

Barriers to accessing

Primary Care

Services for

Rotherham

residents, where

English is not the

first language

About us

Healthwatch Rotherham:

We are the independent champion for people who use health and social care services in Rotherham. We are here to make sure that those running services put people at the heart of care.

Our sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. We focus on ensuring that peoples' worries and concerns about current services are addressed and work to get services right for the future.

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Introduction:

As the independent champion for those who use health and social care services, it is important that we understand the experiences and needs of everyone in Rotherham and not just certain groups and communities. Previously, we have looked into how Rotherham residents access GP services. One issue that has been apparent over the previous few years is the difficulties that those with English as an additional language face when trying to access GP appointments. We first researched these issues back in 2020, and we are re-visiting this again in 2023, as after listening to our service users and hearing from other local organisations in the area such as REMA, it is clear these issues are still apparent, particularly after the Covid-19 pandemic.

Method:

We initially published the survey in September 2022, and opened it to anyone who lived in Rotherham who spoke English as an additional language, or could not speak English at all. The survey was available digitally, although we primarily focused on in-person engagement to generate responses to this, due to the language difficulties. We visited multiple different groups in Rotherham including the Ukraine drop-in event at Riverside Library, Clifton Learning Partnership and the Yemini and Kashmiri Older People's Group; as well as dropping some printable versions of the survey off at different services and collecting completed ones a few weeks later. We would then input the results digitally so all data was in the same place.

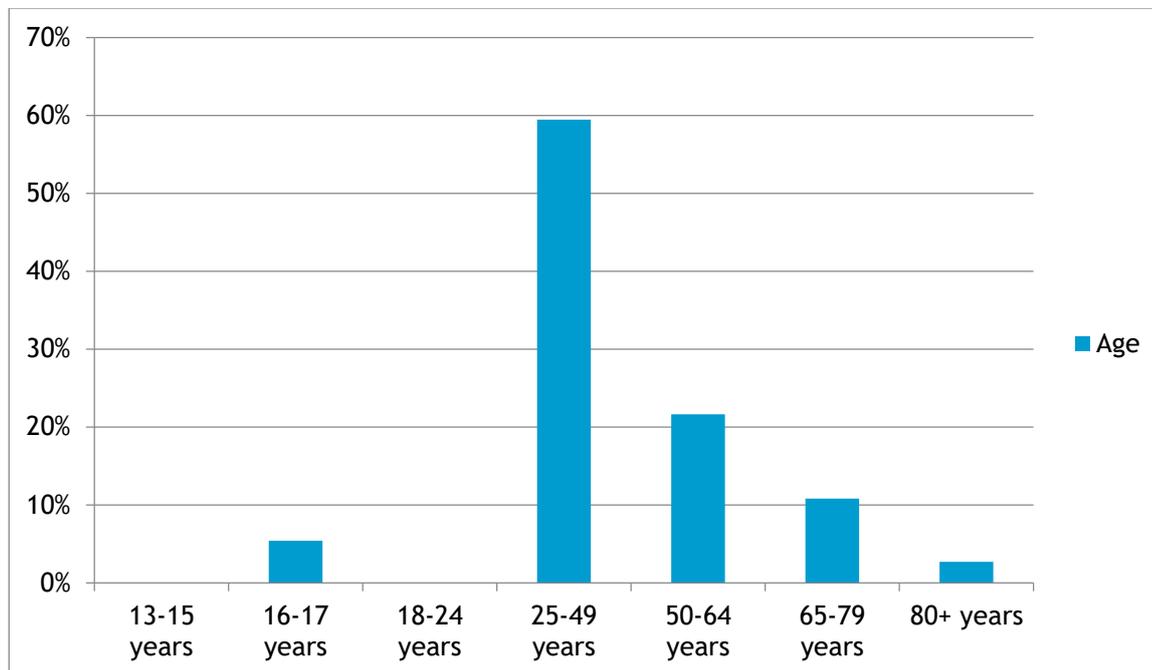
We collected 37 responses over the course of 3 months. Due to the specific topic choice and in-depth questions asked, we felt that 37 responses were enough to collect significant amounts of data to present in this report and to services. We also had the assistance of a translator for the completion of some surveys, to ensure participants full understanding of the questions, and ensuring participants had the opportunity to share their thoughts, opinions and experiences. The survey was offered in English in the first instance, but we were open to translating the survey if this was requested by the participant, or adapting it to make it more accessible (such as Easy Read format or Braille).

We ran the survey until the 23rd December 2022, giving us enough time to re-visit services and collect completed surveys, as well as inputting them manually onto Smart Survey.

The results were then analysed and grouped into themes, and you can read the findings below; along with recommendations to service providers based off of the comments provided in our survey, in order to improve the patient experience.

Findings:

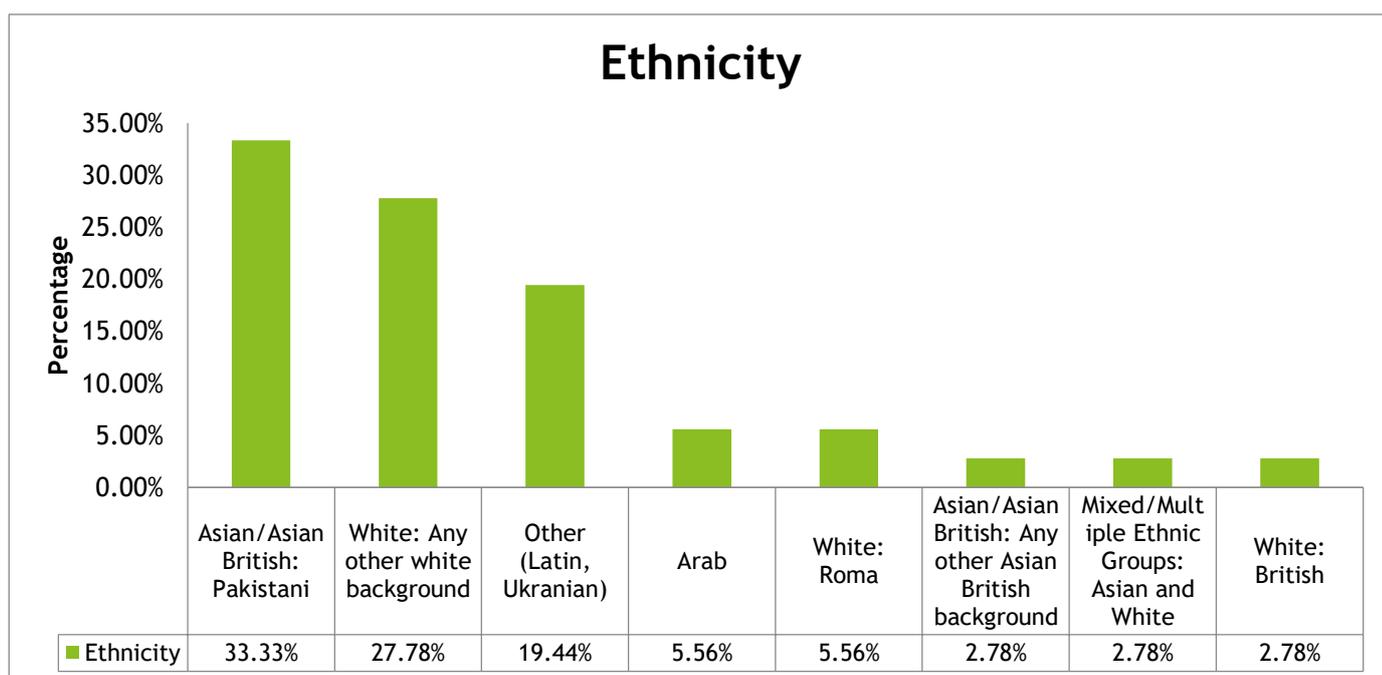
Demographics:



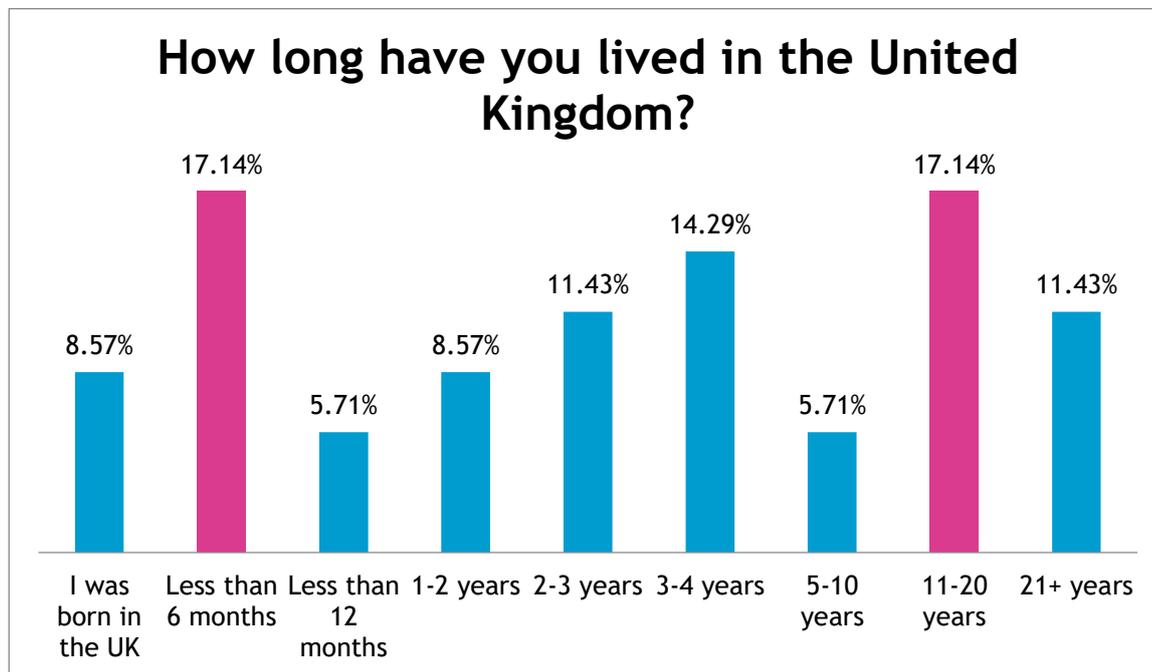
The age range of participants that responded to our survey varied from teenagers all the way through to 80+ years. This allows us to hear different perspectives and experiences from multiple generations.

Gender:

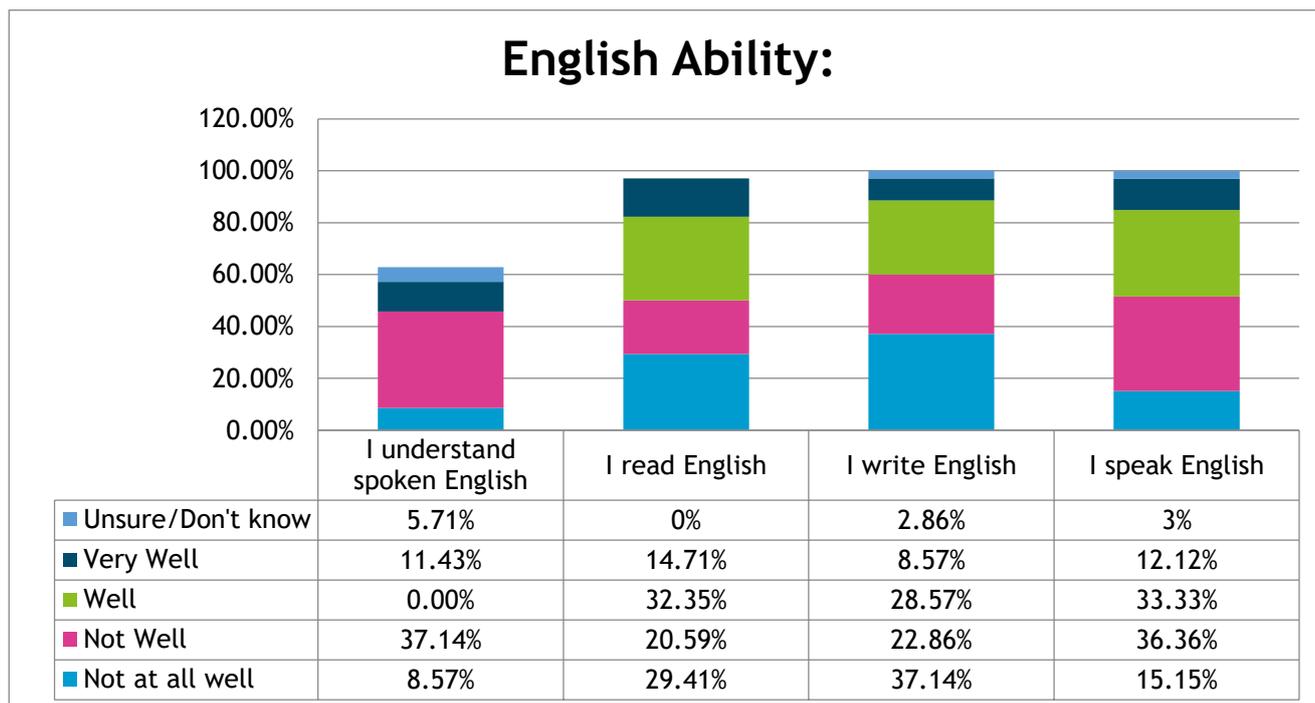
78% of respondents were women, with 22% being men. As is a common theme throughout our reports, we find that women interact and engage with our surveys a lot more than men.



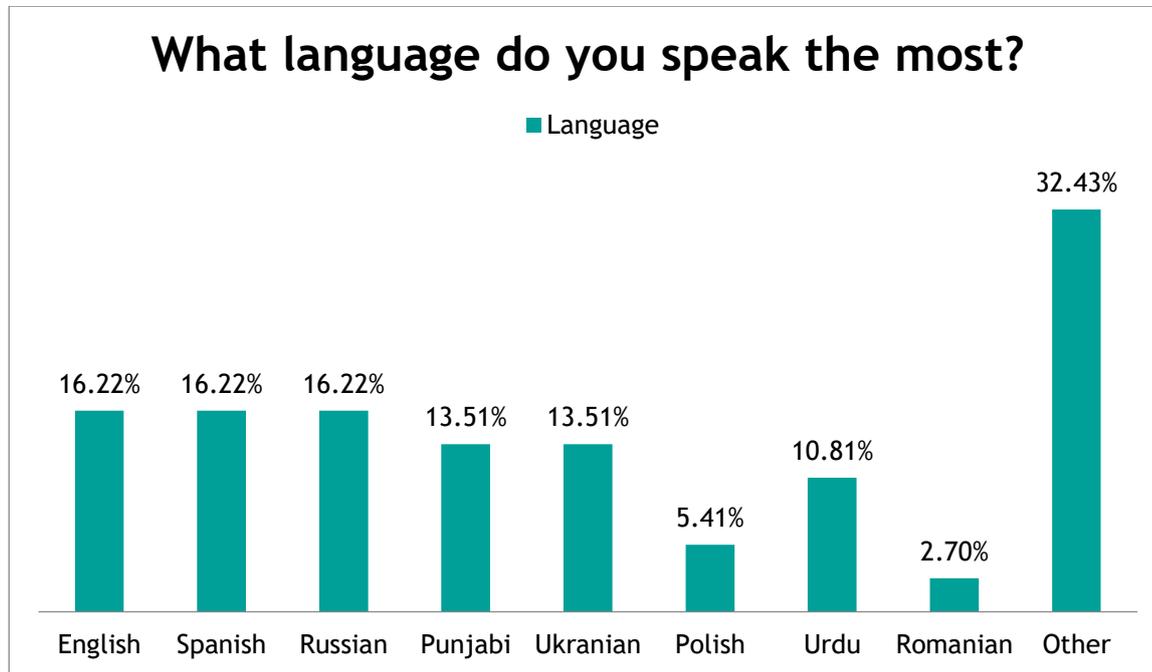
We are pleased that we managed to engage with and collect responses from people from a variety of backgrounds. As noted in previous reports, we have struggled to speak with a diverse range of participants and this has limited our findings.



The two highest responses to this question were highly contrasting. 17% of respondents had lived in the United Kingdom for less than 6 months. We collected responses from Ukraine drop-in events in Rotherham, where the majority of attendees were new to the country, which will explain this result. In contrast, just fewer than 30% of respondents have lived in the United Kingdom for more than 11 years. We are pleased we collected a variety of responses, allowing us to compare and contrast different experiences and whether these differ depending on how long you have lived in the United Kingdom.



Only a small number of people we spoke to could speak, write, read and understand English. Only 11% of respondents could understand spoken English 'very well', with even fewer (8.57%) being able to write English very well. Being able to write English was the lowest scoring ability, with 37% of participants not being able to write English well at all. This report will go on to highlight how this impacts on people's ability to contact GP surgeries and obtain appointments.



Other - 32.43%

Slovak - (6)

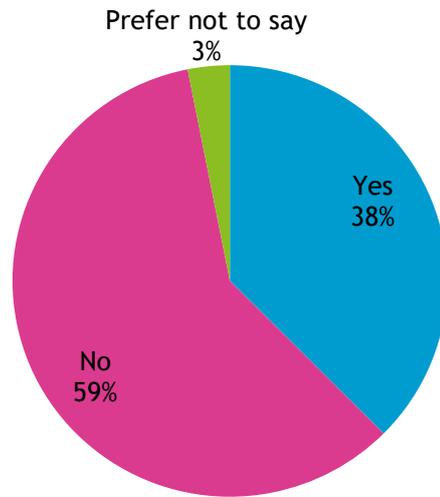
Mirpuri (3)

Arabic (2)

Lithuanian (1)

Our primary focus of this report was hearing from people who have English as an additional language, or cannot speak English, so we were really pleased to gather data from a wide-range of languages.

Do you have a disability or long-term health condition?



Which of the following disabilities or long term health condition do you have?

High blood pressure - 42.86%

Diabetes - 19.05%

Mental Health condition - 14.29%

Physical or mobility impairment - 9.52%

Blind or sight impairment - 9.52%

Asthma, COPD or respiratory condition - 9.52%

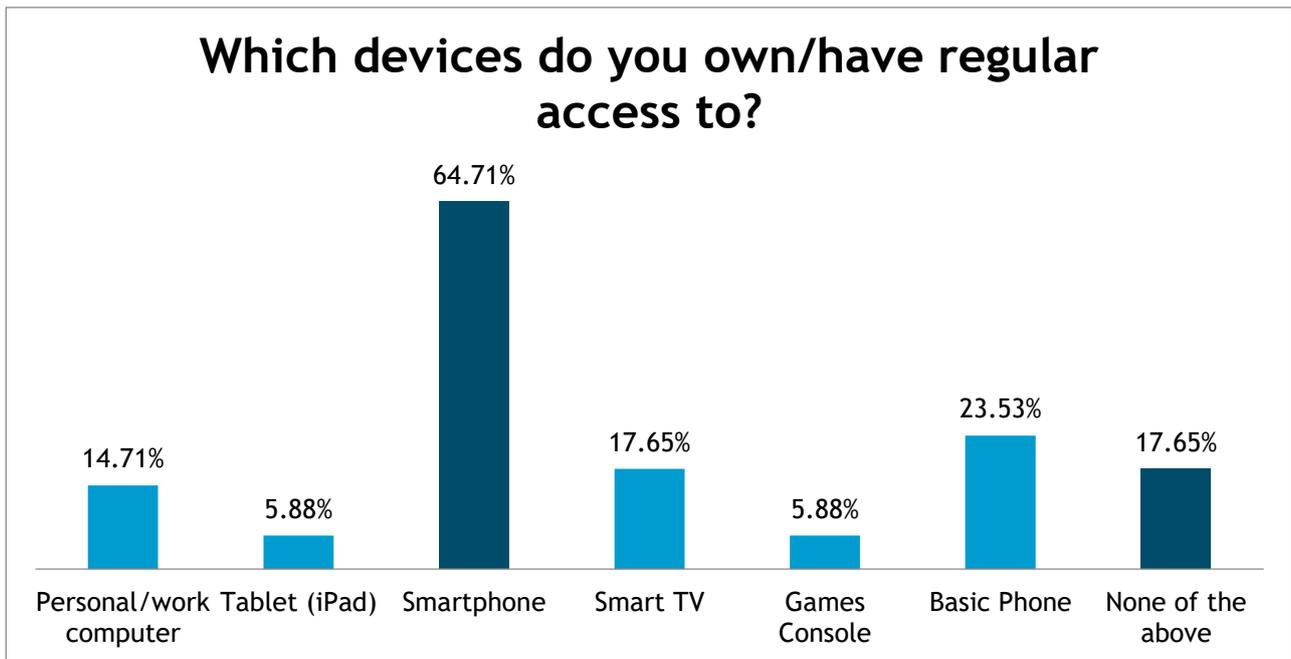
Dementia - 9.52%

Epilepsy - 9.52%

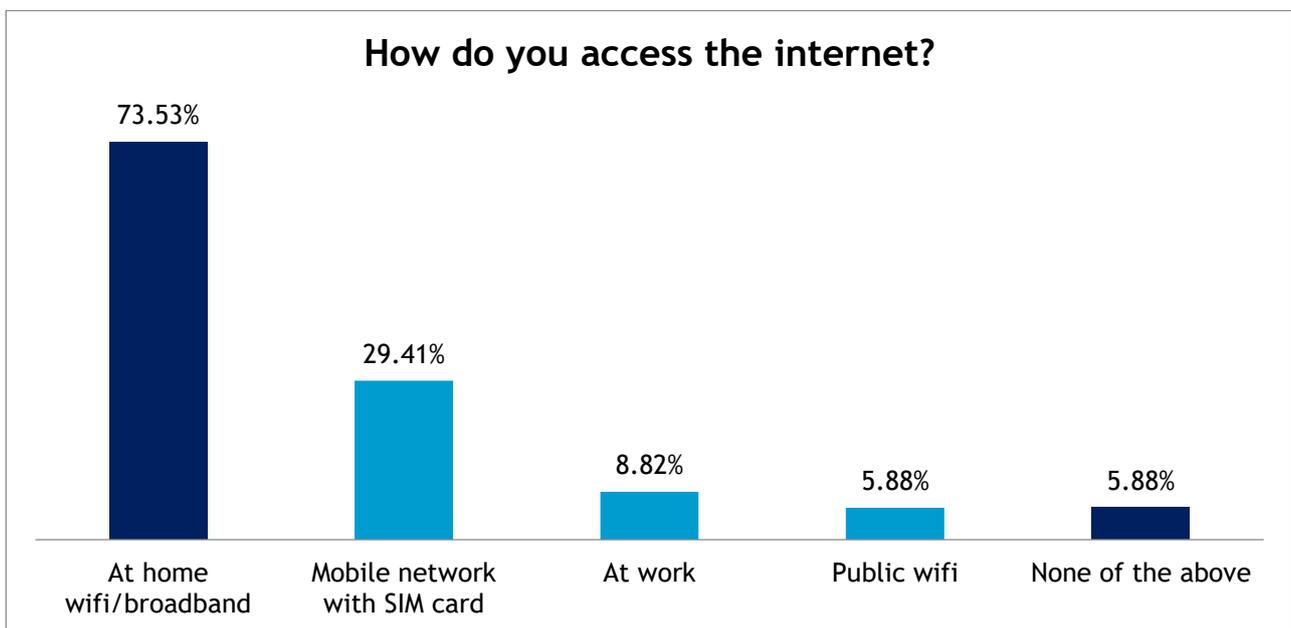
Learning disability - 4.76%

Cancer - 4.76%

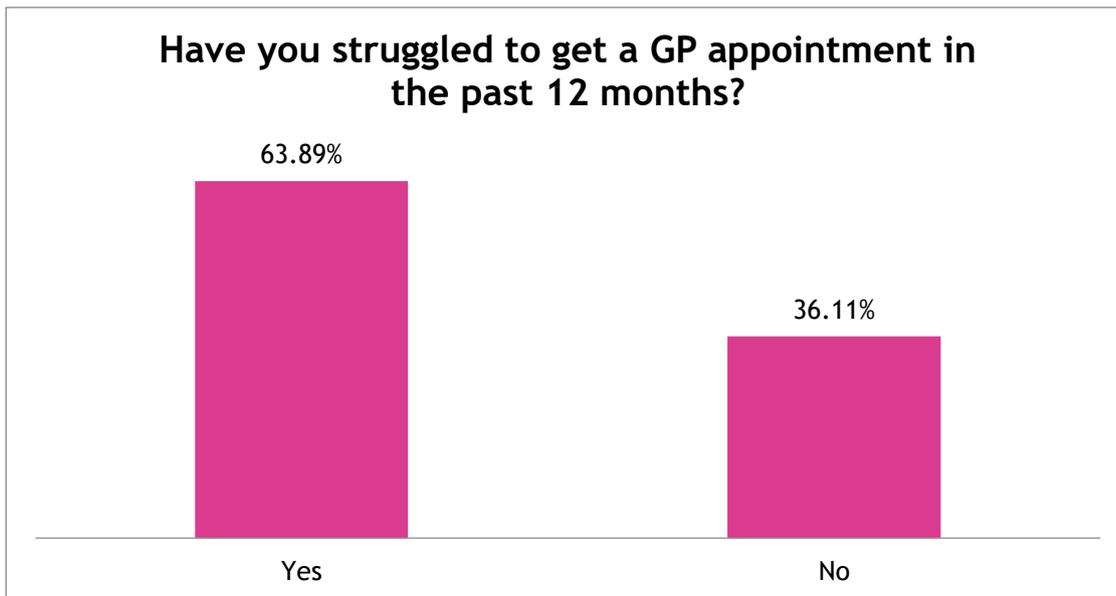
We were interested to see what conditions participants were dealing with and how these could potentially be made worse by not being able to access medical appointments easily. Around 43% of respondents suffered with high blood pressure. This is a condition that requires regular monitoring and on-going treatment, which could be affected if the patient cannot get an appointment at their GP surgery due to language issues or lack of translators available, or struggle to understand the pharmacist.



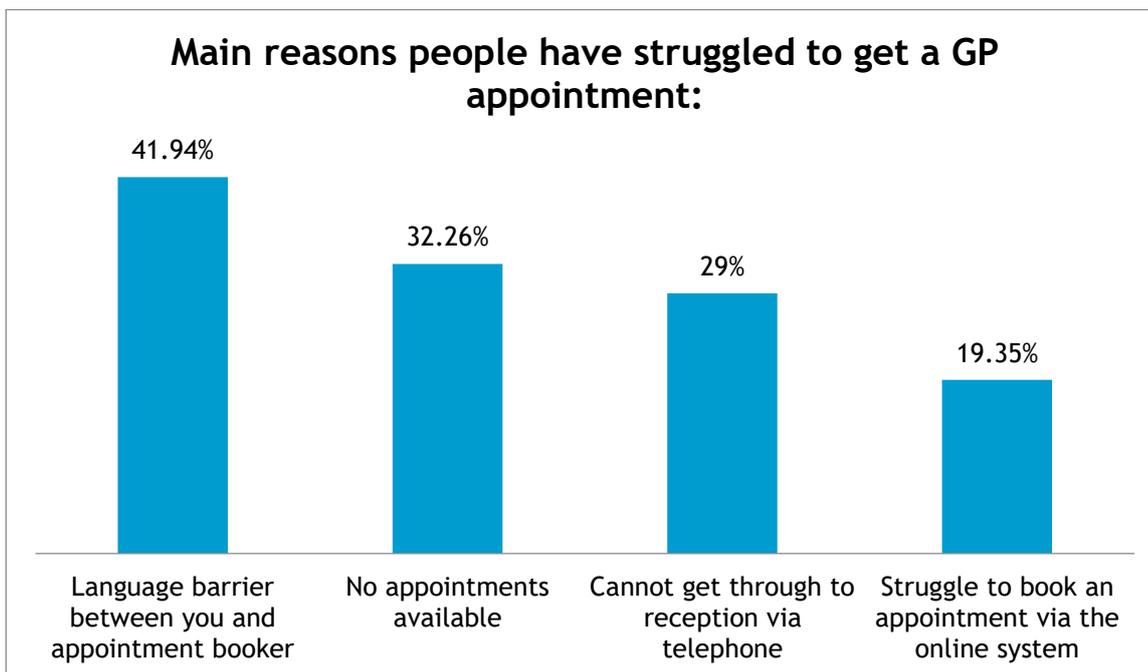
Almost 65% of respondents had access to a smartphone. However, over 17% of respondents did not have access to any devices, including a basic phone, smart phone or computer. This would make it notably harder to contact a GP surgery, as well as make appointments, particularly online appointments.



Following on from the previous question, 73% of respondents could access the internet at home. 5.88% of people had no access to the internet at all, again making it almost impossible to access online appointment booking systems and other information.



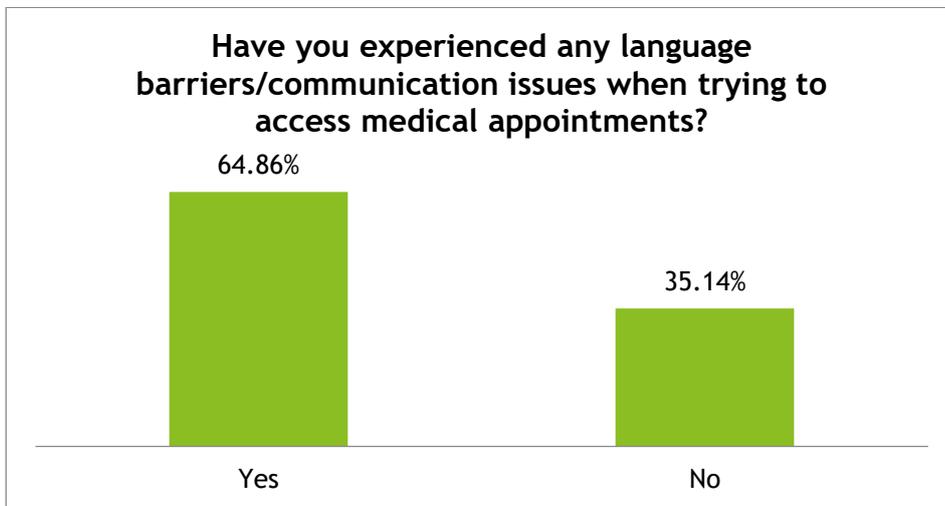
Since the Covid-19 pandemic began in 2020, we saw an increase in people having difficulties in obtaining a GP appointment both locally and nationally. It is no surprise that we are still seeing large amounts of people struggling to access appointments. For people who have English as an additional language, there are additional barriers and difficulties that prevent them from accessing GP appointments, with the main issue being language barriers.



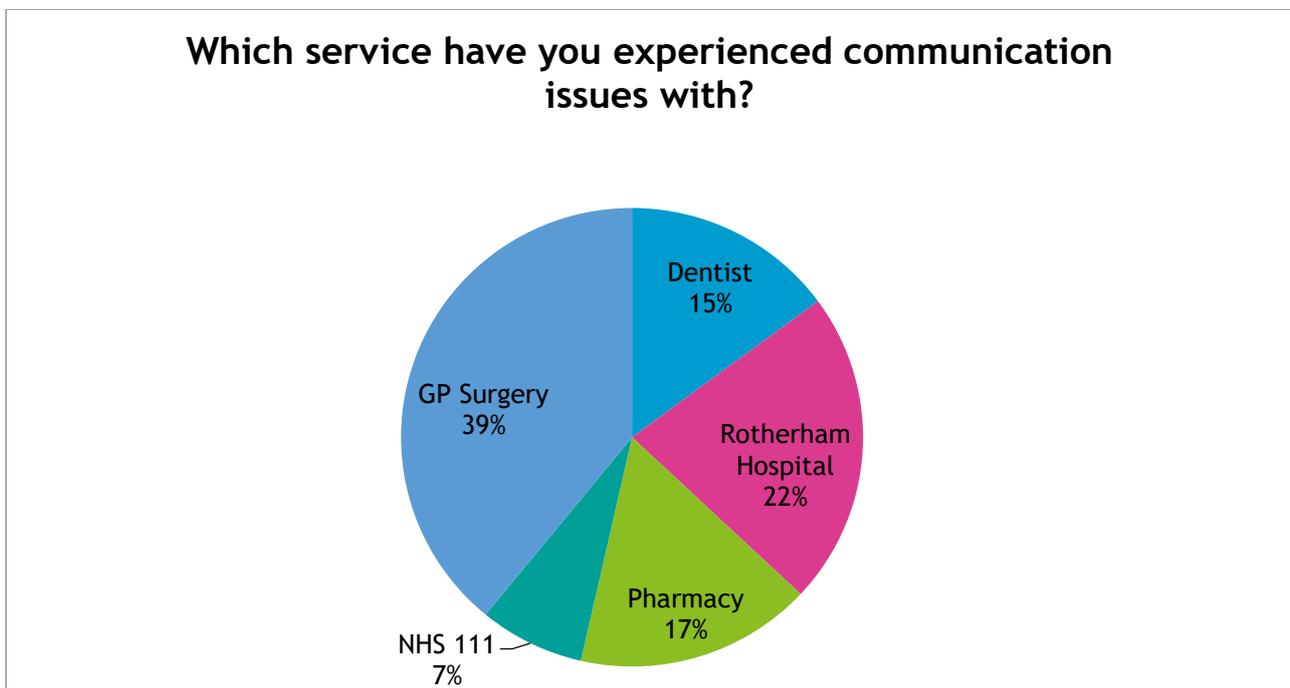
The main reason our participants struggled to get a GP appointment was due to the language barrier. As is explored later in the report, many respondents commented on the issues they had over the telephone when speaking to a GP receptionist, when their English was limited or they could not speak English at all. This resulted in them not being able to obtain an appointment due to communication issues. The main other reasons for not being able to obtain GP appointments are reasons we have been hearing since the Covid-19 pandemic. Many people have struggled to get through to GP surgeries on the telephone lines, particularly for same day appointments. By the time they have got through to the reception team, the same day appointments have been taken by others, and patients are told to try again tomorrow. This is a nationwide issue and is

not just limited to Rotherham.

We appreciate the difficulties GP surgeries are still facing as we emerge from the Covid-19 pandemic, and there are no ‘quick fixes’ for many of these issues due to a number of factors such as staffing and funding.



Around 65% of respondents stated that they had experienced language barriers and/or communication issues when trying to book and access medical appointments.



Whilst our main focus was GP surgeries, as we have found from feedback that this is the service most commonly mentioned, we also wanted to highlight if residents were experiencing communication and language issues with other services in Rotherham too. As expected, GP surgeries had the highest percentage, with 40% of people experiencing communication issues at their registered GP surgery. It would be expected that occurrence of issues in general practice would be higher because they are the predominant and front-line provider of services. We found

that some participants had also experienced issues with Rotherham Hospital, their dental practice, pharmacies as well as NHS 111. This highlights how common this issue is, and that many people are experiencing communication issues across a variety of services, suggesting there is a lack of translators available to meet demand.

What issues have you experienced?

Respondents were asked to provide more information on the above question, as we appreciate that 'communication issues' could mean a variety of things.

The most common issues experienced were:

- Could not understand what was discussed during the appointment - **52.17%**
- Could not book a medical appointment - **43.48%**
- Could not understand medical professional - **34.78%**
- No translators available to attend the medical appointment - **30.43%**
- Medical professional could not understand me - **26.09%**
- No translators available to book the medical appointment - **21.74%**
- Could not understand test results - **17.39%**
- **Other:**
"Telephone appointments are difficult for me. Face to face is more easier"

Over half of respondents stated that they could not understand what was being discussed during their medical appointment. This was followed up with 34.78% not being able to understand the medical professional, and 26% feeling that the medical professional could not understand them. This makes it increasingly difficult for the patient and medical professional to discuss anything, potentially missing important pieces of information and leaving the patient at a disadvantage compared to other patients who have English as their first language. 17.39% of respondents could not understand test results they were given. When you combine this with the difficulties of not being able to understand the medical professional, and the professional not being able to understand the patient, it can be a really scary and confusing time for the patient trying to get a diagnosis.

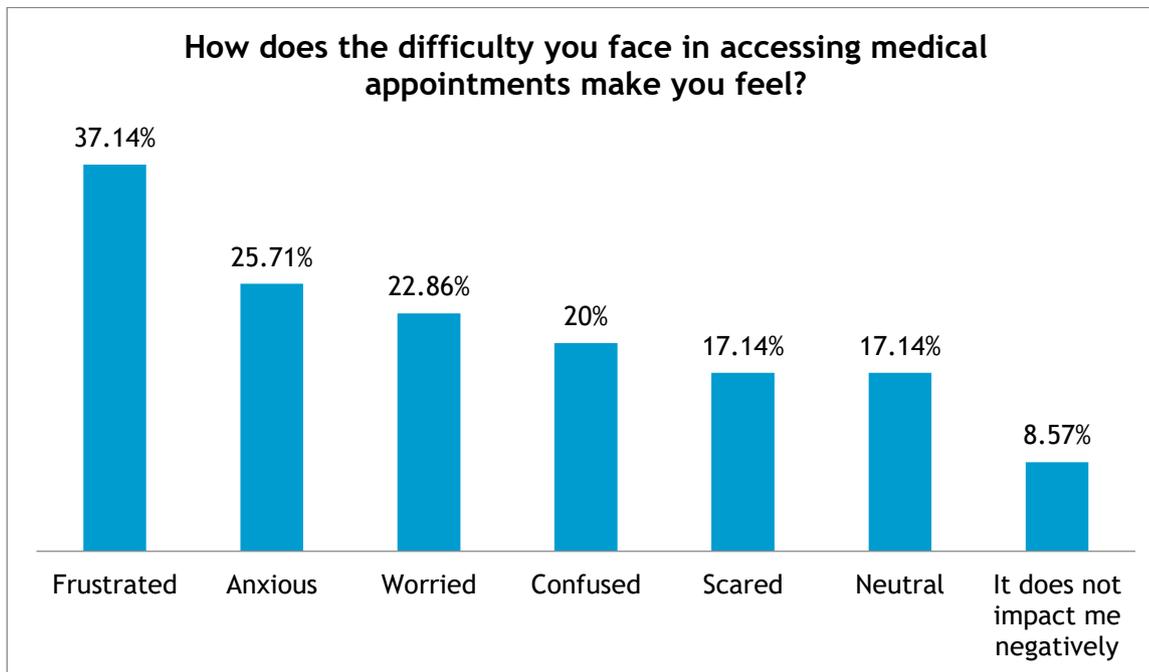
21.74% of respondents stated that there are no translators available to book the medical appointment in the first place. As is practice at many GP surgeries, to get a same-day appointment, you are instructed to ring when the GP practice opens as slots fill up very quickly. If patients with English as an additional language are ringing to book an urgent appointment, but the receptionist cannot understand them and vice versa and there are no translators available, an appointment will be a lot harder to obtain.

What is the number one issue you feel you experience the most when trying to book a medical appointment, or attend a medical appointment, as somebody who has English as an additional language or cannot speak English?

We have grouped the answers below into the most common answers and themes. Respondents' main issue was not being able to get a medical appointment in the first place. As explained above, this is for a number of issues including a lack of translators available to assist in booking an appointment, telephone lines being busy and language barriers between the receptionist and patient.

- Cannot get a medical appointment
- Understanding English

- Cannot get through to reception
- Language barrier between myself and the receptionist
- No translation support



For participants who struggle to access medical appointments, their main feeling is frustration. This is closely followed by feelings of anxiety and worry. As mentioned previously, language barriers often prevent patients from being able to understand their test results, what is wrong with them and how to get better, which would understandably make a person worried. As highlighted in the demographics, 17% of respondents had only been in England less than 6 months. Many have faced indescribable difficulties in their home countries and have been left with no choice but to leave. Not being able to access medical appointments due to language issues will add to their already existing stress, fear and confusion.

What would you like to see from health and social care services moving forward to help those who have English as an additional language, or cannot speak English at all?

We gave respondents the opportunity to tell us what they would like to see from Health and Social Care services, to help shape our service recommendations and give respondents the chance to make their voice heard. We are aware of the difficulties both primary and secondary care services are facing post pandemic, and appreciate there are no quick fixes to long-term issues.

- Have interpreters ready or leaflets which are already translated into different languages
- Be more understanding and caring to the patient if they cannot understand you
- Have an interpreter available at GP surgeries/reception during opening hours
- Translators available 24 hours a day and face to face appointment options
- Patient has access to an online translator when contacting reception
- Access to a translator during medical appointment

- Explain things at a slower pace if the person cannot speak English. Repeat things if necessary. Be patient
- More awareness on what help is available to those who have limited English ability.
- Ukrainian translators to meet increasing demand

Conclusions

We first looked into the issues those with English as an additional language had in accessing Primary Care services over 3 years ago. Sadly, it appears not much has improved. Of course, the unprecedented Covid-19 pandemic has left services having to adapt and overcome many issues in order to continue seeing patients, and we understand the long-term implications of this.

Our report showed that 22% of respondents had lived in the UK for less than a year, with 17% of those having lived here just 6 months. We discovered that many of these struggled to speak, write, read and understand English, making basic tasks a struggle. We also discovered that 17% of people do not have access to any devices on a regular basis, including a basic phone. Furthermore, 6% of people could not access the internet. Combine this with language barriers and communication issues, and participants feel anxious and worried about not being able to book or access medical appointments, or even the knowledge of how to do this.

We were pleased that almost all of the participants we spoke to had registered with a GP surgery already, however, getting an appointment seemed to be a much harder process.

The main theme we saw appearing time and time again was translator issues. Many expressed their difficulties in communicating both with the GP receptionist as well as the medical professional. The consequences of this included not being able to secure an appointment, not being able to understand the medical professional and what they were saying, and not understanding test results. Patients felt that often they were rushed and that people were not very patient or understanding to their situation and communication difficulties.

We also discovered that this was not just limited to GP surgeries. Although the most common answer, respondents also had communication issues when trying to access other services such as pharmacies, dentist and Rotherham Hospital.

It is clear more work needs to be done to ensure patients are provided with translators as and when required, and not just at the medical appointment itself. This report has highlighted the issues of actually booking an appointment when English is not the first language. If an appointment cannot be secured due to a lack of understanding, the patient is missing out on a potential vital medical appointment that those with English as a first language can access with a higher level of ease. It is important that patient needs are discussed upon registering at a GP surgery, allowing the practice to provide provisions for patients including translated leaflets and patient information, translators in appropriate formats (via telephone, face to face etc) and translator availability at each part of the GP process, including at reception as well as at the consultation itself.

Recommendations to services:

- Have information or training readily available to staff, particularly GP receptionists, on how to contact a translator if required to support the patient in booking a medical appointment.
- Ensure that patients are not disadvantaged by waiting unnecessarily longer for medical appointments just because a translator is required.

- Ensure that the patients language and communication needs are discussed when registering with the GP practice. Practices to take note of the patient's primary language, communication needs and translator preferences. As noted above, the patient may have additional needs such as being hearing impaired, that would require a specific type of translator (face to face). This will assist the receptionist when booking the appointment, and will make them aware of what type of translator is needed in what language, to prevent further delays for the patient.
- As above, having prior knowledge of the languages spoken at the GP surgery allows staff to have pre-translated information available in the languages spoken by their patients. Ensuring this information is available both digitally and in physical copies for accessibility reasons. Information content suggestions include: How to register with a GP, how to book an appointment, how to request/access a translator, what will happen at my appointment etc.
- Ensuring translators are available for a patient's medical appointment. If a translator cannot be found in time to meet the patient's needs, inform the patient within good time (where possible) so they are given the opportunity to bring a family member or friend where appropriate, or re-schedule the appointment to have a translator present.

Service Response:

We sent a copy of our report to a Senior Service Improvement Manager in Rotherham Primary Care and gave them 14 days to respond with any comments and amendments. Please see the below comment sent to Healthwatch Rotherham regarding the findings and recommendations in this report.

“The ICB will work with translation providers and general practices to make improvements to services wherever possible”.

Acknowledgments

Healthwatch Rotherham would like to say a big thank you to everybody who took the time to complete our survey, for services working with us to distribute surveys, and translators who assisted participants in completing this survey and giving them the opportunity to voice their opinions and experiences.