DEEP END SUMMARY 43

Language and Cultural Health Inequalities

On Wednesday 4th December 2024, the Deep End GP group hosted an in-person roundtable discussion on language and cultural health inequalities at the Deep End. The discussion explored the challenges faced by staff in delivering, and patients in accessing, equitable high-quality services within areas of higher ethnic diversity and socioeconomic disadvantage.

Background and Context

- Language and cultural differences can present challenges for patients when accessing healthcare in the UK where English is the dominant language used. The is seen most intensely within socio-economically deprived communities where 'Deep End' practices are located.
- Skilled interpreters are essential to ensure patients with additional language needs can be fully involved in discussions and decisions about their care. Longer appointments are also required to enable interpreting work and to ensure safety and quality in what are often more complex consultations.

Specific Challenges

- **Structural Challenges** – Growing workloads, declining number of GPs, a lack of training and resources and increasing numbers of patients requiring an interpreter**.** No unified approach in general practice to capture data to reflect this additional workload. The need to support the building of infrastructure to aid collaboration between third sector and healthcare organisations.
- **Policy Challenges** – Current funding formulas for general practice do not account for the additional workload of providing equitable care for patients with additional language needs.
- **Emotional Challenges** – Challenges faced by patients in accessing healthcare services, affecting trust and engagement. Lack of time for appointments, leaving clinicians feeling rushed and fatigued. No time to brief and debrief interpreters, who may who find the consultations re-traumatising due to personal experiences. Random allocation of interpreters at the time of the appointment affecting continuity of care
- **Interpreting Service Provision** – Variability in quality of service provided by different interpreters, difficulties with interpreter availability, default use of telephone interpreters. Participants highlighted a lack of understanding around quality assurance of interpreting services.

Recommendations for Reducing Language and Cultural Health Inequalities

- **Funding:** Creation of an Enhanced Service in general practice for Cultural and Language Health Inequalities. Sustainable core funding for community link workers, financial inclusion workers and the third sector.
- **Data Recording and Collection:** Improve coding for additional language needs and ethnicity; improve recording of the appointments that require an interpreter. This highlights the resources required to deliver equitable care, the potential unmet training needs of workforces, and to aid wider understanding on inequalities in health outcomes driven by ethnicity.
- **Training:** Training in cultural competency/humility and interpreter use to encompass health-related undergraduate and postgraduate curricula and continuing professional development for the health and social care workforce.
- **Quality Assurance of Interpreting Services**: Ensure mechanisms in place for feedback from NHS end-users to drive improvements. Greater clarity around procurement and quality assurance processes, including requirement for high-quality interpreter training, supervision and support.
- **Improve Systemic Supports for Patients**: within general practice: inclusive patient-registration processes and booking processes that take into account additional language needs, proactive sharing of language and cultural needs between professionals; at a national level: provision of high-quality health information in appropriate languages and formats that supports understanding and navigation, increase availability of English for Speakers of Other Languages – ESOL (or equivalent) for patients with additional language needs.

Conclusion

There are multiple challenges in addressing cultural and language health inequalities, especially in Scotland's more socio-economically deprived areas. These include the additional resource required to reflect the additional workload, time and training required in general practice, the additional patient support needed to access and engage with healthcare services, and the variation in quality of interpretating services provided. A concerted and collaborative approach involving the Scottish Government, Public Health Scotland, Health and Social Care Partnerships, Health Boards, Local Authorities, training institutions, third and voluntary sector organisations and primary and secondary care is essential in overcoming these challenges.

"General practitioners at the Deep End" *work in 100 general practices, serving the most socio-economically deprived populations in Scotland. "Deep End patients" are distributed more widely, in most Scottish GP practices. The Scottish Deep End Project, since 2009, has been supported by the Scottish Government, the Royal College of General Practitioners, and General Practice and Primary Care at the University of Glasgow.*

GPs at the Deep End

Full report available at www.gla.ac.uk/deepend

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