and territorial differences together with their educational background.

Health care system in United Kingdom also known as NHS (National Health Service), provides free service to all its service users as people pay taxes to run the services. As illustrated by Scobie and Sophie (2020), “The health system in the

United Kingdom is funded through general taxation and is largely free at the point of use" (p. 3). Such robust infrastructure like NHS, should be taken care of and maintained in such a way that it reaches to everyone including those who speak languages other than English.

In this study we will try to evaluate the role of interpreting system in the NHS health care system of the UK and understand what the barriers are present.

Rayment-Jones et al. (2020) mentioned that "There is a wealth of evidence associating language barriers with disadvantage and inequality including increased poverty, employment, multiple health issues and adverse events when accessing healthcare services" (p.2). English, despite being the first language spoken by majority of the population, many migrants are not able to speak, read or write it, which has become an obstacle for many sectors, but its' effect is more palpable and pronounced in health sectors, where many people's health is directly and indirectly affected by it. A study done by Scott et al. (2022) tried to learn about the experience of accessing primary care in the UK by refugees, minorities and migrants' states that, "Only 27% AMRs reported a professional translator being available," (p.2). Aside from the interpreting service, the role of an interpreter should be clear as well to get better service from them.

As illustrated by Yeheskel and Rawal (2019), "Communication barriers contributed to patients accepting treatments recommended by health care professionals despite feeling misdiagnosed, and some reported difficulty in communicating adverse events to their health care practitioners" (p.3).Hence through this study a better understanding about on how the interpreting service plays its role in health care system in the UK can be understood, what current efforts are being made, its challenges and to unravel what possible initiative can be inculcated in the

infrastructure for better health care service for all. This study will help us see the loopholes in the health system that need to be fixed or worked on by different levels. Each chapter will unravel how the government has tried to work with the NHS to tackle the language barriers and what are the other settings that have affected in giving a better overall service to all the patients despite the language barrier.

Chapter 2

Literature of Review

Introduction

With the influx of migrants and asylum seekers and refuges, all of them have access to the public health care system ie. NHS in the UK but are they receiving what they are supposed to get? It has been noted that, “the health-care system in the UK is a state provision system, tax financed, accessed through publicly owned hospitals” (El-Gamal & Hanfield, 2020, p.10) .This clearly states that the NHS system should be accessible to all citizens or non-citizens regardless of the languages spoken. As stated by (Mathew, 2019, p.32), “Accessible health services are often lacking for migrant communities, with a lack of awareness of existing facilities, and a mismatch.” Sometimes providing facilities only without creating enough awareness or proper infrastructure and tools for the migrants on how to use such facilities may be a waste of service overall. This part should not be overlooked by the government because neglecting such things means denying proper health care to the migrant communities. Wise (2022), has clearly mentioned that “For too many years the health of people from ethnic minorities has been negatively affected by a lack of appropriate NHS treatment..and a lack of appropriate interpreting services ” (p.1). Despite its presence in the health care system, interpreting services haven’t been utilized to their full potential, that is why their importance should be understood or better highlighted. It will be focusing on the main issues on how important the UK government views the role of the interpreting service in the NHS system. How has it worked and why it is important to have this service at all levels of the healthcare system. Bridle et al. (2021) highlighted that “Midwives interviewed all felt the use of face-to-face interpreting was preferred over telephone interpreting but dismissed its

use for the duration of the pregnancy due to cost" (p.11). This study would highlight the need of the UK government to lighten the economic burden of using the interpreter service in the NHS. Recent study of Diana et al. (2023) illustrate that, "these barriers did not mean there were zero interpreters but rather problems accessing an interpreter when needed to access the health service efficiently" (p7). So, when it comes to providing better service for non or limited English speaker, it has always been a struggle. As stated by Bibha et al. (2021), "Participants valued the care and treatment they received, however many expressed language barriers as a key concern for accessing health and social care services" (p. 8). With such inaccessibility of interpreter one can easily imagine what kind of services are being provided and how it is affecting people at different levels. This study also makes people question the government's plans for their people. As expressed by Farooqi et.al, (2022), "Developing and implementing more accessible methods could help reduce some of the barriers surrounding communication" (p6).

Sometimes despite having proper access to the interpreting system, the patients themselves do not want to make proper use of it. This may be one of the reasons why we should bring more awareness about interpreting services so that the service users or the patients are not overwhelmed or feel uncomfortable using such services.

For the topic PICO method is used

P: Problems/ Population/Patient: Non-English speaker in United Kingdom

Intervention: Interpreting service

Comparison: without interpreter

Outcome of Interest: better health care service for all language speaker

First, let's understand that interpreting is not an easy task, and a person interpreting should have excellent linguistic skills as the health of a person may be affected if not done correctly. Tselius and Sneed (2020) mentioned that “Because of the multitasking involved, simultaneous interpreting is often regarded as a form of extreme language management that requires an extensive cognitive effort” (p.1). In order to manage such skill, we need trained and knowledgeable individual not just friends and families of the patients.

Abou-Abdallah and Lamyman (2021) have expressed that, “Poor communication can lead to a lack of doctor–patient trust and to medical error” (p.1). This is one of the most important factors on why we should always have interpreter who knows their job and not patients' friends or relative who think they can interpret. Although language is something spoken by a group of people belonging to the same countries and sharing similar culture, when it comes to interpreting and translating, knowing and understanding what is being said and understood is a must. There are higher chances of a patient’s problem not being translated properly or misconstrued by the health personnel because of not having a qualified interpreter. As discussed by Chapman et al (2021) “patients who did not need an interpreter were over three times more likely to activate their accounts than those who did need one” (p.48).

Through this literature review, we will try to go through the objectives of this study to know what research has been done in the past and has highlighted the importance of the topic. It will also work on what recommendation that can be given for future references for other researchers. (Sarfraz & Wacogne 2019, p1), “The purpose of an interpreter is to provide a ‘neutral, faithful and passive role in provider-patient interactions.” This must be the core of the service given to the patients who need interpretation service. How can the value of being neutral, faithful and passive role can be achieved when the family members and relatives are used as an interpreter by the health system to give health service. In this article, a valid point has been raised on what could go wrong if we don’t use professional interpreters, also highlighting the need to be aware of the needs of the patient as well. It gave good suggestions on how to get the best from the interpreting service and what steps can be taken to make proper use of the interpreter. This article gives a bird eye view on what to expect during any medical consultation, which gives a proper understanding of an interpreting service to the reader, but it does lack in-depth solutions about many things. It seems to highlight more on the pitfall of using an interpreter rather than what is its usefulness. More importance is given in the former rather than later. As stated by Press wire (2022), “NHS Trusts and Health Boards in the UK spent GBP 65,962,418 in 2019/2020 on translation and interpreting services (including BSL - British Sign Language - and Welsh), an increase of approximately GBP 3.5 million compared to 2018/2019 according to a new study by Inbox Translation” (p. 3). This comes as a welcoming change, and it clearly shows that more money is being spent by the NHS as it sees the importance of having a robust interpreting service to take care of patients who speak languages other than English. However, it doesn’t give details about how they plan to use the money which is more

important in the long run. When we talk about interpreting and translation, sign language is another important form of language that shouldn't be missed out on as health service should be equally provided to everyone. Shields et al.(2020) have mentioned that "Deaf people experience health inequalities compared to hearing populations, whether in terms of access to services, general health or outcomes following health interventions" (p.2). Although in recent years more thought has been placed in keeping their service in mind, it still has a long way to go. A lot needs to be improved in terms of interpreting services for deaf people to have better health care services for them.

Government and health care trust should give good thought and design good action plans to create new initiative and incentives to attract more people in this profession. Woof et al. (2020) mentioned that, "Emotional and cultural barriers are commonly associated with South Asian women's low attendance at breast screening, as well as language barriers creating significant accessibility issues" (P.2). Sometimes cultural aspect hinders people from accessing the service as suggested by (Linney, et. Al., 2020, p3), "Although interpreters may be available, Somali individuals may be concerned about the confidentiality of what the interpreter may witness in the GP appointment". These aspects of interpreting should also be highlighted so that those people who can access the interpreting service do not have to hesitate due to the fear of lack of confidentiality.

Table 1

THEMATIC DATA COLLECTION

Number and writer	Theme
1. Bridle, Bassett, Silverio	How interpretation is not easily available
2. Sarfraz, Wacogne	The purpose of the interpreter
3. Press wire,	Money spent on British Sign Language
4. Tselius, Sneed	How interpretation happens
5. Shields, Rogers, Young, Dedotsi, Davies	How British Government recognized BSL as indigenous language
6. Woof, Ruane, French, Ulph, Qureshu, Khan, Donnelly	How women are deprived of service because of language barrier
7. Bibha, Sah, Regmi, Mercel Sanca, Bhurtyal, Sanca Teijlingen	How Nepalese Community in the UK perceive the health care service and utilize it
8. El-Gamal, Hanfield	How refugees and asylum seekers have access to health care policies
9. Linney, Ye, Redwoord, Abdi, Farah, Biddle, Crawley	How do Somali people of the UK Somali community view mental health and access to health care system in the UK
10. Chapman, Haroon, Simms-Williams, Bhala, Miah, Niranthakumar, Ferguson	How people are deprived from accessing personal health records based on age and languages in a large hospital settings
11. Farooqi, Jutlla, Raghavan, Wilson, Mohammud, Akroyd, Farooq	How to increase the participation of black, Asian and minority ethnic communities in health and social care research by developing toolkit
12.. Mathew	What are the burdens and barriers for community migrants testing of hepatitis B and C in the Nepalese community of UK
13. Wise	What are the concerted actions needed to the present racial health inequality
14. Diana, Schoenthaler, Heys, Ucci, Teakle, Lewis	How do people living in socially deprived and ethically diverse area access healthcare and what are its outcomes

Theoretical Framework

When we delve deeper into the interpreter system present in the NHS UK, we can see the positive movement it is making to make health care accessible for people belonging to different cultures and languages. But we must critically introspect and understand the theory that not providing the interpreter service is not the only major reason behind not having interpreter service. As suggested by, (A national memory clinic survey to assess provision for people from diverse ethnic backgrounds in England and Wales, 2021, p.8), "Some services said in some cases, they were unaware an interpreter would be needed until the patient arrived. In this case, they may have to re-book an appointment". The lack of awareness that a patient could need a professional interpreter for a consultation should be highlighted at the earliest stage, as not following this would lead to the cycle of not having the session on the day and again re-booking for the next session with an interpreter. Clancy et al. (2020) have illustrated that, "Lack of access to professional interpreters was a key challenge", (p. 6) If we create a smart and robust system that already points out the need for an interpreter to be present for a consultation then it would save time, money and even lives as many people would be diagnosed correctly in a timely fashion. Keeping in mind how all of these are interconnected; awareness should be created at all levels that identifies the need of interpreters at the earliest possible stage, or much better training should be given to health care personnel on how to access them for consultations.

Amurun (2021) has highlighted that, "The demand for interpretation services has continued to grow and become more critical because of the ever-increasing effect

of globalization of the world political, social and economic landscape and the economic and environmental induced impact of migration", (p.29). As more people will migrate, we can expect influx of more people who will require interpreters to access various service and health care system being a major one, so by not providing a platform for interpretation meaning we are denying safer health care system to all.

Further to this in the research done by Poppleton et al. (2022) they have mentioned, "Recognized service barriers included language barriers and interpreter availability, limited continuity of care and medical records and variable knowledge of community members' identity, values and culture" (p.10). This further clarifies on how understanding the obstacles or finding them and working around them rather than ignoring them all together, may help us give better accessibility to everyone. The initiative taken by the clinicians is something very pragmatic which can be followed by others in the long run as it need not wait for overhaul or new laws or system from the higher roles. So, the question arises if the system can be well structured with better brainstorming and exemplary leadership that can navigate through the system to do the needed thing, or do we have to bring forth the change in the overall system to make NHS available for all?

Studies done by Hussain et.al. (2022) illustrated that, "Compulsory cultural awareness training was recommended for all healthcare professionals working in mental health services"(p.9). This clearly shows how the UK government has been trying to deliver better service that is inclusive of BME population and have tried to introduce various policies that includes the use of the interpreter service but looking at the present scenario in health care, we can understand that a lot needs to be done or it will take some time to make it available and accessible in all level.

(Handtke et. al 2019, p.13), “Bekaert reports that even though a language and advocacy services was installed at Horton General Hospital (UK), relatives were still translating for patients due to costly systems”. This also shows that there are systems placed but not well utilized as it was not considered cost effective.

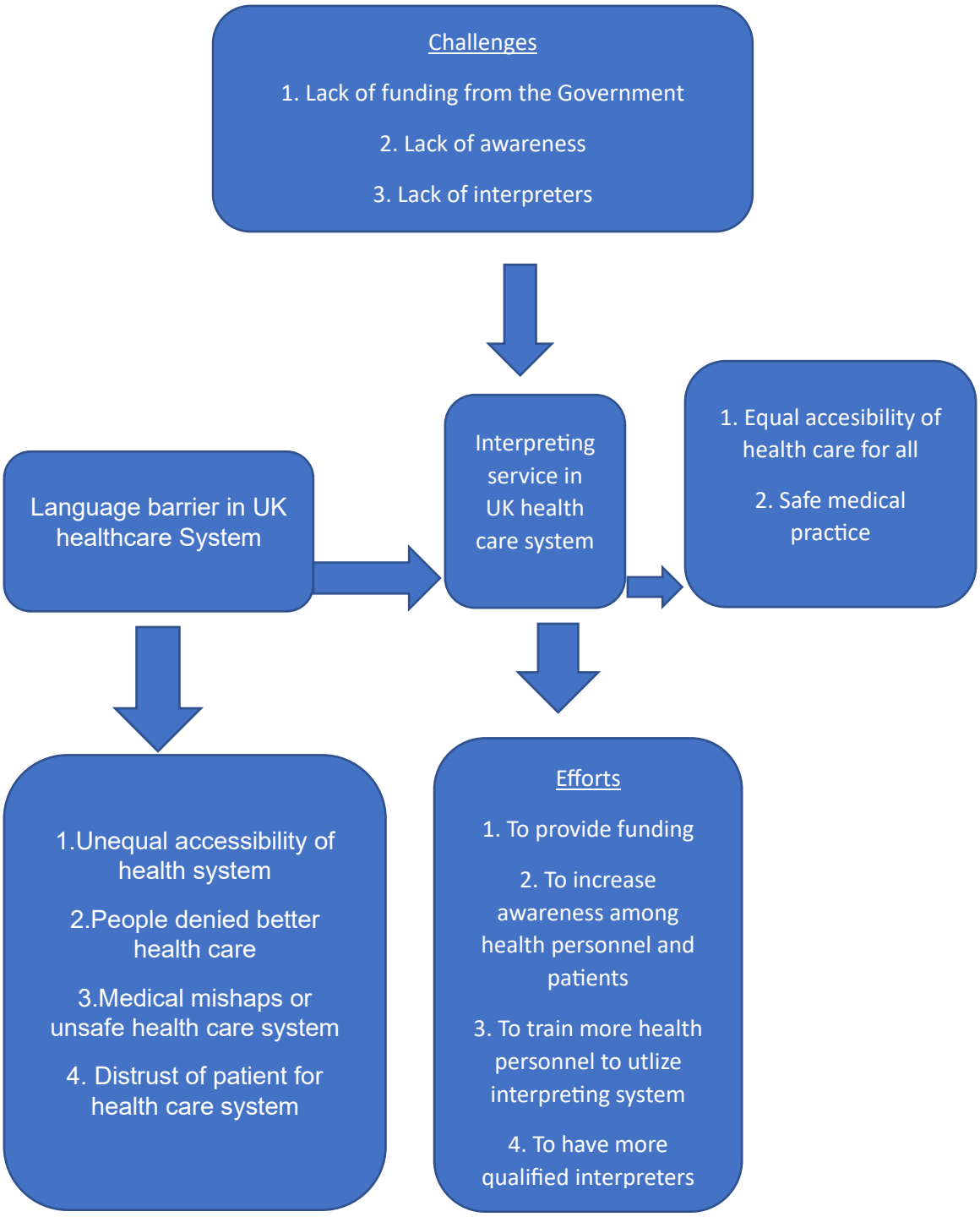
But another prominent question that looms large is are migrants being directly stigmatized by the health personnels? Is it just a subject of lacking awareness or is it a direct biasedness toward people who are migrants? As further stated by (Viet-et.al., 2020) “One study found that some Eastern European migrant women felt that doctors in the UK stigmatized them for their limited command of English” (p.6). It is quite clear that migrants feel uncomfortable while using NHS system due to language barrier and it is high time we should be asking if the UK government and NHS are putting their effort to ease the plight so that one should not have to think about how one would be judged by the health personnel. Penuuela-O-Brien (2020) suggested, “Barriers to accessing mental health services from migrants’ perspectives often include stigma, communication difficulties, and lack of knowledge about services”(p.12). Hence there may be more than just providing service reasons or language barrier, behind not having equal service for all. As stated by Bell et. al. (2019), “ HCWs considered that more ‘formal’ modes of communication such as telephone or face-to-face interpreting services were difficult to organize, felt impersonal and created greater uncertainties around messages becoming lost in translation” (p. 6).

Knights et. al. (2022) have mentioned “General Medical Council guidance states that “all possible efforts must be made to ensure effective communication with patients”(p. 2). Thus, the effort of the GMC and health care level to consider for

interpreter and translation service for the better service, already vouch for the normalization of the presence of interpreter service in the NHS.

Figure 1

CONCEPTUAL FRAMEWORK



Empirical Work

Although the topic of interpretation services in the NHS may have not been that prominent like the other topics but enough research and studies has been done in the past and is still being done to highlight various topics related to it.

1.Viet-Hai Phung et. al (2020) have done their study about the experiences of Eastern European migrants while using the UK health care service and they saw that they were not only incompetent in language department but also in terms of knowledge of NHS system. They take help from their friends and family for interpreting services and sometimes even fly back home to get health service without language barrier.

2.Bridle et. al (2021) studied the experiences of the UK midwives who dealt with women's care with the support from language support service and found out that despite their intention to help the LEP women, they did not have enough resources.

3. Clancy et al . (2020) reviewed palliative care for families who are forced migrants and found out that it was linked to high quality care as it was a compassionate and collaborative approach process. They also felt that the communication barriers could be eased by using professional interpreter.

4. Bibha et al. (2021) studied to understand the experiences of Nepalese people's community in the UK while utilizing the health and social care of the UK. With this study they figured out that the elderlies Nepalese had negative experiences of using the service due to language barriers and lack of clarity about using the system.

5. Shone (2020) did an improvement project to improve the quality care access to telephone interpreter services within perinatal care and found out that the phone service was difficult to use as 62% of HCP didn't know how to access it, 52% had difficulty accessing the service, 76% were negatively impacted and 52% had delayed in the treatment.

6. Gaya-Sancho et al. (2021), did the study to understand the perspective of migrant and marginalized healthcare user in four European countries. It was found that the main barriers against integration in healthcare, experienced by the MM are accessibility and communication; suggesting to use more cultural diversity in the health care services.

7.Robinson et al. (2022) did a qualitative exploration of the barriers and facilitators affecting ethnic minority patient groups when accessing medicine review services in order to get the perspectives of healthcare professionals. From this study three theme centred around patients' expectations of health services were developed from the data that appreciated the cultural stigma and acceptance of certain health conditions. It also addressed the individual needs of communications and languages.

8.Chapman et al. (2022) tried to understand the barriers present while accessing the personal health record system of a large hospital, with their study. They found out that the significant barriers presented while accessing a hospital based PHR are old age, socioeconomic deprivation, and non- English language. More strategies are required to cover the gap present in the system.

9.Liljas et al. (2019) tried to find the things that influence older people while practising health promotion and elicit their views and experiences of cross-sector professionals, who work with them. They found that due to old age and due to living in deprived area, people of BME are reluctant to undertake health promotional activities and did very little social interaction. Many express a desire to remain independent due to the influence of their social network.

10. Ekezie et. al (2022) tried to explore on how various ethnic minorities in the UK received health information as well as communication to use primary health care service during Covid-19. They found out many similarities were found among the ethnic communities regarding the usage of service during the COVID-19 pandemic but factors like household dynamics and languages had influences to show little differences should be designed. Ethnic minorities should be supported through community leaders and should have their presence to co- produced health messages.

Conclusion

Interpreting and translation service is more than just interpreting one language into another. There are myriad factors that play a great role in smooth delivery of interpreting service in NHS. It is not just about the service only but being aware of how it is done for whom and how it can be done correctly is also important.

“However, if the translation is poor, the meanings of the participant’s words may be lost, which may generate misleading conclusions of the results” (Liljas et.al, 2019, p.3). Cultural factors play a major role in social integration of health care systems, not only language. "Our participants reflected on how people are already using what they must bridge the gap in communication ..They also supported hiring more translators and cultural mediators in healthcare settings.” (Gaya-Sancho et al., 2021, p11). The need to have their own people who can understand not only their mother tongue but also can explain and navigate through their cultural diversity with ease is palpable. Turner and Madi (2018) have mentioned that “Interpreters can make valuable contributions to improving consultations, but translation has its shortcomings. The consultation dialogue is not always interpreted correctly or accurately, even (or especially) when friends or family are translating” (p.1).Each year more money is being pushed to make the interpreting service better but there is still room for improvement. Condon et al. (2021), “Language and literacy were obstacles to accessing health information about cancer from outside the community, and many relied on family and friends for knowledge” (p.6).

Health professionals are quite familiar with the system but if given a chance they sometimes feel that it is not essential and think about saving money by reducing the service. “By improving awareness and making translator services a standard practice, it should improve this barrier to care. Qualitative surveys have shown this intervention has increased accessibility, will improve care, and reduce delays to treatment and discharge for LEP patients” (Shone, 2020, p.2). The importance of the role of interpretation should be recognized by all levels so that even those who don’t speak English language can avail better health care service. The above summary presented by various studies will help to make a better plan and action for

the interpretation service in the UK. The UK government have realized the difficulties faced by migrants and are trying to make interpreting service into standard process rather than surface level of system .

Chapter 3

Methodology

Study Design: To understand the role of the interpreter service in the health care system in the UK i.e., NHS, qualitative analysis was done with secondary research.

Search Strategy and Study selection procedure

In April 2023, the PubMed and ProQuest databases were searched using the terms and key words, **"language barrier UK NHS interpreter health care**". This initial search resulted in 53 results in PubMed and 6979 results in ProQuest. Next, the search was limited to English language only and were published within five years starting from the year 2018 to 2023. This generated 41 results in PubMed and 2458 results from ProQuest.

From the PubMed out of the 41 potential eligible studies based on the given titles, 25 were excluded based on the irrelevant titles, leaving 16 potential titles for the usage. Similarly, out of the 2458 articles of ProQuest 2318 had unrelated topics and only 95 were relevant and 45 did not fall in the said criteria after reading the full text. There was a duplication of 5 studies in both the databases.

This was further filtered, to meet the topic's requirement giving the result of PubMed 5 and ProQuest 45, which were used for this study.

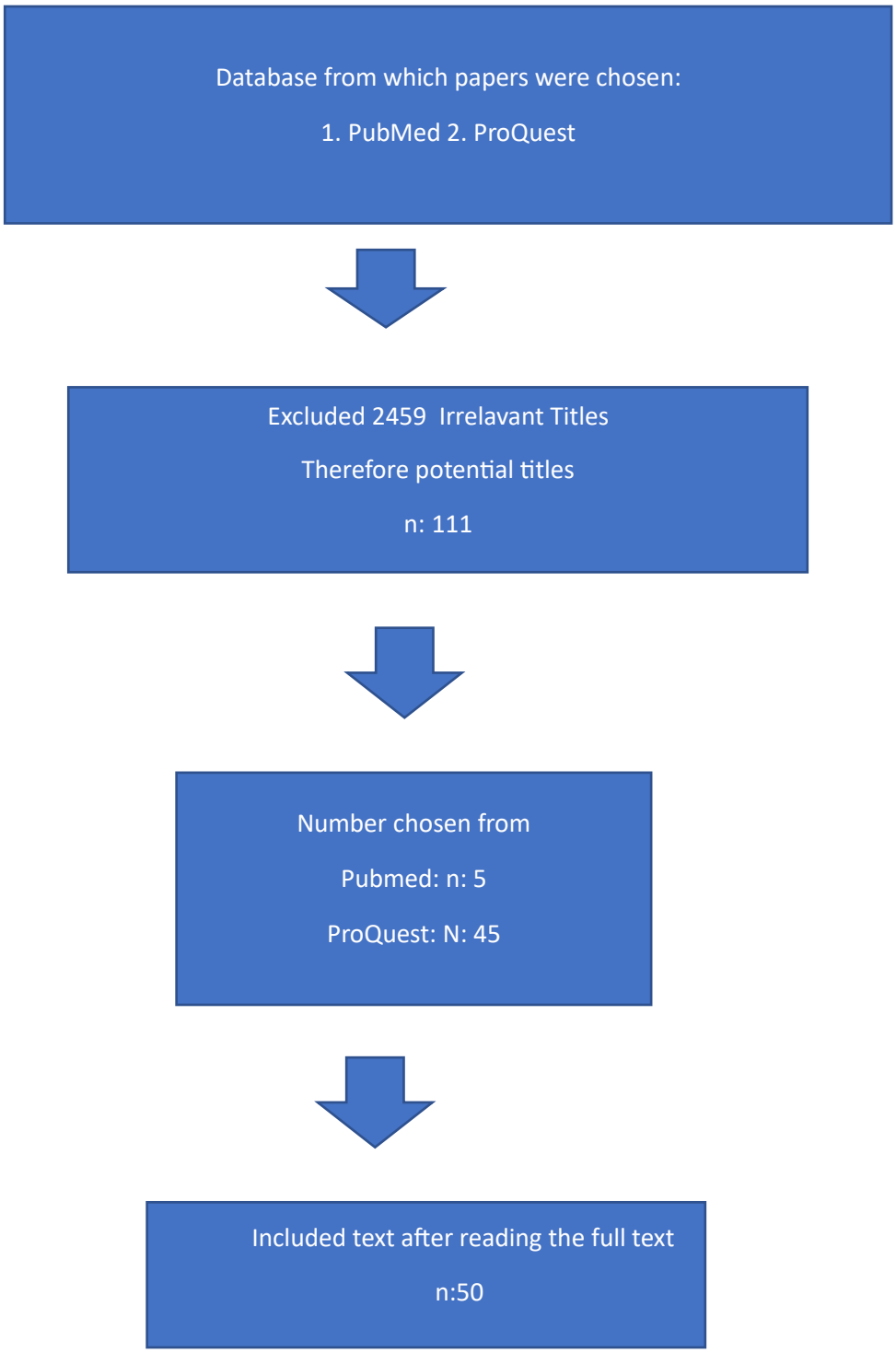
Table 2

STUDY SELECTION PROCESS

Databases of sources from year 2018 to 2023	Generated initial hits after filter	Potential studies derived based on the title	Final studies that were used after further filter	Duplication between the databases = 5
PubMed	41	16	5	
ProQuest	2458	95	45	
Total	2499	111	50	

Figure 2

FLOWCHART OF STUDY SELECTION PROCESS



:

Chapter 4

Findings

Presently, the interpreter service in the NHS has been placed by the UK government, in order to assist the non-English speaker, in as many places as possible. However, it has lots of room for improvement as many are deprived of it due to lack of well-placed infrastructure. Something that should have been mandatory and a standard practise so that people would not fall of the crevices and being denied better health care, have not been well looked at, as many non- English speaker suffer from not having equal health care services.

NHS as well as UK government have started acknowledging the need of the interpreting service more seriously that before which is why , they are increasing the funds to assist more people. More studies are being done to understand the situation and NHS are taking keen interest in helping people from BME, migrant and LEP background, so that no one would be deprived of equal health care services. Interpreters and interpreting services are being sought out more and the quality of services are being taken seriously before. This is quite an improvement as earlier people would not care much about the requirements, standards and details of interpreting services.

Interpreting service in NHS are playing quite prominent role than before as many health care professionals like doctors, nurses and others are actively seen using the services. Unlike before when cases of people never saw the light of the day just because there was no one to interpret or help them with interpretation, NHS service is religiously putting effort to make sure that health care workers are at least aware

of the services and should use it when required. Since it has started making strong presence in the health care services, many non- English speaker like BME, migrants and others have been able to access the health care systems with less mishaps and better protection.

Like everything else, inculcating interpreting services in the NHS is not without challenges. Making aware of the presence of the services to both the staffs and the patient may have been the initial hurdles but using it properly and efficiently is often cited as a problem while accessing the services. Many times despite the existence of the service, the staffs are not well trained on how it can be accessed properly which is why it becomes a frustrating endeavours for many service users. Ekezie et al (2022) has clearly stated, “ ..although technology improved accessibility, it was not convenient for all population groups, for instance, groups who experienced communication and language barriers” (p.2). Finding the interpreters who can understand the correct dialects or languages is often seen as another obstacles as it is difficult to find interpreters who are professionals and well trained. McDonnell (2021) explained that, “NHS staff have access to an interpreter service whenever they need it, but finding the right person to speak to, especially on extremely sensitive topics surrounding pregnancy, can be extremely difficult, Fardous said”. This has often resulted in patient bringing in their own interpreters like their family members, friends or relatives who are not aware of the medical terms but in the given situation, this might be the only option. This is not only an unsafe practise but this can result to many misdiagnoses as patients cannot openly share their ailments since there is no boundaries of confidentialities. Not having proper fun to operate this system is also another avenue that must be properly explored.

In order to tackle all these, government should have better planning and policies put in system so that enough funds are allocate to provide safe and effective interpreting service. Better pay rate for the interpreters to attract professional talents so that patients can have safe translation services. Health staffs should be well aware and trained on how to use the system and it should be mandatory to learn on how to operate in the NHS system. Many times, it remains inaccessible and this should be properly worked out. As stated by Firth (2022) “Overall, women felt happy to discuss their mental health with midwives but were impeded by lack of access to appropriate language support” (p.2). A solid connection needs to be built to have a smooth running system of interpretation for the needy patients, with deep understanding of their cultural sensitivity. A fine balance of service and cultural understanding should be created for better access to the NHS system.

Chapter 5

Discussion, Conclusion and Recommendations

Discussion

"In the UK, primary care services provide the initial point of contact in the healthcare system, acting as the front door for the NHS. These services should therefore notably be a point of equal access for all in the community", (Ajayi ,2021, p.1). This clearly is the main point where we have to secure the main access to health care system for all people, irrespective of their languages, and should be placed as windows for access rather than obstacles.

Robinson et al. (2021) have specified, "The availability of interpreter services appeared to vary between healthcare settings and locations across the United Kingdom..One hospital registrar stated that 'if the language is a very specific dialect… it's very hard to get someone to translate'",(p6). This is another great point that should be discussed as finding the correct and qualified interpreter is also of great importance. It is quite evident in this study that there is no standard practice that takes place within the NHS, as one institution may differ from the other. While for some it is quite easy to access the interpreter service and may get equal health care like any other member of the population; others may not even know about such facilities simply because they are not aware of it. "Patient suggestions for improving communication on the medical ward round included nursing/medical staff members as interpreters, more in-depth English phrases to be provided on the communication chart especially with explaining mood and emotions" (D' Souza et al. 2021, p. 6).

Such a suggestion can also help overcome the language barrier and should be implemented, if necessary, in places where interpreters are not available.

Conclusion

"People's language and nationality should not be a barrier to getting help" (Eastern Daily Press, 2022, p.1). To provide equal health care service to the people, language barriers that exist currently in health settings should bring forth better and structured changes in NHS. Providing an interpreting service is not the only solution we should be seeking for, as we must make sure that the interpreters provided or hired can give accurate interpretation. McKnight et al. (2019) have clearly explained that, "Absence of shared language and/or interpretation services led to a number of difficulties including presumed understanding and misinterpretation"(p.3). As mentioned by McKelvey (2021), "Increasing standardisation regarding quality standards, certification requirements and support and training for interpreters would therefore help to promote equal and high-quality provision across services" (p.11). There are not enough interpreters who can do quality interpretation and many people must depend on their friends or relatives to interpret for them. Herrera et al. (2019) have explained, "Issues with the accessibility of interpreters have also been reported, alongside concerns regarding the reliability of translations when these were not qualified" (p.2).

This has had many negative impacts on the patient's health due to the lack of better interpreting infrastructure. As put by (Robinson et al., 2022, p.6), "Another discussed how the translation of medication safety messages could promote and

facilitate ‘starting to have the conversations with the vulnerable people who don't speak English well”. Hence having interpreting and translation is vital so that no mishaps can take place, and we can save the lives of vulnerable people.

“The language barrier affected providers’ ability to elicit in-depth information from women or to provide in-depth explanations and engage in shared decision making” (Evans et al., 2019, p.14).There are other prominent obstacles for interpreting service in NHS as suggested by (Lehane & Campion ,2018, p.2), “This ad hoc nature of the allocation of interpreters, whether face-to-face or telephone, leads to a disruption in the continuity of care, as both professionals and patients need to adjust to, and work with, many different interpreters”. Further, Harwood et.al (2023) stated that “Interpreter availability can also cause delays in assessment and treatment appointments which could have negative effects on access or treatment benefit” (p.10).

This clearly shows what are the main issues for the NHS while hiring interpreters and where they can work to make the system easier for everyone to use. But despite the service there are still chances of misinterpretation for various reason as illustrated by, Jeeva, Curry, Cunningham (2021), “Despite the high standard of English spoken, most participants felt that language barriers were the most common cause of miscommunications between themselves and healthcare professionals. They concurrently felt they themselves were more likely to make inappropriate decisions regarding their healthcare as a result of misinterpretation” (p3). Hence how to work when such situation arises should also be thought well and about the continuity of using the same interpreter to make the service smoother.

Recommendations

As reported by Hussain et.al (2021), “the task for health and social care providers is to recognize the diversity of users and to increase access to appropriate quality mainstream person-centred services” (p.11). It has been keenly observed that many services are provided superficially in the NHS and have not gone in depth to reach all those who need services.

In political and government levels, more health funds and health care policies should be created so that it becomes a regular standard practice for people to receive interpreter service as needed. Every hospital should have a connection to interpreting and translation services so that the patient need not wait for the next booking. The quality of interpreters should be checked so that better service can be provided.

Also (NG, 2022, p.1), “The study comes after a similar survey conducted in the UK found that healthcare workers are losing as much as half a working day every week trying to overcome language barriers.” Time efficient services should be provided which is need of the hour.

(Chatzidamianos et al. 2019, p.1), “Interpreters should be viewed as valued members of clinical teams and have access to clinical supervision so that they can be supported in interpreting emotional distressing content.” The importance of the role played by the interpreter in the system and how they can be utilized properly to overcome language barriers, has been highlighted.

All NHS systems should provide training for their staff and all health care personnel should be made aware of the interpreting service; also, awareness should be made

to the patients as well so that they can request the service when needed. Brace et al. (2018), stated that “One participant highlighted a case where a victim was discharged home from a healthcare facility after attending in mental health crisis, with no discourse via a professional interpreter” (p.5). Such cases and many other where there is an absolute need of interpreters are simply being overlooked due to lack of facilities which has negative impact on patient’s wellbeing.

Efforts should be made by the government and the NHS to make the interpreting services a standard service to overcome the language barrier so that more people can have equal access to the health care system without obstacles.

REFERENCES

Abou-Abdallah, M., & Lamyman, A. (2021). Exploring communication difficulties with deaf patients. *Clinical Medicine, 21*(4), E380-E383. doi:https://doi.org/10.7861/clinmed.2021-0111

Amurun, O. T. (2021). *Interpreter-assisted investigative interviews: Needs, challenges d quality* (Order No. 29424344). Available from ProQuest One Academic. (2699071700). Retrieved from https://www.proquest.com/dissertations-theses/interpreter-assisted-investigative-interviews/docview/2699071700/se-2

A national memory clinic survey to assess provision for people from diverse ethnic backgrounds in england and wales. (2021). *International Journal of Environmental Research and Public Health, 18*(4), 1456. doi:https://doi.org/10.3390/ijerph18041456

Ajayi Sotubo O. A perspective on health inequalities in BAME communities and how to improve access to primary care. *Future Healthc J. 2021 Mar;8*(1):36-39. doi: 10.7861/fhj.2020-0217. PMID: 33791458; PMCID: PMC8004339.

Bell, S., Edelstein, M., Zatoński, M., Ramsay, M., & Mounier-Jack, S. (2019). 'I don't think anybody explained to me how it works': Qualitative study exploring vaccination and primary health service access and uptake amongst polish and romanian communities in england. *BMJ Open, 9*(7) doi:https://doi.org/10.1136/bmjopen-2018-028228

Bibha, S., Sah, R. K., Mercel-Sanca Alan, van, T. E., Murti, B. Y., & Pramod, R. (2021). Perceptions and experiences of health and social care utilisation of the UK-nepali

population. *Journal of Immigrant and Minority Health, 23*(2), 298-307. doi:https://doi.org/10.1007/s10903-020-00976-w

Brace, E., Sanders, J., & Oommen, H. (2018). Access to healthcare for victims of human trafficking: A focus group with third sector agencies. *Diversity and Equality in Health and Care, 15*(2) doi:https://doi.org/10.21767/2049-5471.1000159

Bridle, L., Bassett, S., & Silverio, S. A. (2021). “We couldn’t talk to her”: A qualitative exploration of the experiences of UK midwives when navigating women’s care without language. *International Journal of Human Rights in Healthcare, 14*(4), 359-373. doi:https://doi.org/10.1108/IJHRH-10-2020-0089

Calls for interpreters to be legal requirement for NHS providers. (2022, Mar 25). *Eastern Daily Press* Retrieved from https://www.proquest.com/newspapers/calls-interpreters-be-legal-requirement-nhs/docview/2642685143/se-2

Chapman, R., Haroon, S., Simms-Williams, N., Bhala, N., Miah, F., Nirantharakumar, K., & Ferguson, J. (2022). Socioeconomic deprivation, age and language are barriers to accessing personal health records: A cross-sectional study of a large hospital-based personal health record system. *BMJ Open, 12*(1) doi:https://doi.org/10.1136/bmjopen-2021-054655

Chatzidamianos G, Fletcher I, Wedlock L, Lever R. Clinical communication and the 'triangle of care' in mental health and deafness: Sign language interpreters' perspectives. Patient Educ Couns. 2019 Nov;102(11):2010-2015. doi: 10.1016/j.pec.2019.05.016. Epub 2019 May 15. PMID: 31122818.

Clancy, M., Taylor, J., Caroline Bradbury-Jones, & Phillimore, J. (2020). A systematic review exploring palliative care for families who are forced migrants. *Journal of Advanced Nursing, 76*(11), 2872-2884. doi:https://doi.org/10.1111/jan.14509

Condon, L., Curejova, J., Morgan, D. L., Miles, G., & Fenlon, D. (2021). Knowledge and experience of cancer prevention and screening among gypsies, roma and travellers: A participatory qualitative study. *BMC Public Health, 21*, 1-11. doi:https://doi.org/10.1186/s12889-021-10390-y

Diana, M. R., Schoenthaler, A., Heys, M., Ucci, M., Hayward, A., Teakle, A., . . . Lewis, C. (2023). How does living in temporary accommodation and the COVID-19 pandemic impact under 5s' healthcare access and health outcomes? A qualitative study of key professionals in a socially and ethnically diverse and deprived area of london. *International Journal of Environmental Research and Public Health, 20*(2), 1300. doi:https://doi.org/10.3390/ijerph20021300

D'Souza, A. N., Canoso, A., & Smith, L. (2021). Improving communication on medical ward rounds with patients who speak limited english with implementation of medical communication charts. *BMJ Open Quality, 10*(3) doi:https://doi.org/10.1136/bmjoq-2021-001389

El-Gamal, S., & Hanefeld, J. (2020). Access to health-care policies for refugees and asylum-seekers. *International Journal of Migration, Health, and Social Care, 16*(1), 22-45. doi:https://doi.org/10.1108/IJMHSC-07-2018-0045

Ekezie, W., Maxwell, A., Byron, M., Czyznikowska, B., Osman, I., Moylan, K., . . . Pareek, M. (2022). Health communication and inequalities in primary care access during the COVID-19 pandemic among ethnic minorities in the united kingdom: Lived experiences and recommendations. *International Journal of Environmental Research and Public Health, 19*(22), 15166. doi:https://doi.org/10.3390/ijerph192215166

Evans, C., ×, R. T., McGarry, J., ×, J. E., Albert, J., ×, V. N., & Higginbottom, G. (2019). Crossing cultural divides: A qualitative systematic review of factors influencing the provision of healthcare related to female genital mutilation from the perspective of health professionals. *PLoS One, 14*(3) doi:https://doi.org/10.1371/journal.pone.0211829

Farooqi, A., Jutlla, K., Raghavan, R., Wilson, A., Mohammud, S. U., Akroyd, C., . . . Farooqi, A. T. (2022). Developing a toolkit for increasing the participation of black, asian and minority ethnic communities in health and social care research. *BMC Medical Research Methodology, 22*, 1-16. doi:https://doi.org/10.1186/s12874-021-01489-2

Firth, A. (2022). Sea change. *Midwives, 25*, 26-29. Retrieved from https://www.proquest.com/scholarly-journals/sea-change/docview/2657441873/se-2

Gaya-Sancho, B., Vanceulebroeck, V., Kömürcü, N., Kalkan, I., Casa-Nova, A., Tambo-Lizalde, E., . . . Antón-Solanas, I. (2021). Perception and experience of transcultural care of stakeholders and health service users with a migrant background: A qualitative study. *International Journal of Environmental Research and Public Health, 18*(19), 10503. doi:https://doi.org/10.3390/ijerph181910503

Handtke, O., Schilgen, B., & Mösko, M. (2019). Culturally competent healthcare – A scoping review of strategies implemented in healthcare organizations and a model of culturally competent healthcare provision. *PLoS One, 14*(7) doi:https://doi.org/10.1371/journal.pone.0219971

Harwood, H., Rhead, R., Chui, Z., Bakolis, I., Connor, L., Gazard, B., . . . Hatch, S. L. (2023). Variations by ethnicity in referral and treatment pathways for IAPT service

users in south london. *Psychological Medicine, 53*(3), 1084-1095. doi:https://doi.org/10.1017/S0033291721002518

Herrera, H., Alsaif, M., Khan, G., Barnes, N., & Rutter, P. (2019). Provision of bilingual dispensing labels to non-native english speakers: An exploratory study. *Pharmacy, 7*(1) doi:https://doi.org/10.3390/pharmacy701003

Hussain, B., Abdullah, Z. S., Repper, J., Stickley, T., Timmons, S., & Mahmood, H. S. (2021). Recognizing service users' diversity: Social identity narratives of british pakistanis in a mental health context. The Journal of Mental Health Training, Education, and Practice, 16(3), 200-212. doi:https://doi.org/10.1108/JMHTEP-06-2020-0040

Hussain, B., Hui, A., Timmons, S., & Nkhoma, K. (2022). Ethnic mental health inequalities and mental health policies in england 1999-2020. *Journal of Public Mental Health, 21*(2), 162-173. doi:https://doi.org/10.1108/JPMH-06-2021-0080

Jeeva, R. J., Curry, G., & Cunningham-Burley, S. (2021). Exploring ethnic minority women's experiences of maternity care during the SARS-CoV-2 pandemic: A qualitative study. *BMJ Open, 11*(9) doi:https://doi.org/10.1136/bmjopen-2021-050666

Knights, F., Munir, S., Ahmed, H., & Hargreaves, S. (2022). Initial health assessments for newly arrived migrants, refugees, and asylum seekers. *BMJ : British Medical Journal (Online), 377* doi:https://doi.org/10.1136/bmj-2021-068821

Lehane D, Campion P. Interpreters: why should the NHS provide them? Br J Gen Pract. 2018 Dec;68(677):564-565. doi: 10.3399/bjgp18X699905. PMID: 30498142; PMCID: PMC6255215.

Liljas, A. E. M., Walters, K., Jovicic, A., Iliffe, S., Manthorpe, J., Goodman, C., & Kharicha, K. (2019). Engaging 'hard to reach' groups in health promotion: The views of older people and professionals from a qualitative study in england. *BMC Public Health, 19* doi:https://doi.org/10.1186/s12889-019-6911-1

Linney, C., Ye, S., Redwood, S., Abdi, M., Farah, A., Biddle, L., & Crawley, E. (2020). "0RW1S34RfeSDcfkexd09rT2crazy person is crazy person. it doesn't differentiate1RW1S34RfeSDcfkexd09rT2": An exploration into somali views of mental health and access to healthcare in an established UK somali community. *International Journal for Equity in Health, 19*, 1-15. doi:https://doi.org/10.1186/s12939-020-01295-0

Mathew, S. (2019). *From policy to practice: Exploring the burden of hepatitis B and C in the UK nepali community, and the barriers to community migrant testing* (Order No. 13894315). Available from ProQuest One Academic. (2220865126). Retrieved from https://www.proquest.com/dissertations-theses/policy-practice-exploring-burden-hepatitis-b-c-uk/docview/2220865126/se-2

McDonnell, S. (2021, Jul 04). Going through pregnancy without speaking the language is horrible: How special clinic is helping mums-to-be who don't speak english. *Manchester Evening News* Retrieved from

https://www.proquest.com/newspapers/going-through-pregnancy-without-speaking-language/docview/2548039035/se-2

McKnight P, Goodwin L, Kenyon S. A systematic review of asylum-seeking women's views and experiences of UK maternity care. Midwifery. 2019 Oct;77:16-23. doi: 10.1016/j.midw.2019.06.007. Epub 2019 Jun 15. PMID: 31233990.

McKelvey, R. (2021). Language provision in the scottish public sector: Recommendations to promote inclusive practice. Social Inclusion, 9(1), 45-55. doi:https://doi.org/10.17645/si.v9i1.3549

Ng, K. (2022). *Doctors 'staggered' by impact of language on hospital survival rates*. London: Independent Digital News & Media. Retrieved from https://www.proquest.com/other-sources/doctors-staggered-impact-language-on-hospital/docview/2688278803/se-2

Peñuela-O'Brien, E. (2020). *An exploration into migrants' mental healthcare from the perspectives of central and eastern european migrants in the UK and professionals in europe* (Order No. 29002744). Available from ProQuest One Academic. (2637957587). Retrieved from https://www.proquest.com/dissertations-theses/exploration-into-migrants-mental-healthcare/docview/2637957587/se-2

Poppleton, A., Howells, K., Adeyemi, I., Carolyn Chew-Graham, Dikomitis, L., & Sanders, C. (2022). The perceptions of general practice among central and eastern

europeans in the united kingdom: A systematic scoping review. *Health Expectations, 25*(5), 2107-2123. doi:https://doi.org/10.1111/hex.13433

Rayment-Jones, H., Harris, J., Harden, A., Silverio, S. A., Cristina, F. T., & Sandall, J. (2021). Project20: Interpreter services for pregnant women with social risk factors in england: What works, for whom, in what circumstances, and how? *International Journal for Equity in Health, 20*, 1-11. doi:https://doi.org/10.1186/s12939-021-01570-8

Robinson, A., Elarbi, M., Todd, A., & Husband, A. (2022). A qualitative exploration of the barriers and facilitators affecting ethnic minority patient groups when accessing medicine review services: Perspectives of healthcare professionals. *Health Expectations, 25*(2), 628-638. doi:https://doi.org/10.1111/hex.13410

Robinson, A., Sile, L., Govind, T., Guraya, H. K., O'Brien, N., Harris, V., . . . Husband, A. (2022). 'He or she maybe doesn't know there is such a thing as a review': A qualitative investigation exploring barriers and facilitators to accessing medication reviews from the perspective of people from ethnic minority communities. Health Expectations, 25(4), 1432-1443. doi:https://doi.org/10.1111/hex.13482

Sarfraz, S., & Wacogne, I. D. (2019). Fifteen-minute consultation: How to use an interpreter in a medical consultation. *Archives of Disease in Childhood.Education and Practice Edition,* 104(5), 231. doi:https://doi.org/10.1136/archdischild-2018-315989

Scobie, S., & Sophie Castle-Clarke. (2020). Implementing learning health systems in the UK NHS: Policy actions to improve collaboration and transparency and support innovation and better use of analytics. Learning Health Systems, 4(1) doi:https://doi.org/10.1002/lrh2.1020

Scott, R., Emer, F., & Wedderburn, C. (2022). Refugee, migrant and asylum seekers' experience of accessing and receiving primary healthcare in a UK city of sanctuary. *Journal of Immigrant and Minority Health, 24*(1), 304-307. doi:https://doi.org/10.1007/s10903-021-01227-2

Shone, E. (2020). G141(P) 'Pick up the phone': A multidisciplinary team quality improvement project into the use of and access to telephone interpreter services within perinatal care. *Archives of Disease in Childhood, 105*, A47. doi:https://doi.org/10.1136/archdischild-2020-rcpch.113

Tiselius, E., & Sneed, K. (2020). Gaze and eye movement in dialogue interpreting: An eye-tracking study. Bilingualism, 23(4), 780-787. doi:https://doi.org/10.1017/S1366728920000309

Turner, B., & Madi, H. (2019). Consultations with patients for whom english is not their first language. *Practical Neurology, 19*(6), 536. doi:https://doi.org/10.1136/practneurol-2018-002014

Viet-Hai Phung, Asghar, Z., Matiti, M., & Siriwardena, A. N. (2020). Understanding how eastern european migrants use and experience UK health services: A systematic

scoping review. *BMC Health Services Research, 20*, 1-10. doi:https://doi.org/10.1186/s12913-020-4987-z

Wise, J. (2022). Racial health inequality is stark and requires concerted action, says review. *BMJ : British Medical Journal (Online), 376* doi:https://doi.org/10.1136/bmj.o382

Woof, V. G., Ruane, H., French, D. P., Ulph, F., Qureshi, N., Khan, N., . . . Donnelly, L. S. (2020). The introduction of risk stratified screening into the NHS breast screening programme: Views from british-pakistani women. BMC Cancer, 20, 1-9. doi:https://doi.org/10.1186/s12885-020-06959-2

Yeheskel, A., & Rawal, S. (2019). Exploring the 'Patient experience' of individuals with limited english proficiency: A scoping review. Journal of Immigrant and Minority Health, 21(4), 853-878. doi:https://doi.org/10.1007/s10903-018-0816-4

Annex

(Appendix 1)

Research Ethics Approval

The postgraduate dissertation study

The Role of Interpreting services in overcoming language barrier in the United kingdom Health Care System

Submitted as part requirement for the completion of the program:

Master of Science in Health Care Management

(Did not require) / required the approval of research ethics committee (please circle accordingly)

To be completed only if the study went through a research ethics committee:

Name of committee:

.....

Conflict of Interest Declaration Title

of postgraduate dissertation:

.....

.....

Please complete either a) or b)

a) I, Lachhemi Rana (name of student) hereby declare **no conflict of interest** for the postgraduate dissertation study submitted today as part requirement for completion of the program Master of Science in Health Care Management

b) I, ... (name of student) hereby **wish to declare conflict of interest** for the postgraduate dissertation study submitted today as part requirement for completion of the program .....

Please provide details regarding the conflict of interest declared:

.....

.....

.....

.....