healthwatch Dorset

Navigating the NHS

Voices from immigrant communities in Bournemouth

October 2025

Contents

Any enquiries regarding this publication should be sent to us at enquiries@healthwatchdorset.co.uk

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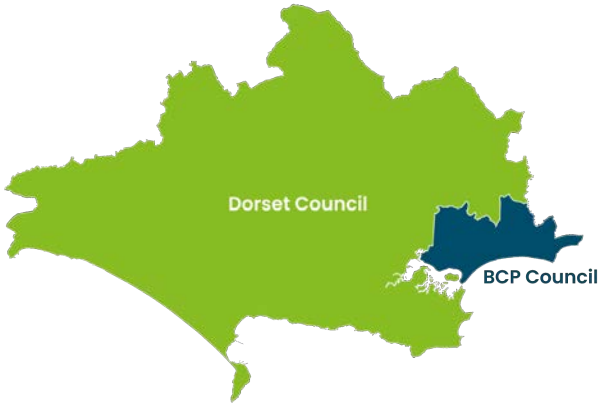
About us

Healthwatch Dorset is your health and social care champion.

We listen to your experiences of using local health and care services and hear about the issues that really matter to you. We are independent and impartial, and your feedback is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

As an independent statutory body, we have with the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care. This report is an example of how your views are shared.

Healthwatch Dorset is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Dorset, which includes the unitary authority areas of Bournemouth, Christchurch and Poole (BCP) and Dorset.



Introduction

Background

Our ethos of working with volunteers is grounded in recognising and valuing their individual skills, experiences, and interests. We believe the best way to harness this potential is by truly listening to their ideas. Our previous work on the Young Listeners project, highlighted the power of meaningful engagement and showed us how to keep young volunteers actively involved through co-creation and shared decision-making. By focusing on what volunteers want from their experience, we were able to foster a sense of ownership, provide leadership opportunities and create outcomes that benefit everyone involved.

Young Listeners
healthwatch
Dorset

This learning continues to shape our current and future work. The legacy of this project has directly influenced our priorities for 2025/2026, aligning with the broader NHS *10-Year Health Plan* and its future direction. We aim to help identify and address gaps in how local NHS services understand and meet community needs, particularly in terms of how young people access services.

This report will be part of a presentation to the Central Bournemouth Primary Care Network (PCN), a collaboration of local GP surgeries. The PCN is working toward building a local integrated neighbourhood team (INT) to provide coordinated and holistic care to the local population bringing together various professionals, including those from the voluntary sector, social care, and the local community services.

What we wanted to find out

The aim of the project was to explore first and second-generation immigrants' experiences of accessing NHS services, focusing particularly on how effectively the NHS communicated with them. We wanted to identify barriers and gaps in understanding, as well as areas for improvement in delivering more inclusive, accessible healthcare for diverse local communities.

What we did

This project was led and designed by Healthwatch Dorset youth volunteers, with our support.

We initially recruited two volunteers from Bournemouth School for Girls who wanted to use their weekly school 'enrichment' afternoon to gain volunteer experience within the health sector. Following their induction, the Volunteer Officer worked with them to co-produce a project, from their initial idea, which they felt was relevant to them, the school and their local community. They then gave a joint presentation, with the Volunteer Officer, to Year 12 students at Bournemouth School for Girls (BSG) and Bournemouth School for Boys (BSB), in order to recruit more volunteers. As a result of the presentation, 18 more students were successfully recruited across both schools. Subsequently, the school volunteers at BSG ran their own weekly meeting for the volunteer group and they also met with the BSB volunteers to brief them on extending the survey into their school.

The students asked for and received communication training, and were also given safeguarding, GDPR training and data analysis training by the Healthwatch Dorset Volunteer Officer. The youth volunteers were given the opportunity to complete further certified online training in ***Making a Presentation*** and ***Active Listening*** via the Virtual College, by kind permission of the Volunteer Centre Dorset.

With our support, the young volunteers wrote an action plan and decided on the engagement methods and interview style they wanted to use. The youth volunteer group collaborated to develop an interview questionnaire (see Appendix 4, page 16). Our approach of empowering the youth volunteers to steer the project, was highlighted as one of the things they enjoyed and gained leadership skills from. The group also designed a publicity poster and decided how they would share the survey, then set about getting responses at school. Both sets of student volunteers decided to use each school's digital communication system to share the survey, using a QR Code link and by word of mouth. They also asked their friends and family to complete it, some with their direct support. The students intended to extend the survey to the wider community, but some key groups were unwilling to participate due to time and age constraints which the students found disappointing. See Appendix 2 (page 14), for the student's feedback on their findings

> Being a second-generation immigrant myself, I'm really interested in finding out more about how both first and second-generation immigrants experience using NHS services. Since such a large part of the UK population (around 16–18%*) is made up of people born outside the UK. I think it's important to understand whether things like language, culture or background make a difference in how people access care. ***Healthwatch Dorset student volunteer from BSG***
>
> **2021 Census*

Who we spoke to

Over a 10-week period, from May to July 2025, young volunteers spoke to 88 first or second-generation immigrants with experience of an NHS service.

We spoke mostly to young people, under 18 who had lived in the UK for more than 10 years. We spoke to an almost equal number of first and second-generation immigrants to the UK who had come from a range of 12 countries and spoke one of 18 different first languages.

The survey respondents reflect considerably greater linguistic diversity than the general BCP population. Further demographics and analysis are in Appendix 1 (page 13).

Key findings

Positive experiences with NHS services

- 87% of survey respondents felt NHS services were accessible to them as immigrants.
- 67% believed NHS services met their specific needs as first or second-generation immigrants.
- 60% rated their overall NHS experience as four stars or above (out of five).
- 30% described their overall experience as 'Easy' or 'Good'.
- 26% described it as 'Average'.
- Only 15% described it as a 'Difficult' or 'Bad' experience overall.
- Positive sentiment included being treated equally regardless of background and supportive staff helping to reduce worry.

Challenges and barriers

- 45% felt the NHS did not understand their cultural needs.
- 48% reported difficulties accessing NHS services.
- Only 25% reported no difficulties; 27% were unsure.
- 72% had never received NHS information in their native language.
- Only 3% had used an interpreter.
- Among those who used translated materials or interpreters, 57% rated the experience as 'Average'.
- Many relied on younger family members to translate, which:
  - Forced them to share personal medical details, possibly causing discomfort.
  - Put pressure on younger individuals.
  - Could lead to inaccuracy in translated information passed on.

Key barriers identified by respondents

- Difficulty navigating the NHS system and lack of clear information.
- Language barriers – 16% specifically wanted language support improvements.
- Lack of trust in the healthcare system.
- Cultural misunderstandings or lack of cultural competence.
- Long wait times, especially for GP appointments, dentistry and Emergency Department visits.

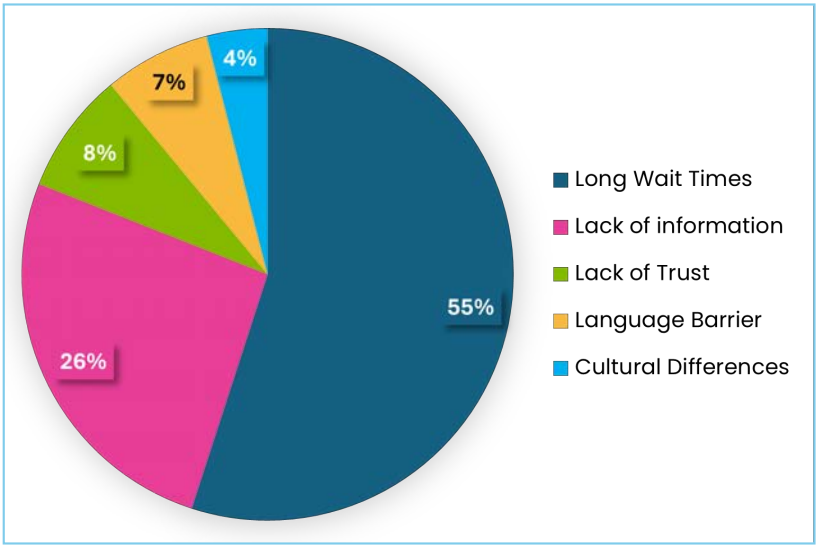
What people told us

Difficulty navigating the NHS system and lack of information

Many people reported difficulty navigating the NHS system, especially during their initial experiences.

A common concern was the lack of clear information about how the system works and what to expect at each stage of care. Respondents often felt unsure about which services to use, how to register with a GP, or what to do after receiving initial care. This lack of guidance led to confusion, delays and frustration.

One participant shared: "My first year was difficult trying to understand NHS system," reflecting a widespread feeling among new immigrants.



> It's hard to get proper help as communication barriers and difficulty accessing information prevent this.

Without clear, accessible information — especially in different languages — people were left to rely on relatives for translation, word of mouth or make assumptions. This not only impacts their access to timely care but can also lead to misunderstandings or missed appointments.

Language barriers

Our youth volunteers spoke to people from 12 different countries of origin who listed 18 different first languages spoken, 77% of whom had lived in the UK for over 10 years (see Appendix 1, page 13).

All of the youth volunteers, who were a first or second-generation immigrants, had experience of being an interpreter for a family member and felt that this had become normalised. Students generally recognised that it wasn't necessarily a bad thing but they questioned if it was ethical. Although well intended, they may have emotional or unconscious bias or they may end up talking for the patient instead of interpreting what they say. For example, a family member might share more or less than what a patient says, divulging only the detail they deem important. They could also add to what the medical professionals say, inserting their own opinions and views into the interpretation. Furthermore, there is the possibility of someone not feeling fully comfortable to explain their symptoms or indeed seek medical help if they had to also share these with a family interpreter. In addition, if people are relying on younger family members this may be inconvenient for both parties. Despite the fact that most of those we spoke to, didn't mind taking on, what they described as a child-carer role, they saw it as added pressure and it did highlight a need in language provision.

> I have not had any issues as a second-generation immigrant, apart from having to be the interpreter, from a very young age, for family members who are first-generation immigrants.

> My mum was talking to the doctor and her English wasn't very good and the doctor didn't understand until I explained.

> I have to interpret and explain appointments for my parents, as well as book them.

> Sometimes my parents don't understand.

> I'm second-generation and I can understand the system as English is my first language. However, for my parents I sometimes have to interpret as they can't understand what the doctor/dentist is saying.

72% of people we spoke to had never been offered information about NHS services in their first language. Only 3% of people we spoke with had used a free NHS interpreter.

> It's hard to get proper help as communication barriers and difficulty accessing information prevent this.

> I find it very difficult to understand and communicate in English.

Digital barriers

Digital barriers can significantly impact first and second-generation immigrants' ability to access NHS services. Many NHS systems now rely on online platforms for booking appointments, ordering prescriptions and accessing test results. However, limited digital literacy, or language barriers as previously outlined, or a lack of access to devices and reliable internet can make it difficult for immigrants to navigate these systems. Additionally, fear of making mistakes or misunderstanding digital processes can discourage people from seeking care altogether. These barriers can lead to health inequalities, delayed treatment and reduced trust in the NHS system.

> The main problem is that immigrants don't know how to access the NHS because they don't know about it. Most don't have cellular devices and if they do then they may not have internet if they are recent migrants.

Cultural needs

A significant number of respondents, 45%, felt that the NHS did not fully understand or meet their cultural needs. This lack of cultural sensitivity impacted their comfort, trust and willingness to engage with healthcare services. Some expressed that important cultural values, such as those surrounding family dynamics, gender roles or beliefs about illness, were often overlooked during consultations. For instance, one participant noted the need to consider 'cultural differences in parent-child relationships', highlighting how communication styles or expectations can differ significantly across cultures. Some felt that healthcare professionals lacked awareness or training in navigating these differences, which could lead to miscommunication or assumptions. This disconnect made it harder for patients to openly discuss personal or sensitive issues.

Lack of trust in the NHS healthcare system

A lack of trust in services can stem from poor communication and inadequate follow-up, as described by patients who feel neglected after medical tests.

> There is no follow up after any test I have had done, making me not feel completely safe and confident with my health.

> CAMHS needs a change and a big one. I was denied twice, despite GP and school recommendations. They also sent a letter to my parents when I specified I didn't want their involvement.

When results aren't proactively shared, it can leave individuals feeling unsafe and unsupported. However, this may also point to a gap in understanding how the NHS operates—many are unaware that they must contact their GP for test results. This lack of clarity in processes contributes to frustration and mistrust. Similarly, concerns about CAMHS highlight systemic issues for young people.

Being denied access twice despite professional recommendations suggests barriers to care that conflict with patient need. Worse, breaching a young person's request for confidentiality by involving parents undermines trust entirely. Together, these experiences reveal a system that can feel unresponsive and impersonal, particularly for vulnerable individuals. Addressing communication failures and making procedures clearer could help rebuild confidence and ensure care is both accessible and respectful.

Long wait times

Long wait times were sighted as the biggest difficulty which first or second-generation immigrants had experienced with the NHS, which weren't necessarily as a result of immigration status and are potentially the same that anyone might have.

> I don't think the difficulty; long waiting list and miscommunication is necessarily only for immigrants, it's for everyone.

We repeatedly heard complaints about waiting for GP appointments, long wait times at the Emergency Department and long waits for dentist appointments.

> Extremely long waiting times for orthodontic care, emergency care and a GP appointment when experiencing something causing me discomfort but it doesn't fit their 'criteria', so I can't have an appointment soon enough.

> "I had serious hair loss issues; an appointment was booked with a dermatologist and the wait was one year! We often turn to private medical care due to the low-quality services available with NHS and long waits. This adds further frustration as we pay a large amount of National Insurance in my household. I am currently suffering from a vitamin D deficiency and constant ear infections. It took the GP three months to figure that out!

> My difficulties with the NHS are the long waiting lists and lack of communication between the two services I was getting help from.

> There is a long queue time for neurodivergence diagnosis; I've already waited for one year.

What improvements did people want?

We asked the people who answered the survey, what improvements they would like to see with NHS services. This is what they told us.

Better communication and efficiency to overcome digital barriers

> I want to see increased awareness and better information when navigating and learning about accessing the system.

> It would be helpful if they [NHS] gave instructions on how the overall system works.

> I want to see more efficient services and meeting the wants and needs of the patients. Services should not suit what's best for the doctors/GPs – patient's needs and wants should come first. They shouldn't just do what's most convenient for them.

More multilingual information

The majority of people we spoke to suggested that more bilingual information would be an improvement. Some may not be aware of services already available online.

> The option to change languages on the NHS website isn't very obvious so perhaps emphasizing that would help even more.

> On NHS websites having a wider range of languages so it can cater to those whose language isn't English.

> Maybe have the NHS website translated into different languages, as in that way immigrants, who are not confident with the English language can understand and use the website effectively.

> More resources in their native language, for example Tibetan. When my parents moved here they did not understand English, leading to language barriers.

Increase use and awareness of interpreters

The fact that one of the biggest suggestions for improvement was for more multi-lingual information, along with greater use of interpreters indicates there is a gap, and where information or an interpretation service do exist they are not known about. Currently, it appears that the public have to be very proactive to access an interpreter. See Appendix 3 (page 15), for details of local interpreter services.

> More interpreters within the NHS to help first-generation immigrants understand and decipher what is being said.

> Get the language barrier fixed. Make it widely known translators are an option.

> Help more with potential language barriers if patients wish to speak in their native language.

> It's hard to get proper help as communication barriers and difficulty accessing information prevent this.

Greater awareness of cultural differences

Improvements were suggested to assess cultural and language needs when a patient registers for NHS services.

> Asking questions about religion or things you're allowed to do based on cultural or religious reasons.

> Maybe if they had someone who is also of their culture or has similar needs to the patient.

Reduction in wait times

> Waiting times are probably the main issue that impacts me today relating to neurodivergence services, as I am aware that is a generally widespread issue across the whole NHS. From past GP appointments I feel not much is achieved or established or made particularly clear, especially as a young person, unless one of my problems is very apparent or current at the time of the appointment.

> Reduce the waiting time for bookings and medical consultations.

Avoiding being ill

> I'm truly grateful to the NHS, especially for the support I received when my son was born. It made a big difference to me. As for GP appointments, while they can be difficult to book, this has actually encouraged me to pay more attention to my health on a daily basis. In a way, it has become a motivation to focus on preventive care.

Recommendations

Improving clarity, accessibility, and cultural relevance of NHS information could significantly enhance the experience for immigrants and others unfamiliar with the UK healthcare system.

1. **Make the availability of interpreters and NHS language translation options clear**

   Highlight the need for an interpreter on the patient record and ensure that its' taken notice of by staff when booking an appointment. Make sure that staff are aware if the appointment is booked for someone else.

2. **Clearer communication**

   Provide more multilingual information and increase awareness of its availability. Have clear multilingual instruction and support on how the NHS works, how to navigate the system and access different services. NHS information shouldn't be technical, use jargon or anachronyms. When an immigrant first registers, use a translator to talk them through the service and how it works. Also, increase the range of multilingual information and have alternatives for those who don't have access to digital devices or internet and ensure that this is consistent tool across all primary and secondary care services. Plus, greater shared communication between different NHS services.

3. **Increased awareness of cultural needs**

   A more culturally competent approach — such as improved training for NHS staff, ensuring awareness of inclusive policies — could help ensure that care is respectful, relevant, and effective for people from diverse backgrounds, ultimately improving patient trust, experience and outcomes.

4. **Provide clear information for people who are waiting for services**

   Long wait times were the biggest difficulty which first or second-generation immigrants had experienced with the NHS in our survey. We recommend that the NHS improves the information and support it offers to people on waiting lists, and makes that information accessible and culturally relevant.

Next steps

How we will use the findings to improve services

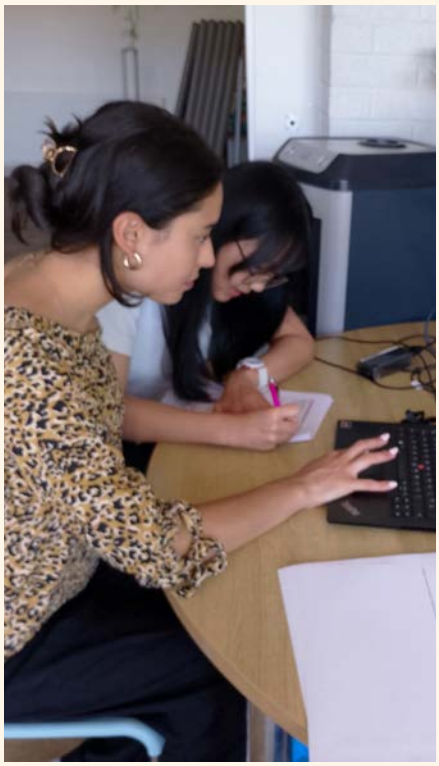
In Autumn 2025, the student volunteer group will make a presentation of the report finding and recommendations in a presentation to Central Bournemouth PCN. Furthermore, Healthwatch Dorset hope to facilitate the development of a youth voice group to be present within the Integrated Care Board.

Thank you

Thanks to everyone who took part in our project and answered the survey.

Thanks to the student volunteers for their time to undertake the survey, attend regular meetings, undertake training and also partaking in the Healthwatch Dorset induction process. Thanks also to their parents and carers for their permission to enable the youth volunteering.

Many thanks to both Bournemouth School for Girls and Bournemouth School for Boys – in particular to Ms Nikita Lee, Work Experience Co-ordinator and Careers Lead, for her support with the establishment of the volunteer group and to facilitate the presentation and regular meetings of the student volunteer group and for finding the time to answer numerous emails.



Appendices

1. Demographics and analysis

Immigration status

- First-generation 47%
- Second-generation 51%

Length of time living in UK

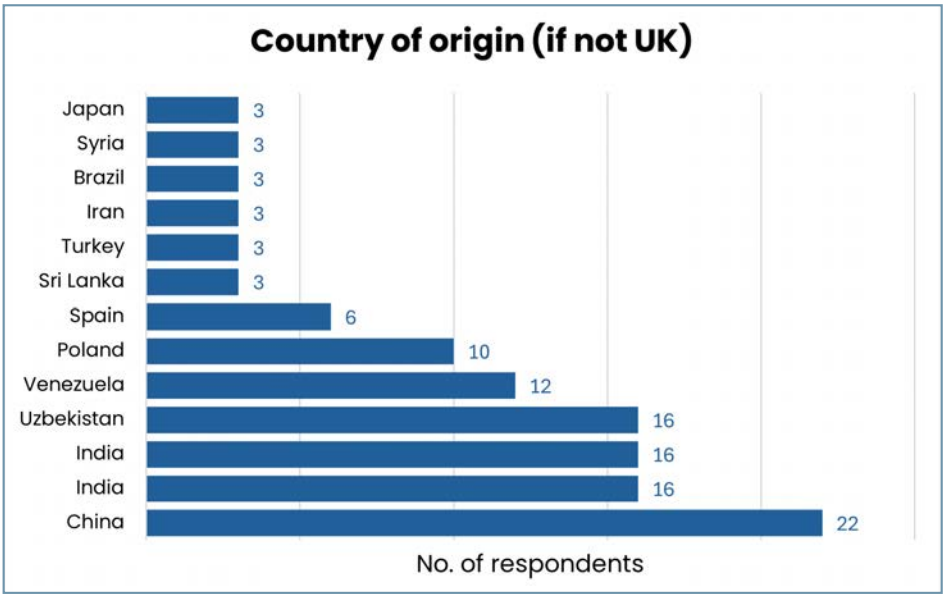
- 1-5 years 5%
- 6-10 years 18%
- More than 10 years 77%

Age

- Under 18 78%
- 18-24 4%
- 25-34 2%
- 35-44 8%
- 45-54 8%
- 55-64 0
- 65+ 0

First Language

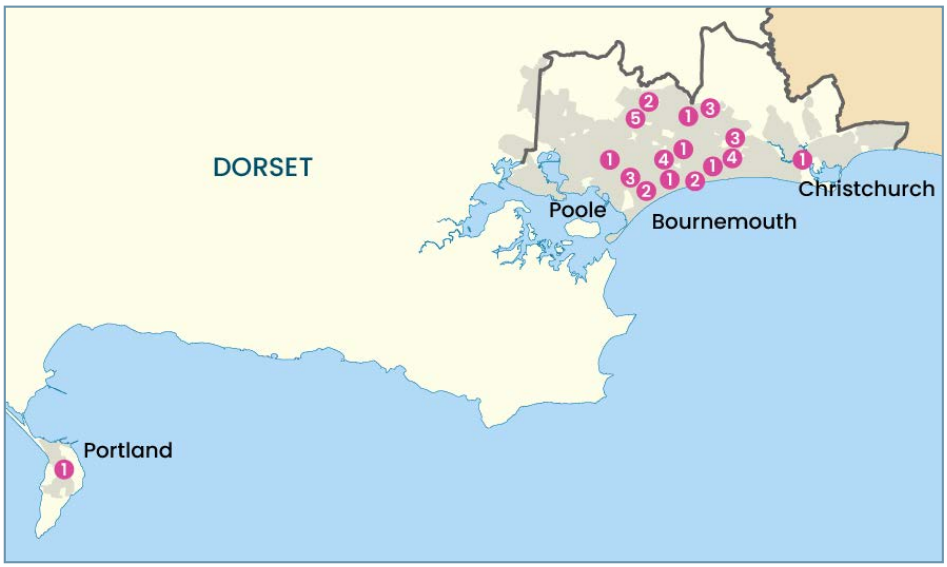
- English 60%
- Uzbek 6%
- Mandarin 6%
- Spanish 6%
- Tamil 4%
- Polish 4%
- Turkish 2%
- Cantonese 2%
- Farsi 1%
- Chinese 1%
- Persian 1%
- Malaysian 1%
- Vietnamese 1%
- Marathi 1%
- Gujarati 1%
- Portuguese 1%
- Arabic 1%
- Japanese 1%



Country of origin

- England 63%
- China 8%
- India 6%
- Uzbekistan 6%
- Venezuela 5%
- Poland 4%
- Spain 2%
- Brazil 1%
- Syria 1%
- Sri Lanka 1%
- Turkey 1%
- Japan 1%
- Iran 1%

Postcode location (first 4 digits only) by number of respondents



- BH11 - 5 people
- BH89 - 4
- BH91 - 4
- BH12 - 3
- BH80 - 3
- BH88 - 3
- BH10 - 2
- BH49 - 2
- BH51 - 2
- BH14 - 1
- BH23 - 1
- BH26 - 1
- BH37 - 1
- BH77 - 1
- BH93 - 1
- DT51 - 1

Financial status

- Prefer not to say 70%
- Just enough 9%
- Enough 7%
- More than enough 12%

NHS service used

- 100% had used NHS GP service.
- 65% had used either an inpatient or outpatient service.
- 58% had used an NHS dentist, (possibly high due to the majority of interviewees accessing free NHS dentistry as under 18s).
- 43% had used the Emergency Department.
- 7% had used the NHS for a mental Health service.

Long-term disability or condition

- Yes 4% (mental health, epilepsy, anxiety disorder)
- No 31%
- Prefer not to say 61%

ANALYSIS: How does this compare to other BCP demographic information?

- The survey reflects considerably greater linguistic diversity than the general BCP population.
- While the region has representation of languages like Polish, Chinese (Mandarin/ Cantonese), Portuguese, Spanish, and Arabic, the survey uniquely highlights languages less commonly found in local statistics—such as Uzbek, Tamil, Marathi, Gujarati, Vietnamese and others.
- This suggests the immigrant community in the survey could be more varied than the typical local profile captured in census data.

ANALYSIS: Comparing survey languages with Bournemouth's demographics

For context, in the broader BCP area:

- English remains dominant—approximately 91.6% speak it as their main language.
- Around 8.3% of residents report a main language other than English. [*Source*: *gi.dorsetcouncil.gov.uk*].
- In the wider South West region, about 3.3% spoke a non-English main language in 2011. Among them, Polish made up 24%, Chinese languages (including Mandarin and Cantonese) 7.5%, Portuguese 4.4%, and Spanish 3.4% [*Source*: *Migration Observatory*].
- Across England and Wales, after English, the most common main languages include Polish (1.1%), Romanian (0.8%), Punjabi, Urdu, Portuguese, Spanish, Arabic, Bengali, Gujarati, Tamil, Chinese, Turkish, Persian, among others.

2. Student comments on findings

"We found that generally the people we asked we happy to share their experiences, knowing it could make a difference."

- A high rating of the NHS maybe as the majority of respondents were under 18 years of age (78%) so they might have less NHS experience.

  "I don't really know because I haven't been to hospital much."

- The survey was open to first and second immigrants, most of whom had English as their first language, which might account for greater satisfaction with accessing NHS services overall, as they didn't face the same language barriers.

  "It has overall been an ok experience, since I speak English as a primary language I face no worries or difficulties accessing services at the NHS."

- Some negative views may be shaped more by media narratives than personal experience.

- Students described it as an 'Easy win', to promote digital tools for translation and interpreting.

  "I believe that language barriers can be overcome with the help of AI. I expect that AI-driven solutions will inevitably be introduced, in the near future, to address this issue."

When evaluating the project, students suggested the following changes if they were to repeat it:

- Start earlier to give more time to establish a group, then could slow down the project which might allow for a wider survey base.
- Create *"More jobs for each member of the group, as some people didn't have much to do."*
- Make sure the questions are more specific to the topic.
- Go to a wider variety of places to interview people.
- As the students decided the focus of the survey, they thought it made the group more invested in it.
- They liked using in person surveys and learning new skills.
- Next time they would use Canva as a tool to design the publicity poster.

Student reflections about what they gained from volunteering with Healthwatch Dorset on the project:

"It was good to do our own project and decide on the focus."

"I liked the ad-hoc nature and flexibility of the project as it fitted in with schools and my other commitments."

"I gained communication skills, especially interacting with interviewees to do our surveys and used interpretation skills to look at the data."

"The project went beyond my expectations as I did not think we would get as many responses to the survey and I didn't expect the project to become so important and valued."

"I feel like volunteering with Healthwatch Dorset has improved my communication and teamwork skills. Working in a team and providing input and surveying the public has really bought me out of my comfort zone and made me become more confident….and allowed me to develop my interpersonal and listening skills, which will help me in my future carer as a doctor."

"I felt supported, motivated and encouraged to share my ideas freely… through this project I have picked up key skills involving leadership, teamwork, creativity, problem-solving, organisation and time management."

3. Interpreter service in Dorset

- **NHS England** – South West website

  The Interpretation and Translation Services are not listed on the main menu and could only be found using the search bar.
  Information for professionals - Interpretation and Translation Services
- **University Hospitals Dorset** (Royal Bournemouth, Christchurch and Poole hospitals)

  The Translation Service on the website is difficult to use, with little or no information found using the search bar. Interpreting and translation
- **Local medical practices**

  Translation page options on websites are inconsistent across GP surgeries in BCP/ Dorset.

Good example: Moordown Medical Centre has information leaflets written to explain the role of the NHS in 20 different languages. This matched only 42% of the languages spoken by people in our survey, but their home page could translate into all 17 languages.

NHS register with GP form: Register with a GP surgery

When you register for a GP using the NHS form it asks how long you have been in the UK if not born in UK, if you require an interpreter and which language you require. Therefore a surgery should be aware of individual needs and be able to include it on the patient record for every professional to easily see.

- **Bournemouth Interpreters' Group** (BIG)

  BIG is one of several interpreter services in Dorset. It is a non-profit volunteer run Social Enterprise, facilitating access to a database of locally-based qualified, accredited and experienced community interpreters. BIG have approximately 60 interpreters who cover a range of 28 different languages. They can provide interpreters at short notice i.e. emergency situations, if available.

Chair of Bournemouth Interpreters' Group, Alan Marshall, told us: *"I am very aware of many GP surgeries out there who simply do not use us."* He suggested the shortfall in use is: *"Partly due to a lack of knowledge by people making NHS appointments to offer the service and also a lack of funding."*

Although primary care services in Dorset are funded by NHS Dorset, hospitals are not funded to use the service. He told us that he can offer face-to-face, video or telephone support and the service can request which one they want. He commented that there used to be a central contact who raised awareness of the service but this no longer exists and with staff turnover the knowledge of the service has largely been lost. Alan said they only have consistent requests from a few surgeries and hospital departments.

4. Questionnaire

Access to NHS services for first and second-generation immigrants

What's your experience of access to NHS services?

Healthwatch Dorset is working in partnership with youth volunteers from Bournemouth School for Girls, to understand how first-generation and second-generation immigrants access NHS services.

Healthwatch Dorset is the county's health and social care champion. We listen to patient experience to make services better. The outcomes of the survey will give NHS Dorset a stronger understanding of what people need and want and improve the general patient experience.

Your responses will help us to understand potential challenges and improve access to healthcare. Your participation and your responses will be kept anonymous and confidential. Thank you.

SECTION 1

1. Full Name
2. Please enter the first 4 digits of your postcode.

SECTION 2: Tell us a bit about you

How we use this information: *The information collected in this section will only be used for monitoring purposes and will help us to analyse the profile of survey responses. We will not use any information that will identify you. The information you share with us is completely confidential.*

3. What is your immigration status?
   - ☐ First-generation immigrant
   - ☐ Second-generation immigrant
4. How long have you been living in the UK?
   - ☐ Less than 1 year
   - ☐ 1-5 years
   - ☐ 6-10 years
   - ☐ More than 10 years
5. Please tell us your age.
   - ☐ Under 18
   - ☐ 18-24
   - ☐ 25-34
   - ☐ 35-44
   - ☐ 45-54
   - ☐ 55-64
   - ☐ 65+
6. What is your primary language?.
   - ☐ English
   - ☐ Other – please specify
7. What is your country of origin?
8. Which of the following statements best describes your financial status?
   - ☐ I have more than enough for my basic needs and more than enough for extras or savings.
   - ☐ I have enough for my basic needs and only a little for extras or savings.
   - ☐ I have just enough for basic needs and little extra.
   - ☐ I don't have enough for my basic needs and sometimes run out of money.
   - ☐ Prefer not to say/don't know.
9. Do you consider yourself to have a disability?
   Yes/No/Prefer not to say
10. Please state the type of impairment which applies to you.
    People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.
    - ☐ Physical or mobility impairment
    - ☐ Sensory impairment
    - ☐ Learning disability or difficulties
    - ☐ Mental health condition
    - ☐ Long term condition
    - ☐ Other - please specify
    - ☐ Prefer not to say
11. If you have stated above that you have either a long term condition or have had a long term condition in the past, please tell us what it is/was, if possible.

SECTION 3: Accessing NHS services

12. How would you rate your overall experience with accessing NHS service?

    ❶ ❷ ❸ ❹ ❺

13. What NHS services have you accessed?
    - ☐ GP
    - ☐ Hospital services (for example, outpatient, inpatient)
    - ☐ Mental health services
    - ☐ Emergency care
    - ☐ Dentistry
    - ☐ Other, please specify.

14. Have you experienced any difficulties when trying to access NHS services?
    Yes/No/Not sure

15. If yes, what kind of difficulties have you faced?

16. Do you feel that NHS services are accessible to you as an immigrant?
    Yes/No/Not sure

17. Do you feel that NHS services meet your specific needs as a first or second-generation immigrant?
    Yes/No/Not sure

SECTION 4: Support and communication

18. Have you ever needed an interpreter when accessing NHS services?
    Yes/No/Sometimes

19. If you used an interpreter or translated materials when accessing NHS services, please rate how easy it was to get this service?
    Easy/Good/Average/Difficult/Bad

20. Have you ever been given information about NHS services in your native language?
    Yes/No/Not sure

21. Do you feel that NHS staff understand your cultural needs?
    Yes/No/Not sure

22. Can you describe your overall experience accessing NHS services as a first or second-generation immigrant?
    Easy/Good/Average/Difficult/Bad

23. What improvements could be made to help immigrants access NHS services more easily?

24. Do you have any other comments or suggestions related to accessing NHS services?

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