

Language Barriers & Access to Healthcare in Norfolk

Experiences of people with limited or no spoken English –
June 2022

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Overview

As part of a national project Healthwatch Norfolk, along with five other Healthwatch from across the country, participated in a service wide campaign on the Accessible Information Standard (AIS). We were commissioned to conduct one focus group, and eight, one to one interviews with people who spoke little or no English, and five interviews with healthcare staff. The aim of which was to help the NHS policy makers understand the steps needed to ensure people get clear and accessible information that helps them make decisions and get the most out of services. (Healthwatch England, 2022)

The AIS was brought into place in 2016, and “sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.” (NHS England, 2017). It exists to make sure information for patients with additional communication needs is as accessible as possible.

NHS England is currently undertaking a review of the AIS and will be publishing a report in spring 2022. However, the standard doesn't apply to people who cannot speak English (NHS England, 2017, P18) and plans to address the many challenges they face in accessing healthcare information and communication support are less clear.

The experiences we gathered from residents in Norfolk were incredibly important and consequently it was felt they should be presented as a stand-alone report. In the following report we share a range of experiences of several people with limited or no spoken English.

Aims and Objectives

- To engage with Norfolk residents who don't speak any English at all, but
 - can speak and read fluently in other languages, or
 - may not be literate even in their own language

and/or
 - Speak some English but not enough to engage with a complex system like the NHS and face barriers even at the access stage
- and/or*
- Can read or write English, but are unable to have a conversation in the language, or find it difficult to express themselves in English

- To understand the experiences of these residents when it comes to accessing healthcare services in Norfolk.

1. How we did this

This piece of work was carried out with great support and collaboration from GYROS who support migrants and culturally and linguistically diverse communities in the East of England.

In total 18 residents were spoken to, in two different formats. First, Healthwatch Norfolk staff conducted a focus group with nine attendees, five from Latvia and four from Lithuania. The conversation was carried out through a translator.

We also conducted nine interviews with residents from Portugal, Eritrea, Romania, Russia, Poland, and Lithuania. These were also carried out through use of translators. All participants received a voucher as reimbursement for their time and contributions to the project. The majority of participants lived around the area of Great Yarmouth, consequently most services mentioned were within East Norfolk.

2. What we found out

2.1 GP surgeries



One of the issues which we heard from multiple people related to reported health problems being unresolved. Due to the doctor and patient not being able to communicate effectively, certain issues weren't able to be fully addressed.

"Sometimes they cannot understand us. For example, it happened to me, I tried to explain to him what is the problem exactly. But he understood it in a different way...A week later I phoned them to return back for the same problem. I can't say they didn't help me, and I can't say they helped me. So, I can say it's unresolved." Arabic speaker from Norwich.

Everyone we spoke to said that they had consistently not received an interpreter for GP surgery appointments. They reported that they always asked

for an interpreter, but hardly ever received one. One patient said “we asked for the mother to do procedure so that she doesn’t have any children anymore. We asked many times and we asked for an interpreter. But, when on the call we didn’t have one, so they rebooked the appointment for the next week and the next week. Same story, no interpreter still. My youngest child is now one year and one month and still we haven’t got to book that appointment. Just because of this.” *Romanian speaker from Great Yarmouth.*

We heard from a Romanian speaker from Great Yarmouth who arrived at her GP surgery for a scheduled appointment and was unable to enter the surgery:

 “You can’t get in without an appointment. I had to tell them that I had an appointment, but I didn’t know how to say that in English! So, I got stuck in front of the door. I was looking at the door and the door at me. All I could say to them was ‘help’ that’s the only word that I knew how to say” 

We spoke to a Romanian speaker from Great Yarmouth who detailed his experiences trying to access healthcare for his wife and three children. “We prefer to go to the hospital than going to the GP surgery. It is because we find it hard to book an appointment with the GP and if we do book it for a couple of weeks later, that might be without an interpreter, so it seems to just repeat.”

Several participants frequently relied on translation from friends or family members when attending appointments. One participant from Lithuania told us of the challenges of this, telling us that she would rather have “a professional interpreter because I think my friend speaks more colloquially.

Very simple language. The professionals can speak standard English with a professional vocabulary". She also told us that she "had a quite awkward situation. I received an appointment for a cervical screening. I thought it was just a regular appointment with the doctor, so I found a young boy who agreed to help translate and when we got there the situation was very embarrassing"

2.2 Hospitals

Most people we spoke to said that they were always provided with an interpreter for hospital appointments at The Norfolk & Norwich University Hospital and The Queen Elizabeth Hospital in King's Lynn. They agreed that this process was relatively easy and reliable. A few patients said that when they go to the hospital they are cared for by doctors or nurses who speak the same language as them, which is incredibly helpful when there are no interpreters available. *"I had this appointment at the hospital and I was expecting to have an interpreter, but I didn't have one. There was a Romanian lady there working as a nurse at the hospital. And because we speak the same language, she offered herself to help."* **Romanian speaker from Great Yarmouth.**

A few of the people we spoke to who live in Great Yarmouth told us that they'd been refused interpreters at The James Paget Hospital. At our focus group we heard that a patient at James Paget was told *"because she's been here ten years, she should be able to speak English now and she's not entitled to an interpreter."*

"She was in hospital for three weeks with covid and she wasn't offered an interpreter at all. They called her daughter and she translated as much as she could. They kept saying they just don't have interpreters and also they did mention that it costs a lot of money for them to use an interpreter." **Lithuanian speaker talking about her experience at the James Paget hospital.**



"I asked for the interpreter because of the terms being used. But then they asked how many years I'd lived here and when I said, they said that with

so many years here I should be able to be without. So, I didn't get one." – Polish speaker from Great Yarmouth using James Paget Hospital



2.3 Other services

One of the women we spoke to during our focus group detailed her struggles with accessing mental health support and counselling services. Her first language is Latvian, her counselor speaks English and they communicate through an interpreter who speaks Russian over the phone. When we spoke to her about this, her interpreter said, *"she always left feeling upset. Teary after those sessions."* This patient had waited over three years to get those counselling sessions.

Most people we spoke to didn't use 111 regularly or at all. Those that had called told us that they found it very difficult to use. The interpreter at our focus group session told us that when someone calls 111 and are able to speak to them via an interpreter the service is excellent, but that *"getting to that stage is impossible if you don't have English in the first place. Quite a few cases like that."*

We spoke to an Arabic speaker from Eritrea who detailed her struggles with seeking healthcare for her two children. Both children had problems eating which went unresolved. The patient was referred to a health visitor and didn't find those visits to be helpful, *"when the health visitor saw that he might be autistic or having autism disorder, I was worried. And then she made him two appointments and she didn't come. But from his nursery they told me no. He is normal (sic) child, nothing there and I felt better because I know that he doesn't have that disorder."* She told us that she spent years trying to get help with her children's medical issues, she had a second child and was still trying

to get help for her first child. She said of the experience, "Both of them suffered and I suffered with them as well."

3. What this means

Of the 18 participants that we spoke to, 17 had at least one negative experience as a result of a language barrier and inadequate access to translation services. The organisation GYROS found that in the period of 2020-2021, of their client group numbering 1367, 70% spoke limited or very limited English (Fig 1.). Just from this sample we can see that there are quite a considerable number of people who will experience language barriers when accessing healthcare services.

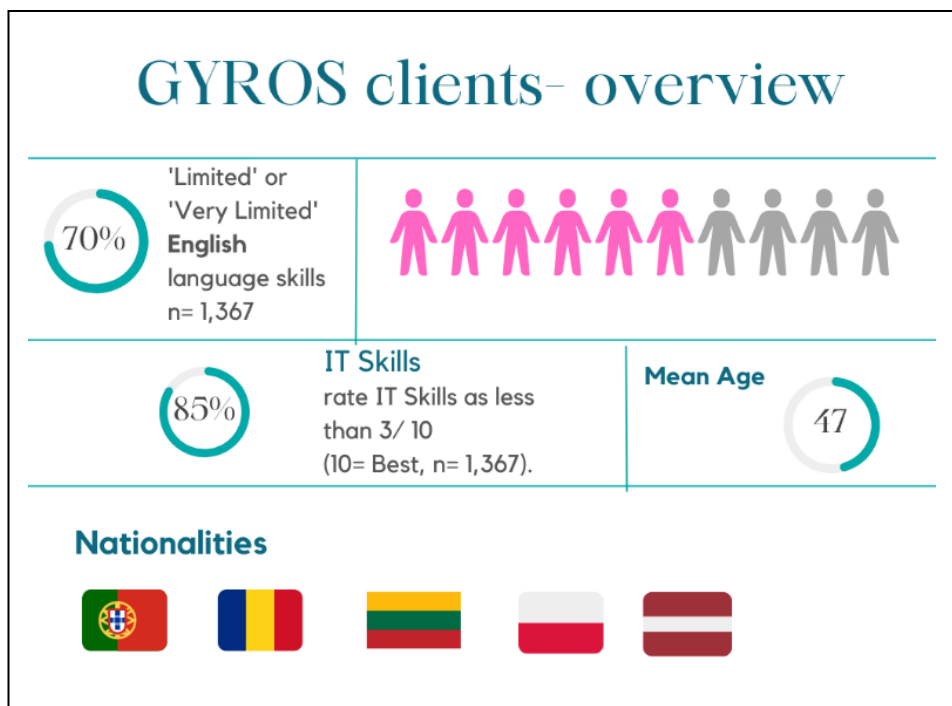


Figure 1. An infographic showing an overview of GYROS clients, including English language skills, gender, IT skills, mean age, and nationality. Credit GYROS.

The patients we spoke to told us that they had to spend lots of time and effort to be able to attend an appointment with a GP. They had to find a family member or friend to go with them as they knew they were unlikely to have access to an interpreter at the GP appointment. If they had an appointment without an interpreter, they had to work hard to find a way to communicate with the GP. This also creates more work for the GP as

many patients told us that their GPs used google translate to try to communicate with them. All this extra work and planning is paired with the worry and anxiety of not being able to properly communicate issues with the GP.

A lot of the people we spoke to had children who they were caring for and had to seek medical attention for. The stress of having a sick child is intensified by the worry of not being able to communicate what the issue is to the doctor and then worrying about understanding what the treatment involves.

The positive experiences we heard all centred around patients feeling comfortable and able to fully communicate with medical professionals. This happened when a patient was able to be treated by a nurse or a doctor who spoke the same language as them. Not having to face a language barrier enabled them to feel comfortable seeking care.

4. Recommendations

4.1 Healthwatch Norfolk Recommendations

In line with the guidance set out in NHS England's 'Guidance for Commissioners: Interpreting and Translation Services in Primary Care': "Patients should be able to access primary care services in a way that ensures their language and communication requirements do not prevent them receiving the same quality of healthcare as others." (NHS England, 2018)

Considering this, and because of our findings, we recommend the following:

1. GP Surgeries and hospitals ensure they are providing adequate and appropriate translation services so that patients are receiving the same quality of care regardless of communication needs. This should include recording on patient notes any communication barriers and preferences.
2. All health and social care providers have a process in place for the above and that all staff are trained on the process.

Of particular concern were the instances of people being denied translation services even when requested. Consequently, our final recommendation is as follows:

3. If a patient requests translation services, they should be provided with them. It's not for staff to decide if the translation services are necessary.

4.2 Healthwatch England Recommendations

Healthwatch England's recommendations based on the findings from conversations carried out by the six different Healthwatch:

1. Department for Health and Social Care and NHSE should urgently introduce a new statutory guidance for all health and care providers on commissioning interpreting and translation services. Services must have a legal duty to ensure that interpreting services are provided when required.
2. NHSE should carry out a review of standards surrounding interpreting and translation to include all major areas of improvement identified in our [recommendations](#) for the review of the AIS. This should include improved frameworks for accountability, improvements in IT systems to support patient flags and sharing of information, involving patients in designing services and better staff training.
3. NHSE and leaders across Integrated Care Systems (ICS) should use the transition to ICS to clarify their duties in provision of interpreting and translation services. They should ensure contracts are designed to support integration and continuity of care as part of this. (March 2022)

5. Next steps

Healthwatch Norfolk will be re-exploring this subject within the next 18 months. This is for a number of reasons. First, the new census data will have been published. This will give us a greater understanding of the demographics and numbers within Norfolk when it comes to people who speak little or no English. We had hoped to include this data within this report, however the past census data does not accurately reflect present numbers. This will give us a more in depth understanding of how reflective these experiences are against the rest of the population. As part of this follow-up work we will also aim to speak to a greater number of people in order to gather a wider range of views.

Second, we feel that there are some clear and actionable improvements that can be made by health and care services in the county over the next year which would have a positive impact on the experiences of those that we spoke to. We would like to assess whether these have been implemented and have made a difference.

6. Acknowledgements

We would like to thank all of the participants that took part in the group discussion and one to one interviews. We would also like to thank GYROS for supporting the project, providing translation services, and taking part in the conversations.

7. References

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