

Non-English speaking Croydon residents experience of accessing services

Final report – February 2023

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Executive Summary

NHS England implemented the Accessible Information standard in 2016 to ensure people with a disability, impairment or sensory loss could communicate effectively with providers. [NHS England » Accessible Information Standard](#).

Recently there is consideration of whether to extend the standard to include those who have language barriers in accessing services by having little or no English language skills.

Healthwatch Croydon received funding from Healthwatch England in October 2022. We carried out structured interviews – all through an interpreter – with French African, Latin Spanish, and Ukrainian speakers and held a focus group with a Tamil community. We also interviewed some professionals who work across a range of healthcare settings as well as an interpreter.

This contributed to Healthwatch England's wider report [Healthwatch England » Lost for Words](#) of which Croydon residents shown below are cited.

We now share this with local stakeholders so they can consider their current services and how they might be improved for those who do not speak English easily.

Our findings

French African patients (see pages 7 to 17) said they:

- Did not understand the doctor, even with the interpreter.
- Felt embarrassed asking their children to interpret.
- Had difficulty with technology especially navigating through Zoom during the interview, little technical knowledge and had no idea of how to use their device other than for phone calls.
- Found issues with privacy and trust were an issue. Patients doesn't want family to know their medical issues.
- Had complications due to time lost. They usually get the doctor to write in English and take it to a suitable person to explain. Due to time lapse in getting back the information, complications have been caused.

Latin Spanish patients (see pages 18 to 26) said they:

- Had difficulties following up a medical and they feel impotent, as they cannot communicate properly.
- Found challenges with the interpreter as he does not tell patient every detail of what the doctor says. The interpreter just summarises. This affects trust.

- Tried to access a GP but due to language barrier patients' condition got worse and had to go to A&E, an infection led to hospitalisation. They were going to complain but it is too complex with the language barrier. There is a delay in getting care as a result.

Tamil patients (see pages 27 to 39) said they:

- Found barriers particularly with visiting GP surgeries. The language barrier meant they need longer appointments, but this does not always happen. Multiple requests to get information about medication and vaccines.
- Experienced support staff such as receptionists seem to ignore or dismiss easily, mainly due to the language barrier. No interpretation service for reception or booking which causes a barrier and access to care.
- Could not register son at a GP because of language barriers and had to find a private Doctor to assist.
- Were scared to take the vaccine but because of the language barrier she was not reassured.
- Had interpreter could not interpret accurately. For example, 'numb' was translated into 'pain'.
- Lack of availability of Tamil printed materials. They may well be published but they are not getting to the community who needs it.

Ukrainian patients (see pages 40 to 44) said they:

- Had a lack of accessible information, so neither of them knew they could get an interpreter.
- Experienced misunderstandings between patient and doctor.
- Rely on relatives from Ukraine to send me medication due to language barrier.
- Cannot express themselves and so keeps his mental health issues inside.
- Rely on themselves, due to a lack of support. Where they have had, it they are not confident of being fully supported.

Interpreters (see page 45) said:

- Hospitals make a lot of effort and are welcoming and allow more time.
- Pandemic has worsened the whole situation. Unable to read a patient's body language as it is not a face-to-face appointment. Difficult to hear and technological glitches.

- Quality of care is improved with interpreter; reduces anxiety, feel cared for. patients sometimes cry with relief at her presence and understanding.
- Not all health interpreters she has met have the health knowledge, which mean there is a variance in standard for the patient.
- NHS in house interpreters would be ideal.

Hospital booking staff (see pages 46 to 47) said:

- Hospital services are better set up and interpreters can be booked easily usually through Language Line or similar.
- There are many processes that need to happen to make it work, which sometimes involved multiple entries.
- GP referral letter may sometimes have incorrect information. Having more accurate information would make a difference. E-referrals have been successful as they can log language needs.
- Google Translate has been used informally, and as last resort finding a member of staff who is bilingual.
- Putting language in the Accessible Information Standard would help ensure patients are treated as well as anyone else.

Hospital Nurses and Practice Educators (see page 48 to 49) said:

- That Croydon University Hospital is a multi-cultural workplace and there is senior support for this service.
- Very good support from IT support in recording and flagging.
- Good to share best practice across departments and learning with care agencies and others on how to access language support
- Prefer to use professionals over families and friends, although family like to interpret Concerns on relying on Google translate.
- Ill and GPs flagging language barrier would help.

GP receptionists and GP at Croydon surgery (see pages 50 to 51) said

- Google translate is used for booking, unless staff happens to speak relevant second language.
- Easy to book interpreters and we can flag patient notes.
- Professional interpreter can make patients uneasy, but they are happy with the services.

- Double appointments are usually booked but interpreter not turning up, being late, or patient not turning up. Fall back on Google Translate or family/friend.
- If Accessibility Information Standard improves access to healthcare, then language should be included in the standard.

Our recommendations

- **Need to ensure interpreting and translation services are provided when required.** While hospital services, particularly at Croydon University Hospital seem to be well organised, the variability of experience with GPs and particularly with receptionists needs improvement.
- **Improve information flows between providers to ensure this need is flagged up:** This is particularly relevant between GP referrals and the hospital.
- **Improve information and communication about accessing interpreting and translation to ensure patients get the support they need.**
- **Working with agencies and individuals to ensure interpreters are suitably trained do respond to complex medical discussions.**
- **Support local community organisations who have language specialisms to help people with their health be it in supporting them when using services or preventative health.**
- **Encourage all service providers to support the campaign to put language within the Accessible Information Standard, as this will show support for tackling one of the many aspects of health inequalities.**

Healthwatch England have made five key recommendations calling for health and social care providers to fully comply with the AIS Accessible Information Standard – <https://www.healthwatch.co.uk/news/2022-02-23/accessible-information-standard-our-recommendations>

Background and methodology

NHS England implemented the Accessible Information standard in 2016 to ensure people with a disability, impairment or sensory loss could communicate effectively with providers. NHS England » Accessible Information Standard. Recently there is consideration of whether to extend the standard to include those who have language barriers in accessing services by having little or no English language skills.

We carried out structured interviews – all through an interpreter – with French African, Latin Spanish, and Ukrainian speakers and held a focus group with a Tamil community. We interviewed a number of professionals who worked across a range of healthcare settings as well as an interpreter. Our local intelligence was fed back to Healthwatch England who produced this evidence from local Healthwatch findings Briefing (healthwatch.co.uk)

This contributed to Healthwatch England's wider report [Healthwatch England » Lost for Words](#) of which Croydon residents shown below are cited.

We now share this with local stakeholders so they can consider their current services and how they might be improved for those who do not speak English easily.

Limitations

- We could only speak a small selection of people, as this was about depth rather than width.
- We have been reliant on the interpretation of people's views through the interpreter, an issue mentioned within this report.

Insight

French African patients

- Not understanding the doctor, even with the interpreter.
- Feel embarrassed asking their children to interpret.
- Difficulty with technology especially navigating through Zoom during the interview, little technical knowledge and had no idea of how to use their device other than for phone calls.
- Privacy and trust were an issue. Patients doesn't want family to know their medical issues.
- They usually get the doctor to write in English and take it to a suitable person to explain. Due to time lapse in getting back the information, complications have been caused.

Interpreters

- There is knowledge of interpretation services, and the interpreter does help, but sometimes the doctor and patient don't understand each other, even with the help of an interpreter. However, having an interpreter is appreciated.

“Yes, usually they ask me if I need an interpreter, but I make an effort so that I can do this by myself through my dictionary. So, I use my dictionary.”

“Interpreting services are already there and are very good for the people like me who don't speak English. Yes, usually they ask me if I need an interpreter, but I make an effort so that I can do this by myself through my dictionary. So, I use my dictionary.”

“Even though I do get an interpreter, it is not easy because being face to face with the doctor, I can explain, I can show him things but with the interpreter it is more difficult over the phone, it is not easy.”

“We don't understand each other. Even with the presence of the interpreter.”

“The interpreter will help me to understand and better explain what the doctor is saying.”

“Its not always when I need an interpreter they are there, but I always get one but and if there isn't an interpreter everything, they ask is just 'yes, yes, yes' because she doesn't understand anything.”

“So as far as I am concerned, I know they already put on my file whenever I go to hospital they know I need an interpreter. I need one. But for others I don't know. I can speak for myself, yes there is already there on my files so whenever I have access to them, they know I need an interpreter.”

“Yes. It's important to listen to me, to listen to me and by making sure I have an interpreter by which we can communicate. Yes, just listen to me.”

Use of telephones and technology

- Covid has made it more challenging as there is more use of technology and less face-to-face and concerns about confidentiality

“That is because of the COVID, because it has made life very difficult. COVID has changed everything.”

“I saw a commercial, a publicity, about if you don't speak the same language as a doctor, you can simply speak and there is an application where you can just simply speak your own language, and they will translate into the English to the doctor.”

“But there are new technologies out there, the applications, where you just simply have to speak your own language, and then that application will translate into the language that the doctor understands. You can

either do this by speaking or by writing, and the application translates. That is a very good tool to use for people like myself who don't speak English."

"Because of the social distancing, that social distancing was also very, very difficult because you were not able, at that time, to go close to people. You had to keep away from people. It was a very, very difficult time."

"You say that new technology, nobody will listen to their secrets any more, it will just be her and the doctor. No intermediary, no anybody, just her, with her private life, and the doctor."

"Yes, that is so good, that, if the information is out, he will know it's the doctor, because it was only him and the doctor. If he hears anything like his secret's out, he will know that the information comes from the doctor. It's actually very good, because it keeps your confidentiality to yourself and the doctor."

"Become very very difficult. It has become very challenging."

"Even though I do get an interpreter, it is not easy because being face to face with the doctor, I can explain, I can show him things but with the interpreter it is more difficult over the phone, it is not easy."

"Yes even from by phone it has become very difficult."

"Yes yes yes. That's exactly what she's talking about. Online, telephone, Zoom, it's not easy for her."

"Even over the phone or line makes it even harder. We don't understand each other."

"Yes it does affect me. It does affect me and it can be, how do you call it, not embarrassing but it affects me."

“Since the COVID, things have changed drastically. They will tell you, if you are saying you need a doctor, they will say you can call after eight and then you come on the phone, call call call up to 8.30. There's nothing and then they say try again tomorrow. You come back all this so this thing has to change because it's becoming very, very difficult to access your GP now.”

Role of family and friends

- For many, the role of family and friends, people they can trust has been essential. Although some do not want to share their health history with their family.

“I'm saying, I used the services of people that I know, relatives, and I try to explain my problem to them and they can explain to the doctor, but professional interpreters I have not yet used them. I would rather use my contacts to interpret.”

“Never. I have never encountered any problems as such, because I always make sure the doctor understood what my case was. And, if I'm not sure, I will call somebody that I trust over the phone, explain this in French to the person, and the person will translate into English for the doctor.”

“...that, during that time (Covid), it was actually even more difficult because you couldn't pick up the phone, and call and try to want to explain, because he doesn't speak English very well, they will not hear what you are saying, unless you get somebody to come and call for you and translate what you want. And that was very, very difficult. Using that friend who was going to do the interpreting for you was also very challenging.”

“And, when I know that I can phone that person easily, I'm going to that room to see that doctor, it doesn't worry me at all at any time. Because I know, when I'm there, if there is any problem I know I can call somebody to interpret, you know, what my problem is to the doctor.”

“Because, you know, I trust them. I'm not ashamed of telling my illness in front of my relatives or friends because, you know, I know they're going to exactly-, I'm confident with them and I can tell them anything, so yes, I trust them. These are the people I trust.”

“Whereas now it's different because you can call, even you can go to the doctor. You can book for an appointment, you get it.”

“It was also not easy to get anybody at that time to come and help you. Whereas now, it's much easier and you can call people who can take you to hospital.”

“When my son was much younger, I used to use an interpreter. But now that my son is a grown up boy, you know, he accompanies me to hospital so he translates for me. So, I don't need an interpreter because my son does it for me.”

“Now I try my best not to share my medical secrets with anybody, even if it means I will do all the gestures in the world so that the doctor can understand what I'm trying to say. I would because, you know, I'm a big man, I'm a grown up man, I want to integrate, even with the very little English that I have. So, I don't use an interpreter because, you know, I want to keep my medical story to myself,) my private medical illness to myself.”

“By the time I look for a suitable person to explain to me-, because I don't want to give it to anybody, so by the time I look for the person that I trust the most to explain, sometimes it's too long.”

“I'm confident of sharing everything for my daughter, ask me everything for my daughter, because, in order to get help, I need to tell them everything. If I don't tell them, they will not be able to treat me, and I don't think I have any issues with mental health, but even if I had diabetes, I would discuss any other issue with my daughter, because it's only when they know that they can treat me.”

“When you come to this country, you don't have a family, so the only member of the family that I would take to my appointment is my son. I go with my son, I don't go with anybody else. No friends, I would go with my son.”

“Well, they both answered the same way. They say, yes, they can understand. It's not very good, it can be annoying, even to the people we are asking. That's why they are doing their best, so that they can learn and understand English. They are doing their best, because it's not always relying on people to go to the doctor.”

“Whereas a professional they are going to keep confidentiality.”

“Yes so what it is when I think the doctor is not getting exactly what I'm trying to say, what I do is I make sure, I wait until my son is free and when my son is free he can help me understand or help the doctor understand what I'm trying to say, so my son will be there to help me.”

“Yes, you know sometimes it can be embarrassing because, you know, there are some certain issues that we would not want to disclose to our children, but because I have no choice I don't have any other person, I feel sometimes embarrassed by discussing the issues with my son. Only at home and over the phone.”

“Because the family will go and tell the story everywhere. Everywhere they go they will talk talk talk talk.”

Experience of medics

- Most doctors have been very patient and that has made a difference to the patient, but they need the time to be able to do it. Where doctors have limited time, the experience is less good. This shows the importance of having a good interpreter.

“And the doctors are very patient. They do their best to understand me. Even through the gestures I'm doing, they understand me.”

“It all depends. Sometimes, you know, you can find a doctor on the day when they are too busy so they will go very fast. They will have some doctors who are very professional, they still do their work the way they’re supposed to do. I make sure the doctor understands my pain, why I am there. That is the answer. So, I will use any kind of backstop, but it depends, and again it depends on the (TC 00:50:00) doctor I find on the day.”

“Yes, it has happened and, when it does happen, I will ask the doctor to write it down. To write it down for me so that I can take it to someone to explain to me exactly what the doctor is saying. So, yes, it has happened, and I have communicated that way. The doctor to put down, and then for me to take it to someone to explain to me.”

“I have a very good experience. The English medical doctors are very patient. They are very good. I had experience of working in hospital as a cleaner and, because they know I don’t understand English, whenever I have a problem they run all over the place looking for somebody who can easily interpret what I want, what I need. They are very patient. I’m not feeling insecure at all because they are very professional. They are good.”

“Yes, I can’t say otherwise. It’s exactly how I feel as well. The doctors are very professional. They are very patient. They go miles to try to understand you and, even though it’s not even their job to make sure you understand, they are so good, and that is one of the reasons I’m still in this country. I would have gone crazy, and these doctors just think about how well they are. It makes me feel confident, makes me feel good knowing the English people are doctors-, not people, sorry. English doctors are very professional and they are very good, yes. And, even though they don’t have to interpret because it’s not their job, they will make sure you understand, you have an interpreter to understand what they mean.”

“ I had to tell the doctor all my health problems so that I can get treated. If I don't tell him, how will he ever know how to treat me? Yes, I'm confident sharing this with my doctor.”

“Yes, I saw it with my own eyes, they treat everyone equally, and they are very, very patient, so there is no difference, they treat everybody the same.”

“Well, the doctors, they are fair, they are patient, but you have some cases where it's not always that. In general, yes, they are good, they are professional, but it's not everybody is the same.”

“Alright. Yes, I was saying, he said, yes, in general, they treat everybody the same, but you can have a few cases where you find some doctors who are not patient. Yes, in general, they do, but you can come across some cases where the doctors are not patient.”

“As far as I'm concerned, I know, the doctor, if you don't understand, they will do all their best to make sure you understand. They will do all their best to make sure you understand. If they find somebody who can understand, they will come and translate for you. They will do their best to make sure you understand.”

“Well, I can't say otherwise. They do make a lot of effort to make sure people understand. Yes, they will do their best. Yes, they are patient, they are professional. They do their best to make sure that people like us, who don't understand English, understand what they're saying.”

“Yes, it's not so good, that's why we are doing every effort, so that we can understand English and speak for ourselves, not to have anybody with us. That's why we're doing all this effort, so that we can-, we don't want to have people during our visit to the doctor. It's not nice. It's not good for them, because they can't keep their privacy.”

“Yes it does affect me. The fact that the doctor does not understand my language or I don't understand English very well, it can be a little problem because the doctor does not understand what I am trying to explain.”

“The GP who organises for me and if there isn't an interpreter everything they ask is just 'yes yes yes' because she doesn't understand anything. She will just say 'yes yes yes' but she doesn't understand anything. So yes, she calls the GP and the GP organises for her. Not the GP at the hospital, the GP at the GP surgery.”

“Yes it does affect me because not only you need to book your GP they also have to do it for the interpreting. So yes, it does affect.”

““Yes. I'm saying this because speaking to them I can tell they don't understand everything I'm saying. I can tell. And that's why she says I am not secure, because I can tell they don't get everything that I'm saying.”

“My mood, yes it is. I don't feel good. I don't feel good. I don't feel well as well, it affects my health. I don't feel good.”

Need for support to communicate and navigate effectively

- For many there are challenges, when there is no interpreter available, some relying on body language and gesture. Some are concerned that their health is being affected by the delays, including mental health because of the worrying about their health.

“Any doctor, what I do is I will show them where I have a pain. I do all the gestures. I will show them I've got a pain on my neck, I've got a pain here, on my shoulder. I will show them where I have the pain, so they will understand me because I do all these gestures to show them where my problem is.”

“So whenever I'm with the doctor, I will do everything I can to make myself understood by the doctor. I will do everything I can, and you know what they in English 'body language', I will do that. Wherever I feel a pain, I will touch it to show the doctor I've got this problem. 'I did not sleep well. I'm feeling pain here and there', and so I use this body language to explain to the doctor exactly what is my problem.”

“Ask the doctor to write it down.”

“Yes, it has actually had a negative effect on my health. Because sometimes I get a letter in my hand.”

“And then the doctor will write to say that I have to re-start everything from scratch, and that is the consequence. Or sometimes, by the time I get somebody, it can actually cause me some problem as well. So, yes, that has happened in the past.”

“When you wait too long to find somebody to explain to me the content of the letter, usually it's too late and then you have to re-start everything again, re-book another appointment. Yes. And certain times it does affect my mental health as well. Sometimes it does affect that as well. When you're thinking too much, it does affect my mental health as well.”

“Yes, it does affect a lot, 100%, even 1000%. It does affect a lot, because you don't speak the same language and it takes time. It takes time for me to sort out all these things. Yes, it does affect me.”

“The problem that could be resolved in days is taking years. They are taking a year to sort it out. Even now, as I'm talking to you, it did affect me. Yes, it did affect me because of this language barrier. Yes, it does affect a lot.”

“What it is, is, if you don't understand at all, maybe you might have to go back to school.”

“We always need somebody to help.” Its not always when I need an interpreter they are there, but I always get one but sometimes yes it works, sometimes it doesn't. When they are there they are good.”

“I don't know how the system works. I don't know.”

“I don't know. You know, I don't know, I really don't know whether they are going to give me, because of that, the longest appointment. I don't know. She says she doesn't know.”

“Yes you probably each other. They don't understand me, I don't understand them. Yes, I know I'm not secure. I'm not secure.”

Latin Spanish Speakers

- Medical follow up has been a difficult and they feel impotent, as they cannot communicate properly.
- The interpreter does not tell patient every detail of what the doctor says. The interpreter just summarises. This affects trust.
- Tried accessing GP but due to language barrier patients' condition got worse and had to go to A&E, an infection led to hospitalisation. They were going to complain but it is too complex with the language barrier.
- There is a delay in getting care as a result.

Interpreters

- They use interpreters, but don't feel the detail is there and that makes it uncomfortable for the patient.
- There is variability in quality of interpreter, some are very good, and some are not, but there is not consistency, and some are not medically trained
- There is a lack of trust with the interpreter. Perhaps due to the training so they still prefer to have friends and family to be there. "She feels like the interpreter doesn't always grasp everything that the doctor's saying. And then she feels like they don't explain everything."

"When she calls to ask for the appointment, she says, 'Please can you put an interpreter on.' She doesn't feel good about it because she wants to be able to do it on her own. But she has to do it, obviously. She feels uncomfortable. She feels uncomfortable and she feels like she's putting people out by asking, because she needs an extra person, because she needs the interpreter so it makes her feel uncomfortable."

"She just didn't do anything, stayed with what the translator said. Even though she felt the doctor had said more, the interpreter said yes, that's it, it's finished. She asked the interpreter like, 'Is there anything else? Is that everything that they said?' But the interpreter just says, 'Yes, it's finished.'"

"Sometimes the doctors notice that the interpreters aren't doing a good job and it's a better interpreter when they come back. And she reckons it's because maybe the doctor speaks a bit of Spanish and they can tell that they're not doing a very good"

“She says that it takes loads of time because sometimes they cancel the appointment because they can't find an interpreter and she has to think, 'Okay, how much time is this going to take me? It's going to take longer because I need the interpreter.' And then they don't call back until they've found one, so then she's waiting for the call back.”

She's spoken to the receptionist and she's made sure that there's been an interpreter available. It takes much longer. She says that because she needs a translator it takes even more time than normal in emergency services. She feels a little bit that it would affect the treatment that she'd receive because of how long it takes mainly”.

“And when they'd found an interpreter, they'll call her, and she still hasn't had the appointment. This was a month ago. A bit less than a month. Yes, she said the same thing as you, that they'd have to find an interpreter to then do the complaint.”

“She'd feel okay to speak to the doctor with a good interpreter about her mental health. If the translator is doing a good that's okay. But because the interpreter reduces everything to a summary, and the doctor speaks and speaks and speaks and then the interpreter comes back with just a little bit and that's it. And the doctor speaks loads and loads, like a mountain of words and then the interpreter comes back with just a little summary. If there was someone there – direct interpreter. So, she's saying that the interpreter should speak both languages really well as opposed to just one of them a little bit.”

“Yes, it's luck. It's luck. She's had three that were really good, a Spanish girl, two Argentinian girls and one Spanish girl they were marvellous, they were brilliant. And it was as if she was hearing exactly what the doctor was saying. She asked at the hospital if she could have the same interpreter, but they said that they wouldn't be able to. Because she said with that one, she understood absolutely everything. But they said she couldn't have the same one. That they wouldn't be able to find her.”

“She feels more trust to ask me what's being said than she would to ask the interpreter what's being said. She feels more comfortable to ask her friend the questions than to ask the interpreter the questions.”

“It's difficult because it's interesting what you were saying about interpreters not having the medical, but I don't have any medical background, so sometimes I feel it would be better to have an interpreter because they'd at least be translating the terms properly. My Spanish is not medical or professional, so sometimes I feel like I'm not able to do as good a <<Resident 2>> as <<Resident 1>> would have with an interpreter. But now listening to her speak I'm not sure that's the case all the time. But I'm very happy to, yes, I'm really happy to do it.”

“I would say when the telephone interpreting works well, it works really well. And <<Resident 1>> didn't always need me because she was able to phone and ask for an interpreter and it was all fine. And I think when the system works really well it does work really well. And I just think it's a case of rolling out the good practice that does already happen just not consistently.”

“In the GP it's harder because they can't always find a translator. Sometimes it's much harder, so then she has to go home, or go back a different day or over the phone at the GP surgery.”

“They can support her because they put the interpreter quickly. Use the interpreters. Look for the good interpreters so that they can understand better. She prefers an interpreter.”

“She prefers both having relative there and having the interpreter. Because she still doesn't understand very well what's happening, so she prefers to have both She prefers having the interpreter over having family and friends. But the best is to have both.”

Impact of Covid

- Covid has made it more challenging as there is more use of technology and less face-to-face and concerns about confidentiality

“Yes, she has to be next to the phone because she doesn't know when they're going to call.”

“She arrived in the UK just last year, during the pandemic.

So, it's over the phone and it means she can't chat with people as much as she would have and it's more difficult over the phone. But because she arrived during the pandemic, she hasn't got a reference point of what it was like before, maybe.”

Role of family and friends

- Relying on family and friends makes patients more secure but embarrassed to ask them for help. Having a friend makes her feel better. They are reliant on family and friends who need to be available to help

“Yes, she said her husband was really, really annoyed about it. She feels more secure if she's got a friend. Because even if she doesn't understand, she knows that the person she's with at least is understanding everything and she feels more trust.”

“She feels embarrassed. She feels like she's annoying me (her daughter). She feels like she's taking up people's time. She doesn't feel good about it, but she knows that she needs it.”

“When you don't understand the language, it makes you feel uncomfortable. When I go on my own, and I feel like I don't understand, I feel like they change their face, they change their reaction, as if I've put them out. As if I've made them uncomfortable. In contrast, if she goes with a friend, you can see the difference. It's quicker. It doesn't feel like I'm annoying them because I've got someone who speaks English. And it doesn't take as long to explain from the beginning.”

“Yes, it happens. It still happens that she doesn't understand but she always goes with her daughter to the appointments. And it helps to have her daughter with her so that she can understand. It's her that sorts everything out.

“She takes her son in law, and he understands at least a little bit of English. She doesn't understand anything. He doesn't understand everything, but he understands more than her. This is why she takes him with her, because he can translate for her what she says. Sometimes he's busy or working. Sometimes she feels bad to ask him because he's busy

“It's more or less the same, the only problem is that she can't always get the family to come because they're busy. She feels good about it. But only if there's an interpreter as well.”

Experience of medics

- Staff are very helpful and treat her well. The hospital gives the best service, with the GPs there are more challenges that they cannot get through to staff.

“She says it's good. She feels very supported. She's happy with the service. Everyone's really friendly and attentive.”

“She feels like they've always attended to her really well. Because they look for the interpreters and everyone's very friendly there. But she feels like they've attended to her very well though as well, in general.”

“She says when she's had the interpreter, she's able to explain but without the interpreter she can't explain anything. So yes, she says the doctor tells the interpreter and then the interpreter tells her and then she understands.”

“She said in this country it's a really good service. All the nurses and the doctors are really good people. She was really glad to have the treatment.”

“And the best ones are in the hospital. The GP ones, some of them are not very good. Yes, sometimes they don't answer the phone, there's technical problems. You're not going to get an appointment until they find the interpreter. But the hospitals, the doctors, the nurses, the interpreters were phenomenal. Yes, the problem is the GP services. They've had a terrible experience of this. They don't answer the phone.”

“Yes, better than the GP, always better. Including A and E has been much better. Even she's still waiting for the results, but A and E and the hospital have been really good.”

“Yes. She says the illness that she has, she has to get the medication. Yes, she was talking about the time that she had the urinary tract infection and that affected her health really badly because she couldn't get the treatment for fifteen days. She couldn't get it because they didn't understand her.”

“I've helped <<Resident 1>> change GPs now, but the GP she had before, it was just a nightmare because the only way you could call was calling on a Monday and it was engaged the whole of Monday morning, so if you called reception.”

Need for support to communicate and navigate effectively

- They see language as barrier to services. While they do feel supported, the barrier prevents them from using services in an easy and accessible way and therefore affects them in not chasing up on appointments or feeling isolated when in hospital. The need for informal interpretation i.e., when in wards or booking appointments would help.

“She hopes it was because of the pandemic but now she's seeing in reality it's because of the language barrier and it makes it more complicated to be able to access the services.”

“Yes, it does affect how they treat her. Yes, of course she feels like she can't say everything she wants to say because of the language barrier. She feels stupid. She wants to say stuff, but she can't, so she feels impotent, she feels like she's not able to do it and that makes her feel stupid.”

“So, she stayed with the doubts that she had about what been said. And she wanted to keep asking questions, but she didn't feel like she could.”

“Oh yes. It affects her a lot because sometimes she wants to go to the doctor but sometimes, she thinks, 'Well what am I going to say?' And so, she doesn't bother making the appointment.”

“She feels it affects her a lot because even when she's on the way to the doctors' on the bus or whatever she's thinking, 'Oh what am I going to say?' And she's got lots to say but she knows she's not going to be able to say it.”

“She said it makes her feel inferior. Yes. Insecure. Insecure and inferior, she says. And that he said to them that he was going to put a complaint in about it. No. In the end he didn't put it in. <<Resident 1>> doesn't understand but he understands a little bit more but not very much more. Because he doesn't speak much English, he didn't put it in, and then since that they've moved GP surgeries. She says it would be complicated to do.”

“Oh yes, her mum has a memory problem and they've spoken to-. But she hasn't spoken to the GP about it. So, her mum had surgery and they told her that they thought she had some memory problems, but they said later on if it gets worse then they'll be able to give her some treatment but at the moment she doesn't need treatment. Okay, and she said that the doctor here had all of the information passed on from Guy's hospital about it, but they have not needed to do anything yet.”

“She's saying it would be good to have things in different languages. It would be good. She said she acknowledges that there're lots of different languages, but it would be good to put on just a little space to explain it in Spanish. So that she can understand things a bit more.”

“Yes, because <<Resident 2>> doesn't know about the systems and how it works so yes, exactly that.”

“So, she said that it really affects her health because at the moment she's had a lot of procedures so she has to have a lot of appointments and sometimes they say to go to emergency and sometimes emergency tells her to go to the GP, but she can't always understand that.”

“She said that if she gets ill, she won't be able to get better because how are they going to be able to understand what she's saying to know what medicine to give her? How are they going to understand her if she can't speak English? So yes, it does make her feel unsafe.”

“She feels sad that she can't do anything in this country. She can't chat with anyone; she can't chat with the doctors. She'd like to chat with people, but she can't because she doesn't understand. But people are really chatty, and they want to chat with her. She felt really sad being in hospital and not speaking English because even things like they were asking her what she wanted for dinner, asking her if she'd finished her food and she just couldn't understand any of it. She felt lonely because everyone else was chatting and she wasn't able to talk. She couldn't build a relationship with anyone. She can say it, but if they don't understand then nothing's going to happen. They're saying they can't understand her if she goes to A and E and then they tell her to go to GP but if she can't understand then they can't do anything.”

Tamil speakers

- Tamil patients have found barriers particularly with visiting GP surgeries. The language barrier mean they need longer appointments, but this does not always happen. Multiple requests to get information about medication and vaccines.
- Support staff such as receptionists seem to ignore or dismiss easily, mainly due to the language barrier. No interpretation service for reception or booking which causes a barrier and access to care.
- Could not register son at a GP because of language barriers and had to find a private Doctor to assist.
- She was scared to take the vaccine but because of the language barrier she was not reassured.
- Interpreter could not translate accurately. For example, 'numb' was translated into 'pain'.
- Lack of availability of Tamil printed materials. They may well be published but they are not getting to the community who needs it.

Interpreters

- No interpretation service for reception or booking which causes a barrier and access to care.
- Lack of knowledge of medical terms by interpreter can cause issues, as the interpretation of Tamil terms into English. This is particularly significant when communicating serious news.
- Embarrassment about having a male interpreter with a female patient, significant cultural issue around this.

“Yes, she was telling, <<patient>> she can't speak English, so she has to tell them that she's coming to see the GP and they have an interpreter ready for her.

“I notice with an interpreter, also, they have some lack of knowledge regarding the medical field, so they couldn't convey their message properly. But the patient doesn't know, the patient thinks they are conveying this message properly to the doctor, but sometimes it doesn't happen. Then, another thing, they started to tell their problem.”

“Wednesday, I tried to get an appointment-, ' Usually they use English. Sometimes, if nobody is there at home, if she is alone and something is a little urgent, but she doesn't want to go to A&E, but you can solve with GP, then he needs to talk with the GP. When they call the reception, they usually use English. If her communication is poor, once they ask what language you can speak, then, if she says Tamil, they if they arrange on the spot or a little after, sometimes, one of the interpreters, then, even for the appointment only, they can make an appointment, and they can explain their condition, and get proper guidance.

“Otherwise, she can't explain what condition at that time she has. So, she couldn't get proper advice, to answer properly, sometimes, she needs to go to A&E. If he conveyed the message properly then the receptionist might say to her, 'You can go directly to A&E,' or, if it's normal, then she can say, 'You don't go to A&E,' we can solve this problem between us or the pharmacy, like, that is they can help. For this knowledge, they must have, at least in reception, to answer this for one of the interpreters when they call, calling time.”

“Example, a patient says, in another language, they say they're numb, numbness on the area, but the interpreter doesn't know it, he usually uses pain, they translate the message to the doctor it's pain.”

“So, I went with some of my colleagues and friends that I might notice they have this different, that they are usually talking the normal English. But doctors, mostly, they are fluent in the medical terms, so they use, on and off, that. Those things the interpreter doesn't understand, so he uses the language, he conveys the message to the doctors, the patient believes the interpreter this message 100% correct like that. So, also the communication needs some-, not good. So, this is my opinion, personal opinion, that the people who talk with the GP, work as interpreters, must share the passion of this medical side or the people who relate these medical professions or these. It's another challenge, <<patient>>, saying that when the interpreter interprets the numbness they interpret as

pain. Very, very big difference. And the doctors, with the knowledge they have, they will interpret it differently and give different medicine."

"The fatal disease. They say, sometimes, fatal disease, so that operation time, sometimes the doctor says, it might happen-, very rare chance to terminate a disease like that. Then the interpreter suddenly tells the patient, 'There's a rare chance you may have died,' like that. If we tell the patient, 'You might have died,' then the patient gets upset, then they don't intend to do that operation, they think, 'Rather than die, then I can live still with this condition a little bit longer,' like that they may decide.

"Wrong interpretation, wrong meaning, the patient is upset because the doctor has said, 'You might have a chance to live, you might have, maybe, not a chance to. Yes, usually doctors explain the routine, all the patients, but the interpreter thinks they are telling this patient these things like that, so the patient misunderstands, so sometimes I might die."

"It's a very important point because the doctor can interpret it in a different way, it's very, very important. And also in the Tamil language, there are so many different interpretations in the Tamil language as well. In Tamil, sometimes people say (Tamil language). That means it's a kind of colic pain. But the interpreter explains, it's abdominal pain. Abdominal pain, yes. Even in Tamil, there's a word, but they don't know the proper word for that. They think that both are the same, pain is pain. They think and they convey it's like abdominal pain because the pain arrives from the stomach, so they convey it's the abdominal, pain from the intestine, if it's from the intestine, pain in the intestine."

"Usually, they use abdominal pain or belly, like that. There are certain places like iliac fossa, those things, they don't know those words. So, they commonly say the bottom of the abdomen or top of the abdomen, like that, sometimes. Once usually the interpreter interprets that like abdominal pain, then usually the GP first refers that they think they might have some digestion problem. Then they are giving some drugs

for the digestion. So, some people have problems that might be caused by the liver or the kidney. So, if they didn't tell properly, then the GP doesn't think about that area."

"Excuse me, sometimes you feel embarrassed or hesitate to talk to a male interpreter instead of a female interpreter. And you hesitate to tell them all the personal symptoms. To talk to a male interpreter is different than talking to a female interpreter. Another aspect, it's a big thing, it's coming on and on. They don't want a male interpreter because they want to talk about the female side of illness. So, they don't want that, so you have to make it available for Tamil women."

"Another thing, the interpreter goes to people who have learning disabilities, dyslexia or autism, that time the interpreter should have at least some knowledge regarding that. Otherwise, if they don't understand, even the interpreter doesn't understand what they're interpreting to them. Interpreter needs to have knowledge. Medical terms"

"One minute, I'll tell her. She's happy, if she has a good interpreter, she's happy. Even Tamil doctors she's happy, she's saying. She says have a good interpreter she'd be happy with, she said. She'd be happy with a good interpreter."

Use of telephone services

- Use of telephone services is more challenging for Tamil speakers.

"Hi, I can say about the NHS 111. Because it's very difficult. Sometimes we have to wait for a long time, more than 30 minutes, and after that, when they are asking some questions, it's very difficult to answer when we are not well or anything like that."

"Yes, it's with the GP as well it's the same, difficult, sometimes, you know, when we are calling, we have to call at certain time, (inaudible

04.24), then only you will get appointments. But sometimes they are not giving the appointments straight away, so it's really difficult. You know, we can't explain everything on the phone, sometimes they have to see us to get it properly done."

"Language, sometimes. Not all the time, but sometimes it will be difficult on the phone, yes. But when we are, maybe, face-to-face, it will be a little bit easier, but with the phone it's a little bit difficult."

"Okay, I can't see some things covering. Anyway, she says that it's difficult to talk to the people on the phone and difficult to talk about medicines Yes, thank you. So, especially, the telephone appointment, and it's not same, like, to explain our symptoms. Sometimes, if you're nervous or worried, if you're not telling the right symptoms to the doctor, so on the telephone is hard."

"Yes, and the telephone appointments, it's not the same."

"Yes, first thing, they can't explain properly".

Role of family and friends

- Most use their families as interpreters because they can trust them. However, when the family members are not available interpreters are needed.

"When she goes to the GP or to the dentist, she takes her daughter or her husband because she can't speak in English. So, she has to wait for somebody to be free even though she needs urgent care,"

"They planned with the families and when they're free, they go with them. "

"So informal interpretation using your family members as that. And is that a majority? If you can put your hand up if that's the service you've used? So, if you've used family members-,

Translator: "The services they use for now, family as interpreters. Put your hand up please. "

Moderator: "That's one, two, three, four."

Translator: "For interpreting. "

Moderator: "Five, so am I right about five, nearly everyone."

Translator: "Yes."

Translator: "They can always use the family because the husband goes to work so he's used to having interpreters."

Moderator: "So it's the ease of using-, so they're used to using interpreters? "

Translator: "No, she saying to make it available, the interpreters, because they normally use the husband or the children. But when they are not there, they need the interpreters."

Moderator: "So that's when they need it. So, they know it's there, do I get the sense there's a preference to use a family member first?"

Translator: "First, yes. "

Moderator: "And why would that be?"

Translator: " They understand them more when they speak in their language."

Speaker 5: "The trust will be more, I think."

Experience of medics and support staff.

- Tamil patients have found barriers particularly with visiting GP surgeries. The language barrier mean they need longer appointments, but this does not always happen. Multiple requests to get information about medication and vaccines.
- Support staff such as receptionists seem to ignore or dismiss easily, mainly due to the language barrier.
- Concern that due to language barrier the wrong diagnosis and then medication is given.
- There is a view that a change in receptionist attitude would makes things better.

“This lady says, for her son, when she rings for an emergency, she can't see the doctor. Even the A and E she can't get an appointment for an emergency, her son is not well, so she can't get an appointment even under those circumstances.”

“Yes, she said the dentist appointment is okay, she can express and tell them, and they listen, it's different at the GP and A&E. They do understand her, but she just said that the dentist is not the same language, but she has a different attitude towards her. Different approach, yes. Immediately their mind changes when you see somebody who can't speak the language and it's not very helpful.”

“So, most of the people they don't know, once they know, at least they could have booked this double appointment. Because they don't tell the patient, they say you can get another appointment, they don't mention about this double appointment.”

“Oh, booster vaccine for her son, 40 years old, they were not taking any notice of what she's saying, is that right? Yes, she wanted them to explain about the vaccine, whether he can have again-, because they called him for the vaccine and he said he has already had the vaccine-, difference vaccine, can he have the vaccine, and asked them to explain it and they didn't explain it to her.”

“Yes, not only one time, two or three times I went to the GP, and they won't answer anything.”

“Yes, she was very worried about the vaccines, and she needed, urgently, explanation about the different vaccines that he has had and, the vaccines, she wanted them explained to her and make her feel that it's okay for him to have it, whether it can be mixed, she was asking them.

“Yes. Because of the language problem they just ignored her. I would say they just ignored her, you know, her request.”

“Yes, correct. Because any mother would be worried about the vaccine, isn't it? Whether he can have the vaccine. It's an important vaccine, but she was afraid to give him.”

“And she asked four times to them, four times she came and asked, four times.”

“The GP says, 'No, one time only, you can tell one problem only, and if you want to talk further then you can get another appointment.' Like that they give a barrier to explain further, so they couldn't get proper treatment on the same day, they want to be seen again and again, because ordinary people have suffered problems with this communication. Then, again and again, that's why they couldn't get the quality services from the GP.”

“She prefers, when she calls the GP, that receptionist, they call and usually speak in English, and when they talk with them, the receptionist can't understand, they have some language problems, they couldn't explain. Then, the receptionist can ask the choice, 'Which language you can speak fluently?' Then, if they say their language, if they have such facilities in the GP centre, they can translate, another receptionist who knows the language, then it's easier for them to guide.”

“Sorry, another thing. Three years back, I attended a meeting. That time I met a man from the NHS thing. That time I asked him, 'If I want to explain my condition a little bit further, the ten minutes is sometimes not enough. Then what can I do?' Because there's some problem related to the continuation of some of the other organs, so then if I visit again and again to the hospital it wastes time for the doctors as well as us, then they are losing money also. So, at least I can cover those things, if I need fifteen minutes, what can I do? Then they say we can get an appointment from the GP; we need double appointments. After that only, I know there is this double appointment system. When I talk to the GP, they firstly asked, 'Why do you want double appointments, usually we don't give like that,' that's the receptionist, then I told, 'I met such a kind of person, then they said we have rights, we can ask double appointments to explain our situation,' after that they give.”

Translator: “And the doctor will give the wrong medication, this is the thing, isn't it?”

Speaker 8: “Yes, once usually the interpreter interprets that like abdominal pain, then usually the GP first refers that they think they might have some digestion problem. Then they are giving some drugs for the digestion. So, some people have problems that might be caused by the liver or the kidney. So, if they didn't tell properly, then the GP doesn't think about that area, the GP only thinks about the stomach. That means the stomach is usually having digestion problems, so they are prescribing indigestion.”

Translator: “She's saying that at the reception, the mindset has to be changed. “

Moderator: Mindset to change, yes.

Translator: “kinder and More respectful, when you look at them, they don't even look at you with respect. They give you a funny look like you don't know the language, or you can't speak or something like that. So,

at the gate, as you said it, they should be welcoming and helpful and help them get their medicine and whatever they want to be helped. When they come at the moment, they shut them out. They don't respect them. The attitude has to change at the reception."

Translator:" When they're in the queue or when they're waiting, it's her turn to talk to them, but she's talking to somebody else, ignoring her."

Moderator: "And I noticed a comment coming up about not even a smile on their face."

Translator: "They're waiting to just get rid of people quickly."

Translator: "They don't even give the chance to speak, even in English, they won't give a chance to speak, 'Go quickly. Go quickly.' Next person to speak. "

Need for support to communicate and navigate effectively

- Lack of availability of Tamil printed materials. They may well be published but they are not getting to the community who needs it.
- Support with language is needed particular at places like pharmacies. A need for properly translated material in Tamil which gets to the community.
- Support for subjects that may be difficult to discuss in the community such as mental health and menopause.
- Realising the potential of volunteers some who have been trained as health champions to support the Tamil community.

"I prefer you to get some printing in Tamil, or if there are leaflets in Tamil. She's just clicked up to say that there are 3,000 Sri Lankan Tamil in Croydon and 200,000 in London. So that's really quite a number, bearing in mind you didn't seem to get materials in Tamil over the last eighteen months. They can read in Tamil so if showing them, be careful, we've got Tamil interpretation, we've got Tamil leaflets, they can read and

understand and go for the vaccine. A lot of the time people didn't take it, I think, the vaccine, I don't know. But it's good to have leaflets in Tamil."

"I can't find where to raise my hand but just to say really quickly, I know the NHS, they do have Tamil base. That's one of the languages they always do, it seems to be Tamil, Bengali, Arabic. They don't do Punjabi which is obviously my language, but I think there's a problem where they're not getting out there to the right spaces. That's all I wanted to say."

"The problem is the wrong attitude. As soon as they know they can't speak English, they have a different face. This will change, everything will change, they don't want to help them. Nowadays they are sending messages, they have facilities and things for especially mental health through menopause for the explanation, the interpreter conveys the message properly otherwise still that's also a problem.

"Moderator: That brings its own challenge as well. At that stage you can call upon an interpreter, can't you? At the reception stage?"

Translator: "Yes, if that's a facility."

Moderator: "If it's a facility, but again it's another challenge.2

Translator: "It's not available. "

Moderator: "It's not available or it is?"

Translator: "It's not available at the reception."

Moderator: "Ah, so that's a really interesting point. So yes, bearing in mind there's a lot more now about having to speak to receptionists before you can speak to the doctor, but you can't get an interpretation service for the receptionist. You can only get an interpretation for the doctor. Have I got that correct?"

Translator: "Yes."

Moderator: "Right, a very big challenge because, of course, they are very much the gate keepers for you to go and see the doctor. And if they can't understand what you're saying."

Translator: "They're giving the medicine; they give the prescription. "

Moderator: "To get a renewed prescription, which you need to do."

Translator: "They shouldn't do that, it's not in their authority."

Moderator: "So what you've like to see is interpretation services at reception? "

Translator: "Yes."

"She's saying to have Tamil doctors, she would be mentally happy. When they go to the surgery, they are upset already because of how they're going to be treated, they're not treated properly. Because you don't know English it means you're second class. They are always upset and unhappy for how they're treated. You're not treated with respect."

"Okay, I can't see some things covering. Anyway, she says that it's difficult to talk to the people on the phone and difficult to talk about medicines. And, sometimes, when she goes to the pharmacy, they don't understand her. When she gets the prescriptions, it's very difficult, she says."

"This lady says she has a son who is not too well, and they haven't recorded him in their books as not well. And they had to go to a private doctor to be treated for him, the treatment for him. So, she's asking why he's not registered."

" He says she writes and goes and gives it to them. She writes in English and goes and gives it to them about the problems she has, Because of language they don't take any notice of them."

"Her son has got autism, he needs emergency help. And the second time she said she has to write what she wants to say to the doctor because of the language problem. In an emergency she had to write it and she's very upset about that, that she can't explain it to the doctor."

"We don't have proper translation. How do they know how to open this vaccine and everything? Not in Tamil. It is a very bad thing. No leaflets in Tamil. Yes, they are given to the big companies. BME Forum, CVA Centre. They are not able to talk in Tamil, only one other organisation talks in Tamil. We are looking after them, we are living in a Croydon area, very crowded. It's a grass-root funder. We didn't get any funding from them, any translation."

Speaker 3: "Do you know, (redaction) in our community they don't talk about mental health. They think it's a very bad word. Yes."

Speaker 8: "No. They hide it."

Moderator: "They hide it?"

Speaker 8: "Yes."

Speaker 3: "Now, only in our community, myself only, I trained. I train now."

Speaker 8: "They think that mental health is related to psychiatric problems. That's also a misunderstanding, that's why they hide it."

Moderator: "And that brings challenges again in trying to access services. Do you know of people who have tried to access mental services? Because you have to go to your GP to start with that. How has that worked?"

Speaker 3: "No."

Moderator: "You don't know anyone?"

Speaker 3: "They committed suicide."

" We know a lot of children who have become doctors and I would suggest to them to speak in Tamil to the patients and explain to them in Tamil. And also, the universities, please tell them to study Tamil and learn medicine in Tamil."

"We didn't get any information. I and <<patients>>, three of them they're trained to be a health champion. We are supporting all the community.

"They trained me for a champion. Nowadays they ask me, our community, they have plenty of health workers. <<patient>> is good, <<patient>> is very good in the health professional and everything. They don't have an opportunity. Please give me an opportunity for them for the free training.

"We have volunteers in our (group), they have talented ladies, they have professionals and they don't have opportunities. Please give the opportunities for us."

"And I am a worker in Tamil in the Croydon area. I am one of the people. But I've trained most of the parents now, more than 102 families, I've worked with them. Now with (organisation), I trained. Most of them I trained. Like that. But then they can do volunteer work, then they can apply. They have qualities and quantities, everything is here."

Ukrainian speakers

- Due to lack of accessible information, neither of them knew they could get an interpreter.
- There has been misunderstanding between patient and doctor.
- Due to language barrier and discomfort of relying on people I rely on relatives from Ukraine to send me medication.
- Due to the language barrier, he cannot express himself and so keeps his mental health issues inside.
- Patients have relied on themselves, due to a lack of support. Where they are not confident of being fully supported.

Interpreters

- Lack of knowledge that interpreters were available or how to access them, but the need for interpreters was there.

“I would never even imagine that such services like interpreter can be possible at the hospital.”

“No, I never asked for any interpreter, I could not even imagine it's possible.”

“It would help a lot if the interpreter would be present at the appointment or over the phone for example. So, I could explain everything properly and I could ensure that my problem is well understood and that the same way round, that I understand exactly what the doctor is saying on his problem.”

“No, I never asked for an interpreter.”

“No, I didn't know, is it possible?”

“I will know it for next time.”

“The support definitely can be done through providing the interpreter during the visit. So, I could properly understand about the treatment to discuss it without any barrier.”

“Yes, there are just very little options here or they study Ukrainian, or I study English, otherwise without an interpreter it won't be possible.”

Impact of Covid

- Needing to access services over the phone was more challenging, problems got worse and there was a misunderstanding.

“Okay, during the pandemic it became even worse because of all distance restrictions, it was more difficult to find somebody close to me, next to me who I could speak to and then I can ask to call. Everything was-, it became more difficult because all NHS help was mainly over the phone, there was no chance for me to physically see a doctor to show the problems, so I had to find somebody to call and to explain, so it got even worse.”

“It is indeed the problem that it happened in the past that there was a misunderstanding and lack of actually understanding, so I had to record what the doctor was saying on my phone.”

“No, during the pandemic I didn't contact a doctor.”

Family and friends

- Concern about relying on friends and family – even relying on ex-girlfriends to help.

“Okay, The two main problems I always meet, the first one is that I always need to find somebody who speaks English before I contact the NHS or before I look for any help from doctors, and it creates lots of discomfort because I have to find somebody who speaks English, who has time, who is ready to help. People are mainly busy with their own duties, work, and I have always relied on somebody, and it creates a big discomfort. Also, sometimes I don't even call NHS at all, I ask my

relatives from Ukraine to pass me some medication from Ukraine, so I don't call the NHS at all."

"Then look for somebody who could translate him, that because I wasn't sure about medication schedule, how to take the pills, when, which doses. So, I felt always stressed on that point."

"It does affect a lot because on time especially, I have to spend extra time to find somebody to make sure this person is available at the time slot I was given for the appointment, to bring this person to the appointment."

"Yes, I used to ask my ex-girlfriend to visit the doctor with me to help me with the translation."

"I feel a bit uncomfortable and a bit guilty because I'm taking somebody else's time. So, this person could do something and not linked to hospitals, doctors, whatever, his own stuff rather than going with me to the hospitals."

"It does affect when I have my friend or somebody who speaks English because I'm more comfortable, I'm sure that I'm taking the correct treatment and I feel more confident about the result as well, I am more optimistic."

"Yes, I ask my friends or family, I ask my wife to go with me to my appointments in order to be sure that somebody who speaks English will be with me."

"I don't feel comfortable as well, although there is a financial aspect that she takes the time off, but also, I feel it can affect marriage of the couple, relationship because I would like maybe sometime to discuss something privately. So, it makes me feel extremely uncomfortable."

Experience of medical staff

- The language barrier makes it very difficult to communicate to and listen to the doctor. This makes the patient less secure.
- Mental health is not discussed.
- Translation on phones is being used to overcome barrier.

“It is difficult, I struggle every time I see the doctor or nurse because of the language barrier and only once I was at the appointment when the doctor was speaking Russian, so I could explain properly what my problems and symptoms were and what I felt.”

“I wouldn't maybe say that I felt unsecure, but I definitely felt a huge discomfort because of the language barrier and that it takes more time for me to understand what's going on and I have to ask doctors to repeat again and again sometimes what the problem or the treatment is and what is going to happen. So, that causes me big discomfort”

“I don't talk to doctors on this subject specifically on mental health, I don't feel comfortable to do that and I keeps it inside of me. So, I always keep it with me.”

“It links to the language because I wouldn't be able to explain how I feel.”

“Partially doctors can help when they can see the problem, when the problem is obvious, but it's difficult to explain for example what was happening to me a week before I have an appointment or to discuss in detail the symptoms, give a full picture of the problem.”

“I don't feel secure because I am sure that the doctor can't understand what the problem is, and the same as a nurse, I can't explain, and I don't understand as well.”

“Yes, I had that experience in the past when I couldn't properly explain to the doctor the problem and I couldn't understand what the doctor was saying, so I was explaining using body language, gestures, mimics. I

was also using the phone to find the right word or to translate what the doctor was saying.”

“Yes, it does affect because it takes much more time to explain everything to the doctor, or to book an appointment.”

“I never had the cases like this, but I would imagine it will be a huge stress for me and because of the language barrier.”

Support

- Patients have relied on themselves, due to a lack of support. Where they have had it, they are not confident of being fully supported

“So, I was always relying just on myself struggling through all that appointment to explain and to understand properly how the treatment should be taken, prescription, and what to do next, so difficult.”

“So, it definitely cost me a lot of time and sometimes as well money to make the appointment sufficient for me, the preparation takes time.”

“I feel stressed, and I feel discomfort as I will not have a chance to be understood.”

“I get support but not confident about the full treatment.”

“I don't feel comfortable, and it is difficult because I can't explain in my-, I can't explain what's wrong because I don't speak the language, so I feel very uncomfortable.”

“Yes, I feel that it affects my treatment.”

“I don't feel comfortable because I feel not good, I feel for example I have a problem plus my stress because of the language barrier.”

“It is extremely difficult for me because I can't explain in English the problems. So, I didn't even do it yet.”

Interpreter's perspective

- Employed by language line. No obstacles.
- Hospitals make a lot of effort, very welcoming. They allow more time.
- Pandemic has worsened the whole situation. Unable to read a patient's body language as it is not a face-to-face appointment. Difficult to hear and technological glitches. I arrive early to introduce myself to the patient.
- Quality of care is improved with interpreter; reduces anxiety, feel cared for. patients sometimes cry with relief at her presence and understanding.
- Help the NHS to communicate the role of interpreters, as the service is significantly worthwhile.
- NHS in house interpreters would be ideal.
- Masks have been a barrier.
- Appointments can take double time.
- The interpreter interviewed has a health background which means she understand patient's needs and technical health and social care terms. In her experience, not all health interpreters she has met have the health knowledge, which mean there is a variance in standard for the patient.

NHS staff

Booking staff 1 and 2 – Croydon University Hospital

- A lot of services can't do virtual or phone. During the pandemic couldn't even hand out appointments. Some switched to virtual, depending on the service.
- We work off GP information/referral letter. We use language Line, and they will take over, someone from Language Line comes to the appointment with the patient.
- Many times, GP referral does not include their language need, so there's a communication breakdown. We would just send the letter and book them at the end of the month. (rather than sooner) Not the best process but this is how we do it.
- We identify language support needs by GP letter (90%) must do our best and ask the patient. Sometimes colleagues with other language will help with the booking, so we can book the interpreter and appointment. There's not a single process in place.
- We flag a patients language needs two ways, we have a spreadsheet that every service has where we can open a tracker and get the patients info, also Sonar (Patient database). It would be recorded so the whole trust can see.
- Language requirements are manually recorded.
- Language line is an external company so we cannot give that information to the patient to do their own booking, the GP really ensures patients can access language support.
- I have never had to deal with a patient where we were unable to help them at all. It is possible, but not personally experienced.
- After sending the letter where a patient has no English, the GP has called on occasion to pass messages on behalf of a patient to cancel or rearrange. Either a family member or GP.
- We don't work with interpreters, the closest is Language Line which has always been seamless and efficient. The department books the interpreter, we have worked with language line less over pandemic I would say.
- I think spoken language should be included in the AIS, patients need care but struggle to communicate and AIS would help.
- The process we have in place, when it works, GP gives info, we let the patient know we booked interpreter, send the letter.
- When it hasn't worked well, GP put wrong language, thankfully it was resolved before the appointment, and I was able to amend it.
- We get information from GPs from ERS, electronic referral service.
- Support we need for language needs from the NHS, something in place on the GPs end, maybe make it mandatory so we always know.

- An option to send letters in other languages would be good.
- Booking staff mitigate language barrier by giving extra time between appointments, the system might not say the specific language so the hospital cannot arrange anything in these (10%) cases.
- Will try and get a colleague who has the language to explain in the first instance to bridge initial gap.
- Use Sonar software (patient database) that stores patient language need so the hospital 'remembers' the need. Anyone can access it.

Booking staff 3 at Croydon University Hospital

- Referrals usually come in with language flagged, we use language line to liaise with the patient and book an interpreter for that appointment.
- Where there is a language barrier, we try to inform the patient in a variety of ways.
- We try to have a face-to-face interpreter for appointments as it is quite detailed.
- We send them a text and a letter if there is time (appointments are the same week).
- Have used Google Translate to get information to them. As a last resort we have asked someone who is bilingual, but this has not happened often.
- We record language needs across systems, the two don't talk to each other so you input information multiple times.
- Language support needs are met, absolutely. Can sometimes be a gap where no interpreter is available or the interpreter cancels.
- Our referrals are for cancer, so very time sensitive. The barrier we find is if the referral from GP does not have the language needs recorded in the first instance.
- Last minute cancellations from interpreter are out of our control.
- E-Referrals have been beneficial. GPs can flag extras like advocacy, translator etc.
- We prefer face to face, with Covid that wasn't possible, but we have returned to normal.
- There isn't really a gap.
- For asylum seekers or those who do not have NHS numbers we ask that to be emailed and upload onto the system. We will contact the patient and support them.
- The interpreter may have to give difficult information to the patient, so we just calm the patient and make sure we have everything in place and afterwards.

- The biggest difference in Covid was interpreting via telephone.
- Adding language to the Accessible Information Standard would be beneficial for patients to have that, same treatment, and care as everybody else. Set one way, blanket across services, they would know they are getting the same standard. They would feel more comfortable, set guidance across the whole system. And not delaying on the pathway.
- Sometimes GPs don't populate the form and you will be on the phone to a patient and realise there is a language barrier.
- Having information from GP as detailed as possible, as well as maybe having priority for interpreters as our patients are top priority (cancer). That would be beneficial.

Nurse at Croydon University Hospital

- Multi-cultural, multilingual workplace.
- Family sometimes wants to interpret.
- Interpreting can begin before a professional interpreter is in place.
- All the contacts you need are displayed in the nurse's station. You don't need to struggle to find them.
- Great support from IT department in recording/flagging.
- Holistic admission will identify all support needs, not just about the illness but background.
- At discharge patient leaves with alert.
- Sharing learning with care agencies and others on how to access language support.
- We have very good language support, from my experience working in different wards, needs picked up on admission and the best support is given.
- An example of where an interpreter failed to interpret for a dementia patient. Nurse was able to double check with staff who speak that language, the patient was then understood. Sometimes worth exploring.
- Bosses are fantastic. Have never been refused or limited.
- We use professionals over family and friends, professionalism is key.
- Every area is dealt with holistically.
- If there's a problem we try and help, make life easy for them in the community, they won't be coming back to hospital.
- In the pandemic we had face time, not just for family and friends but interpreters.

- We have people from all walks of life. Language should be covered by the Accessible Information Standard, to be able to impact on people's lives and improve quality of care.
- Every ward I have worked on, no problem. There is always language support.
- It's about releasing budget and just learning. Need to trust the front-line staff to say, 'I need this...it is going to be utilised in the patients best care'. I am blessed to have the bosses I have.

Practice Educator

- Practice educator recommends dual language appointment letters.
- Streaming nurse first point of contact, want to identify as soon as possible. Don't accept google translate.
- If A&E re-attenders, we have the information/flag.
- Interventions recorded on Cerner (Patient Database) accessible to all departments, also verbally and in writing, works well.
- Translator on site would be ideal, but too many languages.
- Challenge, staff with second languages trying to help, we need to stick to the rules. Legal risks.
- Changes, relying on system not our own language.
- Time impact of language barrier.
- Don't rely on family and friends, safety first.
- Pandemic did not affect as did not see language barrier patients.
- Spoken language is important for the AIS, get a proper history and understanding.
- Don't know what other departments are doing, would be good to share best practice.
- Ill and GPs flagging language barrier may help, letter of introduction. Accident and Emergency use language line, learning from incidents.
- E-seeing patients could put things in place sooner.

Senior charge nurses

- Approach the same as an English speaker, utilise Language Line. Patients go away with a very good understanding of the next steps.
- Dial into language line every time.
- We are aware staff interpreting is not gold standard, but we will do so in a pinch, for general matters such as directions.
- Field on patients file to record language, interpreter needed.

- Posters advertise language services in main languages.
- Patient notes are flagged on system.
- Mental Health Act must be done face to face with (interpreter) and can cause delays.
- It has been several years since we have heard about patients not being properly conversed with or treated because of language barriers at A&E
- Signposting to language services. Help integration. Services working together.
- Patients not understanding processes, can lead to background key information being missed.
- Rely on Language Line as gold standard, evidenced, protects staff and patients. Third party.
- Interpreters are used for safeguarding. Third party, unbiased.
- Interpreter can cause delays, but patient is priority and that's our job. It doesn't impact us.
- Pandemic things went just as smoothly, no worse off.
- Language should be covered by AIS. Communication gives them full service.
- Patients and Staff having full knowledge, not relying on physical presentation.
- Documentation being translated, would be hard to do but this is the biggest communication gap.

GP receptionist at Croydon GP surgery

- Use Google Translate/written on paper mostly for booking. Language line would be used for consultations. Patients Rely on friend/family for booking. Send a text so they can use translate.
- We use Google Translate to make appointments face to face, I type it into my phone.
- We flag patient notes that they need an interpreter/double appointment. I will ask if an interpreter is required and also for hard of hearing.
- We offer patients Language Line.
- We advise patients to go with a friend to referrals.
- I recommend patients use Language Line or a family/friend. Again, I use Google Translate to summarise.
- Google Translate works, but I have translated myself if I can speak the language.
- Reception staff have six languages spoken between them, help each other with bookings and consultations help meet language needs but we have not recruited for this.

- With interpretation there are no barriers. It's easy to book interpreters.
- Introduced to Language Line quickly after recruitment.
- Professional interpreter can make patients uneasy, but patients seem happy with the interpreting service.
- Pandemic did not affect the approach or support.
- I think spoken language should be included in the Accessible Information Standard.

GP at Croydon GP surgery

- GP would request language line and a double appointment.
- Three-way call with interpreter, patient and GP.
- Barriers GP finds include, interpreter not turning up, being late, or patient not turning up. Fall back on Google Translate or family/friend.
- Does not feel lack of face-to-face interpreting is a barrier since pandemic.
- GP asks if they need an interpreter.
- There used to be options through patient.co.uk for information in other languages, they have stopped the service, that's frustrating.
- With referrals, we would request translator and which language.
- GP uses DXS (patient data system) for referrals, but I don't see any of what happens after we refer.
- GP says there is a real need for properly translated health information.
- There are benefits to using family as they are available, but not appropriate to use young children.
- GP avoids using jargon to help the interpreters.
- If Accessibility Information Standard improves access to healthcare, then language should be included in the standard.
- Health information including self-care in different languages would be helpful such as joint pain, exercise etc.

Response from services

“This research outlines some of the challenges - but also the opportunities - we have to make our care more inclusive of all in one of London’s most diverse communities.

“We were pleased that this review found our translation services to be well set-up in hospital, but we clearly need to go further and faster still to make all of our services easily accessible for non-English speakers.

“I would like thank Healthwatch Croydon for this report, and we will use their insight and recommendations to help ensure our care is open to all and tailored to peoples’ needs.”

Matthew Kershaw

Chief Executive, Croydon Health Services, and Place Based Leader for Croydon

Quality assurance

Developing Research Questions

1. Overall does the research ask the right questions? Yes, Healthwatch England defined the questions working with Healthwatch Croydon and other Healthwatch involved in the project.

2. Has consideration been given to how the findings will be used? The primary use of this research was to be support Healthwatch England in its work which produce the Lost for Words report and recommendations for the Accessible Information Standard. Healthwatch Croydon had the opportunity to produce their own report once the main report was published and to share this with local stakeholders such as commissioners and public health to influence future planning and service delivery

3. Is the research design appropriate for the question being asked? Yes, individual interviews in most cases and one focus group enabled patient and service provider experience to be collected effectively.

4. Has any potential bias been addressed? This report aimed to access those who could not speak English and therefore needed an interpreter. The selection of these was focused on representing the diversity of the borough. There are always communities we could not access on this occasion, although the similarities in experience suggest that even after cultural difference there were similar issues. Recruiter selection bias would also be an issue as we relied on organisations and individuals to find suitable patients.

5. Have ethical considerations been assessed and addressed appropriately?

There were no significant ethical considerations with this survey, beyond the usual aspects of anonymity,

6. Has risk been assessed where relevant and does it include?

a. Risk to well-being No significant risk.

b. Reputational risk Only in that we do not produce accurate results or do not deliver work in time to be effective.

c. Legal risk: No significant risk.

7. Have appropriate resources been accessed and used to conduct the

research? Yes, staff time was used effectively. We also worked with Healthwatch England through regular meetings through the project.

8. Where relevant have all contractual and funding arrangements been adhered to? Yes, we met the remit of the contract.

Data Management

9. Is the collection, analysis and management of data clearly articulated within the research design? Yes.

10. Has data retention and security been addressed appropriately? Yes, all responses were recorded on our systems and through secure servers for transcribing.

11. Have the DPA/GDPR and FOIA been considered, and requirements met? Yes.

Thinking about Research Subjects

12. Have all relevant legal requirements been adhered to ensure that the well-being of participants has been accounted for? i.e., the Mental Capacity Act? Not relevant for this project.

13. Has appropriate care and consideration been given to the dignity, rights, and safety of participants? All responses are received with anonymity.

14. Were participants clearly informed of how their information would be used and assurances made regarding confidentiality/anonymity? Yes, this was presented before interviews and focus groups began

Collaborative Working

15. Where work is being undertaken in collaboration with other

organisations have protocols and policies been clearly understood and agreed, including the development of a clear contractual agreement prior to commencement? We agreed to the terms of the contract as set out by Healthwatch England and meet all relevant protocols and policies

16. Have any potential issues or risks that could arise been mitigated?

Risk	Level t	Management
Not enough respondents. Short timescale meant we have to complete within month and then share transcripts.	Medium	Work with our network to find suitable candidates for interview and seek new networks
Information we receive not useful	Low	Questions agreed with Healthwatch England and discussed as part of wider group
Timeliness of information.	Low	Reporting to Healthwatch England of transcripts within weeks

17. Has Healthwatch independence been maintained? Yes, this was a Healthwatch England led project agreed by the Local Leadership Board.

Quality Assurance

18. Has a quality assurance process been incorporated into the design? Yes.

19. Has quality assurance occurred prior to publication? Yes.

20. Has peer review been undertaken? Not relevant for this work.

Conflicts of Interest

21. Have any conflicts of interest been accounted for? There are no conflicts of interest.

Intellectual Property and Publication

22. Does the research consider intellectual property rights, authorship, and acknowledgements as per organisational requirements? The original transcripts were shared with Healthwatch England, and we could not share or publish this

data until they had published their report. This report is published some months after is owned by Healthwatch Croydon who are managed by Help and Care.

23. **Is the research accessible to the public?** Yes, this will be published on the Healthwatch Croydon website **on XX.02.2023.**

24. **Are the research findings clearly articulated and accurate?** To our best knowledge they are.

Evaluation and Impact

25. **Have recommendations been made for improving the service?** Yes.

26. **Has the service provider acted based upon the recommendations?** They are using our insight and recommendations to help ensure care is open to all.

27. **Is there a plan in place to evaluate the changes made by the service provider?** We will look to review a year from now, as part of our yearly insight impact review.



Healthwatch Croydon
24 George Street
Croydon CR0 1PB

www.healthwatch.co.uk

t: 03000 683 000

e: enquiries@healthwatch.co.uk

 [@HealthwatchE](https://twitter.com/HealthwatchE)

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