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# LOST IN TRANSLATION

HOW MUCH IS TRANSLATION COSTING THE NHS, AND HOW CAN WE BOTH CUT COSTS AND IMPROVE SERVICE PROVISION?

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## 1. Executive Summary

This report investigates NHS spend on translation services, the overall costs as well as the individual areas of spend. Research was conducted by 2020health through Freedom of Information (FOI) requests sent to 247 NHS Trusts.

Key messages:

- Trusts spent £23.3 million pounds on translation services last year.
- The NHS has spent £64.4 million on translation services in the last three financial years, a £9.4 million (17%) increase from 2007/8 – 2009/10.
- This amount equates to a staggering £59k per day.
- London Trusts comprised only 15% of the Trusts surveyed, but were responsible for 31% of the total spend.
- 45% of Trusts could not break down the cost of written translation.
- Overall costs of translation are on the rise, whilst the cost of written translation is decreasing, which indicates that it is the cost of interpretation that is rising.

Recommendations:

- Translate materials into easy read English rather than other languages, and make these materials available across all sites
- Create a central repository of information that has already been translated into other languages so that it is readily available to all NHS sites
- Provide more written translations through free web-based translation facilities such as Google Translate
- Assess population to determine understanding and impact of translated material, e.g. assess patient knowledge, awareness, and uptake of public health prevention information
- Introduce budgetary lines for different areas of translation to allow tracking and transparency of spending

## 2. Introduction

In Nov 2011, it was reported that the Ministry of Justice spent over £100 million in six years on translation costs.[1] The news was perplexing, particularly at a time when the Ministry is cutting its budget by £2 billion and has closed 142 courts across the country. Local councils have also spent an inordinate amount on translation, an estimated £20 million in 2009, with evidence that many of the leaflets that were translated weren't even being read.[2] In three years (2008-2010), the police spent £82 million on translators whilst taking 16,000 police officers off the front line to 'save costs'.[3] It was this reduction in police capacity that directly resulted in a failure to cope with the riots that rocked London last summer.

In April 2011, it was revealed that the NHS spent a conservative estimate of £55 million on translation services in the three year period between 2007/8 and 2009/10.[4] The figures were based on freedom of information requests made by Nick de Bois, Conservative MP for Enfield North. The resulting Trust responses highlighted Barts and the London NHS Trust as the biggest spender on translation services with a total spend of £2.2million over the three year period. University College London Hospitals Trust spent £1.6 million, Guy's and St Thomas' spent £1.3 million, and St Mary's Hospital, Paddington, King's College Hospital Trust, Great Ormond Street Hospital and Homerton University Hospital all spent about £1.2 million each over the three year period.

It goes without saying that one of the key tenets of good patient care is good communication, and making sure that the patient understands the information presented to him or her. A Barts spokeswoman commented on the figures, stating that the Trust served areas with more than 140 languages spoken, so "offering access to an interpreter is a crucial part of assisting patients whose

[1] http://www.express.co.uk/posts/view/280973
[2] http://www.telegraph.co.uk/news/uknews/6995845/Local-councils-spend-nearly-20m-in-a-year-translating-documents.html
[3] http://www.dailymail.co.uk/news/article-2027734/Cost-translators-rocketed-82m-EU-opened-Britains-doors-migration.html
[4] http://www.thisislondon.co.uk/standard/article-23941915-hospitals-spend-pound-15million-on-interpreters.do

first language is not English". However, in these tough economic times and with the NHS striving to cut costs, is this level of spend on translation services justifiable?

The question throws a spotlight on the deeper issues in our society, including integration and the meaning of citizenship. Is catering to non-native English speakers actually serving them in good stead, or are we perpetuating a system in which they are ostracized from the greater English-speaking community by dis-incentivizing them to learn English? Zia Haider Rahman, a Bangladeshi human rights lawyer in Tower Hamlets in the East End of London, says the provision of translation and interpretation is actually damaging to his community.[2]

"They are doing harm because they are reinforcing the language barrier which separates this community from the rest of Britain. They are de-incentivising Bangladeshis from learning English," says Mr. Rahman.

A woman who doesn't speak a word of English despite having lived in Tower Hamlets for 22 years, brought up another important point - the direct oppression of some minority women by their family members through language isolation. She explained that many girls are brought over as wives from Bangladesh, her country of origin, and are isolated by their men who do not want them to integrate.

"Women are not being allowed to learn English because if they go out the husband fears they will be corrupted, that she will gain courage and she will learn how to operate in this country. There should be a law that requires these newcomers to learn English and that stops their families from preventing them learn English," she says.

Over-provision of translation and interpreting services perpetuates the language barrier and puts these women at a disadvantage, as it reduces their ability to receive and uptake important public health information (e.g. breast and cervical cancer screening[5]) and accessing health services. Black and minority ethnic (BME) groups historically have poorer health than the overall population, and higher morbidity and mortality in disadvantaged groups and areas are key drivers of poor average outcomes for cervical, colorectal and breast cancer.[6] Though there are a variety of socio-economic and cultural contributors to health inequalities, good communication is a critical factor in improving patient education and access to services, which play a major role in narrowing the health gap. Ensuring that all UK residents are able to communicate at a minimum level of English is therefore vital to any effort aimed at reducing health inequality and improving clinical outcomes. Not only will an improved ability to communicate facilitate greater access to health services, it will also increase the ability to access other vital support services in cases of emergency, domestic violence or crime. It isn't just about spending less on translation; it is about the bigger picture of integration, incentivising and supporting new immigrants to become active citizens of this country who can take advantage of all that Britain has to offer.

[5] Rivera-Vasquez, O., et. al. (2009) A Community-Based Approach to Translating and Testing Cancer Literacy Assessment Tools. Journal of Cancer Education, 24:319-325.
[6] Department of Health. (2011) Improving Outcomes: A Strategy for Cancer. January 2011.

## 3. Methodology

A set of questions was designed to reveal how much the NHS spent on translation services in the last three financial years and in which specific areas. The areas included written translation, the employment of translators, and the employment of patient advocates. Advocates are differentiated from translators/interpreters in that they provide not just interpretation but support as well to ensure that the patient understands the information given to them.

The questions were as follows:

1. How many languages do you translate patient information into as of 1 Sept 2011?

For each of the last 3 financial years (2010/11, 2010/09, 2008/09) how much have you spent on the following:

2. Translation of written information for patients /carers
3. Translation services for patients/carers
4. Employment of translators
5. Employment of advocates for non-English speaking people

The freedom of information requests were sent to 299 NHS institutions in total, comprising 130 PCTs, 73 acute Trusts, and 96 foundation Trusts. Responses were compiled by 2020health but the information was self-reported by the Trusts under the Freedom of Information Act 2005. It is important to note that although the Trusts were not differentiated based on their size or the size of the population they serve, it is recognised that these factors have a bearing on the interpretation of the data.

## 4. Results and Discussion

### 4.1. Response rate

The response rates from the NHS Trusts ranged from 75 – 90% (Table 1). Many of the Trusts were late in responding, and in the end, all of them were given an additional 14 working days to complete the request. Even so, an average of 17% of the institutions either could not respond within the amount of time given or refused to respond at all (Appendix I).

**Table 1.** The percentage of Trusts that responded to the FOI request

| | Responded | Total | Response Rate |
|---|---|---|---|
| PCT | 98 | 130 | 75 % |
| Acute | 63 | 73 | 86 % |
| Foundation | 86 | 96 | 90 % |
| Total | 247 | 299 | 83 % |

There was a general difficulty in obtaining relevant answers to the questions posed, with a large number of Trusts either misinterpreting the questions or disputing the phrasing and definitions of

the words used in the questions. In addition, the Trusts had trouble answering the questions in the format provided because they were unable to break down their total yearly spend on translation into the different categories.

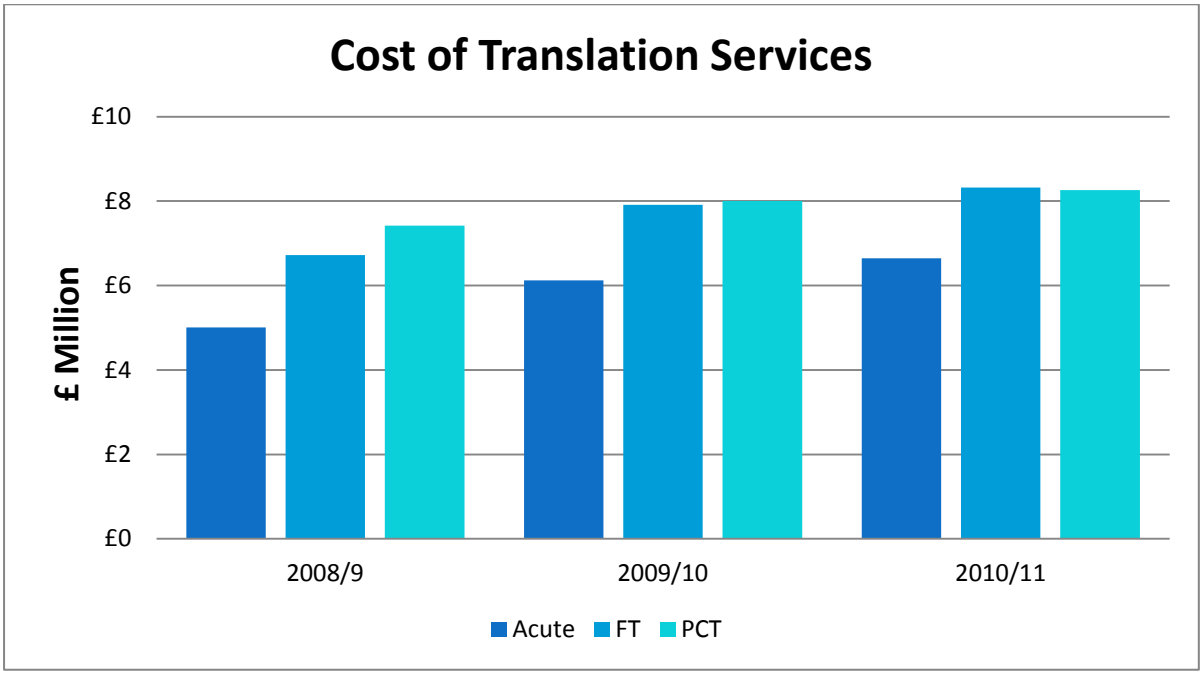
It is also worth noting that two of the top spenders highlighted in Nick de Bois' research - Barts and The London NHS Trust and Great Ormond Street Hospital – were non-responsive.

### 4.2. Total translation costs

**Question 3: For each of the last 3 financial years (2010/11, 2010/09, 2008/09) how much have you spent on translation services for patients/carers?**

95% of Trusts were able to provide total spend on translation services for the three financial years. The results are summarised in Figure 1.

**Figure 1.** Total annual cost of translation services




Clearly, translation costs are on the rise, with foundation and primary care Trusts spending the greatest amount on translation services. In total, Trusts spent £23.3 million pounds on translation services last year. The total for the last three years combined was £64.4, a £9.4 million increase from Nick de Bois' conservative estimate from 2007/8 – 2009/10. However, seeing as our data lacks responses from 17% of the Trusts surveyed, two of which were cited as being top spenders in Mr. de Bois' research, the real costs are estimated to be as much as 10-15% higher, which would equate to approximately £70-75 million.

Additionally, London Trusts comprised only 15% of the Trusts surveyed, but were responsible for 31% of the total spend. The top five Trusts that spent the most on translation services in the last three years are listed in Table 2.

**Table 2**. Top spenders on translation services inside and outside of London for the period 2008/9-2010/11

| Top 5 in London | £ million |
|---|---|
| Imperial College Healthcare NHS Trust | 2.0 |
| Westminster PCT | 1.8 |
| Newham University Hospital NHS Trust | 1.5 |
| University College London Hospitals NHS Foundation Trust | 1.4 |
| Wandsworth PCT | 1.3 |
| **Top 5 Outside of London** | **£ million** |
| Birmingham (city-wide spend) | 4.9 |
| Central Manchester University Hospitals NHS Foundation Trust | 3.7 |
| Leeds Teaching Hospitals NHS Trust | 2.4 |
| Nottinghamshire County Teaching PCT | 1.7 |
| Bradford Teaching Hospitals NHS Foundation Trust | 1.4 |

Many of the highest spenders are located in major cities with large immigrant populations – the data is therefore rather unsurprising. However, it must be considered whether this level of spend on translation is necessary, and whether it is actually helping the population it is meant to serve.

### 4.3. Written translation

**Question 1: How many languages do you translate patient information into as of 1 Sept 2011?**

Some of the Trusts either did/could not answer the question, or could not provide the information requested as the service was hosted by a different trust (Table 3). In retrospect, the phrasing of Question 1 was admittedly ambiguous. As a result, the Trusts interpreted this question in two different ways resulting in two different types of answers.

**Table 3.** Question 1 response rate as a percentage of total responses

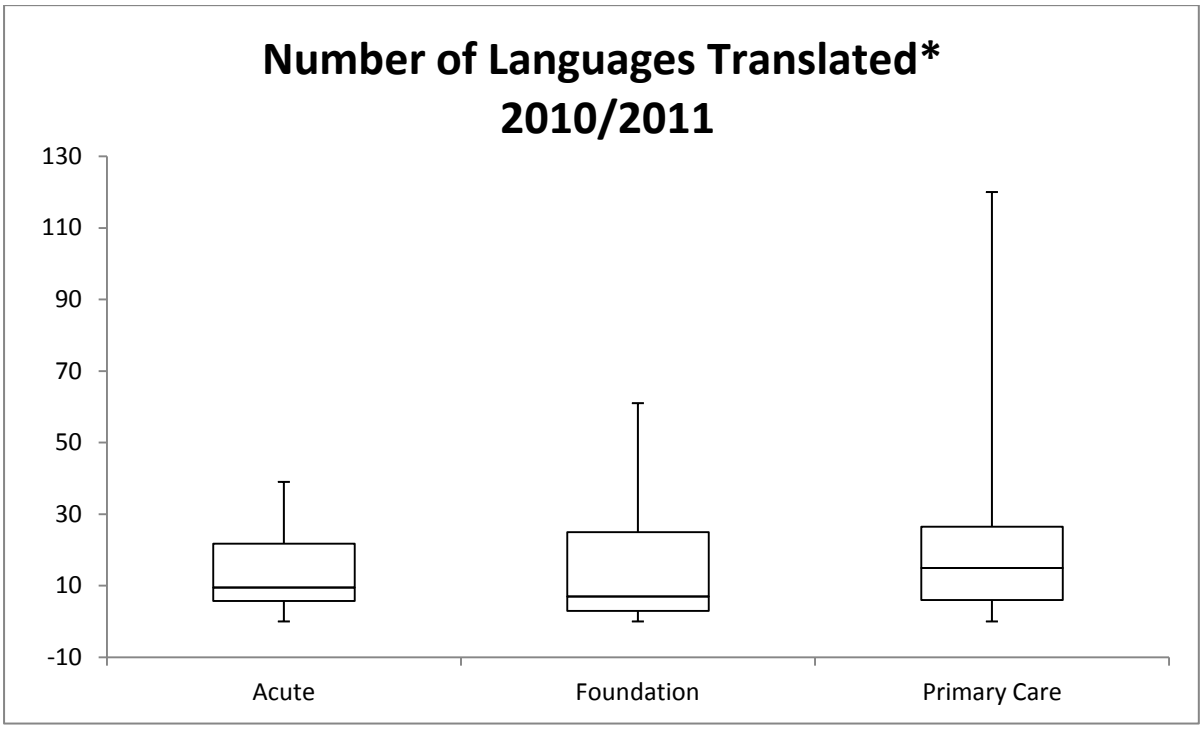
| Answer | Acute | Foundation | Primary care | % of Total* |
|---|---|---|---|---|
| Did/could not answer the question | 5 | 11 | 13 | 11.7% |
| Service hosted by a different trust | 1 | 1 | 3 | 2.0% |
| Translations only upon request | 28 | 40 | 39 | 43.3% |
| Response was a numerical value | 29 | 34 | 43 | 42.9% |

*The total number of Trusts that responded to the FOI was 247.

The first interpretation resulted in responses detailing how many languages the Trusts routinely translated patient information into, which was the original intent of the question. If the Trusts did not routinely translate leaflets and other printed materials, then the response was "translations only upon request". If the Trusts routinely translated information, then they responded with a numerical value for the number of languages they regularly translated printed materials into.

The second interpretation resulted in the Trusts providing yearly totals of the different requests they had received to translate patient information into other languages. The numerical responses from the two interpretations comprised 42.9% of the total responses. These numerical results have been amalgamated, as it was sometimes not possible to tell which interpretation the Trust had used (Figure 2).

**Figure 2.** The number of languages and language translation requests received by NHS Trusts in the period 2010/2011




*Answers aggregated from 29 acute, 34 foundation, and 43 primary care Trusts.

It is interesting to note the range of responses. Whilst some of the Trusts translated no material into other languages, some translated as many as 120. Most of the Trusts that responded with figures translated between 5 and 25 languages, with median values of 7 for foundation Trusts, 9.5 for acute Trusts, and 15 for PCTs. A few of the Trusts provided lists of their most translated languages, and what is striking about this information is that some of the languages seem to be commonly used across the UK. Leaflets and other information are often translated into Eastern European languages such as Polish, Asian languages such as Hindi, and Mandarin. It is not unreasonable then to suggest that Trusts should make leaflets and other standard information that have already been translated available for download by other Trusts from the NHS website, thus reducing spend on routine written translations.

**Case Study: Calderdale PCT**

*"We don't routinely translate anything...Research among patient groups told us that they actually prefer the easy read version, rather than a translated brochure. That is the process we now follow."*

This was one of the most interesting and relevant responses that 2020health received. If more patient information were translated into easy read English rather than hundreds of different languages, not only would routine translation costs be reduced, but leaflets and standard patient letters could be made available for download on the NHS website, which would also reduce the need for costly ad hoc written translation requests into languages that may only be relevant to a small number of patients in each individual Trust's population.

**Question 2: For each of the last 3 financial years (2010/11, 2010/09, 2008/09) how much have you spent on translation of written information for patients /carers?**

Many Trusts had difficulty breaking down their total spend into specific categories of translation, primarily it was believed because calculating the figures would have involved sorting through invoices from interpreting agencies. Some Trusts also responded that the costs could not be separated from general printing costs or that the costs came out of departmental budgets and were not aggregated at Trust level. As a result 45% of the Trusts responded that they could not break down the cost of written translation (Table 4). An additional 9% of Trusts could not answer the question, and 2% responded that their written translation services were hosted by another Trust.

**Table 4**. Alternative responses to Question 2

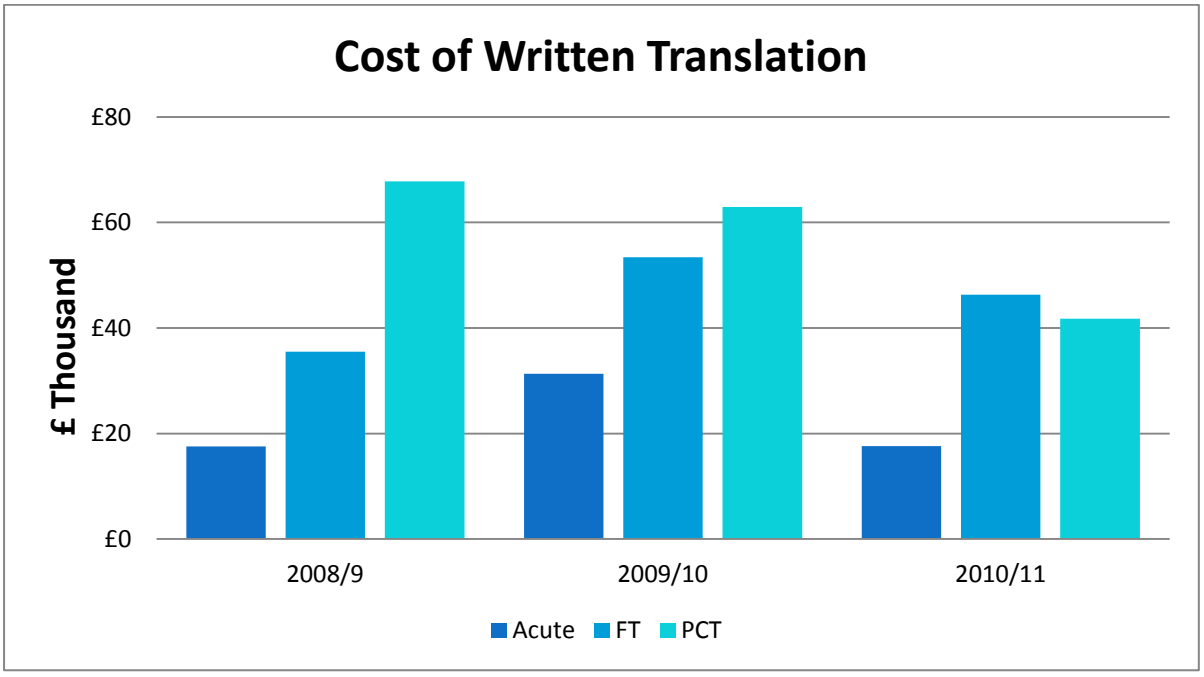
| | Acute | Foundation | Primary care | % of Total* |
|---|---|---|---|---|
| Cannot break down the total cost | 33 | 44 | 56 | 45% |
| Cannot answer the question | 8 | 10 | 4 | 9% |
| Service hosted by a different trust | 0 | 0 | 5 | 2% |

*The total number of Trusts that responded to the FOI was 247.

The worrying trend highlighted by this data is the lack of knowledge around how much is being spent and in which areas. Without having the proper metrics to track spend on the various types of translation, it is not possible to know whether the individual services are cost-effective, or to identify where cost savings can be made. How can Trusts accurately determine where they need to be if they do not even know where they are now?

Fortunately, 44% of the Trusts did know how much was being spent on written translations, and these data are summarised in Figure 3.

**Figure 3**. Cost of written translations for the past three financial years



The costs of written translations has been declining in recent years, likely due to technological advances such as Google Translate, a free translation utility that allows all the content on the NHS website to be translated into over 50 languages with just the click of a button.[7] Using new and emerging translation technologies such as this and other free web-based translation services can be an excellent way of cutting written translation costs, particularly for foreign visitors who present in A&E, which often results in costly out of hours interpreter requests.

The wider issue surrounding written translation, however, is not necessarily the volume of languages or how much it costs; it is whether or not this practice best serves the community. For one thing, translating written information raises concerns about literacy on a global scale. There are many areas of the world in which dialects of the country's official language are spoken, and the majority of the population in that area cannot read the official language as written. In these circumstances, written translations of the patient's language would not be useful, and resources would be better spent on interpreters. In order to effectively allocate their translation services budgets, the Trusts need to be able to assess the usefulness of the different types of translation (written, face to face interpreting, and phone interpreting) to their local community. It is only by gaining that information that intelligent policy decisions can be made.

### 4.4. Breakdown of translation costs – employment of translators and advocates

**For each of the last 3 financial years (2010/11, 2010/09, 2008/09) how much have you spent on the following:**

**Question 4: Employment of translators?**

**Question 5: Employment of advocates for non-English speaking people?**

40% of Trusts answered that they do not directly employ translators/interpreters (Table 4). Whilst some answered that they employed translators through a translation agency that provided them with all their translation services, others did not make that distinction, making it impossible to differentiate between those that do not employ translators at all, and those that do not directly employ translators but employ them through an agency. In the latter case, it is believed that all agency costs, including the use of interpreters, would have been included in the total spend on translation services. 25% of Trusts answered that they could not break down the cost of employing translators from the total spend on translation, and it is believed that these were likely to have been included in the category of those employing translators through an agency.

**Table 4.** Responses to Question 4 for the period 2008/9 – 2010/11

| | Acute | Foundation | Primary care | % of Total** |
|---|---|---|---|---|
| Cost of translators* | £3.1 mil | £3.1 mil | £1.5 mil | 6% |
| Spend was zero | 7 | 6 | 7 | 8% |
| Do not employ translators | 29 | 33 | 37 | 40% |
| Cannot break down the total cost | 11 | 20 | 31 | 25% |
| Employed through an agency | 6 | 4 | 6 | 6% |
| Cannot answer the question | 6 | 7 | 4 | 7% |
| Service hosted by a different organisation | - | 2 | 1 | 1% |

[7] http://www.dunstabletoday.co.uk/community/nhs_is_now_speaking_your_language_1_3139144

*Totals are summed from responses from 3 acute, 10 foundation, and 2 primary care Trusts. ** The total number of Trusts that responded to the FOI was 247.

The responses for Question 5 were fairly similar to that of Question 4, with 51% of Trusts responding that they did not employ advocates and 23% responding that they could not break down the costs from the total spend on translation services (Table 5). It is believed in this case that most of the Trusts genuinely did not employ advocates either directly or through an agency, as only the larger Trusts and/or Trusts with large translation and interpretation budgets seemed to employ advocates.

**Table 5.** Responses to Question 5 for the period 2008/9 – 2010/11

| | Acute | Foundation | Primary care | % of Total** |
|---|---|---|---|---|
| Cost of advocates* | £10k | £128k | £75k | 2% |
| Spend was zero | 8 | 8 | 9 | 10% |
| Do not employ advocates | 33 | 47 | 46 | 51% |
| Cannot break down the total cost | 12 | 17 | 28 | 23% |
| Employed through an agency | 3 | 1 | - | 2% |
| Cannot answer the question | 5 | 7 | 4 | 6% |

*Totals are summed from responses from 1 acute, 1 foundation, and 2 primary care Trusts. ** The total number of Trusts that responded to the FOI was 247.

Again, the trend highlighted by this data indicates a lack of detail and knowledge of the spend on the different types of translation. Without knowing this information, it is not possible for Trusts to make the incisive policy decisions necessary to meet cost-savings targets.

## 5. Conclusion

In total the NHS has spent £64.4 million on translation services in the last three financial years. This amount equates to a staggering £59k per day. Overall costs of translation are on the rise, whilst the cost of written translation is decreasing, which indicates that it is the cost of interpretation that is rising. As our society becomes more globalized, the demand for translation and interpreting services is increasing and Trusts are coming under greater and greater pressure to provide medical information in an ever growing number of languages. It goes without saying that a system with finite resources will eventually be unable to cope with this almost infinite demand.

In order to avoid cuts to services, the NHS is currently looking to make a 20% savings through service redesign. Whilst it might be tempting to cut costs by simply reducing spend on translation services, this is not necessarily the most effective or economical solution. In such a cosmopolitan country, some level of spend on translation services will always be necessary to ensure that the population's needs are being met. However, that doesn't mean that there aren't abundant opportunities for savings through more cost-effective use of available resources.

Firstly, it is vital that Trusts assess whether the translation and interpreting services they are providing are truly serving their communities. It is one thing to provide ad hoc interpretation services for emergency presentation of a foreign national, and quite another to provide frequent and ongoing ad hoc interpretation for a British resident who has lived in the community for years. Such individuals should be encouraged to learn English, not just to save money on translation costs

but to improve their quality of life by enabling them to gain greater access to health services, receive and uptake important public health information, make informed choices about their care, and access other public services.

Secondly, there should be a far more efficient and collaborative approach to the provision of translated written materials. Wherever possible, the NHS website's Google Translate function should be utilised, as well as other free online translation services. When the information is either unavailable online or too complex to be translated using a free service, the materials should be provided in Easy Read English rather than an ever increasing number of languages. There is evidence as well that many dialect speakers are illiterate in the official language of their country, making English the only language in which they are literate.[8] In addition, in cases where standard blocks of text (such as diseases explained) have already been translated into other languages by individual Trusts, they should be made available to all Trusts, in order to prevent "reinventing the wheel" every time a patient needs information about retinoblastoma in Polish.

Finally, there needs to be a much more detailed and precise method of tracking spend on translation services. Without knowing how much they are spending in each individual area of translation, Trusts will not be able to identify where the inefficiencies lie, or to determine how they can improve service provision. It is important that proper metrics be kept in order to inform policy decisions at the highest level.

2020health recommendations:

- Translate materials into easy read English rather than other languages, and make these materials available across all sites
- Create a central repository of information that has already been translated into other languages so that it is readily available to all NHS sites
- Provide more written translations through free web-based translation facilities such as Google Translate
- Assess population to determine understanding and impact of translated material, e.g. assess patient knowledge, awareness, and uptake of public health prevention information
- Introduce budgetary lines for different areas of translation to allow tracking and transparency of spending

[8] UNESCO Institute for Statistics (UIS). (2011) *Adult and youth literacy*. UIS fact sheet no. 16, September. Montreal: UIS.

## 6. Appendix

Trusts that refused to respond or could not respond within the timeframe given.

| Acute Trusts | Primary Care Trusts | Foundation Trusts |
|---|---|---|
| Barts and The London | Barnsley | Airedale |
| Great Ormond Street Hospital | Berkshire East | Liverpool Women's |
| Wye Valley | Bexley | Northern Lincolnshire and Goole |
| Maidstone and Tunbridge Wells | Cornwall and Isles Of Scilly | Papworth Hospital |
| Mid Yorkshire Hospitals | Darlington | Peterborough and Stamford |
| Nuffield Orthopaedic Centre | Gateshead | Royal Surrey County Hospital |
| Royal Cornwall Hospitals | Greenwich | Somerset Partnership Healthcare |
| South London Healthcare | Hammersmith and Fulham | South Essex Partnership University |
| United Lincolnshire Hospitals | Hull Teaching | The Royal Orthopaedic Hospital |
| Worcestershire Acute Hospitals | Kensington and Chelsea | Sheffield Children's |
| | Kirklees | |
| | Lambeth | |
| | Lewisham | |
| | Liverpool | |
| | Luton | |
| | Mid Essex | |
| | Norfolk | |
| | North Central London | |
| | North East Essex | |
| | Outer North East London Cluster | |
| | Rotherham | |
| | Salford | |
| | Sheffield | |
| | Shropshire County | |
| | South Birmingham | |
| | South Tyneside | |
| | Southwark | |
| | Sunderland Teaching | |
| | Tameside and Glossop | |
| | Wiltshire | |
| | Wolverhampton City | |
| | South Staffordshire | |