
Chinese and Vietnamese communities experience of health and care services in Hackney

華人和越南社區在克尼的醫療保健服務體驗

Cộng đồng người Hoa và người Việt trải nghiệm các dịch vụ chăm sóc và sức khỏe tại Hackney

see GP
interpreter
Chinese need
right help
easier
make
time
appointments
book appointment
GP available
think often
services doctors

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Background

Hackney is a hyper diverse borough, with sizeable White British (36.2%) and Black African communities (11.4%) but also a large and increasing group of residents from mixed ethnic backgrounds. According to the 2011 census, approximately 3,500 Chinese residents and an unspecified number of Vietnamese residents live in Hackney.

“The number of Vietnamese people living in Hackney is unknown, though local community centres put the number of residents at around 5,000.” - Hackney 2021 website (<https://hackney.gov.uk/hackney-diversity#Vietnamese>). This would mean there are approximately 8,500 residents from both these communities.

Sometimes these communities are called “silent” or “hard to reach” communities, who face multiple barriers to accessing services. The availability of translation and interpreting services as well as the lack of cultural understanding from professionals and administration staff in the health and care services create challenges for many community members. We hope that this report will give a voice to the needs of the Chinese and Vietnamese communities.

This research was born out of an investigation into the Accessible Information Standard, in which a number of members of the communities were interviewed on their overall experience of health and care services. The report also follows up on the findings and recommendations listed in our Chinese/Vietnamese Migrants in Hackney/ Health and care community insight report/ June 2018.

In our [2018 report](#), the lead of the HCCS said *“Access to health services is most seriously hindered by the language factor. Information about services is predominantly presented in English, which a sizeable percentage of the new migrants lack fluency. Services need to be culturally appropriate, reflecting the diversity of the population they serve, and ensuring that services are accessible for those who do not have English as their first language.”*

We hope these findings will help decision-makers and service providers improve access and support for Hackney’s Chinese and Vietnamese Communities, as well as for the many other communities experiencing similar access issues.

Methodology

Together with Hackney Chinese Community Centre, we developed a questionnaire to look at the experience of the Chinese and Vietnamese communities in Hackney accessing Primary care services to include GP, dentistry, optician, and pharmacy as well as services at the Secondary Care level with a focus on:

- **Access to services - language issues, digital exclusion, cultural awareness, attitude**
- **Delivery of services - language issues, digital exclusion, cultural awareness, attitude**
- **Support from service providers- language issues, digital exclusion, cultural awareness, attitude**

Feedback from 30 residents was collected between March 9th, 2022 And May 31st, 2022.

The feedback in this report is analysed in two sections.

Part one is an analysis of the experience of members who speak little or no English and often rely on external support - friends, family, or professional interpreter.

Part two is a combined analysis of feedback from members who speak good English and those who need interpreting support.

Aim

The aim of this project is to ensure that health and care services are accessible for these specific communities as well as for others who have English as their second language.

The purpose of this review is to investigate the impact of language barriers on healthcare and to suggest solutions to address the challenges.

We hope that the findings of this report are used to provide long-term funding for community organisations that work with the two communities as well as with other smaller communities.

Disclaimer

The themes and experiences discussed in this report are the views and experiences of those interviewed and who completed the online questionnaire and are not reflective of all members of the Chinese and Vietnamese communities in Hackney.

Limitations

One of the biggest limitations of this project was the COVID-19 pandemic.

The majority of legal coronavirus (COVID-19) restrictions ended by March 2022, however, the pandemic did impact the research and make it more difficult than ever to facilitate the collaboration needed to get projects such as this completed.

Some consequences of the pandemic which limited our work were:

- Some members of the Hackney Chinese Community Service staff, who supported the interviews with participants on our behalf, had to self-isolate due to catching the coronavirus. This delayed the collection of feedback.
- The fear of catching the virus made many community members reluctant to leave their houses and take part in this project.

The language barrier limited Healthwatch Hackney staff's direct contact with participants and ability to observe interviews.

The report focuses on respondents' experience of accessing primary care services, mainly due to the limited data/experience shared for other services.

Acknowledgment

We would like to thank the Hackney Chinese Community Service for their support in producing the questionnaire and supporting the feedback collection.

We would also like to thank to the Vietnamese Mental Health Services and Centre 151 for distributing the questionnaire among their members.

We would like to extend a very sincere thank you to everyone who participated during these times to make this project possible.

Special thanks to Hei-Tung who was the Mental Health Development Officer at Hackney Chinese Community Services during the time this review took place. Unfortunately, the contract for the role was not extended post-April 2022 due to a lack of funding.

We would also like to thank our intern volunteer Bridget Geplo for her great work in analysing participants' feedback.

Key findings

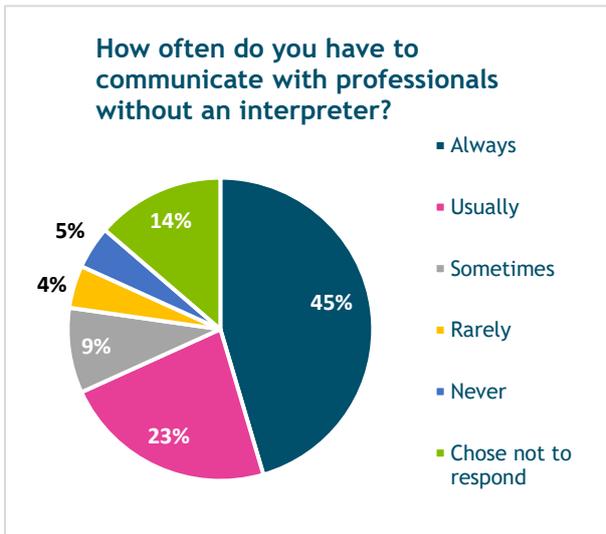
Majority of respondents (over 70%) said they require language support in order to access health and care services. Some said they rely on help from friends/family; others seek support from their local community organisation. For most respondents this was done by the Hackney Chinese Community Service.

- 26/30 respondents (87%) are registered with a GP practice in Hackney.
- The majority of respondents find it difficult or impossible to understand the information they receive, or to express themselves and explain symptoms while accessing services, especially GP services.
- The top four reasons why participants in the surveyed group did not access health and care services include:
 - Lack of interpreting services
 - Lack of accessible information
 - Lack of knowledge about available services
 - Lack of suitable appointment time
- Roughly half of the respondents (4 out of 10) reported negative effects because of not speaking the same language as their doctor, with a few (3) specifically mentioning discrimination, stigma, and dismissive behaviour as part of their response. The same number (4 out of 10) reported no effect on their treatment because of the language barrier.
- Almost all of the respondents who are not proficient in English have experienced improvements in care following the use of an interpreter.
- Most of the patients who cannot speak English well expressed negative feelings about seeking healthcare because of the barrier. Most felt shy or embarrassed and some said they would avoid going to the doctor.

It is important to mention that all but 2 respondents attend Hackney Chinese Community Service for their social and wellbeing activities, as well as to benefit from interpreting/translation support.

Part one - The experience of community members who often rely on language support when accessing health services.

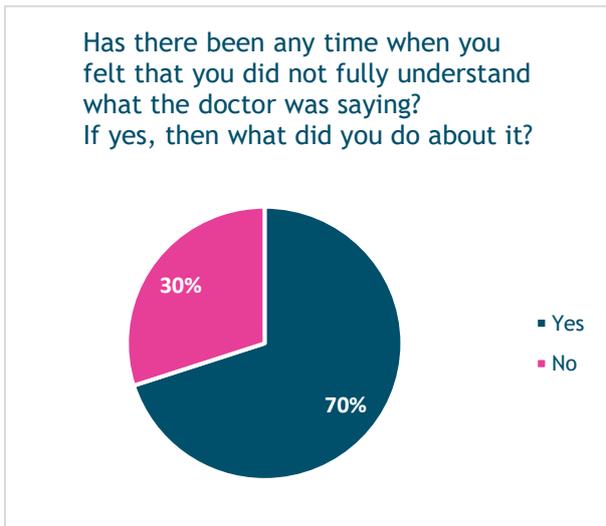
76% of the respondents had little or no English and often rely on their friends, family members or professional interpreters to access health and care services and below are their experiences.



Majority of the respondents who had little or no English said that they would often communicate with professionals without language support.



9/22 of the respondents said that it is not easy to understand the information they received and to express themselves and their symptoms to the professionals, while 4/22 said that this is not possible.



Most of the respondents who said YES to the above question said that they would refer to a family member or community organisation to get interpreting support.

However, some individuals opted to do nothing. They would try to ask the doctor to speak slower or use more simple terms so that they could understand. Some patients also opted to rebook an appointment hoping that they would understand at another time.

“I leave it, so no treatment.”

“I will rebook or will suffer in silence.”

“I asked the doctor to write it down

“Asked them to speak slowly and demonstrate if possible.”

● Do you think that not speaking same language as the doctors or the nurses affects how you are treated?

Half of the respondents (52%) reported negative effects of not speaking the same language as the doctor, with a few (3) specifically mentioning discrimination, stigma, and dismissive behaviour as part of their response. The other half (48%) were confident that not being able to speak the language does not affect their treatment with a few saying they trust the professionals.

Does affect the treatment

“Sometimes I feel discriminated against. Many times the receptionist will make a remark, ‘You are in the country for so long and you don’t speak the language.’”

“I sometimes don’t tell them all of my problems, because I don’t know how to explain them in English.”

Does not affect the treatment

“Since I have my own interpreter, I think the language barrier has been overcome and this does not affect my care.”

“I don’t know. I guess they are professional and will do their job properly whichever language I speak.”

“They are professionals, so no.”

● Do you think having an interpreter with you during your doctors’ appointments affects how you get treated?

Almost all of the respondents who are not proficient in English have experienced improvements in care with use of an interpreter, with a majority feeling that the doctor receives better, more detailed information.

“If no interpreter, my treatment is delayed.”

“With interpreter, I can voice out my medical problem and can be treated appropriately.”

“I am able to let the doctor know my problem, give a more accurate diagnosis and I can make more inform choices.”

“Yes, they can finally understand everything I say.”

Only half of the respondents who had interpreting needs were offered an interpreter for their consultation/ appointment.

59% of the respondents said they would ask the service provider for an interpreter during their appointment. Mixed feedback was shared about the outcome of this request.

41% of the respondents said they would not ask for an interpreter because often they are supported by a friend or a family member who speaks English. Often, this is because they were previously told there is no such service or because they were not aware that they are entitled for an interpreter.

What is the service response when you request an interpreter?

“Sometimes they say “No interpreters are available” and I need to bring friends or relatives.”

“They said they only provide telephone interpreting but not available sometimes.”

“They say “No money”. But other languages are available.”

“They had asked for my language preference and accurately provided an interpreter.”

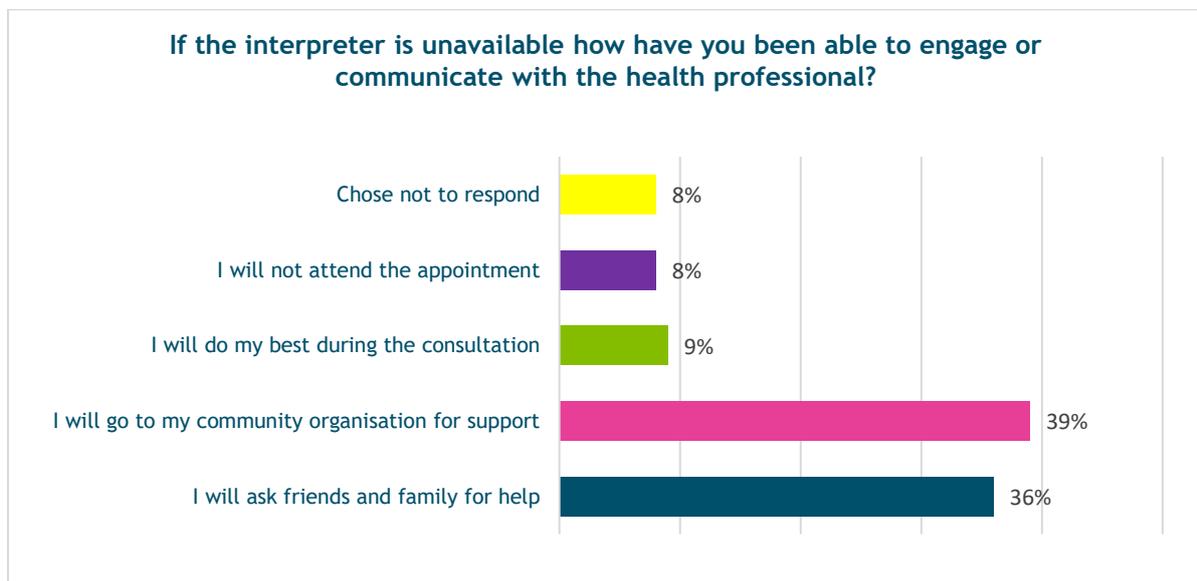
“They have been able to arrange an interpreter for us in the right dialect.”

If you ask for an interpreter or were offered an interpreter, has this ever delayed your access to services?

Nine respondents said that this has not delayed access to services, while four respondents said it has.

“Although it delayed my treatment, I was able to get the treatment needed.”

Another participant said *“I normally go to Hackney Chinese Community Services, they help me to request one. It speeds up the treatment instead.”*



Participants were given the option to select all the applicable responses.

Many have said that they would ask friends and family for help as well as their community organisation. 8% of the respondents said that they would not attend the appointment if there was no interpreter. A similar number said that they would do their best to communicate with the professional and understand what they have been told.

- **How does not speaking the same language as the doctors or the nurses here in the UK make you feel or affect your mood when you go to see them? (E.g. does not speak the same language discourage you from seeking support?)**

Most of the respondents (55%) who cannot speak English well expressed negative feelings about seeking healthcare in response to this question. Of these respondents, 23% expressed feeling embarrassed, ashamed, shy, or depressed when seeking care at some point. 32% stated that they would avoid going to the doctor because of their language barrier, either currently or in the past. The rest (45%) said that this does not affect their mood and they would still try to seek help because it is important.

“It affects my self-esteem. It seems that I need to beg for help every time I have medical problems which affect my emotional wellbeing.”

“It doesn’t affect my mood as my family helps”

“It doesn’t affect my mood, I still want to be treated and try hard to be understood and get help.”

“I do feel a little discouraged because of my language and need to prepare before each appointment to be able to talk about my condition and medications.”

- **Does not speaking the same language as the doctors or the nurses make you feel unsafe when you get treated?**

For example, if you go to the A&E because you have hurt yourself. Do you feel that not knowing the English language makes you feel worried that you will not understand what they are saying and you will not get better because of that?

Half of the respondents said that not speaking the same language as the professionals does not make them feel unsafe when they get treated. Some have praised the improvement of services. *“Not anymore, I think services have improved a lot.”*

However, worrying feedback was shared from the other half of the respondents.

“Yes worried that I could not get the right treatment.”

“Yes, I heard that many were wrongly diagnosed and did not receive the treatment as expected.”

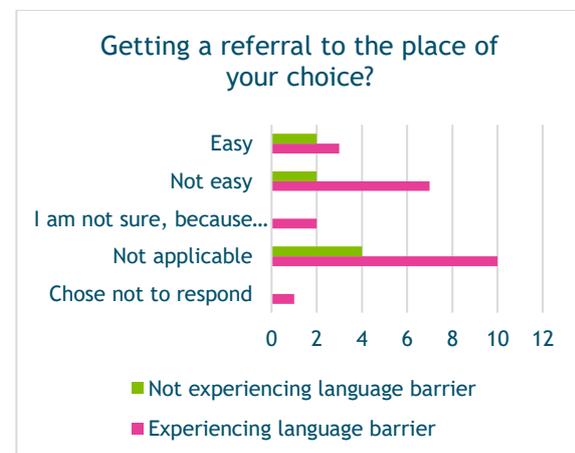
“Look down upon me, fear to ask more or requests further follow up if required.”

“Once I waited very long for the appointment. I was then seen within minutes without much examination because I wasn’t able to express myself.”

Part two - Collective response

The responses below are collective responses from both - members who identified themselves as experiencing a language barrier and those who said that they do not need external support when accessing health and care services.

Thinking about your last experience of accessing GP services, how easy it was



Selected patient feedback from respondents who experience a language barrier

“Due to my language problem, I cannot make any appointments by myself.”

“I need to go through a telephone consultation first before I can be seen by the GP. So I have go to Hackney Chinese Community Services during telephone consultation for interpreting.”

“When I call the GP for an appointment they will always tell me to bring someone who speak English with me as they don’t provide Chinese Interpreter.”

“I have not been able to book GP appointment for 2 years, I wanted to adjust my blood pressure medication but since I have not been able to get through, I have maintained the usual medication.”

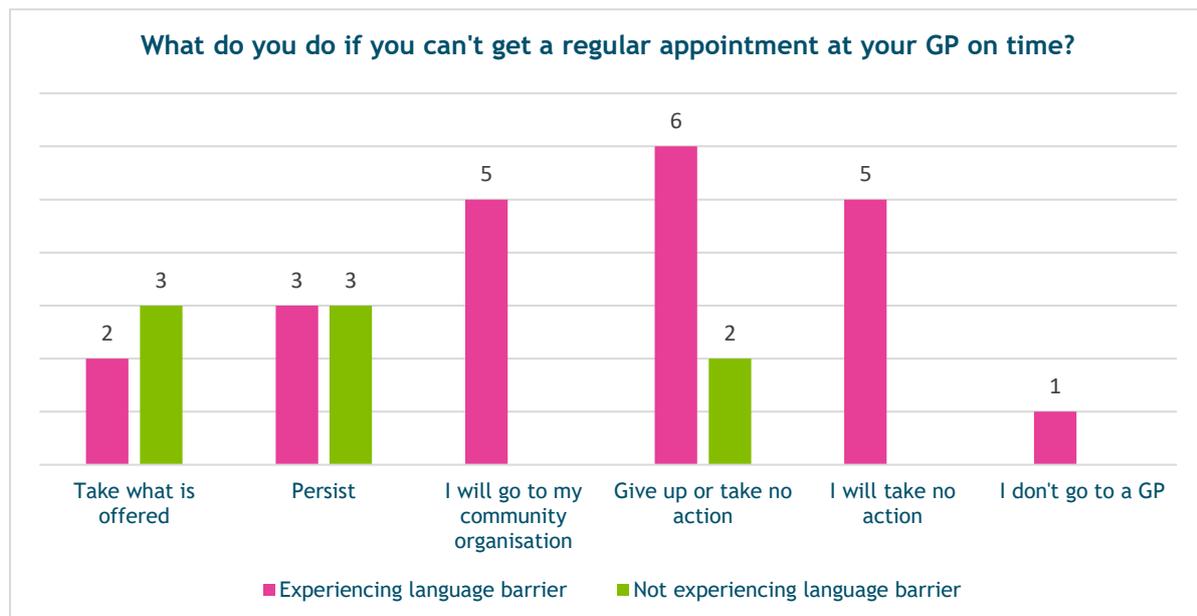
“I have a Cantonese speaking doctor so I don't usually need an interpreter, but I have previously asked and they said they couldn’t find one for me.”

Selected patient feedback form respondents who do not experience language barrier

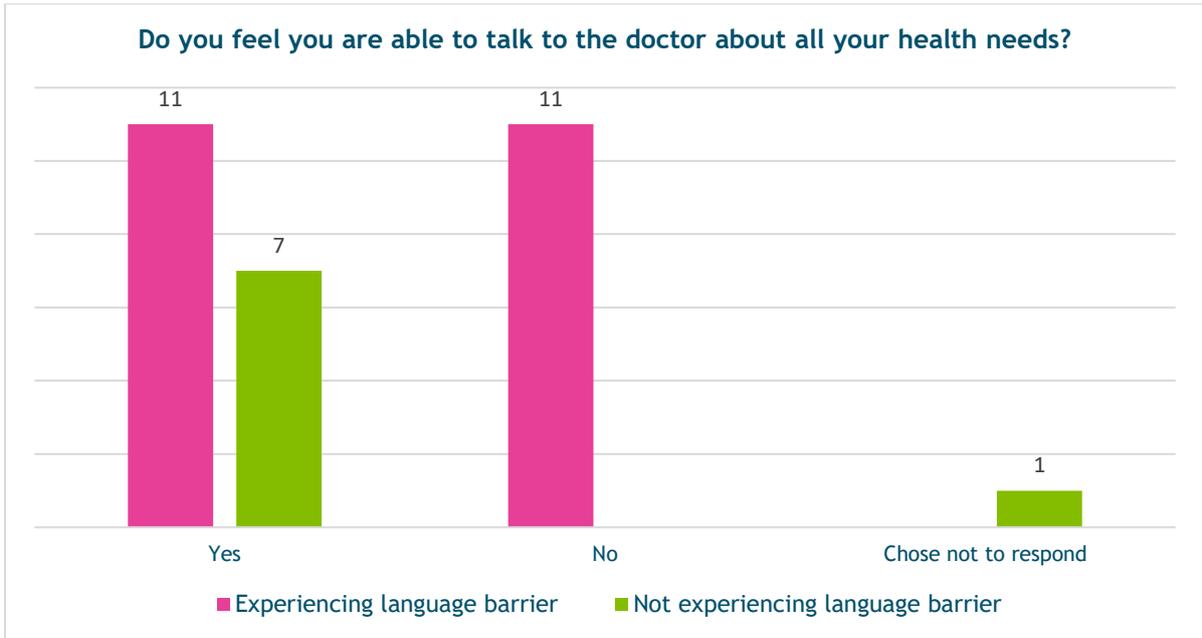
“My GP speaks Chinese so I find the visits easy and pleasant, but it's very difficult to book an appointment sometimes.”

“I recently had a new GP and so far so good, he is patient.”

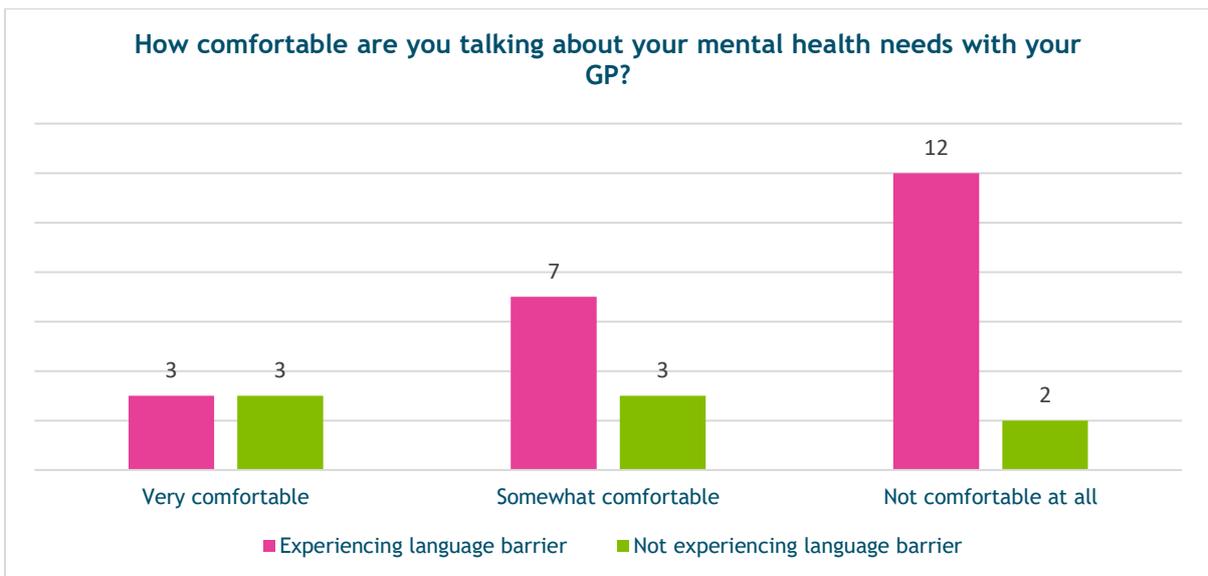
“Long wait for an appointment.”



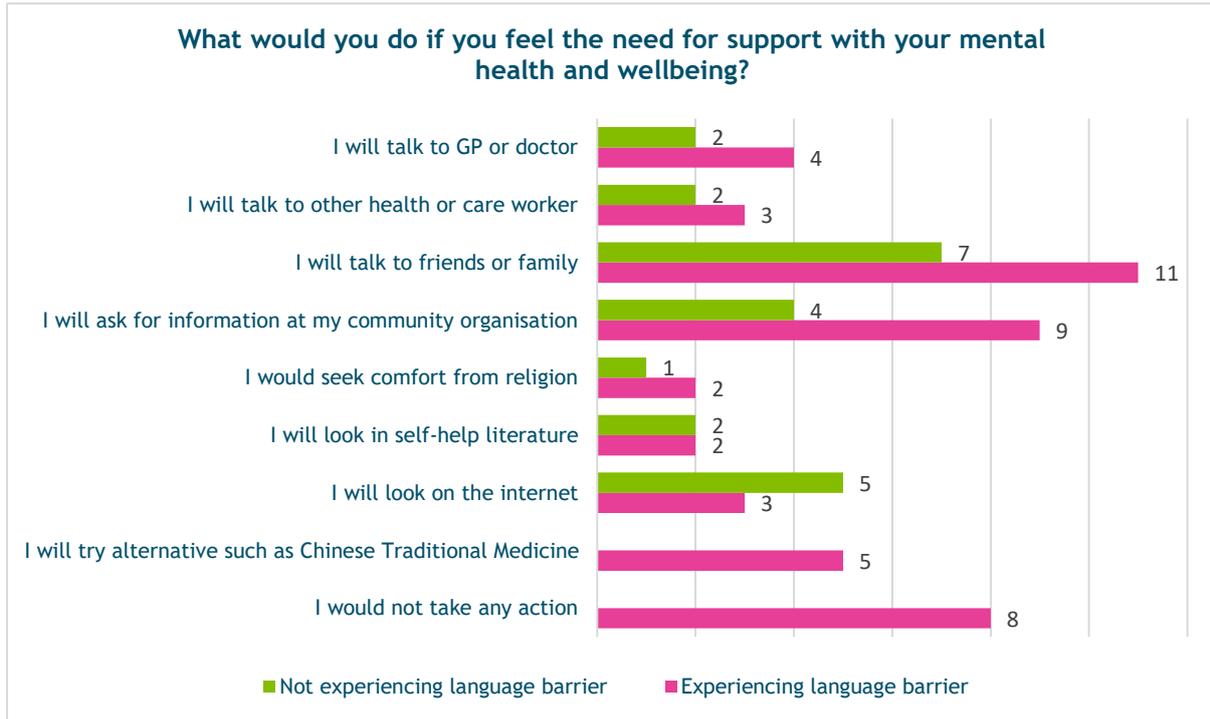
It was disappointing to find out that most respondents (14) said that they will give up or take no action if they are unable to book an appointment with their GP.



More than half of the respondents said that they feel comfortable talking to their GP about all their health needs. It was interesting to find out that only those with limited English said that they would not feel comfortable doing so.

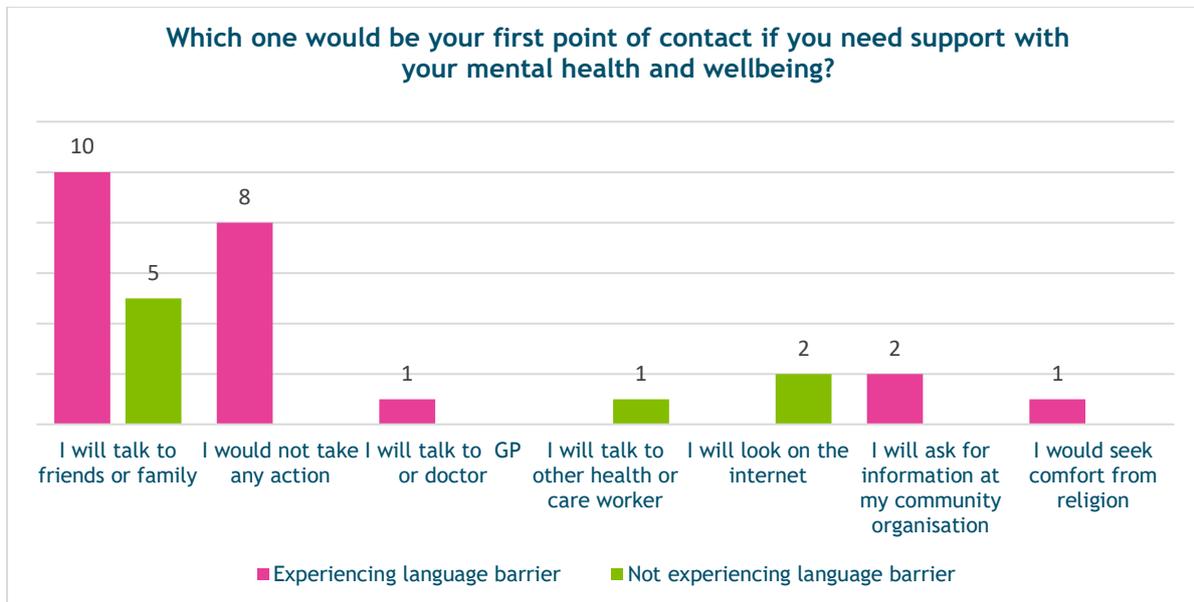


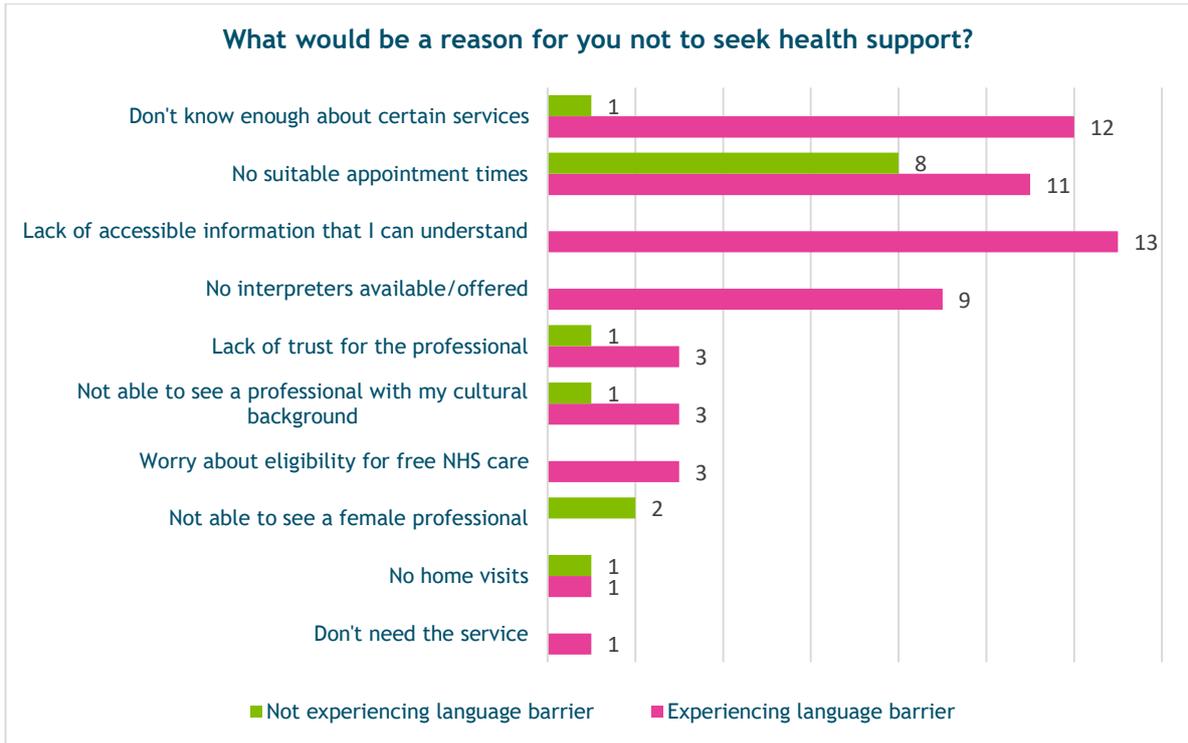
Most respondents did not feel confident talking to their GPs about their mental health needs. Majority of negative responses (12) were from respondents who said they experience language barrier.



Respondents were given the opportunity to tick all that apply.

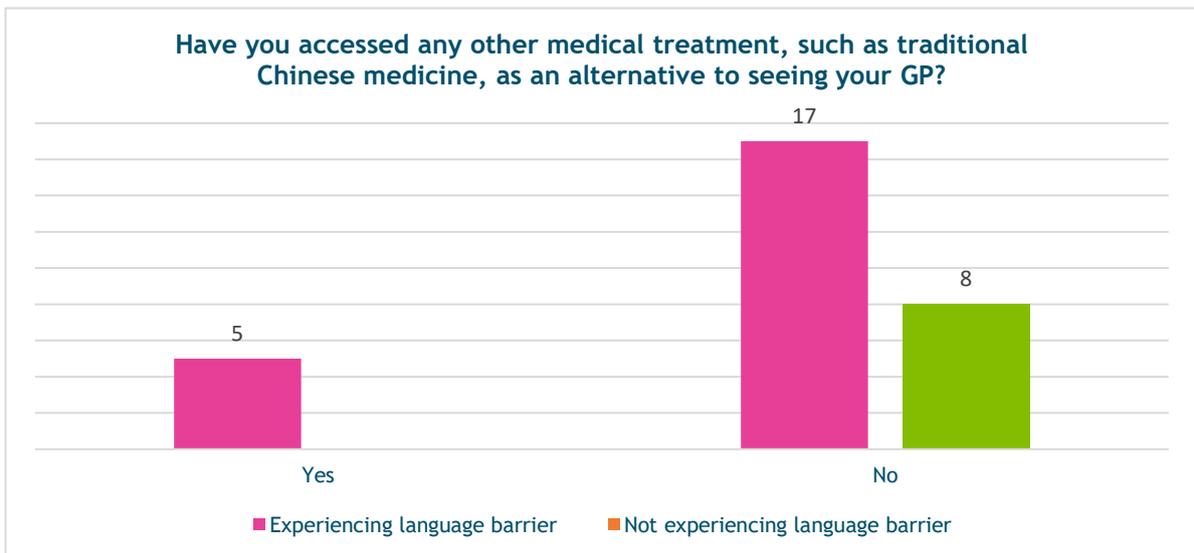
It was interesting to note that only those who experience a language barrier said that they would not take any action if they feel the need for support with their mental health and wellbeing or will try alternatives such as Chinese Traditional Medicine.



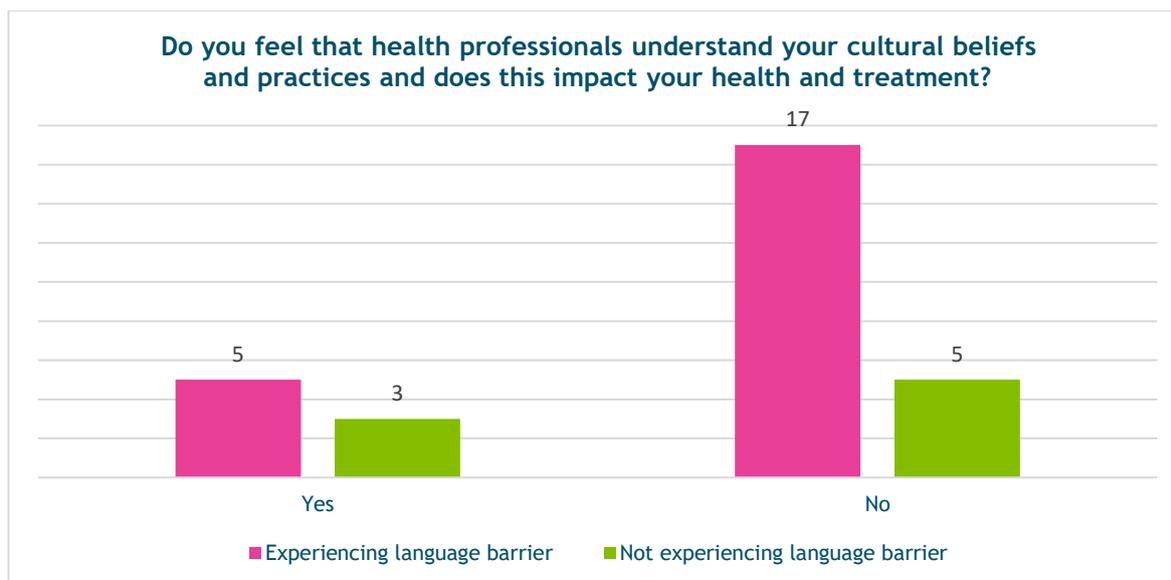


The top four reasons why participants in the surveyed group would not access health and care services include:

- Lack of suitable appointment time
- Not able to understand information
- Lack of knowledge about available services
- Lack of interpreting services



Out of the five respondents who said they have accessed other medical treatment alternatives to seeing a GP, two said they have utilised acupuncture instead. Others said they utilised traditional Chinese medicine or tried to see a private GP.



The majority of the respondents said that they feel the professionals do not often understand their belief and practices. Although there were no examples if this has affected their treatment, the feedback below shows the emotional effect this has on participants.

Selected patient feedback from respondents who experience language barrier

“I am from Hong Kong with a complicated experience, I think a doctor who does not understand what I have been through will have difficulty understanding the presentation of my symptoms and perhaps my mental state too.”

“I cannot tell my daughter about certain things but they will always want to notify her. They don’t because of confidentiality but I feel uncomfortable.”

“I feel that there is sometimes a difference between the treatment I receive from my Cantonese speaking GP and the other GPs.”

“I don’t think it makes a difference as all bodies and health problems are similar.”

“I trust their professionalism so I don’t think it makes a difference.”

“I think my interpreters can express my needs quite well so I don’t think there is a gap in understanding.”

Selected patient feedback form respondents who do not experience language barrier

“I find it easier to talk to my doctor because they speak Cantonese and they understand my thoughts better.”

“Being from a different country and background, they might not understand my full cultural needs, but they do understand how I feel and what I need.”

What is your overall experience of using health and care services in Hackney? Please share examples of good practice and poor practice.

“The doctors have been very helpful and forthcoming with information.”

“They listen and try to understand our cultural differences.”

“They time when seeing you. We are human not robot.”

“A doctor seemed not so care about my head inquiry that I was beat by someone, and just gave me a leaflet and nothing follow up.”

“The doctors are good and try their best to take care of me, they are professional and deal with all my problems.”

“They are polite and apologise for lateness.”

“No interpreter or health advocates.”

“Can’t book appointments.”

“I think that the staff in the hospital are a little careless and not enough attention to detail.”

“My GP is good and careful.”

How do you think the doctors and nurses in the UK can support you better?

Some patients said that doctors and nurses in the UK were doing fine enough already. *“I am sure it can be frustrating and time-consuming having to ask questions through a third person but the doctors are always very patient.”*

Often the NHS services and professionals were praised by the respondents.

However, most respondents felt that the doctors and nurses could do better by increasing interpreting/language support or by building relationships with community centres.

Among the suggestions participants made were

- Translated materials including referral letters
- Doctors and receptionist who speak Chinese/ Vietnamese
- Interpreting support available 24/7
- Longer appointment times
- Increase in cultural competence

What might have improved your experience if anything?

Most of the respondents, regardless of their language skills, have suggested that booking an appointment easily would improve their experience. Longer appointment time would also contribute positively to their experience.

Those participants who speak little or no English suggested having an interpreter during consultation to ensure smooth communication between them and the professional.

“My daughter’s Chinese is not fluent and I think she sometimes struggles to find the right words.”

“If the interpreter is available at any time and that I can easily make appointment myself or there is language telephone line that can help”

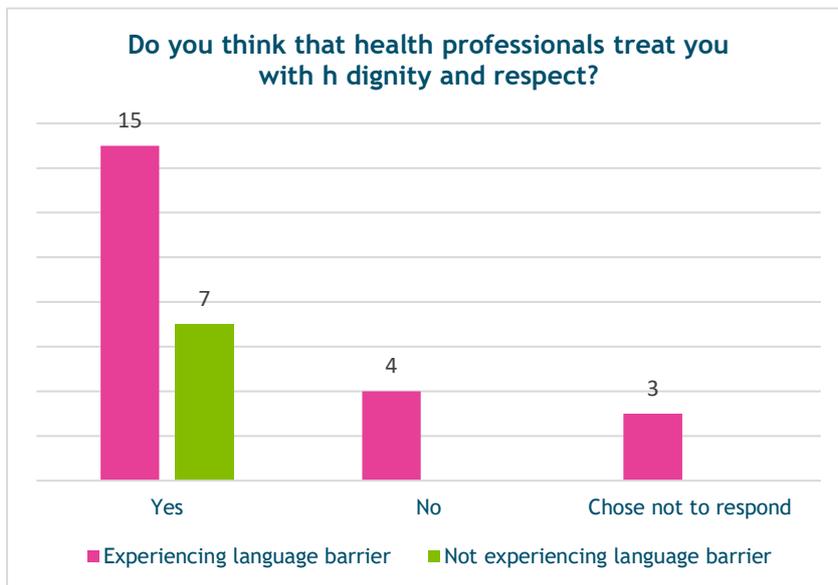
“It will be great if the support from Hackney Chinese Community Services continues. They support me a lot. They know me and I trust them.”

“If professionals take note of my needs and give me more time during consultations. They often time the session and I cannot get support/help appropriately.”

“Home visits might be easier since I am in a wheelchair.”

“An explanation to the system would help.”

“Follow-up on my medications to make sure I am on the right dosage.”

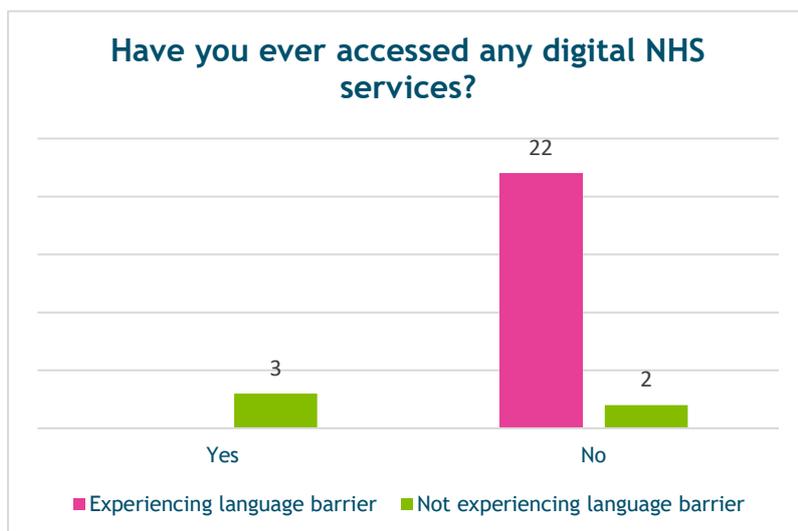


Most respondents said they have been treated with dignity and respect.

However, it is worth noting that most of those who had the negative experience were participants who spoke little or no English.

“I don’t think they treat me as an individual. Often was told that they don’t provide an interpreter, then the Chinese Centre helped me challenge them, so the GP provided an interpreter at the end.”

“I don’t have any examples, just think that the staff in the hospital are a little careless and not enough attention to detail.”



Most patients said they have not used any online NHS services because they do not understand how to use internet services, a family or friend does it for them, they do not need healthcare, or they prefer face to face appointments.

What support have you received from your community organisation and how satisfied are you with the service?

As we mentioned at the beginning of the report, all but 2 respondents attend Hackney Chinese Community Service for their social and wellbeing activities.

The following is a summary of the services the respondents have accessed through the community organisations (HCCS, VMHS)

- Most (15) of have used translation/interpreting/language services
- Some (5) have used advice services
- Around half (12) have participated in community and networking activities

Among those who have accessed language and advice services through the HCCS, multiple (4) people have specifically mentioned healthcare-related support, including booking appointments and translating letters from GPs and other professionals.

Many respondents have also said that Hackney Chinese Community Service have supported them with housing and benefits advice, *asylum seeking and visa applications* as well as “*other health services delivered by them in Cantonese/Mandarin such as oral health, women health, mental health, stop smoking, information on Covid 19, how to use Lateral Flow Test.*”

“I am very happy with them. Unfortunately, the funding for the Health Advocate has stopped at the end of March 2022.”

“They do lunch club and many activities I can participate to help improve my wellbeing.” “Building a network of friends via their activities.”

“They help make appointment with GP and counselling with same language counsellor within the centre if they have.”

“They have been very helpful with their interpreting and have given additional support to help me while I struggled to bring up my son with Autism.”

What other services you would like to see in the community to improve your wellbeing?

Many respondents suggested *outdoor activities, tennis, singing, accessible and translated information about different health issues including mental health, language workshops* as a way to improve their wellbeing.

“Support groups for parents of colour struggling with the same problems I have.”

“More minority support groups, and English classes taught in my language.”

“More accessible services, I have trouble accessing the Physiotherapy and this makes me not want to go. I have a walker and I have to carry it up the stairs every time.”

Selected Case Studies

Case study 1

This patient does not speak English and their main support for interpreting is Hackney Chinese Community Service (HCCS). The patient finds access to services difficult and reports giving up if they cannot get a regular appointment at the GP on time. They noted experiences as not easy (getting a preferred appointment date, getting a referral, getting a referral to a place of her choice) or completely impossible (booking an appointment, understanding information). The only aspect that was reportedly easy was getting travel to an appointment.

The patient says that they were only able to make an appointment and get a referral with the help of HCCS. If there was not arranged interpreter for the appointment, they would completely give up on the appointment. On some occasions the patient was offered an interpreter by a health professional, however, their treatment would be delayed if an interpreter is not available. The patient deeply relies on HCCS for support. The patient feels that when no interpreter is arranged they have been unable to understand the doctor and has had to make more appointments just to understand their condition. The patient feels shameful that cannot communicate with the doctor about why they needed the consultation.

The patient chooses to not take action and/or rely on Chinese Traditional Medicine when they are unable to access care. The patient believes that they are not treated as an individual by their doctors and had to have the HCCS challenge the doctors so help could be given.

The patient believes more Mandarin services and more understanding pertaining to the needs and requirement of the patient would help doctors do better.

Case study 2

The patient speaks a little English, but needs support when it comes to accessing health and care services. This patient thought it was easy to access services, and this patient utilizes HCCS. This patient will give up if they cannot have a regular appointment at their GP on time, however, they thought most of their experience was easy, but understanding information and being able to express themselves was not easy. This patient has asked for an interpreter and was told that one cannot be provided. This patient has never had an interpreter and thinks it is very frustrating because they cannot communicate with their GP. This patient notes a lack of trust with professionals, lack of suitable appointment times, and lack of accessible information. When the patient does not understand what their doctor is saying, they often end up calling Hackney Chinese Community Services for interpreting. This patient notes that they feel uncomfortable because the doctor will always want to talk to their daughter rather than the patient which affects the patient confidentiality.

Recommendations

Patients should be able to access primary care services in a way that ensures their language and communication requirements do not prevent them from receiving the same quality of healthcare as others.

Where an interpreter is required, the primary care provider is responsible for ensuring one is booked. (NHS England's [Guidance for commissioners: Interpreting and Translation Services in Primary Care](#))

Friends and family members should not be relied upon as interpreters. While this may seem convenient, it can create serious issues around a person's confidentiality. Family and friends can often lack the appropriate knowledge of medical terminology and lack appropriate language skills which can lead to failure to interpret complex information or misinterpret some of the information.

Based on the different principles listed in the NHS England's [Guidance for commissioners: Interpreting and Translation Services in Primary Care](#) and the patient feedback in this report we recommend that North East London NHS (NEL NHS), Integrated Care Service (ICS), Integrated Care Board (ICB) Partnership in City and Hackney consider the following actions:

- Ensure primary care professionals and all staff interacting with patients proactively offer language support to people who may need it to access services.

As from evidence in this report, some service users are and may not be aware of their right to request professional interpreters when accessing health and care services because of a lack of accessible information. Few of our participants did not know they could ask for an interpreter and had always relied on their friends and family.
- Primary care providers should use appropriate formats and languages to raise awareness that interpreters are available. Commissioners should include this as a contractual requirement for interpreting service providers
- Where face-to-face interpreting is not available, health and care services should ensure that all other sources are explored and offered to patients such as telephone interpreting.

Patients should not be disadvantaged by waiting unnecessarily long for appointments to access primary care services because an interpreter is required though it is recognised that access to interpreting is affected by the availability of suitable interpreters

During our May 2021 Information Exchange Meeting, it was confirmed by Thomas Clark, City and Hackney Primary Care Quality Programme Officer that *“All practices in City and Hackney have access to Bilingual Advocacy Service that is commissioned from the Homerton and paid for by the CCG.”*

- GP practices should ensure that on registration (or subsequently if their needs change), patients requiring language support are proactively made aware of the different types of interpreting available to them (e.g. face-to-face, telephone, video remote interpreting/video relay services)
- GP practices to put a system in place to ensure that the interpreting needs of patients are recognised and appropriately recorded in their internal system so that patients do not need to ask for this support each time
- All staff who are likely to interact with patients should be encouraged to make use of visual prompts as much as possible to overcome communication barriers

Some patient feedback suggested that they found it useful when the medical professional visually presented/ performed the information needed. Respondents said that this helped them understand and remember the information better.
- The NHS should ensure better stock and variety of health information translated into other languages to support patients and health professionals to communicate better. Basic information leaflets and template letters should be available in languages other than English and proactively promoted.
- An effort should be given to creating a bicultural environment by hiring more staff from other cultures to help fill the cultural gap

This will help communicate important information to patients instantly.
- Community and faith organisations should be funded appropriately to provide language and IT learning opportunities to individuals facing language barriers

Stronger recognition of the role of the community and faith organisation should be given in order to improve populations' health and wellbeing and reduce health inequalities.
- Health and care providers and all staff interacting with patients should undertake training to raise awareness of the importance of interpreting and its positive impact on the information exchange between the patient and the health professional
- Health and care providers and all staff interacting with patients should undertake cultural awareness training to gain a better understanding of the Chinese and Vietnamese community members' health needs and health beliefs

This could be provided by the Hackney Chinese Community Service.

Response from Richard Bull, Programme Director -Primary Care, North East London Integrated Care Partnership

“This report demonstrates the importance of good quality and timely interpreter and advocacy services for all those who need them.

City and Hackney’s inequalities group is currently asking GP practices to do a self-assessment on how they respond to patients who do not speak English. This is an important area of potential inequalities in its own right.

The findings will also help inform a review of the interpretation services commissioned from the Homerton University Hospital as well as helping understand whether the current additional investment going into practices to provide longer appointments for patients who do not speak English is adequate.

Additionally, all GP practices are being incentivised to record and “code” that an interpreter is needed for all new registrants and existing at risk patients.”

Conclusion

The language barrier poses challenges to both the patient and the medical professional in terms of achieving a high level of satisfaction for both sides and maintaining patient safety while providing high-quality healthcare.

The findings in this report show that the language barrier in healthcare leads to less patient satisfaction and reduced trust towards the medical professionals. The language barrier also leads to an increase in patient anxiety when they are unable to express concerns and symptoms and a decrease in quality of care delivery and patient safety.

Similar findings were reported in Healthwatch England's **Lost for words** report published in March 2022 where evidence on how language barriers contribute to health inequalities were collected by eight Healthwatch organisations across the country including Healthwatch Hackney.

The patient feedback in this report is evidence of how language barriers can result in miscommunication that impacts patients' understanding of their condition and treatment. Although the current examples did not have a serious or life-threatening ending, this can potentially lead to life-changing outcomes.

To address challenges related to language barriers and to improve access to healthcare as well as communication and patient satisfaction and safety, the City and Hackney Clinical Commissioning Group commissioned a telephone interpreting services for all GP practices in Hackney.

However, according to the findings in this report, many participants reported that they were rarely offered any kind of interpreting including telephone interpreting.

To increase patient satisfaction with healthcare, it is necessary to provide interpreter services.

It is obvious from our findings that participants who speak little or no English and often rely on external support to communicate with health professionals have less satisfaction with their healthcare and less access to usual sources of healthcare.

Often the language barrier is shown as a reason by participants not to access healthcare services which carries great risk of potential deterioration of a condition.

Even if the participants have the same access to healthcare, they report decreased satisfaction with the outcome, decreased understanding of their diagnosis and condition and increase in anxiety and change of mood.

Although the provision of an interpreter during the consultation may delay treatment or increase the length of consultations/treatments, respondents would still prefer to wait longer and have a clearer understanding of their condition than

being seen quicker but with minimum or no understanding of what they have been told.

NHS England's [Guidance for Commissioners on Interpreting and Translation Services in Primary Care](#) suggests best practice principles to provide interpreting and translation services to increase access and delivery of NHS services and patient satisfaction.

However, the evidence in this report shows that offering interpreting support is still not seen as routine and that the best practice principles in this document published in 2018 are not being regularly followed by healthcare staff.

Final words

Healthwatch Hackney is the local independent watchdog for health and care services.

It is our duty to ensure services are accessible, treatment and care are provided with respect and dignity and valuing diversity.

We highlight challenges faced by Hackney residents to improve the standards of care in the borough and to support healthcare providers in delivering the best possible service.

This includes educating residents on their patient rights, raising awareness of the language barrier some may experience and cultural awareness among service providers.

Healthwatch Hackney will therefore continue to reach out to the different communities in the borough, collect their views and experiences of the local health and care services and make recommendations to improve access and delivery of care.

Appendix

Profile of participants

