

Language Barriers and Health Inequalities: Report on the Roundtable event

18 September 2023



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Background

Inequality and exclusion are bad for people's health and that's why our '**Delivering equality, improving diversity and fostering inclusion: Our strategy for change**' is fundamental to our core purpose as a regulator and our vision for safe and effective pharmacy care at the heart of healthier communities. This includes the public we serve and the professions we regulate.

We've recently started to host a **series of virtual equality roundtables**, to help shape our regulatory work, informed by the experiences of our stakeholders. This links directly to the commitments in our EDI strategy to proactively help tackle discrimination within pharmacy and to support pharmacy teams to provide person-centred and inclusive care, reducing health inequalities in the communities they serve.

This is the report on our second equality roundtable held on 18 September 2023, which focused on the topic of '**Language Barriers and Health Inequalities**'.

We advertised the event externally through our website and social media and it was open to anyone with an interest to attend. Attendees included a wide range of pharmacy stakeholder organisations, patient groups, equality groups, providers of translation services and software, as well as individual pharmacists, pharmacy technicians and wider teams from different sectors and settings.

We also welcomed attendees from outside of pharmacy, including those working in wider health and care settings and organisations in the UK and beyond, policy think tanks and researchers with an interest in this area. The full list of attendees is at Appendix 1.

Introductory sessions

Gisela Abbam, GPhC Chair opened the session, and highlighted how our equality roundtables are being used to shape our regulatory work, informed by the experiences our stakeholders.

Gisela described how the GPhC is now using all of its regulatory levers, as well as its wider influence, to tackle discrimination and reduce health inequalities – and how bringing people together to discuss the issues and share ideas for action is an important part of our approach.

Gisela outlined that when we developed our EDI strategy, stakeholders shared their feedback on the issue of language barriers. At that point, stakeholders told us:

- Health literacy, language and communication barriers can contribute to discrimination and health inequalities in pharmacy.
- These issues can act as barriers to appropriate, effective and timely care to patients, and have an impact on the professionals providing care.
- Miscommunication can be a factor in medication safety issues and poor adherence to prescribed medicines.
- There are specific risks and issues associated with lack of translation services, or patients relying solely on carers or accompanying family or friends for support.
- And, that technology and other innovations can play an important role in reducing these barriers.

Duncan Rudkin, GPhC Chief Executive, highlighted that as the regulator the GPhC sets standards that all pharmacy professionals must meet. Our standards are designed to support professionals to provide person-centred care, including adapting their communication to meet the needs of different people and overcoming communication barriers.

Importantly, our standards are outcomes focussed – meaning they can be applied in different contexts and settings, and pharmacy professionals can meet the standards in different ways.

Duncan outlined that we have also addressed language barriers in our new Equality Guidance for Registered Pharmacies – which was published in 2023 as one of the significant actions in Year 1 (2022/23) of our EDI strategy. The guidance highlights the importance of accessible and inclusive services and sets out examples of how pharmacies can overcome language barriers, and how to manage risk in this context.

Duncan outlined that many institutions and organisations are looking at language barriers and how they tackle this. For example, in Wales, the Equality and Social Justice Committee has been hearing from stakeholders about the implementation of its anti-racist action plan and will be exploring the issue of the use of children as translators in healthcare. We're also starting to see research and literature emerge about the use of artificial technology and large language models and the potential impact of these innovations on language barriers – so clearly there are many issues to consider now and in the future.

Duncan said that we want to continue to explore how organisations (including the GPhC) can work together on these issues of utmost importance to professionals and people they care for.

External speakers

The group heard presentations from two external speakers, sharing patient and pharmacy perspectives on these issues.

Session 1: “Lost for Words”: Healthwatch Evidence on how language barriers contribute to health inequalities - Rebecca Curtayne, Public Affairs Lead, Healthwatch England

Rebecca discussed the **#YOURCAREYOURWAY** campaign, which was launched to check the impact of the 2016 NHS Accessible Information Standard (AIS), raise public awareness and inform an NHSE review of the AIS. The AIS is a legal duty on publicly funded health and social care providers to provide accessible information to people with sensory needs (such as being deaf) or people with learning disabilities.

Rebecca highlighted that Local Healthwatch in diverse areas continually highlight barriers experienced by people who don't speak English as a first language. The AIS doesn't mandate providers' support for non-English speakers.

4.1m people (7.1%) of people don't have English as a first language, but say they are proficient; 880,000 can't speak English well and 161,00 can't speak it at all (2021 Census).

Healthwatch England have taken a number of actions, including a **review of over 6,200 stories** shared between 2019 and 2021, an **online survey answered by 600 people** with extra needs, and received **Freedom of Information Act disclosures from 130 providers.**

Rebecca also highlighted the findings from focus groups on language, with 109 people, including Arab, Bangladeshi, Polish, Ukranian and Somalian people, as well as 38 GP, hospital and other health staff, shared views.

Key themes included:

- **Poor availability of interpreting services**, especially face-to-face and at GP appointments.
- **Low awareness of support**: People didn't know they could ask, or staff didn't tell them.
- **Variable quality of interpretation services**: Even when arranged by services, interpreters sometimes didn't always understand medical terminology or spoke in unfamiliar dialects.
- **Lack of translated written information**: Especially during Covid, risking people getting misleading or wrong advice from other sources such as social media the pandemic.
- **IT systems not joined up**: Recorded communication needs not shared between services.
- **Inadequate support for staff**: Lack of training or IT records that had no space to record needs.
- **Urgent care issues**: 111 helpline triage long and difficult; problems being understood in A&E.

Rebecca outlined that focus groups on medication highlighted that a lack of interpretation could deter people from seeking NHS and prescriptions altogether and drive them to seek medicines from other, unofficial sources.

The following quotes were shared to illustrate patient views on these barriers and challenges:

“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.”

Ukrainian man, speaking with Healthwatch Croydon

“Once I had vertigo, I was throwing up and all these symptoms. The doctor gave me medication for my ear. I asked, 'can you explain more?' He went on and on, and I didn't understand. He printed me the pamphlet and said, 'read this at home'. I read it and can't understand it. I am not a scientist. I use Google translate for the printed materials, but sometimes it's not accurate.”

South Sudanese woman, speaking to Healthwatch Camden

Other issues raised by Healthwatch England stakeholders included concerns about the quality of interpreters; that language preferences are not recorded in patient records, and that E-referrals don't automatically ask or include information about language needs, so services can't proactively meet their needs.

Finally, Rebecca highlighted areas where Healthwatch England would like to see future action by NHSE such as statutory guidance for all health and care providers on commissioning language interpretation and translation, better IT systems and staff training and clarification of the role of ICSs in meeting language needs in an integrated way.

Session 2: The Impact of Language Barriers on Patient Care: A Pharmacy Perspective – Jay Patel, Regional Facilitator, Early Career Pharmacist Practice Team, School of Pharmacy & Medicines Optimisation (NW), NHS England

Jay discussed his research into the impact of language barriers on patient care. This included a survey with nearly 500 responses from pharmacy professionals across England, including all patient-facing sectors as well as two focus groups. The research focused on:

- How pharmacy professionals feel across sectors when they encounter language barriers with patients
- The effect of language barriers on patient care from a pharmacy professional's perspective
- The benefits and challenges of using existing translation and interpretation services.

Jay highlighted some of the key findings from the research, including:

- **Overwhelming responses of frustration, helplessness and embarrassment** – highlighting that pharmacy professionals are not trained to deal with these interactions.
- 97% of respondents think both the **quality and quantity** of information provided to patients can be reduced when there's a language barrier.
- 73% believe that the care they provide to patients who experience language barriers is worse.
- Translation & interpretation **services are not easily accessible**.
- Many pharmacy professionals with translation & interpretation services **don't know how or when to use them**.
- Less than 50% of those who have used translation & interpretation services were happy with their standard.
- Pharmacy professionals feel they are **not given enough time by their employers** to care for patients who experience language barriers.
- Community pharmacy professionals report having the **worst access to translation and interpretation services**.

Jay discussed some of the cultural competence concerns experienced by pharmacy professionals as well as the wider, negative impacts including a stressed and dissatisfied workforce, inequitable patient care and growing health inequalities.

Finally, Jay highlighted the key recommendations from the research, including the need for organisations across the sector to acknowledge and act on the fact that there is a lack of education and training around language barrier management; to consider how the findings of the report apply to their EDI strategies; to consider the inclusion of competent language barrier management for pharmacy professionals, when reviewing the initial education and training (IET) standards and the professional standards; and, to improve accessibility and sharing of translation and interpretation services, particularly for those working in community pharmacy.

Roundtable discussion

Attendees at the event were asked to share initial reflections on that they heard, discuss their experiences about the biggest language or communication barriers in pharmacy and explore ways for the sector to address these challenges collectively.

We have summarised the **key points raised by attendees** in the plenary discussion under the following themes:

Recognising different barriers and challenges

- It's clear from many different sources and evidence across the health and care system that there are several ways in which access to care may be challenging for people with limited English language proficiency.
- Language barriers can result in miscommunication that adversely impacts on a patient's understanding of their condition or treatment – this can be potentially life-changing or even life-threatening.
- A language barrier could be any linguistic limitation that creates confusion or prevents comprehension. There can be different written or oral abilities, and there are added dimensions when different dialects come into play with spoken language. This means that tailored and personalised interventions in healthcare are really important.
- Other ways of overcoming barriers include encouraging professionals to be more visual and to make full use of visual prompts. Patients are more likely to remember and understand information much better with clear visual prompts like diagrams, images or models.
- Some patients may still experience prejudice or discrimination in this context, even if they speak and understand English. It's important to note that the ability to speak and understand English does not always reflect literacy levels, especially when it's a second language. For example, patients may forget crucial information and will often write on their boxes in their first language how to take the medicines and any other relevant information (such as an indication if they have polymedicine or need to take their medicines with food).

Strategies for overcoming language barriers

- Pharmacy teams should consider how to overcome communication barriers for different groups. They should proactively ensure patients are receiving the right information at the right time. The response of professionals to these challenges can impact significantly on the trust patients have in the professions.
- Cultural beliefs also need to be considered, and professionals often see patients relying on their family members and friends to act as informal interpreters. This can, however, present a number of problems. Those asked to act as interpreters may lack appropriate language skills, knowledge of medical terminology, or fail to translate complex information correctly. There is also a risk that they do not pass on all of the relevant information.
- The use of family members can also result in serious issues around patient confidentiality. For example, there are distinct challenges for women relying on family members as interpreters, particularly for sensitive healthcare advice.

- Community pharmacy teams seem to be less confident about knowing how to access translation services compared to other sectors. One attendee highlighted a lack of national language services for community pharmacy and the challenges of accessing individual services even where available. Another issue is that community pharmacy professionals work in more isolated conditions and are unaware of what's available to them compared to other sectors. This highlights a potential gap and area for further awareness raising.
- There can also be risks associated with using staff as interpreters as their language skills and abilities may be untested and they may not be adept in using formal medical or pharmacy terms in those languages. The GPhC Equality Guidance for Registered Pharmacies highlights this point and states that when using staff or the local community to remove language and communication barriers, it is important to identify and manage the risks. Pharmacy owners need to consider whether the level of proficiency in the language allows for accurate interpretation especially when technical terms are involved. One example of this would be giving directions for inserting pessaries and suppositories.
- There are examples of good practice across the pharmacy sector and beyond, for example, multi-lingual clinics in G.P. practices for help managing diabetes. Sharing examples of good practice can support continuous learning.
- There are many examples of English and Welsh health information in Wales, as well as a scheme called 'Iaith Gwaith' (Welsh Working) and we have seen Welsh speaking staff in community pharmacies wear the 'Iaith Gwaith' badge (an orange speech bubble) that points them out to customers who are aware of the scheme.

Technology and digital services

- Patient Information Leaflets (PILs) are very relevant in this context. The greater emergence of online pharmacy services underlines the importance of PILs, and the need for pharmacies providing distance services to be more proactive in making sure patients get the right information.
- The MHRA shared information about their on-going UK Electronic Patient Information Task Force (<https://www.epil.uk/>) – which is designed to facilitate a move to user-centred, digital-first medicines information that is inclusive and accessible for all, better for patients and the environment. At present, medicines information is included in physical form with every pack of medicine. But many patients would find it just as easy to access this information online, where it could be provided in a range of formats and languages. The goal is to work with partners to define technology standards to enable medicines manufacturers to provide digital information in a secure, consistent, compliant, globally interoperable way, using third-party platforms or their own systems to deliver that information.
- Digital exclusion and other socio-economic factors need to be taken into account with digital leaflets, for example for those patients who are not able to afford phone data, or smart phones.

- Technology and digital language, translation and interpretation services are evolving and can support patients and professionals to overcome barriers. Some providers are also developing English labels with an additional language (bilingual or multilingual).
- Some professionals feel concerned about quality assurance and accuracy in this context, particularly the issue of liability when using external translation or interpretation services. This could also apply when using pharmacy staff who speak different languages. It's important for pharmacy owners and pharmacy professionals to make sure they have appropriate indemnity insurance in place.
- Attendees felt that these issues of governance and quality assurance of both selecting translators and making use of bilingual pharmacy professionals to communicate with patients in a language they are competent and confident in were worth further exploration.
- Some attendees also asked whether there are any plans to have a list of preferred suppliers of language services at a national level in the wider sector.

Closing remarks and next steps

Gisela thanked everyone for their input – for listening and contributing to the important discussion.

Gisela also highlighted that the discussion really emphasised that this is an issue relevant for everyone across the health and care system, including pharmacy.

This report will be used to inform GPhC discussions and regulatory work.

We hope that other organisations will also use the content to shape their thinking and approach.

Appendix 1: Attendees List

First name	Last name	Organisation	Role
Aileen	O'Hare	GPhC	Specialist Pharmacy Regulation Manager
Alda	Hummelinck	NECS	Senior Medicines Optimisation Pharmacist
Amandeep	Doll	Royal Pharmaceutical Society	Head of Professional Belonging and Engagement
Amina	Slimani-Fersia	NHS Fife	Senior practice pharmacist
Amira	Chaudry	GPhC	Chief Pharmaceutical Officers Clinical Fellow and Specialist Inspector
Arvind	Sandhu	GPhC	Senior EDI Policy Manager
Aya	Rabie	Mahalla cardiac center	Clinical Pharmacist
Ben	Standeven	Written Medicine	
Daniela	Tesarova	British Pharmaceutical Students' Association	4th year Pharmacy Students, Eastern Area Coordinator
Duncan	Rudkin	GPhC	Chief Executive
Farzana	Mohammed	NHSE	Pharmacist
Ghalib	Khan	Written Medicine	
Gisela	Abbam	GPhC	Chair
Helen	Boniface	GPhC	Inspector
Helen	Jackson	GPhC	Inspector
Hiwa	Iltemis	The British Pharmaceutical Students' Association	EPSA Officer
Janet	Collins	GPhC	Senior Governance Manager
Janet	Geipal	University of Exeter Business School	Lecturer
Jasmin	Adebisi	Policy Connect	Policy Manager (Health)
Jay	Patel	NHS England	Regional Facilitator, Early Career Pharmacist Practice Team, School of Pharmacy & Medicines Optimisation (NW)
Jay	Vasani	Individual	Eye Care Professional

First name	Last name	Organisation	Role
Julia	Coombes	Medicines and Healthcare products Regulatory Agency (MHRA)	Unit Manager, Product Information Quality Unit
Kareem	Mohamed	BIMA (British Islamic Medical Association)	National director of career & induction programmes
Laura	McClintock	GPhC	Chief of Staff
Laura	Turton	GPhC	Stakeholder Engagement Manager
Manuella	Asso	The Pharmacists' Defence Association	Organising and Engagement assistant
Ojali	Yusuff	GHP	Deputy Chair for EDI
Pei Theng	Aizlewood	West Yorkshire ICB	Pharmacist
Rebecca	Curtayne	Healthwatch England	Public Affairs Lead,
Roxanne	Crosby-Nwaobi	Moorfields Eye Hospital	Lead nurse for research
Samia	Latif	UKHSA	Consultant Public Health
Sara	Bordoley	NHS England	Health Inequalities Lead
Sara	Salehian	Cyprus International University	Pharmacy student
Shamma	Baig	APTUK	EDI Lead
Subhash	Suthar	C&T Applications	Clinical applications specialist
Taran	Ruprai	GPhC	EDI Policy Manager
Tendai	Gwenhure	Moorfields Eye Hospital	Clinical Educator
Yoni	Carmel	GPhC	Evaluation and Insights Reporting Manager