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HDRC Southampton

**The impact of English
language proficiency
on primary care consultations
and GP workload
evidence review**

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1. The impact of English language proficiency on primary care consultations and GP workload

Effective communication is fundamental to delivering high-quality primary care. However, general practice services in ethnically and linguistically diverse communities often face additional challenges related to language barriers. A GP practice in Southampton has reported that their workload is disproportionately high due to lower levels of English proficiency among their registered patients. They observe longer consultation times, communication difficulties, and increased repeat visits, yet these challenges are not currently reflected in GP funding formulas.

This review aims to explore existing literature to determine whether evidence supports the claim that limited English proficiency (LEP) influences healthcare interactions, consultation length, and outcomes in primary care, with a focus on the UK context.

2. Methodology

A rapid literature review was conducted using Google Scholar and relevant academic databases. The search phrase “Impact of English Language proficiency on GP services” was used to identify relevant studies published primarily within the last decade. Inclusion criteria focused on studies addressing language proficiency, primary care consultation dynamics, patient experiences, and healthcare provider workload with emphasis on the UK and comparable healthcare systems.

3. Results and evidence summary

The results and evidence summary is broken down into seven groups

3.1 Barriers to accessing Healthcare Services

Studies indicate that patients with limited English proficiency face considerable challenges accessing and navigating healthcare. For example, a qualitative Canadian study found that limited English proficiency patients often struggle to book or attend appointments, understand available services, and communicate with administrative staff. These difficulties lead to missed care opportunities and increase administrative burden on practices.

Additionally, limited English proficiency patients are less likely to seek clarification or advocate for themselves, compounding risks of miscommunication. One study reported that 66.7% of limited English proficiency respondents experienced access barriers, and 20% avoided care due to fear of misunderstanding providers. A systematic review confirmed higher rates of missed appointments among limited English proficiency patients.

3.2 Impact on communication and therapeutic relationships

Language barriers significantly affect patient-provider communication. Limited English proficiency patients often cannot fully express symptoms or ask relevant questions, while providers report receiving insufficient clinical information, complicating diagnosis and treatment. These dynamics can undermine the therapeutic relationship and care quality.

3.3 Medication misunderstanding and treatment adherence

Limited English proficiency patients frequently encounter difficulties understanding medication instructions, leading to confusion and potential adverse outcomes. Research from both Canada and California demonstrated that limited English proficiency patients experience greater medication-related confusion, difficulties reading labels, and higher rates of adverse drug reactions compared to English-proficient patients.

3.4 Solutions and cost considerations

Interpreter services are critical in improving limited English proficiency patients' healthcare experiences and satisfaction. However, these services incur substantial costs; one US estimate placed annual interpreter service expenses for Medicaid recipients at \$4.7 million. Despite the costs, effective interpreter support is essential to reduce communication barriers.

3.5 Psychological impact and disempowerment

Recent evidence highlights the psychological burden experienced by patients with limited English proficiency and low literacy, including feelings of shame, embarrassment, and fear during healthcare encounters. Such emotional distress often leads to avoidance or selective engagement with providers perceived as understanding and non-judgmental. These psychological barriers exacerbate health inequalities by reducing timely access and patient advocacy.

3.6 Sociocultural and contextual factors influencing health literacy

Sociocultural dynamics deeply influence how literacy and language proficiency affect health outcomes. For example, Gypsy, Roma, and Traveller (GRT) communities often prefer spoken communication, making traditional text-based materials ineffective. Cultural differences in time perception, gender roles, and digital access further complicate healthcare engagement, underscoring the need for culturally tailored communication strategies.

3.7 Educational barriers and intergenerational literacy trends

Low literacy often coincides with poor educational experiences influenced by bullying, discrimination, and culturally irrelevant curricula. Familial literacy challenges can perpetuate across generations, though some improvements are noted among younger GRT members. Educational disadvantage correlates with poorer physical and mental health, reduced social functioning, and lower vaccine uptake, highlighting the importance of addressing educational inequalities alongside healthcare.

3.8 Health information delivery: format, content, and access

Adapting health communication formats and content is critical. Text-heavy materials are largely ineffective for limited English proficiency and low-literacy patients; audiovisual tools, face-to-face communication, and technology-enabled resources show promise. Multi-channel dissemination through TV, social media, and community networks improves reach and comprehension. However, providers often fail to assess literacy or confirm understanding, leading to communication breakdowns.

4. Lived experience and qualitative evidence

Looks at five areas.

4.1 Communication challenges and patient advocacy

Patients with limited English proficiency and low literacy report difficulty understanding medical terminology and navigating healthcare systems. Many feel unable to fully express symptoms, leading to frustration and diminished control over healthcare decisions. Reliance on family members or friends for interpretation raises privacy concerns, particularly when discussing sensitive issues.

4.2 Psychological impact: shame, embarrassment, and disempowerment

Feelings of shame and embarrassment about language and literacy difficulties are common, often causing patients to avoid care. Stigma is internalized, with patients blaming themselves rather than systemic factors. GRT community members describe fear of judgment but find empowerment through independent access to information online.

4.3 Trust, stigma and healthcare avoidance

Fear of discrimination discourages open engagement with healthcare providers. Patients recount encounters where providers failed to adjust communication or verify understanding, reinforcing exclusion and mistrust, sometimes resulting in delayed or avoided care. Female patients in GRT communities may be somewhat more willing to disclose literacy challenges but still face stigma.

4.4 Cultural and contextual considerations

Patients emphasize the importance of culturally sensitive care that respects oral traditions and community norms around time and communication. Social isolation, gender dynamics, and limited technology access further restrict healthcare engagement in marginalized groups.

4.5 Empowerment through improved literacy and support

Despite challenges, many patients report growth and empowerment from literacy courses, community education, and health promotion activities. Positive healthcare experiences are linked to clear, jargon-free language, checking understanding, and culturally appropriate communication. Reminder systems and community health workers also improve engagement.

5. Conclusion

Patients with limited English proficiency face significant barriers that impact access, communication, treatment adherence, and overall health outcomes, contributing to longer consultations and repeat visits. These complexities increase workload for GP practices serving linguistically diverse populations, yet current funding models do not adequately account for this.

To promote equitable, effective primary care, funding formulas should recognize the additional resource needs of practices serving limited English proficiency populations. Investment in interpreter services, culturally tailored communication tools, health literacy support, and provider training on cultural competence are essential steps toward reducing health inequalities and improving care quality.

6. References

Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., & Al Kalbani, T. (2020). [Implications of language barriers for healthcare: A systematic review](#). *Oman Medical Journal*, 35(2), e122. (last accessed 07/04/2026)

Beirne, I., Bradshaw, C., Philip, R., et al. (2020). [Culturally sensitive neonatal care provision to infants of parents from the traveller community: A nursing and midwifery perspective](#). *Journal of Transcultural Nursing*, 31(6), 617–624. (last accessed 14/04/2026)

Condon, L., Curejova, J., Morgan, D. L., et al. (2021). [Knowledge and experience of cancer prevention and screening among Gypsies, Roma and Travellers: A participatory qualitative study](#). BMC Public Health, 21, Article 10390. (last accessed 07/04/2026)

Dar, O., Gobin, M., Hogarth, S., et al. (2013). [Mapping the Gypsy Traveller community in England: What we know about their health service provision and childhood immunization uptake](#). Journal of Public Health (Oxford), 35(3), 404–412. (last accessed 07/04/2026)

Gilhooley, E., Daly, S., Gallagher, O., et al. (2019). [Experience of skin disease and relationships with healthcare providers: A qualitative study of Traveller women in Ireland](#). British Journal of Dermatology, 180(6), 1405–1411. (last accessed 07/04/2026)

Jesper, E., Griffiths, F., Smith, L., et al. (2008). [A qualitative study of the health experience of Gypsy Travellers in the UK with a focus on terminal illness | Primary Health Care Research & Development | Cambridge Core](#) 9(2), 157–165. (last accessed 08/04/2026)

Kelleher, C., Moore, R., Turner, J., et al. (2010). [All Ireland traveller health study: Our Geels: Technical report 3 part A](#). (last accessed 08/04/2026)

Keane, E., Moore, N., Leamy, B., et al. (2022). [Identifying barriers to Irish traveller women attending breast screening](#). Radiography, 28(2), 348–352. (last accessed 07/04/2026)

McFadden, A., Siebelt, L., Gavine, A., et al. (2018). [Gypsy, Roma and Traveller access to and engagement with health services: A systematic review](#). European Journal of Public Health, 28(suppl_4), 74–81. (last accessed 07/04/2026)

Mitchell, M., & Garrett, J. (2021). [Locked out: A snapshot of access to general practice for nomadic communities during the COVID-19 pandemic. Friends, Travellers & Families](#). (last accessed 08/04/2026)

Montgomery Dunn, E. J. C., Turner-Moss, B., Carpenter, E., Speed, K. C., Dixon, T., Blumenfeld, et al. (Year unknown). [The effects of literacy on health in Gypsies, Roma and Travellers \(GRT\): A systematic review and narrative synthesis](#). (last accessed 08/04/2026)

Neill, S. J., Jones, C. H. D., Lakhanpaul, M., et al. (2015). [Parents' information seeking in acute childhood illness: What helps and what hinders decision making?](#) *Health Expectations*, 18(6), 3044–3056. (last accessed 07/04/2026)

Pandey, M., Maina, R. G., Amoyaw, J., Li, Y., & Kamrul, R. (2021). [Impacts of English language proficiency on healthcare access, use, and outcomes among immigrants: A qualitative study](#). *BMC Health Services Research*, 21, 741. (last accessed 07/04/2026)

Unwin, P. O. D., Rice, J., Bolton, C., et al. (2023). [Inequalities in mental health care for Gypsy, Roma, and traveller communities: Identifying best practice](#). NHS Race and Health Observatory. (last accessed 08/04/2026)

Van Hout, M. C. (2010). [Travellers and substance use—Implications for service provision](#). *International Journal of Health Promotion and Education*, 48(1), 36–41. (last accessed 07/04/2026)

Van Hout, M. C., & Connor, S. (2008). [The normalisation of substance abuse among young travellers in Ireland: Implications for practice](#). *Journal of Ethnicity in Substance Abuse*, 7(1), 5–21. (last accessed 07/04/2026)

Wilson, E., Chen, A. H., Grumbach, K., Wang, F., & Fernandez, A. (2005). [Effects of limited English proficiency and physician language on health care comprehension](#). *Journal of General Internal Medicine*, 20(9), 800–806. (last accessed 07/04/2026)