

Adaptive Action: Translation Services



HCT

Healthy Communities Together

Introduction

This report was compiled following an interview with Healthy Community Together Leeds (HCT) partners Tim Taylor the Head of Public Health (Localities & Primary Care) at Leeds City Council and Jon Beech the Director of Leeds Asylum Seekers' Support Network on their reflections, with additional comments and insights from Jamie Fletcher the HCT Systems Change Coordinator who attended the Adaptive Action as an observer.

What is Adaptive Action?

Adaptive Action is a structured, yet flexible process designed to foster deep reflection, collaboration, and practical outcomes. It encourages participants to analyse challenges, explore possible solutions, and take actionable steps. By bringing together experts with lived experience from effected communities and decision-makers around a topic, Adaptive Action creates a shared understanding that can drive meaningful change in health systems.

Adaptive Action follows three key questions:

- 1. What?** – Challenges assumptions and establishes a clear understanding of the current situation.
- 2. So What?** – Encourages creative analysis and meaning-making.
- 3. Now What?** – Guides actionable steps, even in uncertain circumstances.

HCT creates a reflective cycle that continuously adapts and evolves in response to emerging insights.



Origins of the Interpreting & Translation Services Adaptive Action

A new translation service for primary care was being developed across West Yorkshire. The migrant health board was consulted on this and there was some concern that there needed to be more engagement with people who used the service and had English as a second language.

Working with the HCT partners, there was an opportunity to involve Experts By Lived Experience in an Adaptive Action to design the translation service with their input.



Gaining System Buy-in for Adaptive Action

With NHS West Yorkshire Integrated Care Board developing a new interpreting and translation service for primary care, HCT positioned Adaptive Action as an opportunity for constructive service enhancement rather than criticism. By diplomatically highlighting consultation gaps, HCT fostered collaboration and encouraged stakeholders to refine their approach.

A pivotal Adaptive Action workshop was held at Woodhouse Medical Service on Wednesday, 17th July 2024. The session was hosted by Jon Beech from Leeds Asylum Seekers Support Network, Tim Taylor from Leeds City Council Public Health, Victoria Annakin, who is leading on the commissioning of interpreting and translation services on behalf of West Yorkshire ICB, and Dr Mo Sattar from Woodhouse Practice.

The success of the Adaptive Action stemmed from recognizing an important gap in the system that was already working on a health service specification but had overlooked migrant communities, particularly those with English as a second language. HCT identified a gap and brought it to light, prompting those in charge to acknowledge it and act on it.

Organising the Adaptive Action

The Adaptive Action session was a great example of how careful facilitation, building trust, and ensuring a clear follow-up can create a more meaningful and productive consultation process. It ensured the participants walked away feeling heard and valued.

The organisation of the Adaptive Action Session was fairly informal but still well-executed, largely thanks to the experience and trust between HCT partners Jon and Tim.

Planning and Coordination:

- **Date Selection:** Finding a suitable date accommodating all key stakeholders was the most challenging aspect.
- **Informal Discussions:** Jon and Tim relied on their strong working relationship rather than extensive pre-meetings.

Delegating Responsibilities:

- **Community Engagement:** Jon and LASSN engaged refugee and migrant advocacy groups.
- **Commissioning Representation:** Tim liaised with NHS stakeholders and secured GP involvement.

Pre-Event Preparation:

- **Information Sharing:** Participants received an overview of the session, including expectations.
- **Incentives & Accessibility:** A buffet lunch was provided, and community participants received a financial token of appreciation. Healthcare workers removed their lanyards to foster a more inclusive atmosphere in which symbols of professional role did not replicate hierarchies.



Workshop Execution:

- **Welcoming Atmosphere:** Small gestures of care mattered significantly. Participants were greeted personally to create a comfortable environment. HCT team members each focused on different groups of participants to ensure everyone felt engaged and supported.
- **Safe Space Creation:** Attendees were encouraged to share openly without fear of judgment.
- **Focus on Listening:** The session emphasized genuine listening over agenda-setting.
- **Follow-up Clarity:** Participants were informed about how their feedback would shape future service guidelines.

Challenges Faced:

1. **Location Choice:** Holding the session in a GP surgery, while practical, may not have felt entirely welcoming to all community members.
2. **Space Constraints:** The meeting room layout limited equal participation, preventing a fully inclusive seating arrangement.
3. **Power Dynamics:** Dr. Mo's late arrival and authoritative approach could have been intimidating; however, his presence was crucial for connecting discussions to higher-level decision-makers

Post-Event Follow-Up:

- **Documentation:** Key insights were compiled using AI-assisted analysis and transcription. This was shared with commissioners.
- **Implementation Updates:** Participants were notified of the adoption of their feedback into new service specifications and informed about the new translation service provider.
- **Acknowledgment:** Commissioners assured stakeholders that the new provider was integrating key learnings from the Adaptive

Key Takeaways from this Adaptive Action Process

Building Trust and Relationships:

- Personal invitations fostered a sense of significance and trust.
- Prior relationships between facilitators and community members enabled open discussions.

Flexible Facilitation:

- While the AA had a structure there was a flexibility to allow for organic conversation.
- Active listening and real-time adaptation ensured a productive discussion.
- Summarizing participants' points helped validate their contributions.

Tangible Outcomes vs. Traditional Consultations:

- Unlike many NHS consultations, this session led to direct integration of community feedback into service specifications.
- Participants saw clear evidence of how their insights influenced decision-making.
- The process felt meaningful because it resulted in actual service changes.

Key Learning Integrated into New Translation Services Guidelines

Nationally, there is guidance [guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf](#) to support local commissioners of primary care services when commissioning translation or interpreting services. The focus of this guidance is primary medical care services (GP surgeries). It highlights 8 principles of best practices commissioners should consider when commissioning services for NHS patients and carers, specifically:

- Access to Interpreting Services
- Booking Interpreting Services
- Timeliness of Access to Interpreting Services
- Taking a Personalised Approach to Interpreting Services
- Professionalism and Safeguarding
- Compliments, Comments, Concerns, and Complaints
- Translation of Documents
- Quality Assurance and Continuous Improvements

The key learning from the Adaptive Action workshop have been applied to the 8 principles:

Access to Interpreting Services

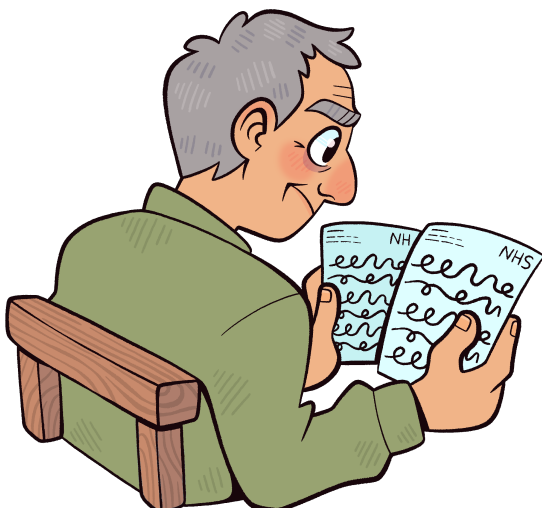
- Access to interpreters is inconsistent across different areas of the city. Some people resort to using friends or family members, including children, which raises confidentiality concerns. New specification to make clear that this is unacceptable.
- The availability of interpreters who speak the correct dialect and language is crucial, especially for communities with diverse linguistic needs.
- Local healthcare and council services should regularly record and evaluate the availability and usage of interpreters in practice. Any new translation and advocacy services should meet the needs of the community.

Booking Interpreting Services

- Booking interpreters is challenging, especially when the receptionist or system doesn't understand the specific needs of the patient. This can lead to incorrect referrals or difficulties in securing appointments.

Timeliness of Access to Interpreting Services

- The timeliness of securing an interpreter is a significant issue, with some patients unable to get appointments due to language barriers or misunderstandings during the booking process. New specification to audit timeliness of getting an interpreter.
- There are particular challenges with phone systems and online booking, where language barriers hinder effective use.



Timeliness of Access to Interpreting Services

- It's important to match interpreters not only by language but also by dialect and cultural understanding. A personalized approach is necessary to ensure accurate communication and patient comfort.
- Ethnicity of people using the service should be routinely recorded and cultural preferences should be sensitively agreed.
- Patients expressed the need for interpreters who understand the specific context, terminology, and cultural nuances of the language being spoken.
- There's a significant need for translating medical documents and letters into the patient's native language to avoid misunderstandings, especially concerning medication instructions, side effects, and treatment plans.
- Written communication from services should be supported by spoken communication where possible. Where possible, provide people with an option to create an audio recording to feedback, especially for people with low levels / no education. Where not possible, language should be translated and in clear and simple terms.

Professionalism and Safeguarding

- Concerns were raised about the professionalism of interpreters, particularly regarding their knowledge of medical terms and confidentiality. In some cases, interpreters have provided incorrect or incomplete information, leading to dangerous situations.
- The need for gender-specific interpreters was also highlighted for discussing sensitive medical issues.

Compliments, Comments, Concerns, and Complaints

- Many participants felt they lacked a clear avenue to provide feedback or file complaints about interpreting services. There was a complete silence when asked how they would complain if needed.
- There's a need for a feedback mechanism, such as a charter or survey, to allow patients to evaluate their interpreting experiences.

Translation of Documents

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Quality Assurance and Continuous Improvements

- Participants suggested that interpreters undergo specific training in medical terminology and cultural competence. It was recommended that interpreters be categorized based on their expertise in different fields (e.g., medical, housing).
- Continuous improvement could be fostered by recording patient language needs accurately on primary care systems and providing interpreters with preparatory materials ahead of appointments to ensure they are familiar with the terminology they'll encounter.



The learning highlights the need for better access, booking procedures, personalisation, and feedback mechanisms in interpreting services to ensure patient safety and comfort.

Conclusion

The Adaptive Action session played a critical role in identifying and addressing gaps in translation services. By prioritizing genuine listening and inclusive consultation, HCT ensured that community voices translated into actionable improvements. The process demonstrated that when stakeholders collaborate transparently, health services can become more equitable, accessible, and effective.

Ultimately, the success of this Adaptive Action lay in creating a space where participants felt valued, heard, and confident that their input would lead to real change.





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