We discovered

We reviewed the 'Lost for Words' report (March 2022) on local language barriers in healthcare and found that many issues are still unresolved. The report was produced by six Healthwatch, including the former Healthwatch Reading team.

The continued gaps in translation and interpreting services in health and social care settings are putting patient safety at risk.

Making services accessible for people with little or no English is essential to provide safe care and improve health outcomes.





Photos: Our community event 'Thinking Together; Language Matters' at the University of Reading.

What we did



- Initiated discussions with voluntary sector and community organisations (VSCOs) to gather feedback on accessing interpreting and translation services.
- Gathered lived experiences from residents on their interactions with local healthcare settings.
- Developed and hosted 'Language Matters,' a large community conversation event about interpreter and translation services in health and social care, attended by service providers, key decision makers and community members.
- Following the event, we <u>submitted our key</u>
 recommendations for review to Buckinghamshire,
 Oxfordshire, Berkshire Integrated Care Board (BOB
 ICB), Reading Borough Council (RBC) and Royal
 Berkshire NHS Foundation Trust (RBFT), requesting
 their commitment and acknowledgement of the
 need for change. We also requested regular
 updates on their actions and progress.
- Monitored progress and ongoing improvements in this area (and continue to do so).

Feedback told us



- Interpreting services across health and care settings are inconsistent and not easy to access.
- This is a long-standing and recognised issue with service providers, but it's reached crisis point.
- Lack of interpreters compromises patient safety, patients feel unheard and are not given choices.
- Dialect mismatches; some interpreters speak a different dialect to the patient.
- Frontline staff fail to inform patients about their rights to interpreting services or fail to take the time to understand their needs.
- Missed or ineffective appointments; patients not attending or struggling to explain their issues and understand diagnoses or advice.
- Some English words and phrases do not translate accurately leading to patient confusion.
- Low literacy and cultural barriers make it harder for some people to learn English.
- Unrealistic expectations that everyone should learn English, despite major cuts to language support funding locally.
- Negative mental health impacts on patients due to poor communication and understanding.



Impact we made



NHS changes:

- We were invited to be part of the NHS England (NHSE) Community Languages Framework
 Development Recommendations Working Group.
 This group is creating a new framework to improve access to and the quality of translation and interpretation services in communities across England.
- Information on how to request an interpreter for hospital appointments has been added to the RBHFT website.
- Improvements to accessible content on the RBHFT website have been made, including a Reach Deck Toolbar for translating webpages.
- Royal Berkshire Hospital (RBH) is preparing to launch a campaign regarding a self-referral process for patients who need an interpreter.
- RBH is piloting a new service called 'Wordstix on Wheels', which offers virtual interpreters rather than requiring their physical presence at the hospital.

<u>Click here to read their full response to Healthwatch</u> <u>recommendations</u>

BOB ICB changes:

- Interpreter policies will be updated to advise against using relatives or children as translators.
- Will review staff training to focus on support for vulnerable groups and non-English speakers accessing interpreting services. Committed to ensuring staff use appropriate terminology that prevents marginalisation.
- Will review with partners the rollout of our recommended Interpreter Service Access Card.
- Continue to review and monitor opportunities to improve interpreting services through quality oversight meetings and by working with colleagues in patient and public involvement.
- Continue to develop inclusive resources in multiple languages.
- Ongoing promotion of the right to request an interpreter.
- Continue to build on existing strong trust based partnerships with VSCOs to support awareness of interpretation services.

Click here to read their full response to Healthwatch recommendations

Reading Borough Council changes:

- Public Health Reading is planning to run a face-to-face Level 1 Community Interpreting course in early 2026, with the hope to have local interpreters available.
- Provide training to all RBC staff on how to commission interpretation and translation services. This will cover how these services work, how to proactively identify appropriate support and how to access them for service users.
- Will review and explore standardised IT system coding with their new IT supplier.
- Supports co-production (NHS, Local Authority, VSCOs) for local translation and interpreting services, and welcomes the opportunity to work with Healthwatch Reading to develop this.

Click here to read their full response to Healthwatch recommendations



Impact we made



"It's been great to work with Alice and the Reading Healthwatch team and see their commitment and values for engaging with local people and communities. NHS South Central West's links with the Healthwatch group on Community Languages Translation and Interpretation has really benefitted the quality of insight going into the NHSE Improvement Framework, through the local event, Language Matters: Thinking Together Community Conversation held in September 2024."

Andrew Fenton, Transformation Director (Population Health & Inequalities) - NHS South, Central and West CSU

"Attending the excellent Thinking Together Community Conversation in Reading highlighted the vital role interpreter and translation services play in making health and social care truly accessible. For us in Healthwatch Somerset, this resonates deeply with our ongoing commitment to inclusive care, especially through our work with the deaf community. The team was also able to inform the Community Languages Translation & Interpreting Framework (CLTI) for Action for the NHS which was published in May 2025."

Gill Keniston-Goble, Manager - Healthwatch Somerset





Case study: When language becomes a barrier to healthcare – MJ's journey to being heard

Background

MJ, an Arabic-speaking resident of Reading, first needed medical help in April 2023 for pain and swelling in his hand.

Over the next year, he experienced continuous physical pain and symptoms, as well as significant emotional distress due to repeated failures by health services to provide him with interpreter support.

As a result, he went without a clear diagnosis for nearly two years.

MJ came to Healthwatch Reading for advice and information.

Timeline: 2023 - 2025 02 03 04 05 01 Went for scan but did Multiple follow-up MJ went to his GP with Told he was referred to MJ registered at a new not receive a clear a painful swollen appointments were a specialist however he GP practice in April 2024. hand. Advised to go explanation of results. cancelled due to the never received an to A&E but insisted on No interpreter was unavailability of an MJ's condition had appointment letter. seeing a GP. No provided. Tried to Arabic-speaking significantly interpreter was communicate using interpreter. deteriorated. Google Translate, but provided. He only it was unsuccessful. Symptoms worsened Directed back and forth understood the word and spread to his feet between A&E and his GP: 'scan.' and his other hand. registration delays added further barriers. 06 07 08 09 Multiple calls and visits In June 2024, MJ We gave MJ advice MJ later confirmed Since this support MJ and also directed him were required before contacted Healthwatch that The Advocacy

were required before being seen.
MJ was eventually diagnosed with Vitamin D deficiency, but there was still no explanation of his ongoing hand and foot pain and no appointment with an interpreter.

Reading for advice and support.

Where he had been recently prescribed medication he still did not have access to an interpreter to get a clear exlanation of what was wrong.

and also directed him to two service providers for further help.

that The Advocacy
People successfully
supported him,
making sure he was
properly registered
with his new GP
practice.

- Attended regular GP appointments with interpreter support.
- Finally been seen by a consultant to discuss a diagnosis, two years after first presenting with symptoms.





Case study: When language becomes a barrier to healthcare – MJ's journey to being heard

Real experiences, real impact

Since receiving Healthwatch Reading's advice, information and signposting, MJ has attended regular GP appointments with interpreter support. He has also finally been seen by a consultant to discuss a diagnosis with interpreter support, 2 years after presenting with symptoms.

MJ has reported feeling relieved and much happier. He is now offered GP appointments via phone or in person with an interpreter. He has reported to us that he feels the attitude of staff towards him has completely changed.

How Healthwatch Reading has made real impact

- Improved access to care after Healthwatch Reading support.
- Interpreter services are provided regularly.
- GP Registration completion and a specialist referral were achieved.
- Mental and emotional well-being of MJ improved.



"Before I came to Healthwatch Reading, I was feeling low in myself and disappointed about the way I was treated by some of the health services—I felt ignored. But now I feel like the green light of help was switched on. I get the help I need, and everyone is very nice towards me."

