

GP Language Support and Accessibility: D/deaf and Nepalese communities communication needs in GP Primary Care

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healthwatch
Kent

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Introduction

This briefing aims to call attention to the current language support and accessibility issues communities face when accessing their GP. A review of recent reports describing access barriers for those with disability, impairment, or sensory loss demonstrate that many individuals with these characteristics still face barriers to accessing their GP surgery and receiving informed care from their GPs. In recognition of the recent update to the [Accessible Information Standard \(AIS\)](#), and NHS England publishing its new Improvement framework for community language translation and interpreting services; we have collated data on the recent experiences of those experiencing language barriers within primary care services. There is also recognition in the [Kent and Medway Integrated Care Strategy](#) of the need to personalise care and remove barriers to people accessing the services they need.

We have insight from two distinct populations experiencing language barriers to their GP services in Kent. These are the elder Nepalese community and the D/deaf community. This briefing contains collated experiences of these communities and highlights some considerations in delivering the aim of shifting from analogue to digital as set out in the [10 Year Plan for the NHS](#).

Nepalese Community

Nationwide Perspective

A comprehensive nationwide study published in 2021 in the [Journal of Immigrant and Minority Health](#) (Simkhada et al., 2020) details language as a key barrier for Nepalese communities in accessing equitable health and social care provisions. The study concluded improving communication with GPs would improve health outcomes for the Nepalese community. Only 34% of Nepalese respondents spoke fluent English and the majority reported poor English language capacity. The study reported 28% of their respondent population as having chronic health conditions thereby likely requiring healthcare interventions.

'Although over 96% of participants reported to have registered with an NHS General Practitioner (GP) also refer to family doctor. Only 39% had 1–2 GP visits in the last 12 months: 28% did not visit their GP at all, and 6% had a very high GP attendance with 11 or more consultations.'

Kent and Medway perspective

Evidence 1: [Nepalese Veterans – Healthwatch Kent Report \(May 2025\)](#)

Research conducted among 20 Nepalese Gurkha veterans in Kent demonstrated a significant decline in the perceived information and quality of healthcare after leaving the armed forces. From what people shared an underlying reason has been the reduction in face-to-face appointments and increasing move to e-consult appointments whereby alternate measures of non-verbal communication and translation aids are restricted.



The GP will only do a telephone appointment with me and that is creating a huge problem because my English is not good. There should be an interpreter. I have some of the same issues at hospital, but it is easier because when I go there it is more face to face



Evidence 2: Folkestone's Nepalese Elders – IVAR Report

An [Institute for Voluntary Action Research Report](#) surveyed 103 Nepalese people living in Folkestone and 7 face-to-face interviewees, focussing on the elder generation, to determine the interrelatedness of the cost-of-living crisis and its existing barriers including English language proficiency and healthcare access.

Gurka veterans encounter significant inequalities in accessing their army pensions and a lack of literacy and numeracy skills limit employment opportunities after retiring from the services. Financial concerns are therefore prevalent and limit healthy lifestyle choices and exasperating social determinants of health. 50% of participants reported feeling isolated, with many specifically referencing isolation from their family in Nepal.

“There should be someone who can translate face-to-face and is easy to access.”

With these external financial and social pressures access to the GP is critical for Nepalese communities, yet more than 60% found it hard or very hard to access NHS services. Participants reported that a key barrier was the reduction of in-person consultations and lack of digital literacy and English language proficiency.

D/deaf community

Evidence 1: [Kent Coast Volunteers Report on D/deaf community](#)

The D/deaf community is another group of people who have indicated they often experience language barriers in receiving care from GP services. 70% of respondents in the report by Kent Coast Volunteering shared that their GP was not accessible. Within the report it also highlighted that Deaf individuals learn BSL as their first language and may not learn English until later in life, as only around 13% of Deaf children can speak English as a second language. These barriers to communication left 100% of deaf people aged 18-25, surveyed as part of the work, feeling frustrated, confused, and reliant on hearing family or friends when it comes to booking a GP appointment.

In addition to this 75% of all D/deaf people surveyed by KCV found making appointments difficult. Only 17.5% felt comfortable booking online.

"I am profoundly deaf, I am under [a GP surgery] and because I can't talk over the phone when I need an appointment, I normally go and queue up outside [...]. We received an email stating that from [this month] we will no longer be able to queue outside for appointment, we either phone up or use eConsult, which I cannot do either so [...] ask to speak to the practice manager. She told me my only option [is] to use eConsult [...] I told her that I didn't trust that system as [...] I didn't get an appointment for two weeks. She was like, 'If you don't trust that system the only other option [you] have is to get a neighbour to phone up for [you],' but it is not fair to wake one of my neighbours up before 8am to make an appointment for me."

– Mental Health Voice

Evidence 2: A Spotlight Report on the Deaf Community in Medway - Healthwatch Medway (April 2024)

In the Healthwatch Medway Report 25% of respondents said they experienced delays in having appointments due to needing an interpreter. After this additional wait for accessibility support, people also experienced further issues with their BSL interpreter. Many felt these issues could be solved by having the option to choose their interpreter as this would circumvent issues such as regional dialect differences causing misunderstandings, gender of interpreter making a patient uncomfortable during more sensitive conversations, and trainee interpreters mistranslating communication.



Sometimes agency interpreters aren't great, and you never know what you'll get.



What's the challenge for practices?

Translation support for practices is funded by Kent and Medway ICB and provided by The Big Word.

For translation support to work well a number of things need to be aligned. This includes:

- The patient notifying the practice of the need when booking an appointment in advance
- Practice staff recognising and recording the need for translation
- A slot being booked for telephone/video/in person translation
- Additional time being booked for the appointment
- Patient attending appointment at that time

British Sign Language (BSL) interpreting can be obtained from the Royal Association for Deaf People or The Big Word. BSL interpretation has historically been delivered face-to-face rather than via video link. This presents challenges around interpreter availability and the need to book appointments in advance but providers do what they can to accommodate any urgent requests. There have been some trials of video interpreting but the effectiveness of these is yet to be established,

For a practice to provide face to face interpreting, prior approval is required from the ICB and there is a prerequisite for practices to demonstrate an additional need that can't be met by phone or video link e.g. a patient with a learning disability.

Written translation materials – e.g. for subject access requests (SARs) also require prior approval from the ICB.

With the increasing move to using digital systems as a front door to general practice, getting the help needed can be difficult if you require translation support. It is our understanding that ANIMA, e-consult and Accurex currently don't have translation features. It is also our understanding that the NHS app (which these digital systems will link to) currently doesn't have a translation feature.

What's being done in Kent and Medway?

In 2026 The Kent and Medway Integrated Care Board plan to carry out a full review of all translation and interpreting services. This will include scoping what services are available, understanding what is working well in other areas, and exploring whether a more joined-up approach is possible.