

How NHS 24 worked with other health providers and community groups to improve access to COVID-19 information for people with communication differences

“We recognised there wasn’t any point in having translations without effective community engagement.”

Davie Morrison, Participation and Equalities Manager, NHS 24



What was the emerging need?

At the start of the pandemic, NHS 24 quickly identified the need for essential information on COVID-19 to be made available in a range of languages and formats. This was to keep people safe and maintain the population’s health and wellbeing during the pandemic.

To identify and meet the need for information, NHS 24 engaged with each NHS board, clinicians and community groups. Early priorities included developing content in Urdu, Polish, Romanian, British Sign Language (BSL) and Chinese. Later, information for the Bengali community was also established as a priority.

As evidence emerged the disproportionate impact on people with disabilities and those from Black, Asian and minority ethnic communities, ensuring the information was accessible to all people living in Scotland was critical. Working with local communities and clinicians was also identified as key to the success to ensure that the essential information reached those who needed it - engagement and trust formed a core element of the response.



Background to the response

NHS inform is Scotland's national health information service. The website is the main source of COVID-19 information for people living in Scotland. Before COVID-19, NHS inform had limited translated information in languages other than English.

Information in other languages was available within the health rights section of the website and Browsealoud functionality provided website visitors with some choices in relation to accessing information in alternative audio and visual formats.

NHS inform also provides content in BSL following the introduction of the British Sign Language National Plan in 2018.

Given the seriousness of the pandemic and the prevalence of inaccurate information on COVID-19 it is critical that the information hosted on NHS inform reaches everyone in Scotland.



Insights into how health and wellbeing needs are being met in an equitable way during COVID-19



Healthcare
Improvement
Scotland

ihub

How are things different?

NHS 24 created a new process using translators to develop content in languages other than English. Previously, a tool was used which used Google translate but these translations did not pass NHS 24's quality assurance checks for standards of clinical advice.

NHS 24 were able to use translators in a way they were not able to previously - the overall availability of translators across Scotland increased as face-to-face appointments had reduced. Working with the Scottish Government and translators from NHS Greater Glasgow and Clyde and NHS Lothian, content was developed for NHS inform, replicating the same content that was available in English.

A glossary was developed as nuances in the way the interpreters were translating were discovered. NHS 24 was then able to refine this to make it more relevant for the people of Scotland.

To get the information about COVID-19 out to communities across Scotland, NHS 24 developed a toolkit. This was sent to over 300 community contacts across the health and social care landscape, including third sector organisations such as the Health and Social Care Alliance Scotland, Disability Equality Scotland and deafscotland for onward distribution.

In addition to creating content in other languages, resources were also created in easy read and audio format.

Feedback received by NHS 24 included one community association disseminating the relevant documents to their community in the major cities in Scotland through workshops, social media and community newspapers.

Key insights:

Davie Morrison, Participation and Equalities Manager NHS 24

"Alone we would not have been able to have the reach across communities. The toolkit has been a success because knowing who we can work with in a community has made it successful.

The biggest challenge at the outset was getting the information translated and cost to do that. Cost should not be a factor, but it is. We worked to identify which languages to translate to offer languages which had most benefit.

By the end of July 2020, there was over 2 million views of our COVID-19 hub, our British Sign Language area had over 11,000 hits and our easy read areas had over 24,000 hits.

Developing trust was crucial. Working with clinicians was important to ensure consideration was given to asylum seekers. We were also working with the third sector and relied on them to share information with communities.

There is still a focus on our community engagement to get the information out to communities, everyone recognises that the translating is not the end of the task."

If you are interested in exploring something similar in your area or to find out more, please get in touch.

hcis.phh@nhs.net