

**Accessible Information Standard Project
2021**

Local Report



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Executive Summary

This project was undertaken as part of a wider national project orchestrated by Healthwatch England. You can find their national report, containing the research undertaken by Healthwatch Liverpool and other local Healthwatch, here:

<https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/Lost%20for%20Words.pdf>

Healthwatch England state that the Accessible Information Standard (AIS) ensures people with a learning or sensory disability can understand and communicate with healthcare providers. However, they found that this does not currently cover the needs of people who have limited or no English.

This research delves into the experiences of people from minority ethnic communities who live in Liverpool and find it challenging to communicate with the NHS because they don't speak English well or at all. This report will also look into the issues faced by healthcare staff when caring for such people.

Healthwatch Liverpool interviewed 22 people and 5 members of staff between October and November 2021. Healthwatch England produced our interview guide following discussions with the local Healthwatch and a panel of "experts by experience" from Doctors of the World - an independent humanitarian movement that aims to empower excluded people to access healthcare.

Our evidence, along with evidence gathered as part of the national project via other local Healthwatch, concluded that people who experience language barriers struggle at all points of their healthcare journey. They find it difficult to register with a GP, access urgent care, navigate large healthcare premises, explain their problems, or understand what the doctor says.

Interpreters were difficult to access for patients and service users, and some did not even know that they were entitled to them during healthcare appointments. When patients and service users did receive language support, it was often inadequate. Interpreters sometimes did not show up, or individuals were provided with inappropriate support; interpreters who spoke an incorrect language or dialect, or interpreters who were not of the appropriate gender for a patient to feel comfortable when speaking about sensitive issues. Some patients were told to utilise family and friends for interpretation, whilst other said they were not allowed.

Sometimes patients preferred using friends and relative to support them whilst others thought it was inappropriate. When not provided with support, appointments had to be cancelled, rescheduled. Some patients had to rely on their own limited English, utilise other means to communicate such as hand gestures, or record consultations discussing their medical issues either via a device or on paper to be later translated by somebody else.

Staff also felt constrained when trying to support patients with a language barrier. Staff told us that there was not an efficient or appropriate way to record and communicate to other services patient's language support needs. Staff mentioned other constraints such as staffing, time, resources, and budgets to justify why they thought patients were not being adequately supported with their communication. Patients and staff suggested various changes that could be made to improve support such as automatic alert systems to flag people's language needs, easier access to translated resources, and flexible support based on individual needs.

At the end of our research, Healthwatch Liverpool recommends that **there should be clearer guidance made available systemwide to ensure that there is consistency when offering patients language support including the option to record and enact personal preferences for support where possible.** We would also recommend that **NHS staff should be routinely trained to be aware of cultural sensitivities and the importance of addressing language support needs in healthcare consultations.** Additionally, **there should be more options for general healthcare advice and information to be translated into community languages in primary and secondary care settings.**



Accessible Information Standard Project 2021

Project Background

Clear, accessible information is essential to helping people make decisions about their health and care and get the most out of services. With fewer NHS appointments taking place face-to-face and more people managing their conditions while waiting for treatment, **clear information that people can understand and act on is more important than ever.**

Since 2016, NHS England has implemented the Accessible Information Standard to ensure that people with a disability, impairment or sensory loss, the legal right to get health and social care information they can understand and communications support if they need it. **Healthwatch England wanted to find out whether the standard was being delivered by services and whether it goes far enough.**

In April 2017, Healthwatch England produced an insight report looking at the impact of the AIS on people's lives:

<https://www.healthwatch.co.uk/response/2017-04-10/our-response-nhs-englands-consultation-reviewing-accessible-information-standard>

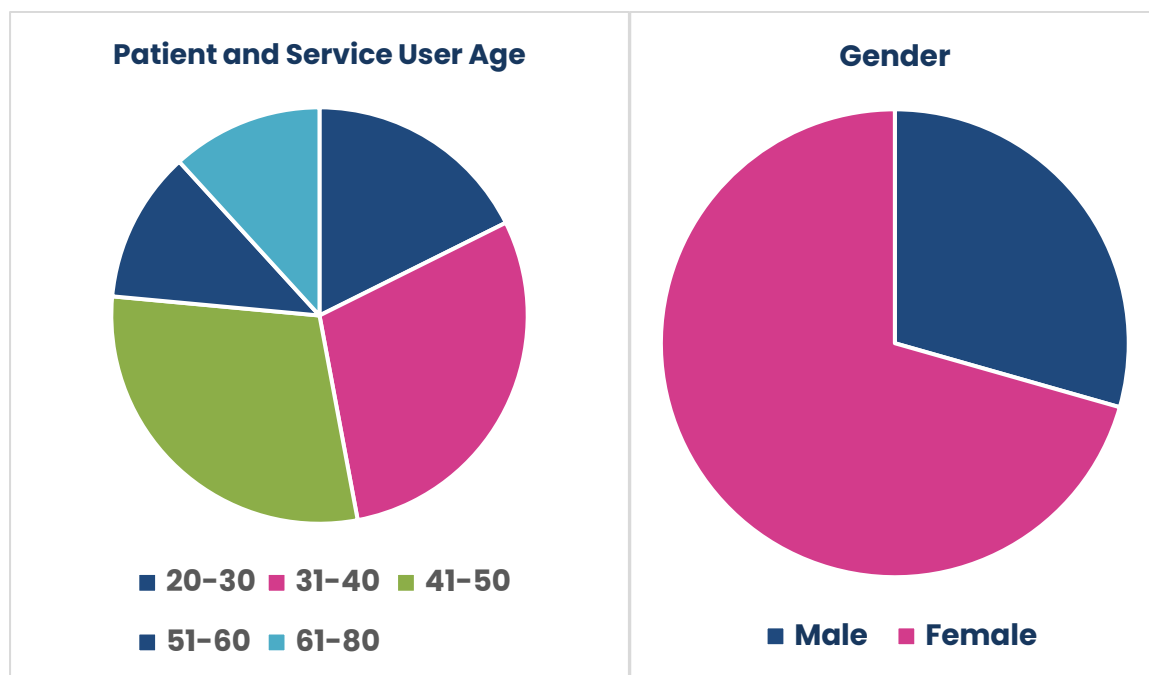
The report showed that the AIS was yet to have a significant impact for those it aims to support. The AIS is due to be reviewed by the NHS around March 2022, therefore, Healthwatch England launched a national campaign to influence the scope of the AIS. The campaign includes publishing an analysis of existing evidence and Freedom of Information requests, gathering further evidence on the scope of the standard, and publishing primary research by local Healthwatch involving those with a language barrier.

NHS England have acknowledged that they need to address the issues of people with a language barrier, which they are planning to investigate separately. Healthwatch England have evidenced the struggles of people who speak very little or no English, for example, refugees and asylum seekers. As this work will focus on people from minority ethnic backgrounds, it strongly aligns with Healthwatch England and Healthwatch Liverpool's organisational strategy of pursuing Equality, Diversity and Inclusion.

Along with reviewing existing evidence which will look at experiences of people with sensory or learning disabilities, Healthwatch England asked 6 Local Healthwatch to carry out primary research on the needs of **people who speak little or no English**: Liverpool being one of them. We hoped to gauge the experiences and realities of what it is like to access and receive healthcare here in the UK or, more specifically, Liverpool, with a language barrier. The evidence this provides will help Healthwatch make a case for **national and local improvements to make information more accessible to all**.

Who did we speak to?

Healthwatch Liverpool engaged with 22 people over October and November 2021. Patients and service users who participated in the project were from a diverse range of backgrounds and either did not speak English at all, or, not to a standard for them to be able to understand and comprehend the types of often complex information conveyed at healthcare appointments. We wanted to understand their experiences of accessing and receiving healthcare in Liverpool as a non-English speaker and whether they were able to adequately access the types of information conveyed during healthcare appointments and communications.



We interviewed people from a diverse range of backgrounds, who spoke many languages including, **Iranian (Farsi), Chinese (Cantonese), Yemeni (San'ani Arabic), and Romanian Roma (Romanes)**. We also held 2 focus groups in a community setting with 8 Bangladeshi individuals split into two groups of 4 women and 4 men who all spoke Bengali, Sylheti.

We additionally spoke to 5 healthcare professionals: **a nurse working in Ophthalmology; a dentist, working in a dental hospital; a former GP reception manager turned patient liaison officer; a care manager for a Chinese Wellbeing organisation; and a complaints manager for a hospital trust.**

What we did

All of the interviews with healthcare professionals were carried out either over Zoom or over the telephone. 9 of the patient/service user participants were interviewed 1-1 or in a pair, over the phone, via zoom, or in person at private or community settings.

For most of the interviews with non-English speakers that were face-to-face, the interpretation was carried out by individuals working within the communities who spoke the participants' language. Participants were interviewed either at private or community settings. Community interpreters were either preferred by the individuals or were suggested to make them feel more comfortable than a professional interpreter would. For the telephone interviews, we used Language Line and Clear Voice, a professional telephone interpreting service which, overall, worked well. There was one instance where an interpreter was not able to be found for a specific language, therefore after an hour waiting on the phone, the interview was abandoned. We also conducted 2 interviews over Zoom, with interpreters joining the Zoom chat to support the participant.

For the focus groups which consisted of Bangladeshi, Sylheti speaking patients and service users, we hired a professional interpreter from an external agency. However, after the interpreter cancelled at the last minute, one of Healthwatch Liverpool's staff members stepped in to interpret for the female group. The men's group had to be rescheduled twice due to not being able to find an interpreter

from a professional agency. The men's focus group eventually proceeded with an in-person interpreter which was arranged via an external interpreting agency. However, this was the only time throughout the entire project we were able to arrange an in-person interpreter from a professional interpretation agency. It was incredibly difficult at times to get hold of an interpreter face-to-face and also over the telephone from these agencies. Ultimately, we went through 6 different interpreting agencies, 3 for face-to-face and 3 for telephone interpreting or live message translation services. For us, this emphasised the extent to which patients and service users who cannot speak English may struggle even more than this to receive help within healthcare but also other services more generally.

***Note about local NHS commissioning of interpretation services**

It should be noted that from recent public engagement and feedback Liverpool Clinical Commissioning Group are aware of the difficulties members of the public experience trying to access interpretation for NHS appointments. They have since commissioned a new interpretation service to hopefully combat some of these issues and their report (which can be found here:

<https://www.liverpoolccg.nhs.uk/media/5000/language-services-engagement-report-final.pdf>) touches on similar issues to those we found during our engagement.

At the time of research, the new interpretation contracts were just starting and were being rolled out to local NHS services. Experiences that patients shared with us during this project about interpreters/ interpretation services relate to the previous contract holders. Some of our recommendations should be addressed by the new contract and if so, future experiences should be better. Healthwatch Liverpool will share any future feedback received to help inform the monitoring, development and usage of the interpretation by NHS services.

Key Findings

Key issues that emerged throughout the research included:

- Access to GP appointments in general and long waiting times exacerbated by language barriers
- Access to interpreters was inconsistent
- Access to the correct and appropriate types of interpreters was also inconsistent
- There were differences between services when allowing family or friends to interpret for individuals at appointments
- There were also differences in preferences of language support depending on a patient's background which were often not honoured
- These issues impact people's family and social lives
- Lack of language support in healthcare impacts upon people's time, money, and willingness to access healthcare in future
- Ultimately these issues all affected the physical and mental health of patients with a language barrier
- Helpful and kind staff make a big difference to a person's healthcare experience when they have a language barrier
- Unhelpful and unsupportive staff also impact patients with a language barrier negatively and act as a deterrent to seeking future help
- There is a perceived lack of resources, capacity, and knowledge needed to support patients from clinical and administrative roles in healthcare but also from patients themselves displayed by many not knowing what support is available to them
- Staff would like the system to be more efficiency, reliable and for it to be easier to access interpreters and other forms of language support to support their patients

What did we hear: Patients

**It is important to note that most of the interviews were carried out with the help of language translators. Hence, there are chances of interpretation bias in the data.*

Having a language barrier can negatively affect every aspect of a person's healthcare journey

- Being able to access healthcare services from the first point of contact was difficult for those with a language barrier
- Some treatments were not able to be carried out without an interpreter, therefore they were cancelled or postponed if no interpreter showed up
- Individuals who had to stay for longer periods in hospital found it difficult to communicate with staff throughout their stay, as interpreters were not always available on demand
- Patients and service users expressed feelings of disempowerment, hopelessness, frustration, and a lack of independence when accessing and receiving healthcare due to having a language barrier
- Some had given up on the NHS altogether due to their experiences

People who did not speak English found it difficult to register with a GP, book appointments, or understand information on NHS websites or in leaflets. This affected some participant's motivations to seek healthcare all together, leading to worsening health and delayed diagnoses. Sometimes, people would have to wait for a family member, friend, or community worker to become available to be able to book in with their GP or dentist for them. Overall, we heard instances at every stage of the healthcare journey being negatively affected by a person's language barrier. Some examples of this include having to collect medicines from a pharmacy, reading instructions on medicines, reading letters and text messages from doctors' surgeries, navigating hospitals, and calling NHS 111 or other NHS services.

'Because I don't speak English, they aren't giving me appointments, I ring and ring and ring, my friends help me make the appointment, but they don't provide'

'I can't obtain an appointment from the reception as well...this is a problem, I got to the reception because I don't know English to ring, then, because I don't know English, they give me the number to ring for an appointment'

'I feel like I am not taken seriously because I cannot speak English. If I could speak properly, they would take me seriously'

'I have known patients that can't read their names on the screens during appointments. They then have to go to the reception and explain what has happened and they also struggle to do this'

'It was not getting better, instead the problem was getting worse, I asked to be sent for further tests, but he didn't really care... an interpreter was never used during these consultations'

Patients did not always know what language support was out there for them or how to ask for it

- Some patients and service users were not aware they were entitled to language support during healthcare appointments
- Some did not know the kind of support out there, and the alternatives
- Many patients did not expect there to be any kind of support for them
- Those that used family and friends regularly for language support at appointments were not aware that NHS England stipulate that a professional interpreter should always be offered, rather than using family and friends to interpret.
- Patients that were aware of their entitlement to language support often felt there were not confident enough to ask for it, or, felt that they would be regarded as too demanding on resources if they were to ask

Many patients knew that there was an option to have an interpreter at their appointments. However, they were not always aware that the NHS had an obligation to make patients aware that they were entitled to this kind of support during appointments and healthcare communications. Some patients told us that they had been told by healthcare staff that they could not provide interpreters for them, either in-person or on the phone.

Oftentimes, when interpreters were booked and didn't show up, or a healthcare professional was not able to find an interpreter via a professional agency, there was no alternative provided. At the time of research and prior, there was an option for healthcare professionals to use a telephone interpretation service, Language Line. However, this was not always the first port of call, even though it was arguably more likely that they would be able to provide an interpreter via this route. Many patients had never heard of Language Line, and told us that if they had known, they might have been able to request this themselves. Although, some also felt that they were not confident enough to be able to request interpretation for themselves in English.

We were also made aware that some patients had such little faith in language support during appointments due to past experiences, that they didn't bother asking for it, or, just expected they would not receive it. In these cases, patients would either struggle through appointments without any support or rely on family and friends to interpret, where possible.

'For the past 5/6 months I was not able to get an interpreter for over the phone appointments with my GP'

'Well, I've never had a face-to-face interpreter, I've only ever had telephone interpreters'

'The doctor will call and speak without using a language line service'

'It's hard for her when she calls the reception to make the appointment to the doctor because in the morning, they give you half an hour to make appointments, she's not able to call alone because in that moment they don't give interpreters to make the appointment'

'She had to call me [community worker] because she said she was worried and they didn't provide an interpreter, so they called me, and I interpreted on the phone'

Patients were not always being provided with interpreters during their appointments, or they did not show up when booked

Although a few patients told us that they usually were provided with either a telephone or face-to-face interpreter when they requested it, others told us that there were several times that they did not receive any language support during their appointments. This was either due to:

- Health professionals and staff telling patients that they did not provide interpreters at their service
- Health professionals and staff telling patients that they could not get hold of an interpreter or the correct interpreter
- Interpreters being booked but not showing up to the appointment and the health professional not rebooking another interpreter
- Both staff and patients being unaware of the options for language support or how to request it

Sometimes, patients would go ahead with the appointment anyway, for fear of losing the appointment and not being able to book another one for a while. Those that chose to go to the appointments with no language support relied on their own ways of communicating with doctors or health professionals. Others would have to forfeit the appointment as they could not proceed without any language support, which they told us was either rebooked or just cancelled.

'I was in hospital for a whole week, and they never used an interpreter'

'I appreciate the timeslot even if the interpreter doesn't show up usually, I will still go for the appointment'

'I once attended an appointment where I was told I needed an interpreter. The interpreter did not turn up to the appointment. The doctor asked do you still need an interpreter. I didn't want to miss the appointment, so I went ahead with the appointment'

'My GP isn't giving me interpretation for the appointments, when I got to the hospital for scheduled appointments, they're giving me an interpreter, either for over the phone or in person appointments'

'I missed an appointment that I was waiting for, waiting for about 6 months, I missed that appointment because there wasn't an interpreter'

'I went [to A&E], I was nervous, worried and anxious, and yes, when I went there, they didn't give me an interpreter'

There was an awareness among patients and staff of the unreliability of interpretation agencies and interpreters. Telephone interpreters were thought of as more reliable, but some preferred face-to-face due to the nature of their health condition. Sometimes interpreters would be late, which resulted in the patient waiting longer than expected for their appointment. Sometimes, interpreters would have to rush, or leave early due to other commitments. Many also said that healthcare professionals did not always resort to telephone interpretation if the in-person interpreter did not show up.

Patients did not always get the correct or appropriate interpreters for their language needs

- It was not always appropriate for male interpreters to support female patients during appointments and vice versa, an issue not always considered by health professionals
- Patients often received interpreters that did not speak the same language and or dialect as them, therefore they could not understand them
- In small communities, local interpreters may have been hired that have personal connections to patients which raises confidentiality concerns

One participant spoke about the double barrier she faced when she was provided with a male interpreter, which she was uncomfortable with due to the nature of her health condition, and he also spoke a different dialect. She was therefore struggling to communicate with him effectively in multiple ways. This caused frustration for herself and the interpreter because they could not understand each other. What the interpreter wanted to ask, she could not respond to because it was awkward, and she felt embarrassed. She thought that many healthcare professionals and staff were not culturally sensitive or even aware of this issue.

Other female patients told us similar stories of when they were provided with a male interpreter and felt that they did not want to disclose certain aspects of their health concerns in their consultation with health professionals. Some were not aware that they could ask for an interpreter of a specific gender.

'[I feel] that when it's a man interpreter, [I don't] speak with him, to explain exactly [my] issues, [I] is ashamed, [I] cannot speak with men about [my] issues you know?

'I don't mind whether it is a male or female, but if it is sensitive, if it is special parts or somethings, it has to be a woman'

'I was provided a Sylheti male interpreter for one of my appointments. It was awkward because I felt shy speaking to him about my health problems. He asked medical questions which I felt embarrassed to answer because they were very sensitive, female issues, and it felt awkward to discuss my personal issues with him. He became frustrated and angry towards me too'

We also heard patients that from smaller communities in Liverpool express concerns about receiving interpreters that they knew personally and not being able to tell beforehand that they may have known them. Issues around confidentiality and trust were also mentioned and patients suggested that they would feel more comfortable knowing that the interpreter was not from the same area as them. This was more relevant for patients discussing sensitive or private information regarding their health.

'It is important to have an interpreter that speaks the same dialect as the patient as it can be difficult to understand the different dialects as they are not similar. This happens often'

'Sometimes, I feel reluctant to pass on information to the interpreter about myself'

'The telephone interpreter they got was from Calcutta, they have different languages...and this was a problem, I speak Sylheti'

'It does happen quite often, you know, that they don't even speak my own dialect, but I just try to understand, not fully but, we try to'

'A 'Bengali' interpreter would be booked regardless of what regional dialect you spoke. [We] are only recognised as 'Bangladeshis', when clearly the different regions have their own individual dialect'

'These issues clearly affect our care and treatment because information is lost in translation when the interpreter does not speak the same dialect'

Patients felt that sometimes the interpreters could not interpret to a high enough standard

- Instances of interpreters misinterpreting one or two words, which affected the whole background of a person's health condition or treatment outcome
- Patients being sent to the wrong doctor or hospital due to a miscommunication, believed to be on the part of the interpreter
- Interpreters having to ask and repeat things many times due to a difficulty in explaining certain health conditions or symptoms

On occasion, some patients expressed concerns about the abilities of the interpreters to adequately communicate all of their health concerns. Some doubted the education level of their interpreters due to miscommunications during appointments, or times they or the health professionals had to repeat things constantly.

Additionally, when family members or friends who spoke English were with patients, they believed they picked up on mistakes that interpreters made when translating certain words or phrases. This resulted in patients having a further lack of confidence in the language support they had received and often left wondering and worrying whether health professionals had understood them completely.

'They should have more professional interpreters because even giving one wrong word, it's going to have a big effect on your life, and this is something that I have experienced personally'

'It seemed to me that the interpreter was not understanding the medical terminologies that well..., the doctor had to explain a few more times, every part of the conversation the doctor kept repeating to the person until he understood but I'm not even sure that when he was interpreting for me that he was telling me the whole thing or not, or whether it was correct'

'It is about the ability of the interpreter, not being able to understand complex medical terminology...they struggle to understand exactly and to translate all of the words'

'It is easy to recognise an educated interpreter as often the ones with no academic qualification behind them would deliver a poor interpreting service which was often rushed and misunderstood'

Friends and family as interpreters were sometimes preferred by patients and service users

Friends and family were often preferred by patients to interpret for them due to:

- Family and friends being more reliable, punctual, or immediately available to them for support at appointments
- Family and friends knowing more about the persons health condition or lifestyle in general
- Patients feeling more reassured and supported at appointments due to the emotional connection of a loved one
- Patients feeling more comfortable talking about sensitive information in front of those they knew them, instead of a stranger
- Family or friends could advocate for a patient more than a professional interpreter

Many of the patients that we interviewed told us that they had, at some point, had their family or friends interpret for them at appointments. However, the guidance on the appropriateness of this was inconsistent across services. Official guidance given by the Liverpool Clinical Commissioning Group does not allow family and friends to interpret for patients at clinical appointments. Nevertheless, many patients said that they would prefer this if they had the choice over a professional interpreter. They believed that family and friends were more reliable, knew them

personally so knew more about their health condition, and they felt more comfortable in front of them when discussing personal information. However, patients were not always allowed to choose to have their family or friends at the appointment to interpret for them. This was viewed as frustrating, especially when there was no professional interpreter available, and their family/ friend was.

'My husband was told that he could not interpret for me, although he was very fluent'

'It is easier to use family members too. My husband knows my condition and has a good understanding of my symptoms. I like it when my husband attends my appointment'

Friends and family interpreting was also not the best or most appropriate option for patients

Other patients expressed very different opinions about friends and family interpreting for them. Some patients and service users we spoke to said that they would rather family and friend did not have to interpret for them due to:

- The impact on their relationships and worries of burdening loved ones with helping them leading to feelings of embarrassment or guilt
- Fear of miscommunication due to English abilities of family or friends
- Concerns about confidentiality or privacy around health conditions
- Concerns about upsetting family or friends with worrying news about health due to closeness and emotional connection
- Having to wait for a loved one to be available to them to help them with things like booking appointments or translating letters or medical advice, which would often lead to delays in accessing help

Even though some patients preferred their family or friends to interpret, they also felt like it was inconveniencing them, or they felt embarrassed or guilty that they were taking up their time to do so. Some who used their children to interpret for them, or translate letters or documents, expressed concerns about interrupting their busy schedules or lives and often would wait days until they had spare time to help them. Having to wait for their family and friends to become available to support them sometimes meant putting off appointments for a while or waiting days to understand information that had been conveyed during an appointment or on a letter.

Several patients said that they would prefer a professional interpreter as they did not want to burden their family or friends with supporting them in this way. Some also said that they did not feel comfortable with their family or friends knowing about their health problems due to concerns about confidentiality or for fear of causing them upset or worry.

Patients were also aware that their family or friends may not be able to interpret to a high enough standard. A concerning response we heard was that patients felt that they had no choice other than to ask their family or friends to interpret for them, which they felt was putting an unnecessary strain on relationships, but also their finances, due to family having to take time off work to do this for them. There is also no way of knowing, for the patient, whether the family member or friend had interpreted medical information correctly, or left things out, accidentally or purposefully, that staff had told them

'I don't prefer my family and friends I prefer an outsider, an interpreter from outside, because I don't want to talk about my health issues in front of a family member or friend'

'I had to go home, and next time I bring my children... with me... but it's difficult, I have to find the time, their time'

When adequate language support was not accessible, patients would sometimes find their own ways to make sense of information

- When no language support was arranged for patients, sometimes they struggled through trying to make sense of information with very limited English skills
- Some relied upon hand gestures to get through appointments
- One patient took to recording the whole appointment on a recording device to analyse and translate at a later point
- A few patients asked doctors to write things down for them so that they could get a family member to translate when they got home
- Google translate was also used on several occasions to translate documents and letters, however patients admitted that this was not always reliable

Patients often said that if they were asked, they would proceed with appointments without language support where possible. Many patients felt pressured to do this occasionally for fear of not being able to get another appointment for a long-while. We heard of some innovative but potentially unreliable and inefficient ways of coping without language support at appointments, some more worrying than others. For example, writing down concerns that were pre-translated by friends or family members to give to the health professional at the appointment, getting the staff member to write down what the problems were so that the patient could go away and get it translated into their own language, or voice recording the appointment to be translated later. One patient said they relied on hand gestures to communicate concerns when no language support was provided. Although some felt that it was beneficial sometimes to take things into their own hands, these methods risk losing or miscommunicating important information during healthcare appointments or prolongs the time it takes to get an issue addressed. Additionally, this put extra pressure on others to help patients outside of appointments.

'My husband can only speak very limited English, but if we receive a letter or something like that, we use the [Google] translation'

'If there is no interpreter, I use gestures and the doctor usually understands.'

'When I am not getting an interpreter, I have recently started recording the conversations with the doctors so that I can go home and get that to somebody who can interpret for me, this is something that has been helpful recently'

'I have to ask my friend to write down my problem on a piece of paper and I got there and show him the piece of paper, but sometimes I go and the doctor is asking me questions regarding that problem but I am not able to answer so this caused me a lot of trouble'

Impact on patient's physical and mental health

- Late or missed diagnosis of conditions
- Deterred from accessing healthcare due to language barrier, therefore, worsening of health and or long terms health conditions
- Miscommunications resulting in wrong medications or treatments given
- Symptoms of anxiety due to constant worrying about health and whether there would be help available or accessible to them
- Feelings of hopelessness and depression due to; not being heard/ listened to or able to properly advocate for themselves; and a lack of independence and empowerment

The impact of the lack of language support that some patients received went on to not only affect their physical health but also their mental health. Those that told us they repeatedly did not receive an adequate level of language support at appointments said that they were put off seeking help because of it. Many

patients expressed feelings of hopelessness, worry and frustration when their language needs were not met sufficiently in the context of healthcare. Others who relied on friends and family felt guilty, embarrassed and an inconvenience to them, which impacted upon their relationships. Several patients spoke of how they delayed going to the doctors until they were in a lot of pain or very worried about a health problem, as they were convinced that they wouldn't be successful in arranging an appointment and getting adequate language support.

It was difficult for many patients who did not speak English to get past the initial stages of booking an appointment. This has also been exacerbated by the pandemic leading to new booking procedures where face-to-face contact for booking appointments was reduced or eliminated. Some were concerned that their conditions had worsened because they chose to not seek healthcare in anticipation that they wouldn't receive an interpreter. The conditions mentioned by patients ranged from eczema to breast cancer. This, in turn, impacted upon some patients' mental health, as they were constantly worrying about whether their condition would improve or whether they would get help for it. This issue also made patients lose confidence and trust in the NHS.

'I am always thinking; have I been understood? If I haven't been correctly understood, then; will this have an impact on my treatment? Have I missed anything? Could something worse happen? I walk away worrying'

'Both, physically and mentally it has impacted me because I have had to wait for an appointment for so long and then I wasn't even able to get help, so I still have the physical problems and now I have mental disturbances because of that'

'It does affect me psychologically, not being able to speak to the GP in my own language, because sometimes it makes me feel I am not able to convey all my issues around health'

Impact on patient's time and money

- Some patients felt their time had been wasted on several occasions when interpreters didn't show up, or there were misunderstandings that led to more appointments having to be booked
- Some felt they had lost out financially due to having to pay to travel to cancelled or the wrong appointments
- Some people said their partners/families had to take time off of work to interpret for them, which resulted in a lack of income for their families

Many of the patients said that their issues surrounding language support did not directly impact them financially or take up excess amounts of their time, but some had been impacted in this way.

Even when patients were satisfied with the level of language support they received at appointments, there was still the issue of dealing with information outside of appointments such as letters, documentation surrounding certain conditions and medication, phoning up to make appointments, or going online to try to find information about healthcare related queries and appointments. Many patients relied upon friends and family for these things, or local community centres that have drop-in sessions to support their community with these issues.

'It does impact on us financially... one time I ended up spending £40 on taxis going back and forth to the hospital because I arrived and there was no interpreter and then they called me back later and I had to go back ,time-wise, sometimes I have to give up my education, because if there is an appointment for instance with my mum, I have to give up my education and go with her'

'It does [cost me] time and money as well because if I cannot go to work because of it, I don't get money'

'I have other responsibilities, I do give up my time and I go to the appointment, and they have wasted it [because there is no interpreter]'

Support (or lack of) from healthcare staff has a big impact on people with a language barrier

Supportive staff

- Patients who were satisfied with the language support they received told us that helpful staff made a positive difference to their experience
- Staff that were patient and kind made people feel more at ease and listened to, even if they could not provide them with an interpreter immediately
- There were occasionally healthcare staff members who were able to offer assistance in an emergency to interpret for patients that spoke the same language as them
- Some staff who were more familiar with patients and were able to pre-emptively arrange support before the patients came in

Some patients acknowledged that there were certain members of staff that made an effort to help and support them when they needed it. A few patients we spoke to said that most of their experiences of receiving support for their language needs were positive. Some were quite happy with having telephone interpreters made available to them when in-person interpreters did not show up or were not available. There were also several patients who were thankful to be able to have family and friends support them at appointments with interpretation even though it is not recommended. In emergency situations, staff allowed family members to provide interpretation for patients when there were no other available options. Patients who had pre-booked, regular appointments said that they would have an interpreter ready and waiting for them when they arrived, and this was extremely beneficial for them. Some doctors within a surgery who may speak a patient's language have made sure to see those specific patients so they would feel at ease and be able to freely speak directly to the doctor.

'When you go to the emergency there are a lot of nurses and they are sometimes from your country... it is good to have people there at the emergency, as it is easier for people like my mum'

'I never had any bad experiences with the nurses or the staff, I mean, sometimes they are even explaining to me a few times when I don't understand what they are saying'

'They do have my information and they know that I speak Arabic'

Lack of support from staff

- In some cases, patients felt that staff were being purposely unhelpful and didn't make enough of an effort to provide support for patients when they were struggling
- A small number of patients reported feeling discriminated or made fun of by staff and other patients due to their language barrier which were perceived from dismissive or facetious attitudes on the phone or in person
- A few patients felt that specifically reception, admin or support staff were ignorant and not culturally sensitive towards patients with language and cultural differences

We heard from patients and service users who were dissatisfied with how healthcare professionals treated them when they tried to access help. This was enough to put some individuals off seeking help altogether. There was a sense of shame and embarrassment around having to request help for language needs, which may indicate a lack of supportiveness from staff or an environment where people felt comfortable enough to ask for help. A small number of patients told us that they felt discriminated against by healthcare staff and other patients in waiting areas, and that there was not enough done to prevent these attitudes from arising within the healthcare system.

'Some of our [clients] have been in hospital and over the years, the people from the medical profession have deemed the patients as confused and starting to forget, maybe even dementia, just because they don't understand the patient's [language]'

'I realised that the doctor hadn't prescribed all of the medication that I needed... I explain to the receptionist, but I couldn't properly explain because of the language barrier...they just told me to go back to the pharmacy, they were laughing...they were really rude'

'If they could have provided an interpreter, why did they have to wait for me to get to that point of being stressed, and then they provide the interpreter'

'Because I didn't have an interpreter, I can't explain [or] understand [the doctor], I asked him how many times I had to take the medicine, and I had to repeat it twice and then he got really angry at me... because I had to ask again'

'The security man in the GP, if I say anything, you know, too much, then he just throws me out'

Recommendations from patients

We asked patients what they thought could improve in terms of language support to make their experience of healthcare information, communications and care more accessible for them. The concerns that patients felt could be improved upon were:

- To be able to have interpretation of some sort at every appointment whether at primary, secondary, or tertiary care settings

- To have the option of face-to-face, or, telephone interpretation both at in-person and remote appointments
- To have the option to choose the gender or the interpreter and have the right to request a different interpreter if not appropriate
- To be able to bring along community interpreters whom patients may trust more and are more reliable
- To be able to access information in their own language on NHS websites, apps, or leaflets
- Interpreters to be qualified at a high enough standard to translate complex medical jargon
- For staff members to be more respectful and aware of cultural sensitivities and specifically, of the dialect that the patient speaks to be adequately recorded and therefore correctly requested when providing interpreters
- Information, in their own language, about how to complain or give feedback on their experiences of language support in the NHS
- To have forms and surveys available for translation

What did we hear: Healthcare Professionals and Staff

It is important that patients' language support needs have been flagged or recorded prior to appointments

- Acquiring an interpreter for a patient requires significantly more preparation beforehand by staff
- Staff working in primary care found it more difficult to provide support as appointments were not always scheduled with enough time to prepare
- NHS Trusts do not always have the same systems to provide patient information, therefore information regarding language support needs may be overlooked or missed out

Staff made it clear that it is easier for them to support patients with a language barrier if their needs have been flagged early on. We therefore asked a variety of health professionals how they would initially go about recording or flagging a patient's language support requirements.

From what some patients told us; their language support needs were not always recorded or flagged on their records. This was evident when things such as the wrong language or dialect was chosen for patients when booking their interpreter, or, presuming that a patient may not need language support until they have turned up for their appointment.

Nevertheless, all the professionals we spoke to informed us that they would record and flag a patient's language support needs on their digital record. We were told that if they were referred from a different service, usually this information would be handed over, but not always, especially if patients were coming from a different trust outside of the area.

'It's flagged up on people's patients' records, it's considered before the patient arrives, but is more difficult when people just arrive without appointments, or it just hasn't been flagged up before' – **Dentist working in an NHS Dental Hospital**

We heard that this information was something that could be put on GP registration forms, however not all patients were aware that they had been asked this when registering because they didn't speak English. Additionally, the GP surgery we spoke to admitted there was no option to have these registration forms translated for people who could not read, write or communicate in English. This had been done in the past when staff members spoke the language of the patients who required support. However, although this worked well, this was an informal and unsustainable option for helping patients register and book appointments.

It appeared most difficult for staff to identify and record a patient's language support needs when they came for emergency appointments or a primary care appointment, as sometimes patients couldn't initially communicate to health professionals which language and dialect they spoke, or that they needed an

interpreter. Staff that worked in secondary care, or saw patients who came in for regular, repeated appointments found it easier to arrange support and were even able to consistently provide the same interpreter for patients which helped a great deal.

'It goes into their record on our digital system and from complaints side it would also put it in big capitals there as well for language needs' -

Complaints team member NHS Hospital Trust

'We have an alert on the patient records which flags their language needs, but the first point of call is on the registration we have an ethnicity form and that says, 'what's your main spoken language' - **GP Reception**

Manager

'It is put onto their records, we use electronic records...because we see these patients on a regular basis, usually every 4-6 weeks anyway, we have an established clerical team who are aware then and we book the interpreter at the appointment now for the next appointment. We book it in advance, it's much easier that way'. - **Ophthalmology Nurse**

There is not always a simple and consistent way to record the type of language support patients need across different NHS systems

- 🎯 Systems and procedures of recording and flagging language support needs do not always marry up between trusts and different NHS services
- 🎯 Breakdowns in communications between services and referrals result in missed or incorrect requests for language support
- 🎯 Different operating systems belonging to individual Trusts or services mean that patient information and data is not shared efficiently or effectively leading to missed requests for language support

- Because patients aren't able to initially inform staff of their language support requirement, staff are sometimes led to observing patients in order to identify the correct type of support
- If appointments are cancelled and rebooked, the type of support the patient requires is not always carried over onto the new appointment
- Appointments being postponed for months due to a lack of interpreters

Another inconsistency in how patients who require language support are dealt with by healthcare professionals came from the ways in which needs were recorded, flagged and communicated between services. We became aware via staff that the operating systems that are used by different Trusts and NHS services are sometimes very different, and therefore do not carry over all or the same information when patients are referred to or passed between different services. This can result in missing or overlooked data which can inform other services that a patient requires an interpreter before they arrive for an appointment instead of them showing up and having to arrange support there and then.

Some staff felt that communication in general between services was not efficient enough, which meant that there were less opportunities for preparation before appointments and considerations that could save time and effort on the part of both staff and patients. An issue which came up more than once related to cancellations of appointments. If a patient had an appointment cancelled that was booked with interpretation arranged, when appointments were rebooked, often the interpretation booking was not automatically rebooked too. If patients had interpreters that did not show, or could not support them adequately, the patient may have to wait long periods of time before they could get another appointment.

When breakdowns in communication happen, or information isn't passed over via other services, this could lead to services relying on family members or friends to interpret, or the patient having to wait for appointments and therefore having their treatment delayed.

'There can be problems with communication from primary care centres or just by way of referral, things get lost within communications, so things can get tricky'

'A lot of it comes from a breakdown in systems or communication, and it would be nice if there was a centralised system whereby it could be arranged from; I don't think there is enough done between services to ensure continuity' – **Dentist, NHS Dental Hospital**

'A lot of the time records are not shared so if a patient has been to X (hospital) and it was noted that they needed a translator and they would then come for an appointment at Y (hospital) that wouldn't be on shared records and they would obviously get very frustrated by that.'

'It is getting it out there to everyone to let them know so it will flag up on every system. We have a lot more than one record system; it is trying to get that across all of them, so everyone is aware at every time'– **Complaints team member NHS Hospital Trust**

'If they cancel the appointment, that's when the breakdown can happen and it's [important] how that is managed' **Ophthalmology Nurse**

There are Inconsistencies in how patients requiring language support are dealt with, within and between services

- Inconsistencies were apparent in different services attitudes and allowances for family and friends to interpret for patients
- Different services provided varying levels of support for patients
- General lack of awareness regarding specific policies and procedures or routines when dealing with patients who require language support
- Inefficient procedures surrounding recording preferences of language support like dialect, gender, or interpreter, face-to-face or telephone support
- Inconsistencies appeared regarding how issues were dealt with when plans fell through or went wrong, or alternative options were needed

- All staff agreed that they wanted to help patients, but were sometimes at a loss about what to do to help when they couldn't provide formal language support

Throughout our research, it became apparent that there was a lack of consistency in almost every procedure involved in dealing with patients with a language barrier. Many services did things differently from each other, even though there appears to be relevant standard guidelines and policies in place addressing these issues. There were inconsistencies particularly in the issue of whether family and friends were allowed to interpret for patients. We were made aware of this when patients told us that were advised, even encouraged, or expected, to bring family or friends with them to appointments in one healthcare setting, and then told they were not allowed at a another, which ultimately confused patients and wasted people's time.

'We don't use relatives as translators we will only use formal translation services. That is more from the assurance and confidential side to be assured that nothing is being changed in the translation to them' -

Complaints team member NHS Hospital Trust

'If they can't understand English, [we would] book in an interpreter... through Language Line, or get some sort of relative, family or friend that they're happy to bring and can help support them and help them make decisions, or use non-verbal means to communicate if none of this is possible-

Dentist, NHS Dental Hospital

'If the interpreter isn't able to do the job properly them, I suppose they do allow the family but a lot of the time they don't let them' -

Care Manager, Chinese Wellbeing

Some services in secondary care settings offering ongoing care for those with chronic conditions said that they had the option of providing leaflets and communications in different language regarding specific conditions, at home care, and treatment information. However, primary care settings appeared less prepared or did not prioritise the issue, possibly due to the volume of patients,

range of conditions being dealt with, and treatments being given within their services.

There seemed to be a general lack of awareness around concrete procedures and policies surrounding the matter of language support within a few of the health professions we spoke to. Some staff displayed a lack of awareness about standard procedures, regulations, or what support should be offered and when, or what is allowed or not allowed. Some appeared at a loss about how to support patients. In some services, staff had come up with inventive, albeit inefficient, ways of trying to help patients who couldn't speak English. There was also no mention of ways to record and flag things like whether there was a preference for a male or female interpreter or, what dialect a patient spoke. When we asked patients about these preferences, some were not aware about how to ask for them. Staff were also aware of the problem of not being able to inform patients of the services they are entitled to use and initial information which would help better inform patients how to access healthcare and services before being provided with an interpreter at appointments.

'If someone can't speak English, how are they going to know they *can* access something. I don't know what the answer is to that yet, at the moment. That's the main part.' **Complaints team member NHS Hospital Trust**

'We now have patients ring the intercom before they come in and before they come into the practice, we've got to ask them some covid questions and it's got 'GP surgery ring here' or 'dentists ring here', now if you don't speak English, then what chance have you got of knowing what that is?' - **GP Reception Manager**

'There have been appointments that have been cancelled, or rebooked, as a result of no one being around, or just staff not knowing that they can't actually understand English just as well as we would have initially thought'- **Dentist, NHS Dental Hospital**

What did they do when things went wrong?

- When interpreters did not show up staff told us that they would either try to use a telephone interpreting service, ask a family member/friend of the patient to interpret or, cancel the appointment and rebook
- When interpreters were booked, but their dialect did not match the patients, the appointments would have to be rescheduled
- When there was an emergency and no interpreter, depending on the appointment, sometimes the patient would have to attend without any support or have their family/friends interpret for them
- Sometimes, staff would try to find someone who works in the healthcare setting that may be able to fill in as an interpreter, however this was not always an option

There were times when things went wrong when organising language support for patients. As mentioned previously there are many stages at which the process of providing this type of support can fail. When we asked health professionals how they would overcome this, there was no straightforward answer. Some said, if they couldn't get hold of an interpreter, they would use a telephone interpreting service as a secondary option. If this did not work then depending on the service, they would either cancel and rebook the appointment, or do the appointment without an interpreter if the patient wanted that. In some instances, such as GP appointments, they may be able to go ahead. However, for other appointments, like emergency dental treatment, it would not be safe to operate on a patient when they couldn't tell you exactly what the problem was. Some staff told us that they may have staff within their workplace that speak different languages, and sometimes that might be an option for them if interpreters do not show up or a patient's request was missed.

'If the physical interpreter didn't show up, we would use Language Line if we can, to explain. If it's a procedure that we could manage to do with the use of the telephone, [but] it's not ideal having it that way'- **Ophthalmology Nurse**

'If there is no interpreter, or they [aren't] able to do the job properly then I suppose they do allow the family but a lot of the time they don't let them because it's a conflict of interest, because they require an independent interpreter' - **Dentist, NHS Dental Hospital**

'If a patient's needs aren't flagged up and there is no interpreter or if they don't show up, they would have to cancel and rebook, it's quite difficult to understand the problem if you don't speak the language, it would be a concern that we might not do the correct treatment'

Issues around resources and costs

- Some staff did not have the time to wait for long periods when interpreters did not show up
- Staff often felt frustrated they could not offer up different types of support when their first attempts failed
- There was a recognition that more funding should be devoted to supporting those with a language barrier
- The pandemic has arguably exacerbated the lack of time and resources healthcare professionals can put towards advocating for and supporting patients with a language barrier
- Others suggested that if they had better and more efficient resources to provide health and healthcare information in different languages, it might help patients in the long-term manage their conditions and navigate the healthcare system

Most staff we interviewed were aware that the support available and accessible to patients to support them with their language needs was not ideal. Many thought that if there were more time, resources, and staff, they would be able to provide patients with adequate support. Some felt constrained and therefore frustrated by these issues and were sympathetic towards patients who were disadvantaged because of inefficient and unreliable systems in place.

There was an acknowledgement that more time and resources were needed for people who required support. Sometimes, when staff couldn't get through to an interpretation agency/interpreter, they had to give up as they did not have the time to wait around on the phone for hours. The pandemic has exacerbated these issues, with healthcare workers expressing feelings of exhaustion and being overworked. Staff who worked in healthcare settings that saw many patients who did not speak English suggested that having a designated member of administration staff dedicated to supporting those with a language barrier may help, however, there was not enough funding to provide these roles. Yet, even though staff felt restricted by these factors, there was also still the recognition that they could do other things to counter these deficiencies and that they need to try to put more time aside to focus on supporting patients who don't speak English.

'I think if our comms and our website, in an ideal world if we had multi millions of pounds, if our website, you could click on something, and you can choose a language that everything goes into' - **Complaints team member NHS Hospital Trust**

'The problem arises a lot when, when the NHS just ordinarily expects us to interpret for our patients but unfortunately this is a very common occurrence, unfortunately we don't get any funding from the government for doing interpreting' - **Care Manager, Chinese Wellbeing**

'Nothing's easy to find for people, [there is a] lack of resources as well [and a] lack of time... that you are working with people... you might only have one receptionist dealing with somebody over a medication query, and we've got somebody who can't speak English outside...because the staff are so restricted in what they're able to do because of the way we're working' - **GP Reception Manager**

'There are leaflets in our department that get easily translated into other languages, they are available, we just have to request them.' - **Ophthalmology Nurse**

The pandemic has changed how support is provided to those with a language barrier

- Staff suggested the pandemic exacerbated the difficulties in providing patients and service users with language support
- There is more difficulty in identifying those with a language barrier as they are more hidden due to restrictions on numbers in healthcare settings
- Interpreters were harder to come by due to travel restrictions, absences and therefore increased demand in agencies that provide interpreters
- New remote procedures such as booking appointments with GPs and registering for services have made it more difficult for those with a language barrier to get through to healthcare professionals on the phone
- During the height of the pandemic, numbers in rooms were limited, therefore family and friends could not attend, and support patients and face-to-face interpreters were used less
- There were positives, some services focused more on trying to utilise video and telephone interpreting more which resulted in more reliable and efficient support

As expected, the pandemic affected and still affects almost every area of healthcare; the way that people access and receive it, but also the way that healthcare professionals work. Although many of these effects were detrimental, there was a small number of cases where things improved, due to the challenges of having to be innovative and think about the way things operated and how well they worked. One healthcare professional told us that due to a bigger emphasis on technology, they had been able to put more effort into video and telephone interpreting, which helped them offer language support more readily and efficiently.

'I think the use of technology and video calls has actually improved [support] from our side, and it has given some teams the chance to re-look at the policies...We are looking at communication, this has been a major issue with relatives not coming into the hospital, so it has then allowed us to strengthen up other aspects such as interpretation' - **Complaints team member NHS Hospital Trust**

We found that for both patients and staff, the availability and ease of access regarding language support suffered as a consequence of the pandemic. Also, many procedures and operations that had to change as a result of the pandemic made it more difficult for people with a language barrier to access healthcare than previously. Things such as more emphasis on e-Consult and telephone appointments added an additional barrier for patients. It was also more difficult for staff to explain to patients about these procedures due to limited face-to-face contact in surgeries and other primary care providers.

'Now the doctor phones back and speaks to the person over the phone, so we would either have to be with the service user, the patient, or their family members who speak English would, and then we would likely have to take a photo of the [health problem] and forward it back via zoom or email, so it makes the whole process even more hard for someone where English isn't their first language'- **Care Manager, Chinese Wellbeing**

Staff expressed that there were less resources, human and material, that could be allocated to these issues, and as a consequence, they were not able to always provide the support they wished they could. Healthcare staff also told us that there were stricter rules on allowing family and friends into consultation rooms, which took away an option for support when interpreters were not provided. Face-to-face interpreters were not always the first option, due to infection control measures, which made it more difficult for some patients, especially those who were hard of hearing or couldn't use technology or have access to it. Even offering telephone interpreters, where some services used their own phones for patients,

was restricted due to concerns about sharing phones with multiple individuals, passing them back and forth between appointments.

'It was more difficult to have a phone, that was then transferred between patients, for telephone interpreting, and I guess there were just less patients in general accessing care'– **Dentist, NHS Dental Hospital**

In primary care settings, the way things previously operated where patients could walk in and speak to someone face to face was decreased, or even eliminated. Some healthcare staff told us it was more difficult to identify patients who needed support, becoming more out of sight and out of mind. Those who could come in to speak to staff had to battle with the issues associated with mask-wearing which made it harder for staff and patients to communicate where one or both relied on lip-reading to help them understand the other.

'It's better to have someone come and they can lip-read, and they can understand better and be closer to the patient, so that's the challenge, but a lot of the times, that's not possible'– **Care Manager, Chinese Wellbeing**

Although many of these issues have somewhat resolved themselves as the pandemic becomes less of a debilitating force in society and in healthcare, there are still many after-effects and procedures that have changed in healthcare as a result. Many of these issues are still relevant or have taken a lasting toll on those with a language barrier who are still struggling to get basic care and support from the health service.

Recommendations from staff

- Translated information in the form of leaflets/forms/websites readily available for staff to direct or give to patients
- Technology that could help with booking appointments or interpretation at appointments
- Video interpretation in consultation rooms
- Envisage screens /log-in screens in waiting rooms with information available in community languages
- Making sure that information is passed over from other services that let them know what type of support patients need before they arrive
- More staff or designated staff in healthcare settings that can deal with issues of language support specifically

We asked health professionals whether there was anything that might help them to support patients better in their services. Respondents highlighted the importance of better resources and protocols and guidance to help them better initially identify and flag a patient's needs.

Some staff suggested having information immediately available to patients in their language to inform them that they are entitled to ask for language support at their appointments and how to request this. This could be done by things such as screens where patients sign in for their appointment at GP surgeries that have an option for different languages, and the option to request an interpreter themselves on the screen. Also, having information on websites, leaflets and registration forms that were pre-translated or could be translated upon request by patients. There was a need for better or easier access to patient information and records for services so that patient's language support needs were flagged across systems when referred on to different health professionals and services. This is something that should be prioritised in primary care settings so that any future referral of patients will contain this information. Some staff also highlighted the general need for face-to-face interpretation services to be improved so that they were more reliable and available. Staff felt it was out of their control when

interpreters did not show up, or they couldn't get one on the phone and that they were left with no options.

'Having access to other people's information, so it is that data-sharing with GP practices. GPs is the main one because that's where people will be registered in the first place. That data-sharing through NHS England, you could then put that on the patients SPINE record straight away and have it clear so something flags up as a big red flag that they need that, that would be big'- **Complaints team member NHS Hospital Trust**

'Maybe information leaflets, in different languages that people speak themselves, more pictures, visual aids, videos'

'If you need an interpreter, make us aware of it at reception, or bring us to the screen and help them with that, so a screen that was there for them to explain that'- **GP Reception Manager**

Healthwatch Liverpool's Recommendations

Due to the Liverpool Clinical Commissioning Group (LCCG) recommissioning the contracted interpretation agencies at the time of this project, many of the issues picked up on within our own engagement were also picked up on by LCCG during their research before changing these contracts. We hope that some of these issues will be tackled with these changes, however Healthwatch Liverpool also hope to revisit the concerns and problems raised by individuals within this report once the new contract has been established for a longer period. It is important to note that many of these recommendations have already been touched upon and addressed by Liverpool CCG. Therefore, Healthwatch Liverpool's recommendations may align similarly with the ones recommended and acted upon by the CCG in 2021. However, it is useful to decipher the main issues from our research to see if, in future, anything has changed as a result of the new interpretation contract and policy changes enacted by the CCG.

- For there to be a clear method, known to all staff members, how to record patients' language and correct dialect (where applicable)
- For staff to have easy access to telephone interpreting when face to face interpreting is not possible / an interpreter does not arrive
- When an interpreter is being arranged, people's personal needs and preferences such as gender, locality of interpreter and, face to face or telephone interpretation should be considered and met where possible
- For local NHS guidance regarding the permission of friends and relatives to interpret for patients to be shared and consistently adhered to where possible
- Information about how to access and request language support to be produced in key community languages and widely disseminated
- The recently produced guide to accessing NHS services to be widely available, and updated on a regular basis, in community languages
- Confirmation to be provided that under the new Merseyside NHS language contract there is appropriate vetting to ensure that interpreters are qualified enough to provide language support in healthcare environments
- NHS providers to establish a clear route to request and be provided with important medical forms or documents translated into the patient's language from English
- The training element of the new Merseyside NHS contract to be widely promoted and then evaluated to help ensure that NHS staff are trained in regard to cultural sensitivities and the importance of addressing language support needs in healthcare consultations

Thank you very much to all the participants and staff that took part in this project.

Additional thanks to:

Granby and Toxteth Development Trust

Liverpool Arabic Centre

Refugee Women Connect

Healthwatch England

If you, or anyone you know has been affected by the issues discussed within the report and would like to share this with us, please do not hesitate to get in touch.

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