

To be completed by Meeting Secretary

Agenda item:

Paper No:



<b>Meeting/Committee:</b>	<b>Norfolk and Waveney CCG Primary Care Commissioning Committee</b>
<b>Venue:</b>	<b>Videoconference</b>
<b>Date:</b>	<b>19 June 2020</b>

<b>Title of Report</b>	Interpreting and Translation Services – Year end report 2019_2020	
<b>Presented by</b>	Fiona Theadom	
<b>Author</b>	Fiona Theadom	
<b>Status</b>	For: Information	
<b>Finance Lead sign off (if required)</b>	Name:	Date:
<b>Conflict of Interest (Y/N) – if yes please give details</b>	<i>Not applicable</i>	
<b>Governance and reporting - at which other meeting has this paper already been discussed (or not applicable)</b>	Not applicable	Outcome of Discussion

### Executive Summary:

NHS England and NHS Improvement (NHSE/I) secured a new contract by Call Off from the Crown Commercial Services Framework starting 1 April 2021. The contract is held by DA Languages Ltd and covers primary care medical and dental services in Cambridgeshire & Peterborough, Norfolk and Waveney and Suffolk (“East Anglia”). It replaced various historical services and the budget for all services is held by individual CCGs.

This paper provides an summary overview of activity and spend in East Anglia for 2019/2020 and a detailed breakdown of Norfolk and Waveney activity for information.



**Implications:**

Which regional priority does this support? (see Annex A)	3, 4, 6 and 10
Financial/ Resource	Budget is held by CCGs for both primary care dental and medical services. There is a financial risk if activity exceeds previous historical levels.
Legal/ Compliance	NHS Constitution, Accessible Information Standard
Implications on health inequalities	NHSE/I has a responsibility to ensure that all patients have equitable access to primary care services regardless of their protected characteristic, disability or ability to communicate with clinicians, services, including those whose first language is not English and those who are non-speaking.
Equality Analysis	NHSE/I has a responsibility to ensure that all patients have equitable access to primary care services regardless of their protected characteristic, disability or ability to communicate with clinicians, services, including those whose first language is not English and those who are non-speaking.
Patient and Public Engagement	To be undertaken if any service changes are proposed. Feedback is obtained from users as part of the contract monitoring process.
Risk (including reputational) and rating	If the service is not continued, this will impact on access to primary care services for specific patient cohorts, increasing the risk of health inequalities and diagnosis of conditions and long term patient care therefore impacting on the reputation of commissioners to ensure equitable access to services

**Recommendation(s):**

To note the activity and spend for the financial year 2019/2020.
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**Next Steps:**

Refer to separate PCCC paper about future commissioning plans from April 2021.
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**For further information contact:**

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## **NHS ENGLAND AND NHS IMPROVEMENT EAST OF ENGLAND**

### **CCG Primary Care Commissioning Committee**

#### **FOR INFORMATION**

**TITLE OF PAPER:** Interpreting and Translation Services – Year end report 2019\_2020

**REPORT SUBMITTED BY:** Fiona Theadom, Senior Contract Manager, NHS  
England and NHS Improvement

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## **1 INTRODUCTION**

- 1.1 A new contract for interpreting and translation services commenced on 1 April 2019 for two years ending 31 March 2021. Services are available to primary care medical and dental practices in Norfolk and Waveney, Cambridgeshire and Peterborough and in Suffolk.
- 1.2 This paper provides a high level summary of spend and activity by CCG and STP area for the financial year 2019- 2020 for information only. Services available are face to face interpreting services for non-English speakers and non-speaking patients, telephone services and written translations of medical records.

## **2 2019-2020 Activity and Spend**

The total spend for the East Anglia area is £526,268 and in line with spend in previous years.

A summary of activity and spend by CCGs in East Anglia is set out in Annex A.

Issues specific to Norfolk and Waveney CCG relating to non-speaking services have been previously highlighted to the Primary Care Commissioning Committees. In December 2019, DA Languages Ltd entered into arrangements with a local supplier, Deaf Connexions to support and improve availability of these services.

Norfolk has a significantly higher use of face to face services for non-English speakers than the other STP areas who primarily use telephone interpreting services. The top 3 users of face to face services are found in the Norfolk area, accounting for £137k of total Norfolk and Waveney CCG spend.

There is a target set in the contract to switch at least 30% of face to face services to telephone services. Prior to resources being switched to support Covid 19, agreement had been reached with the CCG to approach the top 10 outliers to discuss and understand their reasons for using face to face services and explore switching to telephone services, where clinically appropriate. This work was put on

hold however will form part of the engagement process with GPs and dental practices during 2020/21.

### **3 RECOMMENDATIONS**

3.1 For information only

**Fiona Theadom**  
**Senior Contract Manager**  
29 May 2020

**Summary of 2019 – 2020 Spend and Activity**

	<b>Totalspend</b>	<b>Activity</b>
<b>Service Type</b>	<b>Spend</b>	<b>Activity</b>
Interpreting*	£407,232.14	8019
Telephone interpreting	£111,831.96	13600
Translation	£7,204.05	68
<b>Total</b>	<b>£526,268.15</b>	<b>21687</b>

\*includes non-English speaking and non-speaking services

<b>Usage</b>	<b>Spend</b>	<b>Activity**</b>
GP	£ 412,825.34	7150
Dentist	£ 90,271.42	2016
Other	£ 23,181.39	327
<b>Total</b>	<b>£ 526,278.15</b>	<b>9493</b>

\*\*Telephone contacts are aggregated by practice in this data

<b>Usage by CCG</b>	<b>Spend</b>	<b>Activity</b>
Cambridgeshire & P'boro	£ 122,245.88	1289
Norwich	£ 121,066.62	2982
South Norfolk	£ 108,168.44	1950
West Norfolk	£ 101,592.88	2404
Ipswich & East Suffolk	£ 47,431.54	438
North Norfolk	£ 9,285.60	207
Gt Yarmouth & Waveney	£ 9,545.06	106
West Suffolk	£ 6,942.13	117
<b>Total</b>	<b>£ 526,278.15</b>	<b>9493</b>

<b>Summary by STP area</b>		
Norfolk and Waveney	£ 349,658.60	7649
Suffolk (excludes North East Essex)	£ 54,373.67	555
Cambridgeshire & Peterborough	£ 122,245.88	1289

<b>Regional Priorities (16-06-19)</b>	
1	Support the development of STPs into Integrated Care Systems across the Region and the maturity of existing ICSs
2	Work with STPs/ICSs to support and assure delivery of plans in support of the NHS LTP
3	Develop sustainable NHS systems (and the NHS contribution to wider sustainability) working to improve efficiency effectiveness and performance and deliver reconfiguration schemes.
4	Drive the development of new clinical models to promote health & wellbeing and deliver more services outside the hospital setting as part of whole system strategies
5	Assure delivery of LTP clinical transformation programmes
6	Quality, patient safety and patient experience surveillance and oversight including proactive use of data and insight to prevent/minimise quality risks
7	Ensure talent is managed to make the best of people across NHS organisations and promote inclusion and increase diversity in NHS systems and strengthen leadership.
8	Develop the workforce to support the delivery of the NHS LTP and the sustainability of local services, working with HEE and Leadership academies supporting the development of cultures of collaboration, continuous improvement and transformation.
9	Ensure financial accountability and discipline and ensure that the NHS lives within its means
10	Deliver the specific performance standards expected of the NHS
11	Ensure a successful transition to the new regions as part of the joint working programme and lead the development of a positive culture, in line with the values of the organisation
12	Ensure all BAU and statutory functions are discharged effectively, and all are focussed on supporting delivery (including EPRR and EU Exit)

**Annex B**