

# Improving access to health

Making health and care  
services better for ethnic  
minorities



easy  
read

# Contents

Page

---

Introduction 4

---

The Accessible Information Standard 7

---

What we have done 8

---

The problems people have 9

---

What services are doing well 18

---

Spending money 19

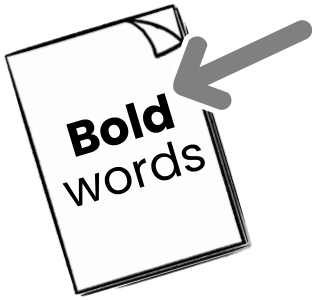
---

What we think should happen 22

---

What we will do next 23

---



In this Easy Read document, difficult words are in **bold**. We explain what these words mean in the sentence after they have been used.

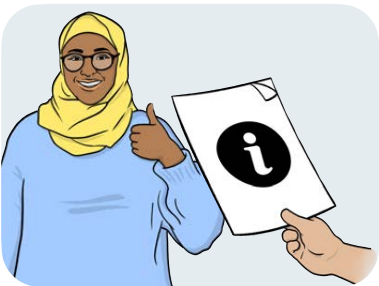


Some words are pink and underlined. These are links which will go to another website which has more information.

# Introduction



We are Healthwatch. We work to make sure health and care services are the best they can be for the people who use them.



To get the best care, people need to understand information that is given to them.



But some people in the UK don't speak English well or at all.



They are often people from an **ethnic minority**.

An **ethnic minority** is a small group of people of the same race, in a place where most other people are a different race.



People who don't speak English well or at all can struggle to get the best health and care services.

They find it difficult to:



- Sign up with a doctor (GP).



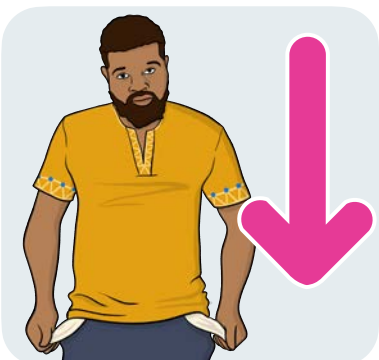
- Find their way around big hospitals.



- Explain their problems to a doctor.



- Understand what the doctor says.



They are often some of the poorest people in the UK.

If they can't get the best health and care services, this will get worse.

This information explains:



- How people who don't speak English well or at all struggle to get good health and care services.



- What health and care services should do differently to support people who don't speak English well or at all.

# The Accessible Information Standard



The **Accessible Information Standard** is a law that says all health and care services have to:

- Communicate in different ways for people with different needs.
- Provide information that is clear and easy for people to understand.



The NHS in England is looking at the Accessible Health Standard.



They will write a report on it in spring this year.



We do not think they have enough plans to help people who don't speak English well or at all.

# What we have done



We spoke to people from ethnic minorities who don't speak English well or at all.



We spoke to 109 people in 6 parts of England.



We also spoke to 38 health and care staff members.



# The problems people have

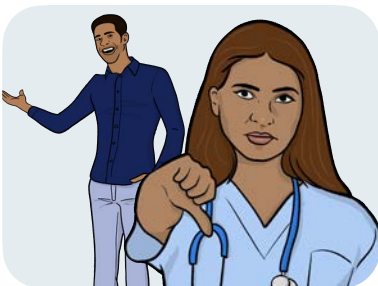


There were 8 main problems that people who don't speak English well or at all talked about:

## Not being able to get an interpreter



An **interpreter** is a person who explains what someone is saying in a different language.



It can be difficult to get an interpreter for meetings with a doctor.



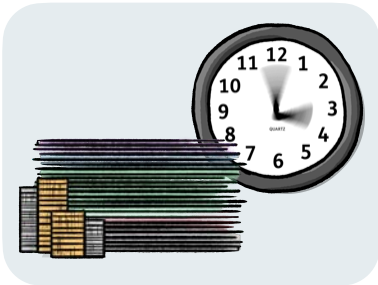
COVID-19 made it more difficult to get an interpreter.



People found it harder to get an interpreter for meetings with a GP than when they were in hospital.



Some people brought their own interpreters.



This took time and money to do.



If people cannot get an interpreter, it might put them off going to the doctor.



Some people asked friends and family in their home country to send medicine instead of going to the doctor.

# Difficulty getting urgent care



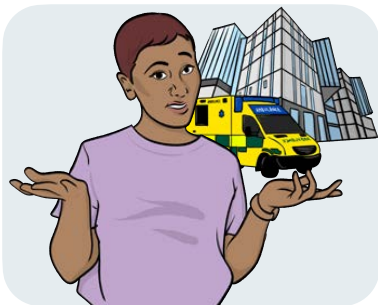
**Urgent care** is care that needs to happen right away.



If people have trouble with English, urgent care can take longer.



Some people told us they do not understand what they are told when they call NHS 111.

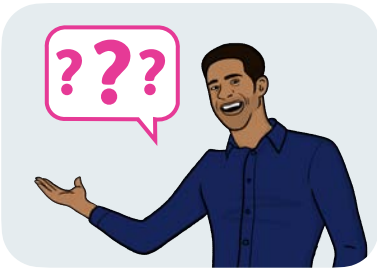


Some people go to hospital instead, but they struggle to understand what people are saying there as well.

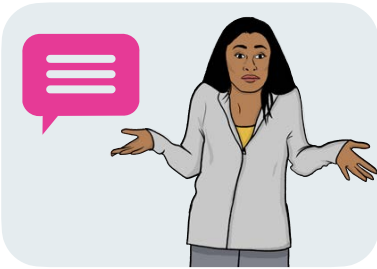
# Getting a good interpreter



Sometimes interpreters are not good for a patient.



Some interpreters might speak a language in a very different way to the patient.



Sometimes interpreters do not understand complicated words.



Some patients can't use these interpreters and prefer to ask friends and family for help.



But this means that they need to share private information with people that they know.

They might not want to do this.

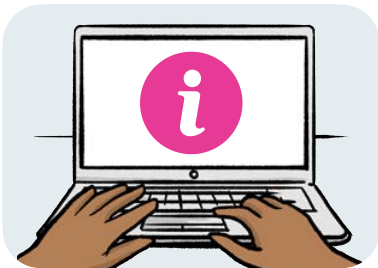
# Not enough written information in other languages



People who cannot read English are often not given written information about their health in their own language.



Even if information is in their language, it sometimes uses complicated language that they don't understand.



Some people use the internet to look for information instead.



But this information can be wrong and unsafe.

# Not knowing about support



People who don't speak English well or at all might not know about support that they can get.



Some people we spoke to didn't know that they could ask for help with getting health and care information in their own language.



This meant that they never used NHS interpreter services.



Even people who did know about this support didn't know that they could get it for their GP.

## Not enough support from GPs



We don't think GPs get any training to support people who don't speak English well or at all.



They might not write down the patient's **language needs**.

**Language needs** are what health and care services need to do to support people who don't speak English well or at all.

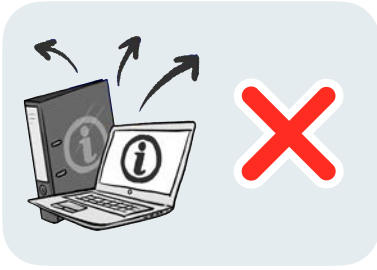


This means that other health and care services do not know that the patient has language needs.

## Not using the same computer systems



Different health services often use different computer systems.



This means staff find it hard to share information about patients.



Different services often do not know that a patient has language needs.

## **Not enough support for staff**



Staff know that more needs to be done to help patients who don't speak English well or at all.

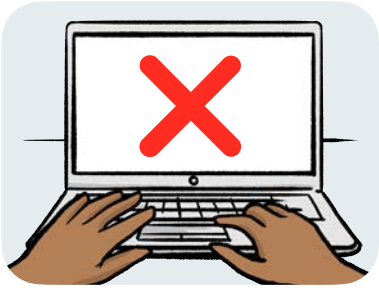


But some services don't have good ways to help people who have language needs.

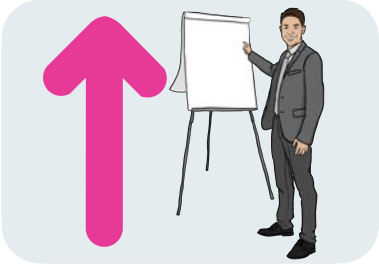


This means staff find it difficult to support patients who don't speak English well or at all.



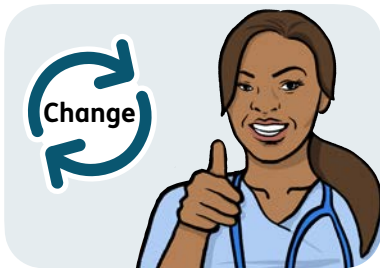


Some computer systems don't have a place to write that a patient has language needs.



Staff need better training to spot and write down that a patient has language needs.

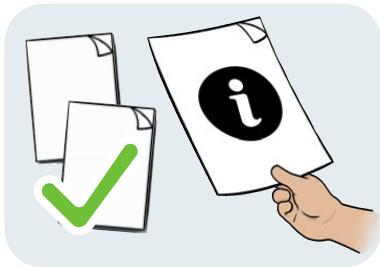
# What services are doing well



We also heard about changes that services have made to help patients, including:



- Signs at reception desks with all of the languages people can get information in.



- Information leaflets in different languages.

# Spending money



Many health and care staff know that it is important to support people who do not speak English well or at all.

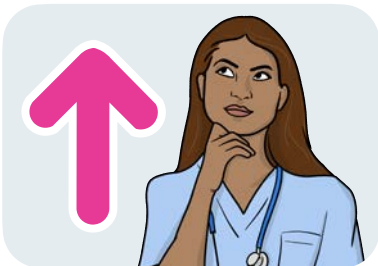


But they don't feel that they can afford to spend money on this.

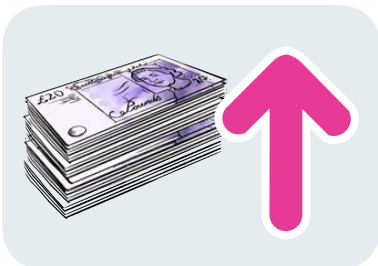
Caring for people with language needs usually:



- Takes longer.



- Is more complicated.



- Costs more money.



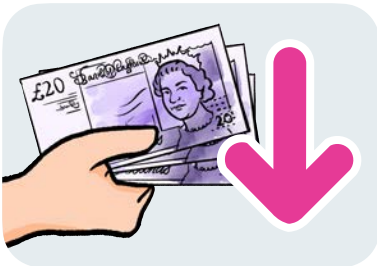
Interpreters can cost a lot of money.



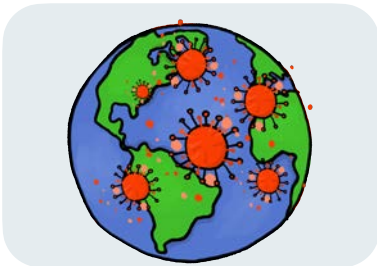
This means some services don't like spending money on interpreters.



Some staff said they are told not to use interpreters too much.



We found out that NHS services are spending less money on interpreters than they used to.



This is partly because of COVID-19.



During COVID-19, not as many people went to hospital and had health meetings online instead.



Interpreters for online meetings don't cost as much.



We do not know how easy it is for patients to get interpreters in the room with them for health meetings.

# What we think should happen

We think that the NHS in England should:



- Change the rules so that staff have to make sure that people can have an interpreter if they need one.

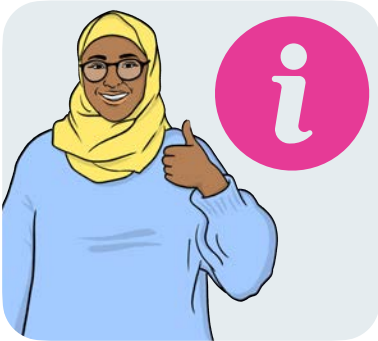


- Look at whether services are doing a good job of providing interpreters.



- Write rules to make sure services know what they need to do to support people with language needs.

# What we will do next



We will carry on supporting health and care services to make sure everyone can get good information about their health and care.



We will work with ethnic minority organisations to find out more about how people feel about health and care services.