

# Accessible Information Standard Project 2021

## 易獲得信息標準項目 2021

### Executive Summary

#### 行政摘要

This project was undertaken as part of a wider national project orchestrated by Healthwatch England. You can find their national report, containing the research undertaken by Healthwatch Liverpool and other local Healthwatch, here:

該項目是英格蘭醫療監察組織中更廣泛的國家項目的一部分。你可以在此找到他們的全國報告，其中包括由利物浦醫療監察組織 和其他當地 醫療監察組織 開展的研究：

<https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/Lost%20for%20Words.pdf>

Healthwatch England state that the Accessible Information Standard (AIS) ensures people with a learning or sensory disability can understand and communicate with healthcare providers. However, they found that this does not currently cover the needs of people who have limited or no English.

英格蘭醫療監察組織 聲明易獲得信息標準 (AIS) 能確保有學習或感官障礙的人士能夠明白醫療服務提供者的解說，並能夠與他們溝通。然而，他們發現這目前並不能滿足英語能力有限或不懂英語人士的需求。

This research delves into the experiences of people from minority ethnic communities who live in Liverpool and find it challenging to communicate with the NHS because they don't speak English well or at all. This report will also look into the issues faced by healthcare staff when caring for such people.

這項研究深入探討了居住在利物浦的少數族裔社區人們的經歷，他們發現與國民醫療服務 (NHS) 溝通是具有挑戰性，因為他們的英語說得不好或者根本不會說。本報告還將會探討醫護人員在照顧這些人士時所面對的問題。

Healthwatch Liverpool interviewed 22 people and 5 members of staff between October and November 2021. Healthwatch England produced our interview guide following discussions with the local Healthwatch and a panel of "experts by experience" from Doctors of the World - an independent humanitarian movement that aims to empower excluded people to access healthcare.

利物浦醫療監察組織在 2021 年 10 月至 11 月期間採訪了 22 位人士和 5 名工作人員。英格蘭醫療監察組織提供了我們採訪指南，以致能與當地醫療監察組織和來自世界醫生組織的“經驗專家”進行討論。世界醫生組織是一個獨立的人道主義運動，旨在促進那些被忽略的人士能夠獲得醫療保健。

Our evidence, along with evidence gathered as part of the national project via other local Healthwatch, concluded that people who experience language barriers struggle at all points of their healthcare journey. They find it difficult to register with a GP, access urgent care, navigate large healthcare premises, explain their problems, or understand what the doctor says.

我們的證據以及作為國家項目一部分中透過與其他當地醫療監察組織，所收集的證據得出的結論是，遇到語言障礙的人士在醫療服務旅程的各個階段中都是在掙扎。他們發現很難註冊到一位全科醫生、獲得緊急護理、在大型醫療建築內辨識方向、解釋他們的問題或理解醫生所說的話。

Interpreters were difficult to access for patients and service users, and some did not even know that they were entitled to them during healthcare appointments. When patients and service users did receive language support, it was often inadequate. Interpreters sometimes did not show up, or individuals were provided with inappropriate support; interpreters who spoke an incorrect language or dialect, or interpreters who were not of the appropriate gender for a patient to feel comfortable when speaking about sensitive issues. Some patients were told to utilise family and friends for interpretation, whilst other said they were not allowed. Sometimes patients preferred using friends and relative to support them whilst others thought it was inappropriate. When not provided with support, appointments had to be cancelled, rescheduled. Some patients had to rely on their own limited English, utilise other means to communicate such as hand gestures, or record consultations discussing their medical issues either via a device or on paper to be later translated by somebody else.

患者和服務使用者很難接觸到口譯員，有些人甚至不知道他們在醫療預約期間有權使用口譯員。當患者和服務使用者確實獲得語言支持時，通常是不夠的。口譯員有時沒有出現，或者向個別人士提供了不適當的支持；說不正確語言或方言的口譯員，或性別不合適的口譯員，以致患者在談論敏感問題時感到不舒服。一些患者被告知可以讓家人和朋友翻譯，而另一些患者則表示不允許。有時患者更喜歡使用朋友和親戚來支持他們，而其他人則認為這是不合適的。如果安排不到語言支持時，預約就被迫取消，並要重新安排預約。一些患者不得不依靠自己有限的英語，或使用其他方式進行交流，例如手勢，或者使用工具或紙張以記錄他們所諮詢討論的醫療問題，以便稍後由其他人為自己翻譯。

Staff also felt constrained when trying to support patients with a language barrier. Staff told us that there was not an efficient or appropriate way to record and communicate to other services patient's language support needs. Staff mentioned other constraints such as staffing, time, resources, and budgets to justify why they thought patients were not being adequately supported with their communication. Patients and staff suggested various changes that could be made to improve support such as automatic alert systems to flag people's language needs, easier access to translated resources, and flexible support based on individual needs.

工作人員在嘗試支持患者時也感到受到限制因為有語言障礙。工作人員告訴我們，沒有一種有效或適當的方式來記錄患者的語言支持需求並與其他服務機構進行溝通。工作人員提到了其他限制因素，例如人員配備、時間、資源和預算，以證明他們認為患者的溝通沒有得到充分支持的原因。患者和工作人員建議可以進行各種更改以改善支持，例如自動警報系統以顯示人們的語言需求、更容易獲得翻譯資源和根據個人需求的靈活支持。

At the end of our research, Healthwatch Liverpool recommends that there should be clearer guidance made available systemwide to ensure that there is consistency when offering patients language support including the option to record and enact personal preferences for support where possible. We would also recommend that NHS staff should be routinely trained to be aware of cultural sensitivities and the importance of addressing language support needs in healthcare consultations. Additionally, there should be more options for general healthcare advice and information to be translated into community languages in primary and secondary care settings.

在我們的研究結束時，利物浦醫療監察組織建議應該在整個系統範圍內提供更清晰的指引，以確保在為患者提供語言支持時保持一致性，包括在可能的情況下記錄和製定個人需要的選項。我們還建議國民醫療服務(NHS)工作人員應定期接受培訓，以了解不同文化以及語言支持在醫療服務諮詢中的重要性。此外，在基礎和專科醫療服務中，就一般醫療保健應該有更多的選擇的建議和信息，可以翻譯成社區語言。

**If you would like to contact us about this research, or anything you have read about the project, including similar issues you have experienced, please give us a call. Healthwatch Liverpool can arrange an interpreter for you to be able to speak to us.**

如果就這項研究或你讀過的有關該項目的任何內容，你想與我們聯繫，包括你遇到的類似問題，請給我們打電話。利物浦醫療監察組織可以為你安排一名口譯員，以便你與我們交談。

Healthwatch Liverpool Telephone number

利物浦醫療監察組織電話號碼

**Call: 0300 77 77 007 between the hours of 09:00 – 17:00 Monday to Friday.**

電話：0300 77 77 007 週一至週五 09:00 至 17:00 之間。

Healthwatch Liverpool email address: [enquiries@healthwatchliverpool.co.uk](mailto:enquiries@healthwatchliverpool.co.uk)

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