

Perfect Polish?

Discussion with members of the Polish community about AI in healthcare

“This is going to be our new reality, this is what’s happening right now, let’s face it, it’s going to change our world. It’s about becoming knowledgeable how to use it “

Participant

Acknowledgements:

To the members of the Polish community who shared their stories and thoughts for this report – without you we could not do what we do.

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1. Introduction

The use of technology to make care more effective and efficient is a cornerstone of the [10-year Plan](#) for the NHS. The use of Artificial Intelligence (AI) solutions are highlighted throughout. This report presents themes arising from discussion with members of the Polish community about the use of AI in healthcare: specifically, a Polish speaking version of an AI telephone assistant, Dora.

Developed by a UK-based company, [Ufonia](#), Dora is designed to conduct responsive, clinically validated patient follow-up after cataract surgery. To date, Dora has been used in over 60,000 follow-up telephone calls.

This work is funded through a [NIHR](#) grant to develop Dora in ten languages, other than English. [Health Innovation Oxford and Thames Valley](#) (HIOTV) is supporting the research by conducting focussed discussions with different communities and feeding their ideas into this development. It is hoped that the deployment of multi-lingual versions of Dora will help address language barriers and digital exclusion that disproportionately affect minority, and marginalised communities.

Background

Cataract removal is the most common routine surgery performed in the UK. Every year more than 450,000 operations are carried out ¹. The outcome of surgery is usually very good: less than 1 in 100 people experience complications. However, follow-up after surgery is still important to check on recovery. To help improve services for everyone, information about all people who have cataract surgery is collected and stored in the National Ophthalmic Database ².

Demand for cataract surgery is unlikely to decrease, particularly given the ageing population. In the context of a national workforce crisis, this places significant pressure on services. The 2023 NHS Long Term Workforce Plan acknowledges that there are severe staffing shortages across the NHS. The adoption of new technologies to improve efficiency, and patient care are seen to be part of the solution to address this ³.

People from ethnic minority backgrounds often experience poorer health outcomes, and face multiple barriers to accessing and receiving care, driven by structural inequalities and discrimination ⁴. Increasing the availability of multilingual support is one approach to addressing this.

¹ <https://www.rcophth.ac.uk/news-views/latest-audit-figures-show-increase-in-numbers-and-outcomes-of-cataract-procedures/>

² [Policy briefing: Cataract surgery and independent sector providers](#)

³ [NHS England » NHS Long Term Workforce Plan](#)

⁴ [NHS England » Ethnicity health](#)

2. Methodology

HIOTV conducted an on-line discussion with members of the Polish community. We aimed to explore participants' thoughts and feelings about healthcare communication, perceptions of AI in health services, and of Polish speaking Dora in particular.

Participant Recruitment

Participants were invited to take part through community outreach in collaboration with the European Welfare Association (EWA), based in Walsall. Interested individuals were offered £40.00 reimbursement for their time. A total of eight Polish speaking adults took part in the session. The group included a mix of genders and age, with varying levels of English proficiency.

Focus Group Design

The timing of the focus group was agreed with EWA to best suit a range of participants. It was held between six and eight in the evening, with a ten minute break.

A briefing paper [Appendix One] was sent out to all participants before the session so that they knew what to expect.

A discussion guide [Appendix Two] was developed and used during the session to explore the following:

- experiences of healthcare in general, including use of translation services
- comfort, and trust in using automated systems
- preferences for language, tone, and cultural sensitivity in AI communication
- perceived benefits, and concerns about using Dora in Polish.

To support discussion a short clip of Dora speaking to a patient in Polish was played to the group.

The session was recorded with participants' consent. Notes were also taken by an observer.

Data Analysis

The audio recording was transcribed and thematic analysis undertaken. Themes were agreed by the facilitator, and observer of the session. The draft report was shared with participants to check for accuracy.

3. Findings

The participants views, and experiences are presented in the following five themes:

- navigating the healthcare system is complex, and getting harder
- available, accurate interpretation really matters
- follow through: translation is not enough
- inevitable, but uneasy: AI in healthcare
- perfect Polish: first impressions of Dora

Navigating the healthcare system is complex, and getting harder

Participants described a growing sense of frustration with accessing healthcare, particularly GP services. Since the COVID-19 pandemic, many practices have shifted to digital-first models, requiring patients to book appointments online, submit requests via text, or call at specific times (often 8:00 am). These changes have amplified barriers for those:

- with limited proficiency in English
- who lack access to, or capacity to use, digital platforms
- supporting multiple people in their family, or community.

“When you have a few individuals, you are helping, and you need to call everyone’s surgery at 0800 it gets a bit hard.”

The loss of face-to-face contact with reception staff was seen as a significant problem. In-person interactions allow for more nuanced communication. For example, using, and recognising, body language or using written notes to convey urgency or need.

“We used to write them notes that they could take to the surgery and show that (they) needed an appointment.”

Participants also shared examples of innovation and helpful practice which were seen as promising steps toward more inclusive care.

Helpful practice, example one: Improving access to General Practice

A GP surgery in Wolverhampton supports patients through technology that offers a choice of multiple languages, including Polish. Patients are automatically provided with this service (online and self check-in) when registering with the practice. This means patients whose first language is not English can register for appointments and navigate the system independently, reducing barriers when accessing healthcare.

Participants shared another example of when technology and pathways have helped them support multiple clients in a timely manner.

Helpful practice, example two: Home Office helpline for settlement advisors

After Brexit, the UK Home Office set up a separate advice line for European Union Settlement Scheme advisors (still active). This allows advisors to bypass the public call centre which saves time, enabling them to help multiple clients seeking to secure their status in the UK (available for multiple ethnicities – including Polish).

Available, accurate interpretation really matters

Participants described how communication challenges significantly impact access to, and experience of, care.

While interpreter services are available in some settings, participants expressed mixed experiences with their effectiveness and availability. There was particular concern about the accuracy of interpretation through telephone-based services such as Language Line. Some participants felt that interpreters might add, or omit information, leading to misunderstandings or misdiagnosis.

“Language line maybe not translating exactly what the patient is saying but adding their own bits and bobs into the conversation.”

Medical terminology was identified as a specific challenge, with participants noting that even trained interpreters can struggle with complex or unfamiliar language.

“Conversations trip up when medical language is used.”

A recurring theme was the reliance on English-speaking family, or community, members to make appointments, get results, or support during consultations: daughters, people at the local Polish shop, neighbours, and children. While this is often done out of necessity, participants highlighted the emotional burden, and potential for miscommunication. For example, having to phone in work breaks, and then being told to phone back later or the next day. The fact that some surgeries will not accept proxies for the patient creates additional challenge.

“One thing that always worries me is when you’ve got a family member, particularly a child or person under the age of 18 (translating for a family member).”

“I go with my parents; I have to book a time for when I’m available as well which is a bit of an inconvenience.”

Some individuals reported delaying or avoiding care altogether if interpreters were not available, with potentially negative impact on outcomes.

“Some people can’t get an interpreter, so they don’t call the GP, and they get worse.”

Follow through: translation is not enough

Some healthcare providers translate written materials; however, participants felt these efforts often fall short of meaningful inclusion. Translated letters or posters are helpful, but insufficient. This is particularly true when the rest of the care journey - text messages, online portals, and consultations - remain in English.

“GPs are asking for letters to be written in Polish but the text messages and log in pages are still in English.”

Participants described situations where patients were able to understand an initial communication in Polish but were then unable to navigate the next steps as they were in English.

There was also frustration with what was perceived as a tokenistic approach to language inclusion. Participants felt that simply translating written materials without ensuring follow-up care in the same language does not meet the needs of non-English-speaking patients.

“We still see, just translate leaflets and posters which annoys me actually. Frankly, what you need to realise it’s the follow up (which is not in their mother tongue).”

This inconsistency can create confusion and limit the effectiveness of translated materials.

Inevitable, but uneasy: AI in healthcare

Participants expressed a mix of curiosity, caution, and pragmatism about the growing role of artificial intelligence (AI) in healthcare. While most acknowledged that AI is becoming an unavoidable part of modern healthcare systems, there was a clear tension between recognising its potential and feeling confident in its use.

Some participants saw AI as a tool that could help reduce pressure on overstretched clinical teams, particularly for routine tasks such as post-operative check-ins or general health monitoring.

“Good if it was to speed up the process of obtaining information for a patient. Benefit to both sides.”

However, this optimism was tempered by concerns about trust, understanding, and the need for digital literacy. Participants emphasised that trust in AI is not automatic; it must be earned through transparency, reliability, and clear communication.

“I wouldn’t go as far as trusting it, I’m just acknowledging this is what’s happening right now. Let’s face it, and it’s going to change our world.”

As AI starts to move into healthcare, there was a strong sense that patients, especially those from non-English-speaking backgrounds will need support to develop the skills and confidence to interact with AI tools effectively.

“There is no other choice, that’s the reality (You can’t stop AI moving into healthcare).”

A deeper concern emerged around the continuity of language support. Participants worried that if AI tools like Dora offer services in a patient’s first language, it may create an expectation that the rest of the care pathway will also be linguistically accessible which is not always the case.

“When they have access to AI which is using their mother tongue, there will be an assumption that there is a follow-up and when I see a specialist they will continue to use my first language.”

A worry about creating additional exclusion for those that do not have access to computer or phones was raised.

Perfect Polish: first impressions of Dora

Participants were played a short clip of Dora talking to a patient in Polish. They were asked to reflect on the AI voice, tone, and language. Most participants recognised that the voice was artificial. This perception may have been influenced by knowing in advance that it was an AI system. The ‘flow’ of conversation was cited as being the giveaway that it was not a person.

“I think naturally people might not necessarily guess (it’s AI) unless you know.”

The Polish used by DORA was felt to be grammatically correct and clear. It was even described as ‘perfect Polish’. More generally the AI voice was thought to be ‘the most natural I’ve heard and further described as ‘she sounded really nice’ and ‘patient’. However, the speed of delivery was a common concern, several participants felt that Dora spoke too quickly, making it difficult to follow the conversation.

“Dora spoke too quickly, and it was difficult for participants to keep up like when you listen to adverts and they try to squash as many words as possible in a short period of time.”

There was a strong consensus that users should be informed in advance that they are speaking with an AI system. Participants felt that transparency was essential to building trust and ensuring that patients feel comfortable engaging with the technology.

“There should be a disclosure made about this being AI.”

Some felt that people might be shocked that it was AI and so wouldn’t say what was wrong. People also wondered if patients might tell AI different things than they would a person. The fact that cataract surgery is not likely to be a sensitive topic for most people was therefore thought to not be an issue in terms of the sorts of things that people might, or might not, be comfortable with discussing with AI.

Some participants questioned whether Dora fully understood the patient’s responses, and that this might prove stressful for some. The focus should be on making the voice sound natural or ensuring accurate and responsive communication.

“How natural do you want the AI to sound? Is that really the necessary thing to focus on or is it more important to focus on the accuracy of response?”

Despite these concerns, there was cautious optimism about the future role of AI in healthcare. Participants acknowledged that, with refinement and user education, tools like Dora might become a useful part of care. They suggested additional places where a similar AI might be useful, for example booking appointments and getting results or other information.

“In the future, maybe it will be very, very good for us.”

4: Discussion

The findings from the Polish discussion group offer valuable insights into the lived experience of a community navigating both language, and structural barriers to accessing, and receiving, healthcare. The introduction of AI tools like Dora presents opportunities for innovation and efficiency, the discussion highlighted several considerations for ensuring that such technologies are trusted, usable, and effective.

Participants described a healthcare system that has become increasingly difficult to navigate, particularly for those with limited English, or limited digital literacy or access. The shift to online, and telephone-based systems, while efficient for some, risks excluding others. This reinforces the need for continued patient choice with hybrid models for access and care, retaining the possibility of interaction with a person.

Consistent language support is needed

Interpreting services are available; however, their availability and quality seem to vary. The reliance on interpretation by family, or community, members, including children, raises a range of concerns. Translated materials such as texts or letters can appear tokenistic, and further excluding, if there is no follow through in the same language. Language support should be consistently available from booking to consultation, investigations, and results.

Placing Polish Dora, or other translated AI, into care pathways may raise expectations that the rest of care will also be in a patient’s native language. If this expectation is not met - for example, if a patient is later seen in a consultation with only English available, disappointment, or disengagement, may result.

AI is a tool, not a replacement

There was cautious optimism about the role of AI in healthcare. Participants recognised its potential to reduce clinician workload and improve efficiency, particularly for routine tasks. However, trust in AI is not automatic. It must be earned through transparency, reliability, and responsiveness. Participants emphasised the importance of being informed when they are interacting with AI.

Feedback about Dora was broadly positive. Participants appreciated the quality of the Polish language used but found the speed of delivery too fast. They also questioned whether Dora truly understood the patient's responses, and consequently that accuracy of response should be prioritised in development over naturalness of voice.

In conclusion:

- for Dora's development: slowing down speech delivery, and focusing on comprehension, and responsiveness over naturalness voice, and language is important
- ensuring that patients are properly aware when AI is being used as part of their care is also important
- finally, technologies, such as AI and Dora, that suggest that they will make an impact on health equity are only likely to be effective if integrated into systems of existing culturally competent care, and choice is maintained.

Appendix 1: Briefing Paper



Focused discussion with the Polish community around Healthcare and Technology Tuesday 22nd July 2025, 1800-2000 (MS Teams)



Briefing Paper

Background

In 2021, 91% of residents in the UK stated that English was their main language. The most common languages other than English was Polish, Romanian, Panjabi and Urdu¹. Healthcare in the UK is becoming more complex with the ongoing introduction of new treatments and technology. Language barriers in healthcare can lead to miscommunication between the doctor/nurse and patient. This can have an effect on everyone's satisfaction and can reduce the quality of patient care and safety².

A computer programme called "Dora" to hold telephone calls with patients



As part of a **National Institute Health Research funded project**, Health Innovation Oxford and Thames Valley³ are working with a company called [Ufonia](#). Ufonia have developed a computer programme which they call "Dora". Dora has been trained using Artificial Intelligence (AI) to have intelligent conversations with patients. It is a telephone conversation that can be used to make sure that patients are ready for surgery or that they are progressing after surgery.

Testing Dora in the NHS

Dora has already been tested in the NHS in the eye care specialty. It has telephoned many patients who have had cataract surgery to make sure their eye is healing as expected after their operation. To date it has been introduced in 13 NHS hospitals and overall patients are very happy with the conversation they have with Dora. Ufonia are now seeking to translate Dora into 10 other languages.



About the discussion group

This will be a small interactive discussion group with members from the Polish community. We will be seeking to understand how you have felt when receiving healthcare in the UK, including the use of interpreters (family members or language line). We will be sharing a short recording of a clinical conversation between a patient and Dora in Polish and looking for your feedback on how it sounds, as well as how you feel about artificial intelligence (AI) in healthcare.

The discussion group will explore the following:

- Your experience of healthcare in the UK – what has worked well and what could be improved
- Your thoughts around Artificial Intelligence in healthcare
- Your initial thoughts around the Dora conversation in Polish.

Your insights will be used to write a report and help the company to improve the design of Dora. No one who takes part in the discussion will be identified. We may use quotes in the report, but no names will be used.

At any time, you can decide not to continue to participate. A member of the team will be available for a discussion if you want to talk to someone before or after the discussion.

A payment of £20 per hour, £10 per half hour will be offered to participants in line with the HIOTV [public member payment policy](#). We have arranged for this to be paid to you directly from the European's Welfare Association.

The workshop will be led by [Sian Rees](#) and [Katie Lean](#) from [Health Innovation Oxford and Thames Valley](#).

If you have any questions before or after the workshop, please contact katie.lean@healthinnovationoxford.org.

To join the meeting please use the following MS Teams link:

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¹ [Language, England and Wales - Office for National Statistics](#)

² [Implications of Language Barriers for Healthcare: A Systematic Review - PMC](#)

³ [Health Innovation Oxford and Thames Valley \(HIOTV\)](#) are co-applicants to this research grant, Invention for Innovation, Connect Programme funded by the [National Institute for Health and Care Research](#).

Appendix 2: Discussion Guide

Dora Polish Discussion Guide, Tuesday 22nd July 2025, 1800–2000

Online: MS Teams

Background

As part of a **National Institute Health Research funded project**, Health Innovation Oxford and Thames Valley (HIOTV)⁵ are working with a company called [Ufonia](#). They have developed software called Dora that can undertake automated medical telephone calls. It can assist with pre and post-surgical review telephone calls which can save the time of doctors and nurses. This grant is focused on a multilingual accessible, telephone-based Artificial Intelligence (AI) conversational agent for cataract surgery follow up.

This will be a small interactive discussion group, with members of the public who are from the Polish community and have lived experience. We are interested in hearing thoughts on how people feel about the healthcare (eyecare if appropriate) they have received, thoughts around Artificial Intelligence in the care pathway and initial thoughts on a recording of Dora (to be played).

The focus group will explore the following:

- Experience of healthcare to date – what worked well and what could be improved
- Thoughts around Artificial Intelligence in healthcare
- Initial thoughts around Dora conversation in Polish.

Note on the role of this guide

This document is a **guide** written for qualitative research, not a script. Conversation in the groups should flow as naturally as possible. The approach, content and conversation flow in each group is likely to differ depending on the interests and conversational style of participants. We aim to let participants come to topics as spontaneously and naturally as possible. Therefore, not all questions in the guide will be asked and not in the order or exact wording here.

The role of the guide is:

⁵ [National Institute for Health Research and Health Innovation Oxford and Thames Valley](#)

- (1) an aide-memoir for the facilitator of the main areas of interest to cover off
- (2) a default structure and flow, and
- (3) a set of suggested wordings for key questions.

Timing	Questions	Objective
Introduction		
1800 10 Mins	SR introduces self, explains role, welcomes everyone, give people some time to settle in / check tech. Shares agenda slide with clear timings on breaks. SR goes over the following and why we are here: Your discussions will be used to inform healthcare (eye care) for the Polish community and those where English is not their first language. This includes the benefits and concerns around using Artificial Intelligence for follow up appointments for cataract patients. A report will be written to summarise the discussions that happen today. No one who takes part in the discussion group will be identified. We may use quotes in the report, but no names will be used. Anytime during the discussions, you can decide not to continue to participate. A member of the team will be available for a discussion if you want to talk to someone after the session. • Covered by GDPR – verbal consent to audio recording (KL to record and transcribe) • Share ground rules slide • No right or wrong answers • Any questions? Please introduce yourself with your name and share just one word that describes how you're feeling today. It can be any word – there are no	To put participants at ease, share plan for session and set up the rest of the conversation

	right or wrong answers. If you like, you can say why you chose that word, but you don't have to. (remove if not appropriate)	
Main Session		
1810 40 mins	Session 1: Experiences of Healthcare (Eye Care) Aim: <i>to gather experiences of how people feel about the healthcare they have received.</i> We'd like to start with understanding a bit about your experience of receiving healthcare (eye care). Can you share a bit about what it was like for you? <i>Prompts</i> • Thinking about your experience what worked well for you/made it a good experience • When things haven't gone so well – can you share a little about what was hard about it and would have made it better? • When you've been receiving healthcare (eye care) has language ever been a challenge for you or your family? Interpreters • Can you share your experience if any when interpreters have been used to support your care • What worked well and what do you think might have worked better? Healthcare method Have you ever received any automated telephone calls? <i>(if time branch out to not just health)</i> • Can you share what that was like for you and what worked? • What could have been done to make it better for you? • Have you ever received a telephone or video call for health? <i>Explore what worked and what didn't.</i>	Understanding the experiences of those in the Polish community in eye care

	Additional question if time What one thing could doctors/nurses do to support clinical discussions with a member of the Polish community? SR to recap key points from discussion and check with the group they've captured everything. Any questions?	
BREAK 10 MINS 1850-1900		
1900 50 mins	SR to welcome everyone back from break Session 2: Introduction of AI in healthcare and DORA Aim: <i>to understand how people feel about receiving an audio recording from a conversational AI assistant. Gather thoughts on whether technology could be useful, nuances in translation. Explore trust, privacy, access to devices etc.</i> We touched upon receiving automated telephone calls in the last session. Now we are going to play a short audio recording of a conversation between an Artificial Intelligent chat bot who has been trained to undertake conversations with patients following cataract surgery. As you listen, we'd like you to think about things such as: How it makes you feel, how the language sounds, the accent and speed of conversation. KL to play the recording (think about if we play before we say AI) Can we start by finding out your first reactions to the voice and style of the AI call.	Gather detailed feedback on thoughts from AI conversational assistant.

	<i>Prompts</i> • How does it make you feel? • Language correct, sound, accent speed? How do you feel about the possible introduction of a telephone assistant like DORA? <i>Prompts</i> • In what way might it be helpful in your care? • What might be good about using a technology like DORA? • What concerns might you have about the introduction of technology like this? • What would make you trust this sort of technology? • How does it compare to other automated telephone assistants you might have used? What do you think others in your community might think? <i>Prompts</i> • What might stop someone from using it? • What about access by phone/landline. Can everyone do this easily? Are there any changes you might make to make DORA more useful or trustworthy?	
Summary & Next Steps		
1950 10 mins	SR to recap key points from discussion and check with the group they've captured everything. Any questions? SR to explain next steps: go away, write report and suggest amendments to DORA based on your feedback.	Hear final thoughts. Finish the workshop and explain next steps.
2000	Thank you and close	

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